Scientific Advisory Committee on Nutrition

Consultation on the SACN draft report Saturated Fats and Health Report

Comments Form

Organisation:	British Dietetic Association
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Closing date: 5pm 3 July 2018

General comments	Comments Please insert each new comment in a new row
Example: References	*Example: Please check that referencing is consistent across all the chapters.*
Overall impression	We welcome this report, coming as it does several years after the COMA recommendations of 1991 and 1994. It is particularly timely given the current sugar reduction programme and work to reduce calorie intake of the population being carried out by Public Health England. We agree with the unaltered recommendation that the population average contribution of saturated fatty acids to total dietary energy be reduced to no more than 10% and feel that a reduction in saturated fat intakes across the population would be beneficial for health. We are also in agreement with the advice that saturated fats should be substituted with PUFA and MUFA - acknowledging that this advice has changed from previous advice to which would have been to substitute with more fruit and vegetables and wholegrain carbohydrates.
Focus on single nutrients	Although an impressive review of the science, the limitation of the methodology and the focus on single nutrients and some substitution does not reflect an integrated food-based approach to dietary recommendations which limits its utility. This report, despite its methodological rigour, does not help significantly add to the evidence base, and does not address the question of what the best diet for the population of the UK is.
Inclusion and exclusion criteria	There is real clarity in this report in terms of what was considered, the inclusion and exclusion criteria and grading of the quality of evidence. Eligibility focused on biomedical outcomes, it might be useful to also include aspects of; quality of life, food security and environmental impacts. Perhaps not in detail as we appreciate this is not in the remit of this SACN report but at least acknowledge this in the methods. The scope of the report is limited to saturated fats and does not consider unsaturated, trans or total fats. We would like clarification of if and when these will be considered by SACN.
Methodology and grading of strength of evidence	These are logical and sound, albeit from a biomedical perspective.
Effect of saturated fat in a eucaloric versus a hypocaloric or	This again reflects the focus on substitution rather than focusing on the effect within dietary patterns. Mostly the data appears to be in generally eucaloric studies but this could be clearer.

hypercaloric state	
The order of CVD then markers followed by Type 2 Diabetes and glycaemia	We believe it would offer more clarity to separate clinical conditions (CVD, Diabetes, cancers and cognitive impairment and dementias) from clinical markers (blood lipids and blood pressure).
Use of 12% figure	Throughout the document current saturated fat intakes are described as “approximately 12%” or “above 12%”. Based on the NDNS figures quoted at 15.10, it would appear the round figure would be 13% for adults and children. We believe it is important not to underplay the degree to which saturated fat intake remains above the recommended 10% level. NB: please see ‘comments by paragraph’ section below for possible discrepancy of these figures
Recommendations	We agree with the recommendations of the report (as mentioned above), and that a reduction in saturated fat intakes across the population would be beneficial for health based upon the current evidence available (noting the lack of high quality research available). However, we have noted already some confusion over the way these recommendations are communicated, with media describing the need for a “three per cent reduction” in saturated fats, based on a misunderstanding of percentages. We therefore believe it is worth articulating clearly that the 3% reduction is a reduction of the total percentage of energy and not a percentage reduction of the populations mean saturated fat intake. The mean saturated fat reduction that would be required to achieve the no more than 10% of total energy recommendation would be a ‘rounded’ reduction of 25%: A reduction from the current 13% (NDNS) to 10% which would equate to the following in terms of a percentage reduction in intake: • 2000kcals (woman) 10% would be 260 to 200 kcals = converted to grams of saturated fat would be a reduction from 29g to 22g (24% reduction) • 2500kcals (man) 10% would be 325 to 250 kcals = converted to grams of saturated fat would be a reduction from 36g to 28g (23% reduction) So ‘rounded’ reduction = about 25% of sat fat in UK adult diet.
Impact on existing PHE reformulation work	Current Public Health England programmes are in support of sugar and calorie reduction through reformulation. A reduction in the calorie content of foods could be achieved from smaller portion sizes served and/or sold, which would have the additional benefit of also reducing total and saturated fat intakes. Although Public Health England have been explicit that sugar reduction is expected to occur without an increase in saturated fat content (PHE, 2017), this is an

