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EXPERT ROUNDTABLE

How Much Fat Can I Eat?

Like most Americans, you've probably asked that question before. We certainly have. So we invited four diet experts to weigh in on the issue.

We've feared fat for decades, but some of our panelists say that fear is unnecessary.

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FOR MORE THAN 30 YEARS, WE'VE BEEN WARNED that fat is dangerous to our health. In fact, back in 1980, the U.S. Department of Agriculture (USDA) made an official recommendation that no more than 30 percent of our calories should come from fat. This dietary advice became the gold standard; to this day, the American Dietetic Association and the American Heart Association make the same recommendation.

But prominent doctors and researchers doubt the wisdom of this advice. They point to statistics that show that we've reduced our average fat intake from 40 percent of total calories to 34 percent, but heart disease incidence hasn't declined and rates of obesity and diabetes have exploded.

What's going on? Some experts, like researcher Dean Ornish, M.D., say the problem is that the USDA advice on fat isn't strict enough. To reduce your risk of heart disease, cancer, diabetes, and obesity, he advocates eating no more than 10 to 15 percent of your calories from fat and emphasizing complex carbohydrates. His studies show that this very low-fat approach can actually reverse heart disease.

On the other end of the spectrum are experts like Robert Atkins, M.D., founder of the Atkins Diet, and Barry Sears, Ph.D., creator of the Zone Diet. They say a low-fat diet is dangerous because it invites us to eat

too many carbohydrates. A high-carbohydrate diet triggers the release of excess insulin, the real culprit in obesity, heart disease, and diabetes, they say. And recent studies suggest that a low-carb diet (with unrestricted amounts of fat) may help you lose weight without harming your cholesterol.

Should this information change the way we eat? We asked four noted experts with a range of opinions on fat to sit down and debate the issues. Here's what they said. >>



Most of our panelists recommend the omega-3 fatty acids in walnuts over the saturated fats in cheese.

Our Panelists and Their Take on Fat

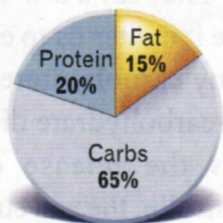


Stacey Dunn-Emke, R.D.

Director of Nutrition at the Preventive Medicine Research Institute, Sausalito, Calif., which advocates the Ornish Diet.

THE ORNISH DIET:

Restricts fat to 10 to 15 percent of total calories to keep arteries clear; emphasizes plant foods, which contain disease-fighting compounds.

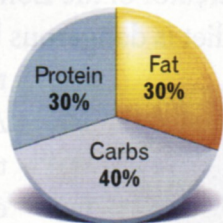


Mark Hyman, M.D.

Medical Director at Canyon Ranch in the Berkshires, Lenox, Mass.

HYMAN'S APPROACH:

Believes you can alter the balance of fat, carbohydrates, and protein in your diet in many ways, depending on your health needs and risk factors. Says 20 to 30 percent fat is usually a good starting point.

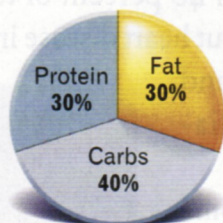


Barry Sears, Ph.D.

Researcher in Marblehead, Mass.; creator of the Zone Diet.

THE ZONE DIET:

Aims for a balance of fat, carbohydrates, and protein at every meal to regulate production of insulin, a hormone that triggers fat storage.

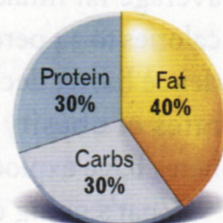


Stuart L. Trager, M.D.

Orthopedic surgeon in Philadelphia; consultant to Atkins Nutritionals.

THE ATKINS DIET:

Allows generous fat levels. Restricts carbohydrates so your body burns fat instead of carbs for fuel. For weight loss, carbs are severely limited at first but gradually reintroduced. The final phase, maintenance, is shown here.



The Roundtable

NATURAL HEALTH: Has the emphasis on low-fat diets made us healthier?

BARRY SEARS: You don't have to be a rocket scientist to notice the epidemic rates of obesity and type 2 diabetes, because what we have done is really increased the amount of carbohydrates we eat. And for those who are genetically predisposed, this excess consumption of carbohydrates can give rise to a dramatic increase in hyperinsulinemia [a pre-diabetic condition in which insulin loses its ability to lower blood sugar levels], and there lies our problem.

STACEY DUNN-EMKE: I think the question is: Have Americans actually been following that [low-fat] guideline?

When you look at some of the data from U.S. population dietary intake studies, you see that the average American has increased his consumption of total fat over the last 10 years. Consumption of total fat [as a percentage] has gone down, but that's because our total caloric intake has gone up. Gram for gram, we're actually eating more fat and saturated fat.

We used to think of all fat as bad. Is that still the case?

MARK HYMAN: I think most of us would agree that we've essentially lumped all fat together as bad. But as it turns out, different fats have profoundly different effects. ... Omega-3 oils actually have beneficial effects. The Greenland Eskimos have intakes

of almost 80 percent of their diet as omega-3 fatty acids [from fish like salmon] but no cardiovascular disease.

Each type of fat has different effects on our lipid profiles, on obesity, on insulin function, on our health in general. That distinction needs to be made because, in my experience, most Americans are suffering from a fat deficiency, particularly of omega-3 fats.

SEARS: I agree 100 percent. But I would add that I think we also have to address our overconsumption of omega-6 fats [found in vegetable oils like corn and safflower].

Ms. Dunn-Emke, would you agree that there's such a thing as beneficial fat?

