



National Institutes of Health
National Heart, Lung,
and Blood Institute
Bethesda, Maryland 20205

April 1, 1988

Henry Blackburn, M.D.
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Henry
Dear Dr. Blackburn,

NAS corresp
4/11/88
for C. Howson
S. Palmer
+ return.
BPC R. Shchelle
D. Goodman
A. Matulsky
H. McCull
J. Benton

I regret that I was out of the office when you telephoned. However, your March 16, 1988 letter has given me time to consider the potential recommended eating pattern of the National Academy of Science's Diet Health Report, e.g., total fats below 30 percent of calories, saturated fatty acids (SFA) below 10 percent, and polyunsaturated fatty acids (PUFA) at 7 percent of calories. My interpretation based on 1985-86 USDA survey data is that the NAS suggests no change in the present intake of PUFA, decreases SFA from about 13 to less than 10 percent and changes the source of monounsaturated fatty acids (MFA) from animal products to vegetable oils.

Is not the concern with PUFA the omega-6 fatty acids? Is there a need to restrict to 7 percent, if there is a balance between omega-6 and omega-3 fatty acids? (There is probably more scientific evidence for decreasing SFA to 7 percent than increasing MFA from vegetable oils to 13 percent -- which will occur through consumption of commercial food products.

In the Step-One and Step-Two NCEP/AHA diet for patients with high blood cholesterol, the recommendations for PUFA is less than 10 percent of calories. In the Step-Two diet the SFA is less than 7 percent; MFA substitute for the decrease in SFA from Step-One. Thus, in the Step-Two plan, the MFA are similar to the NAS recommendations proposed for the public.

In calculating nutrients, for Step-One and Step-Two, certain assumptions were made in the food groups. It is ambitious, but somewhat reasonable, to realize assumptions that are not consistent with U.S. eating habits, if one can counsel groups or individual patients about the sources of fat as they are purchased in the marketplace, when dining out or used in food preparation at home. The eating patterns have been calculated to be nutritionally adequate. The practicality of these plans will be determined as patients adapt the Step-Two plan.

So, another prescription. It will look very tidy on the NAS prescription pad. Yes, dietitians can provide calculations to establish the nutritional adequacy. But consider the NAS audience, the public. One third of the meals are eaten out, another major portion is prepared at home from convenience foods. The message about MFA will be heeded by the food

industry, and voila! there is peanut oil, olive oil, and canola oil in the deep fat cooker, in snack foods, and instant frozen dinners. The message for a decrease in fat from 37 percent to less than 30 percent will not be chosen as an emphasis. An increase in MFA from vegetable oils will be promoted.

Suppose the message is simplified to decrease saturated fatty acids to less than 10 percent of calories? Total fat intake would decrease. If the emphasis is to reduce total fat, then saturated fat may not decrease, as demonstrated in the NCI breast cancer feasibility study. It is not appropriate to focus a message on just total fat since the association of total fat and CHD is dependent upon the SFA intake, as you have shown in presentations of the Seven Country Study. For cancer, the message is not just total fat. The association with fat and certain cancers seems to require both high fat and low fiber, if I correctly understand Peter Greenwald's message. For NAS, a simple focus of the message may be important. Who will choose the focus? Should it be MFA? I think it should not be. *agree.*

The recommendations must recognize the magnitude of food choices that are provided by the food industry. Life is too often in the fast lane whether it is the ghetto or yuppiedom. We are not going to stroll through the vineyards with the luxuries of adequate leisure balanced by family and music, with food just gathered for the table. Many don't have the option of this choice.

Your tenure and mine at the AHA Nutrition Committee overlapped for only a brief time. However, I remember well your discussions regarding recommendations for the public, e.g., establish recommendations that offer flexibility -- a range not rigidity.

I hear again your concern that in offering yet another set of recommendations they be beneficial and practical. I hope your wisdom prevails.

If I can provide further specifics or additional discussions, I would be pleased to do so.

Sincerely,



Nancy D. Ernst, M.S., R.D.
Nutrition Coordinator
National Heart, Lung, and Blood Institute

cc: Dr. Lenfant
Dr. Friedewald