

## Consensus Statement

by

Participants in the Workshop, "Saturated Fats: A Food or Nutrient Approach?"

February 10-11, 2020, Washington, D.C.

1. Since 1980, the U.S. Dietary Guidelines for Americans (DGA) have advocated that Americans restrict their intake of saturated fatty acids (SFAs), with a specific limit of 10% of calories introduced in 2005, to reduce the risk for cardiovascular disease (CVD: fatal and non-fatal heart attacks and strokes). However, the totality of evidence, including recent analyses, suggests that this recommendation is overstated and needs reevaluation.
2. Recent meta-analyses of both adequately controlled randomized trials of SFA reduction and observational studies have found no significant evidence for effects of dietary SFA intake on CVD or total mortality. Moreover, recent evidence indicates that SFA intake may be inversely related to risk of having a stroke.
3. The recommendation to reduce SFAs has also rested on the evidence that substitution of SFA for unsaturated fats and carbohydrates increases plasma LDL-cholesterol. While LDL-particles clearly have a causal role in the development of CVD, a number of studies have shown that different subclasses of LDL particles are associated with differing effects on CVD risk: higher for small dense LDL, and lower for larger LDL particles. For most individuals, dietary SFAs increase large LDL to a greater extent than small dense LDL, explaining, at least in part, why SFA intake is not associated with total CVD or total mortality.
4. Diets with a reduction in carbohydrates (especially refined carbohydrates) can be effective for reducing overweight and obesity and are particularly effective in the management of metabolic syndrome and type 2 diabetes. Despite the fact that such diets tend to increase the consumption of SFA, these diets are found to improve glucose metabolism, triglycerides, and small dense LDL particles, as well as liver fat and measures of inflammation. In some individuals, an increase in total LDL-cholesterol may occur, but this increase is predominantly in the larger particles less strongly associated with CVD, as described above.
5. The health effects of saturated fats vary depending both on the specific fatty acid and on the specific food source. Evidence indicates that it is important to consider the food matrix when evaluating the impact of fatty acids on CVD risk. Examples of foods that contain relatively high levels of SFAs and are not associated with increased CVD risk are dark chocolate, whole-fat dairy and unprocessed meat. For example, intake of fermented whole-fat dairy is associated with lower risk of CVD (in observational studies), lower BP and lower risk of diabetes (in randomized trials), and other sources of SFAs such as unprocessed red meat appears to have neutral effect on the above outcomes.
6. Hence, there is no evidence that current population-wide arbitrary upper limits on commonly consumed saturated fats in the U.S. will prevent CVD or reduce mortality.
7. Consuming a variety of natural foods without restricting SFA intake would also be beneficial in helping to ensure a nutritionally adequate diet and maintain health.