



Consultation on the SACN draft report Saturated Fats and Health Report

Comments Form

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- Please do not PDF the form.
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- Please do not embed attachments into this form.
- Please list any references in full that you wish the committee to consider.

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Closing date: 5pm 3 July 2018

General comments	Comments
Access to old COMA recommendation	Please provide guidance on how to access the Dietary Reference Value (DRV) for saturated fats set by the Committee on Medical Aspects of Food Policy (COMA) in 1991 and reviewed in 1994 (COMA, 1991; COMA, 1994). It appears that the report is not accessible online, and since the new saturated fats recommendations are based on the COMA 1994, it is fair to report a link or some guidance on how to retrieve this old document.
Wording of the new recommendation	In the draft report (page 41 paragraph 4.1) ' <i>COMA recommended that adults and children aged 5 years and older should consume on average no more than 10% of their total dietary energy (11% food and drink energy, excluding alcohol) as saturated fats</i> '. SACN states that the new recommendation does not differ from the old one, (page 219, paragraph 16.6) ' <i>however the dietary reference value for saturated fats remains unchanged: that the population average contribution of saturated fatty acids to total dietary energy be reduced to no more than 10% (11% food and drink energy, excluding alcohol) for adults and children aged 5 years and older</i> '. In the COMA guidelines, the population is advised to have a maximum 10%E as saturated fats (as an upper limit), whereas in the 2018 draft recommendation, the population is advised not to go below this limit, and therefore to have an intake of saturates above or around 10%E. If the recommendation has not changed, please report it in its original concept and wording (as an upper limit).
Why not below 10%E?	The new recommendation states ' <i>It is recommended that the government gives consideration to strategies to reduce population average intake of saturated fats to no more than 10% of dietary energy</i> '. However, after having read the whole report, it appears that there isn't a clear scientific base for not going below the 10%E. On the contrary, the SACN recommendation seems to differ from the WHO (2010) recommendation stating that the upper value of acceptable macronutrient distribution range for saturated fats is 10%E . Recently, other national and international nutrition organisations as the DGAC have issued a recommendation for retaining 10 E% as the upper limit for SFA intake : EFSA recommends as little saturated fats as possible; the new German guidelines on fats recommend 7-10%E of saturated fats. Please specify why 10E% (11%E of food and drink energy) should not be considered as an upper limit of intake.
10% and 11% of the energy	Please consider removing this double recommendation and to provide only a single value like all the other public health bodies in other countries do. This double recommendation is confusing and not even clear for public health nutritionists who design and implement saturated fat reduction policies and strategies. Moreover, the 11% recommendation would imply the presence of sugary drinks and fruit juices in the diet; the presence of such drinks in a healthy diet currently under scientific debate.

Please add extra rows as needed

Comments by paragraph	Comments
	Please insert each new comment in a new row
2.15	Link to Chapter 9 of the Cochrane Handbook for Systematic Reviews of Interventions (http://training.cochrane.org/handbook) not working properly when opening from PDF.
4.4	Why including food-based recommendations if the report considers only nutrient recommendations? To ensure consistency, the SACN report should include also food-based recommendation from other countries (not only from the Netherlands), including how each country translate nutrient recommendation into food based guidelines. Otherwise, it would be better to delete this section.
5.1	The most recent NDNS results (published April 2018) should be included in the report. The most recent statistics for saturated fats as %E indicate that SFA intake does not statistically differ when compared with previous years. However, a very interesting and relevant data is that adults older than 75 years (a newly defined age group in the NDNS), have an intake of saturates of 14.3% of total energy. We suggest to include this new data.
5.4	<p>As also highlighted by the doubly labelled water sub-study carried out as part of the NDNS rolling programme, underreporting is a huge problem when trying to assess food consumption. The sub-study found that reported energy intake in adults aged 16-64 years was on average 34% lower than total energy expenditure (TEE), therefore suggesting that actual intake of saturated fats in the adult population (12.1%) could be around 16.2%E (12.1x 34%).</p> <p>Moreover, when trying to draw an estimate, the phenomenon of selective underreporting should be taken into account. It has been documented that people tend to underreport mainly unhealthy foods (i.e. foods high in salt, sugar and saturated fats). See references below:</p> <ol style="list-style-type: none"> 1. Scagliusi FB, Polacow VO, Artioli GG, Benatti FB, Lancha AH Jr. Selective underreporting of energy intake in women: magnitude, determinants, and effect of training. J Am Diet Assoc 2003;103: 1306–13. 2. AHC Goris, MS Westerterp-Plantenga, and KR Westerterp. Undereating and underrecording of habitual food intake in obese men: selective underreporting of fat intake. Am J Clin Nutr 2000;71:130–4.
7.17	Most recent statistics for the prevalence of obesity in England (years 2016/2017) are now available at https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/statistics-on-obesity-physical-activity-and-diet-england-2018 . Please update the figures.
15.2	Here the 1994 COMA recommendation appears to be reported as a lower limit of intake. This sentence has a different meaning from the same reported at page 41 paragraph 4.1.
16.2	Please consider underreporting in the final estimate of saturated fats intake for the general population.

16.5	Please specify the magnitude of reduction of saturated fats for the whole population. E.g. “public health nutrition policies and strategy should aim to reduce saturated fats intake below 10%E”.
16.9	Please mention product reformulation as one of the public health strategies to reduce saturated fat intake at the population level. Recently, Public Health England (PHE) has launched a Calorie Reduction Programme. In autumn 2018, PHE will set calorie reduction targets for the industry, and reducing saturated fats (through a reduction of animal-sourced fat and palm oil) could be a very effective way of preventing obesity and CVD.

Please add extra rows as needed