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What's the Deal with Saturated Fat and Cardiovascular Disease Risk?

Narrator:

Welcome to ReachMD. You are listening to **Lipid Luminations**, produced in partnership with the National Lipid Association and supported by an educational grant from AstraZeneca. Your host is Dr. Alan Brown, Director of the Division of Cardiology at Advocate Lutheran General Hospital and Director of Midwest Heart Disease Prevention Center at Midwest Heart Specialists at Advocate Health Care.

Dr. Brown:

You're listening to ReachMD, and this is Lipid Luminations, sponsored by the National Lipid Association. I am your host, Dr. Alan Brown, and with me today is Dr. Penny Kris-Etherton. She is distinguished Professor of Nutrition at Penn State. She's a prior President of the National Lipid Association in 2011 and 2012.

And, Penny, as always it's a pleasure to talk with you, but today I'm excited to talk with you about this whole issue of saturated fat. A lot of confusion with mixed messages out there in the media. My

patients all tell me, “Now I can eat eggs, now I can eat steak.” So, I know that this is your area of expertise and your passion. Let’s start with telling us a little bit about what is the right story about saturated fat?

Dr. Kris-Etherton:

Well, I tell people to focus on current dietary recommendations from authoritative organizations, and across the board they all say decrease saturated fat. When the evidence is rated, it’s always the strongest A level evidence for that recommendation.

Dr. Brown:

So, what led to the controversy, because we had leadership from Heart Association, other places, saying, you know, maybe the data isn’t that strong, maybe it’s okay to eat a little bit more fat, maybe shifting to a real low-fat, high-carbohydrate diet has led to obesity and diabetes? So, if you could give us your thoughts on that whole thing. Number one, what is the controversy? And number two, have we done a disservice by pushing people into high-carb diets?

Dr. Kris-Etherton:

Okay. Yes, those are the key questions. So, I think the controversy is this, and that is that there’s been some recent epidemiologic studies that have used sophisticated, statistical models that really haven’t shown that saturated fat increases risk of cardiovascular disease. But there are some problems with those studies, and I could go through all the problems, but it’s clear that when you look at replacement nutrient for saturated fat, then when saturated fat is replaced with polyunsaturated fat, monounsaturated fat from plant sources and healthy carbohydrates—that is mainly fiber-rich whole grains—risk of cardiovascular disease decreases. This evidence comes from a brand new study that was published in *JACC* this year from Frank Hu and his colleagues at Harvard who looked at Nurses’ Health data. It’s an excellent study that controlled for replacement nutrients for saturated fat, but some of the earlier evidence didn’t look at replacement nutrients. And so, when we look at what people do, well, if they decrease saturated fat, they may replace it with refined carbohydrates and added sugars. That’s the low-fat era that we know was not so good way back when. But if saturated fat is replaced with good fat, unsaturated fat, the epidemiologic evidence does show that risk of cardiovascular disease decreases.

Dr. Brown:

So, is there something to, I mean, let's say we choose healthier fat choices, polyunsaturated and monounsaturated fats, I think a lot of our audience may not realize that having some fat intake and protein intake really suppresses your hunger, right? And when we switched over to more simple carbohydrates, people are more hungry so they tend to consume more calories. Is there truth to that?

Dr. Kris-Etherton:

There is truth to that. And, in fact, we think that we made a mistake when we told people to eat a low-fat diet and basically replace fat calories with refined carbohydrate calories, and it had a lot of adverse health effects, like you've mentioned, still being hungry, but also increasing triglycerides and decreasing HDL, which we know isn't good.

Dr. Brown:

And insulin resistance, which is probably the key to much of our atherosclerosis burden these days, right?

Dr. Kris-Etherton:

Absolutely.

Dr. Brown:

So, if you were going to counsel somebody who says, "Now I can eat steak and now I can eat eggs," is there a happy medium where you could say, "Okay, it's okay to have some of the fat in a more saturated form, but the majority should be in less saturated fats," or should people really be pretty careful to, as we've thought in the past, to avoid saturated fats completely?

Dr. Kris-Etherton:

Well, it's not possible to completely avoid saturated fats, but the National Lipid Association recommends less than 7% of calories from saturated fat. Americans are eating about 11% of their calories from saturated fat. So, we still want people to decrease saturated fat. And what does that mean? Well, it means looking at food sources of saturated fat and making appropriate substitutions. So, about 36% of our saturated fat comes from mixed dishes. What are they? Pizza, and then sandwiches, burgers, tacos, and then dishes that are mixed with meats that are fatty meats, but also pasta dishes and rice dishes, and then also soups are another source. So, I think in paying attention to all those foods and trying to make healthier choices with foods that are lower in saturated fat, so rather than fatty meats, well, choose leaner protein sources including fish, poultry, even some lean meat. Red meat is okay, but smaller amounts, I think, is another message too.