	aspect of the programme that will need to be monitored carefully.
Research recommendations	The research recommendations in the report reflect the lack of high quality research available for some conditions/dietary aspects. We agree that addressing these would help clarify gaps in current knowledge and address some of the current limitations in the data which have been identified. Other research recommendations: • We feel that future research not just looking as saturated fats as a whole but the actual foods that contain saturated fats would be beneficial • Linking to current thinking in the academic and practice communities, could this be an opportunity to recommend research into understanding optimal diets that are sustainable and secure for populations rather than looking at nutrients first
Reviewing recommendations	We agree that there is considerably more evidence available now on a greater range of health outcomes, using a range of risk markers and intermediate factors. Given the importance of these chronic diseases in terms of public health (including cognitive impairment such as Alzheimer's disease, cancers, type 2 diabetes, body weight, blood pressure as well as cardiovascular disease), it is likely that the evidence base relating to these will increase quickly. It is important that the recommendations made in this report are reviewed regularly in light of new evidence, possible changes to the nutritional composition of manufactured foods and drinks, possible changes to foods and drinks provided by the out-of-home sector, impact of the sugar levy and possible changes to consumer dietary behaviours.
Communicating to the public and what this means for dietitians and other health care professionals.	In the accompanying media release issued by PHE of this draft SACN report, they describe 'no change' to 10% sat fat target. However, while the percentages remain the same, we believe the decision to recommend that saturated fat should be replaced with unsaturated fats does reflect a significant change from previously communicated recommendations. Previous recommendations would have been to reduce fats and eat more fruit and vegetables and wholegrain carbohydrates. Careful thought is therefore needed about how this change in message is communicated to the public and to those making recommendations to the public. It should also be noted that of the examples of healthy sources of unsaturated fat given by PHE as part of the press release for the report, such as oily fish, unsalted nuts and seeds and avocados, also provide sources of saturated fat. Therefore, in order to achieve the 'no more than 10% of total energy target' for saturated fat, it is likely that a reduction in the current food sources as suggested by the NDNS data that provide the majority of saturated fat intake in the UK average diet such as meat and dairy products will also need to be reduced. This needs to be articulated clearly. FISH Smoked mackerel, 150g portion = 7.5g sats (and would appear red for Sat Fat on a traffic light label)

	Baked salmon, 100g portion = 2.8g sats Baked trout, 120g portion = 1.7g sats NUTS Brazil nuts, 30g portion = 5.2g sats Cashews, 30g portion = 3g sats Macademias, 30g portion = 3.4g sats Peanuts, 40g portion = 2.6g sats Sunflower/pumpkin seeds, 30g portion = 2g sats Avocado, 145g portion = 5.9g sats

Please add extra rows as needed

Comments by paragraph	Comments Please insert each new comment in a new row
Example: 1.2	*Example: Missing reference and statement unclear*
6.10	The notes that about 50% of saturated fat from cereals comes from foods deemed discretionary. As these foods fall outside the Eatwell Guide, perhaps is a message that could be clearer in messaging e.g. summaries etc
8.75	It was unclear whether the type of carbohydrate substituted for saturated fat influenced outcome. This further looks at quality of dietary pattern which suggests reality is more nuanced than simple nutrient swaps.
15.10 and Table A3.1	It appears that the stated percentages in paragraph 15.10: *"Mean intakes of saturated fats as a percentage of total dietary energy were 12.5-13.3% in children (age 4-18 years), and 12.7-13.4% among adults (age 19 years and over)."* Contradicts the figures given in Table A3.1 on p120 of the supporting documents, which states mean sat fat intake of 12.1-12.9% for adults, but the same figures for 4-18 year olds.
15.63 and 15.96	Is this a discrepancy? 15.63 RCTs of Sat fat > + CHO no effect on fasting glucose 15.96 RCTs of Sat fat > + CHO potentially detrimental increase on fasting glucose 15.63 There was adequate evidence from RCTs that substituting saturated fats with MUFA or carbohydrate had no effect on fasting blood glucose. 15.96 There was adequate evidence from RCTs that substituting saturated fats with carbohydrate had no effect on markers of glycaemic control, apart from fasting glucose for which substitution with carbohydrate resulted in a potentially detrimental increase

Please add extra rows as needed