Dr. Brown:

And what's the leanest option for red meat if somebody were to occasionally want to have some beef? What's the leanest option? Is it a filet?

Dr. Kris-Etherton:

Filet is one, and then think about loins. Sirloin is another cut as well, but also think about portion control too, because we tend to eat way too much.

Dr. Brown:

If you're just tuning in, you're listening to ReachMD. I'm Dr. Alan Brown, and I'm here with Penny Kris-Etherton, who is a PhD and registered dietitian and distinguished Professor of Nutrition at Penn State and also served as the President of the National Lipid Association.

So, Penny, I think we talk a lot about this. If you were to kind of map out an ideal diet for people, assuming that now they understand that they should reduce their saturated fats, breakfast is a big deal people struggle with, right? So, they tend to just shift toward cereals and felt that low-fat cereals, high in sugar. So, let's just take it meal by meal. If somebody is looking for something that's going to give them some satiety and is healthy to start their day, give us some examples of what would be a good idea for breakfast.

Dr. Kris-Etherton:

Well, I think breakfast is a real good time to incorporate fruit in the diet, so rather than a huge glass of juice, think about some sort of a fruit salad. And then if people feel like eating a carbohydrate diet or healthy carbs, something like fiber-rich oatmeal would be good, steel cut, or a whole grain toast. And then I think it's good to incorporate some protein, and occasional eggs are fine, but egg whites are a very good source of lean protein, so something like an egg white omelette, frittata, is great.

Dr. Brown:

What about yogurt?

Dr. Kris-Etherton:

And then yogurt, yes, that's a fabulous suggestion, especially Greek yogurt because it's higher in protein. And then skim milk too is good, another source of lean protein.

Dr. Brown:

So, you mentioned if you're going to have carbs to go with whole grain, so basically, stay away from anything white, right?

Dr. Kris-Etherton:

That's right.

Dr. Brown:

So, no white breads, no white rice, no white potatoes, and you focus on sweet potatoes, whole grain rice, whole grain bread. Is that reasonable?

Dr. Kris-Etherton:

Definitely for the bread and the cereal, and then you can incorporate some white potatoes, or try the purple potatoes because they have lots of bioactives in them, but the white potatoes are a very good source of potassium compared to the orange potatoes, but the orange potatoes have all the carotinoids, but they are a little bit higher in sugar too.

Dr. Brown:

Oh, interesting. I thought white potatoes was a huge carb load, huge calorie load.

Dr. Kris-Etherton.

Well, and the problem is that people eat huge amounts of potatoes. That's not what we want people to do. Small amounts are okay.

Dr. Brown:

Okay, so those are good breakfast suggestions. Let's go to lunch. Number one, what time should you eat lunch? I think when we look at weight loss and people are successful, one of the predictors of keeping your weight off is eating breakfast every day, so it's a real critical piece of getting your life together and probably reducing snacking, right, later in the day? But let's assume that they followed your suggestions and now it's lunch time. That's usually when we're stressed, we're busy, we either skip it or we graze, go passing by something and grab whatever's available.

Dr. Kris-Etherton:

That's right.

Dr. Brown:

So, how do you deal with that?

Dr. Kris-Etherton:

Okay, plan ahead and think about bringing lunch, or at least just plan ahead. Know what you're going to have rather than just grabbing the first thing that you see because you're hungry. And so, sandwiches are good, but watch the bread. Now sandwiches are so much bigger, the fillings are so much bigger, but you can have a healthy sandwich with whole grain bread and lean protein like chicken breast, turkey; even some lean meats are okay. Watch the luncheon meats because they're loaded with sodium. And then think in terms of maybe some sort of a vegetable accompaniment like a salad that might include some nuts, and maybe even some legumes, which are real good, healthy foods that are being recommended in our food-based guidelines.

Dr. Brown:

So, I notice you emphasize to have fruit with breakfast rather than a sugary glass of juice, right? How about lunchtime? Is there a role for fruit at lunch, because everyone kind of wants something sweet? What should they grab for their dessert?

Dr. Kris-Etherton:

That's a very good point. Fruit is wonderful. It's a great way to finish a meal, and it provides some satiety. Especially if you're used to eating a dessert, a fruit at the end of the meal can say, "Okay, now we're done."

Dr. Brown:

And does fruit in terms of calories... If people overdo it, like some people say, "Okay, I can live with fruit instead of processed sugar," but then they eat a giant bowl of it, so what is the right amount of fruit if you're going to supplement a meal with it?

Dr. Kris-Etherton:

So, that's a very good point. Current recommendations are for 8 to 10 servings of fruits and vegetables every day, so that translates to about 2 ½ cups of fruit. That's a lot of fruit. Now, I think where people get in trouble is when they start eating dried fruits, and it's really easy to overconsume calories that

way. So, dried fruits are okay, as long as they don't have added sugars and toppings and coatings, but just watch the portion size.

Dr. Brown:

So, in general, if you're eating a whole piece of fruit, you're probably not going to... it's not going to hurt you to eat a fair amount, right?

Dr. Kris-Etherton:

That's right.

Dr. Brown:

Because a lot of fiber.

Dr. Kris-Etherton:

That's right.

Dr. Brown:

You get full from it.

Dr. Kris-Etherton:

That's it exactly. It fills you up without a lot of calories.

Dr. Brown:

Okay, I think that's helpful, because people don't quite know is this good or is this bad. My patients ask me that all the time. So, we just have a few minutes left. I could talk to you for hours about this, and

I'm sure our audience would like to hear. Let's go to dinner real quickly.

Dr. Kris-Etherton:

Yes, okay.

Dr. Brown:

What's the best time to eat? Some people like to gorge themselves before they go to bed because they have starved themselves all day.

Dr. Kris-Etherton:

Yes.

Dr. Brown:

So, assuming they're smart and they ate breakfast and lunch, what are your recommendations regarding dinner?

Dr. Kris-Etherton:

Okay, well, I think there's a lot to be said for not waiting too long, and there's new research showing that late-night eating is not good. It helps disrupt, it causes a disruption of the sleep pattern, and it does encourage consuming more calories and the wrong calories, because what do you grab at night? People will grab chips and something really easy to eat a lot of calories of.

Dr. Brown:

Henny Youngman used to joke that his wife was a light eater. As soon as it got light out, she started eating.

(Laughter)

Dr. Brown:

But go ahead. I'm sorry.

Dr. Kris-Etherton:

That's great. So, we haven't mentioned fish and seafood, so people should try to incorporate at least two seafood meals a week, and at least one should be a fatty fish, and that's salmon, of course, but tuna is another option. Trout, too, can fall in that category. And then consume it in a healthy way—grilling it, broiling it, rather than frying it. And then, of course, some sort of carbohydrate accompaniment is okay, but go toward the whole grain; like you said, whole grain rice, maybe some of the new grains that are out there people can play around with, something like quinoa, but then load up on the vegetables, and probably half of the plate should be fruits and vegetables if you can.

Dr. Brown:

So, that's very helpful. I guess in my last second I want to ask you about the oatmeal issue. I meant to ask you about it when we were talking about breakfast. So, you mentioned steel cut oatmeal.

Dr. Kris-Etherton:

Steel cut.

Dr. Brown:

A lot of people buy the instant oatmeal, which I think has a fair amount of sugar. So, is it better to cook your own? It takes a little bit longer, and in the morning everybody gets up late. What's your recommendation of the best type of oatmeal to add?

Dr. Kris-Etherton:

Well, the steel cut is really good, but you're right, it does take 20 minutes cooking time, and that's a long time. If you can plan ahead, try to do that. If not, instant oatmeal that's just plain oatmeal is okay, because your point is very well taken, that a lot of these instant oatmeals are loaded with sugar, and that's what we want to try and control. And then, also, think about dressing your oatmeal with some toasted almonds or walnuts.

Dr. Brown:

Sounds great. Well, I wish we had more time. This is a real hot topic for all of us. Every day we think about it, and I really appreciate you helping resolve the controversy about saturated fat. And I think we're back to where we were before, that saturated fat is probably not good for you, and planning to have 3 healthy meals a day probably reduces the risk of grabbing the wrong things in between, right?

Dr. Kris-Etherton:

Excellent, yes.

Dr. Brown:

All right. Thank you very much, Penny, for being with us today, and I'm very disappointed we've run out of time. I'm Dr. Alan Brown. You've been listening to Lipid Luminations sponsored by the National Lipid Association on ReachMD. Please visit ReachMD.com/lipids where you can listen to this and other podcasts in the series. Make sure you leave comments and share those podcasts, and we welcome your feedback.

Once again, Penny, thank you very much.

Dr. Kris-Etherton:

You're welcome.

Dr. Brown:

And I am your host Dr. Alan Brown. Thanks for listening.

Narrator:

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