DUNN-EMKE: We know that the

Mediterranean diet [in which olive oil is a main source of fat] is much healthier than the American diet. But all oils, even olive oil, have saturated fat. We know that saturated fat is probably the major factor in high cholesterol and elevated LDL ["bad"] cholesterol, and is probably the most atherogenic of all the fats. And when you compare the Mediterranean diet to an Asian diet, where there's a much lower total fat intake, you find that Asian countries are healthier in terms of heart disease and cancers.

As a dietitian, I think trying to give specific recommendations [about eating certain fats instead of others] and translating that to the kitchen is really difficult. That's why I just recommend decreasing the total amount of fat.

STUART TRAGER: Maybe we're trying to make it more difficult than it really is. Everyone gets hungry, and everyone needs to eat. The problem is that when we lower the fat percentage in our meals we've got to replace those calories with something. If we replace them with carbohydrates, we have to judge the value of saturated fats ... [against] the deleterious effects of carbohydrates. Fats, in and of themselves, may not be the root of all evil.

DUNN-EMKE: I'm going to agree with Dr. Trager on this one point. We have to look at our diet as a whole. And a diet high in fruits, vegetables, whole grains, and legumes and low in refined carbohydrates and red meat is going to lower the risk of heart disease. It's also going to give us a lot of antioxidants ... a lot of cardioprotective factors that are very beneficial.

SEARS: I agree that the recommendation to the patient must be simple. I use a hand-eye method: At each meal you divide your plate into three sections. On one-third of the plate you put some low-fat protein that's no bigger and no thicker than the palm of your hand. The other two-thirds of the plate you fill until it's overflowing with fruits and vegetables, and then you add a dash—that's a small amount—of heart-healthy monounsaturated fat: olive oil, slivered almonds, or guacamole.

Can High-Fat Be Healthy?

A 2000 study showed that obese teenagers on a low-carb diet lost significantly more weight than teens on a low-fat diet. Those who lost weight ate few carbs but as much fat and protein as they wanted, without harming their cholesterol levels. What's your opinion of this study?

DUNN-EMKE: One thing I was concerned about was the side effects of

"In my experience, most Americans are suffering from a fat deficiency, particularly of omega-3 fats."

—MARK HYMAN, M.D.

following a high-fat, high-protein diet. I saw that several of the subjects were experiencing diarrhea. I wondered how much malabsorption had occurred. I also didn't see that the participants had exercised.

I believe that following a [low-carb] diet, long-term ... could have some very serious side effects, especially with regard to cognitive function.

TRAGER: The very strict phase [of the diet] that is concerning you is followed only very briefly [about two weeks]. And after that, it's by no means as strict. I also think that exercise is clearly an important part of any nutritional program.

The most interesting aspect for me was that this was a diet these individuals could maintain, which is very difficult for adolescents. They saw results and were able to eat an unrestricted calorie amount ... so they were able to stay on this diet for longer than those on the restricted-calorie diet.

HYMAN: One of the things I noticed was that fiber intake was very low for both groups, which means vegetable intake was low, and intake of beans, nuts, or seeds was low. I have grave concerns about that. Most of the healing molecules in foods come from a variety of plant-based nutrients. If you could find one thing aging experts

agree on, it's that eating five to nine servings of fruits and vegetables a day reduces almost all diseases of aging.

SEARS: The key thing to me is that we've always been told that a calorie is a calorie. If that's true, then it really doesn't make a difference what the makeup of the diet is as long as you have the same number of calories. But what we have here is one group that's consuming more calories but losing more weight, because the hormonal effect of a calorie of protein is very dif-

Fish and flaxseed oils contain omega-3 fats.



ferent than the hormonal effect of a calorie of carbohydrate, which is still very different than the hormonal effect of a calorie of fat.

DUNN-EMKE: I want to echo what I said before. I think this type of diet is not the safest thing for an adolescent.

TRAGER: For what reasons?

DUNN-EMKE: Because of the risks associated with a high-fat diet. Studies of the Nurses' Health Trial found that a diet high in fruits, vegetables, grains, and legumes and low in refined

Continued on page 99

How Much Fat Can I Eat?

Continued from page 67

carbohydrates and red meat lowers your risk of heart disease and cancers.

HYMAN: I would agree that eating a lot of meat and cream and high-fat foods made from saturated fats and animal proteins does have adverse cardiovascular effects. It affects homocysteine ... and adversely affects the HDLs ["good" cholesterol].

A study published in the *Journal of the American Medical Association* looked at 11 different cardiac risk factors on blood tests. The most important marker for heart disease was the ratio of total cholesterol to HDL, which reflects the importance of HDL. C-reactive protein was not far behind. C-reactive protein is related to inflammation. And inflammation, we now know, is related to heart disease, and can be controlled with a diet rich in fruits and vegetables, and by reducing saturated fats, which increase inflammation.

A 1998 study showed that Dean Ornish's low-fat diet can stop and even reverse heart disease.

What's your opinion of this study?

SEARS: I have some real problems with that particular study. ... The ratios of triglycerides to HDL were significantly increased in those patients on the low-fat, high-carbohydrate diet.

A high ratio of triglycerides to HDL is a marker [for high-carbohydrate intake]. ... Data from Harvard Medical School show that individuals who have high triglyceride-to-HDL ratios are 16 times more likely to develop heart disease than those with a low ratio. I think blood work tells us which diet is best for a patient.


HYMAN: I would agree that there's no one perfect diet for everyone. Some people with certain lipid disorders and heart disease will benefit very much from a very, very low-fat diet. There are other people I've seen on a low-fat diet who have a worse outcome and progressive cardiovascular disease.

What's My Best Diet?

How do I know which diet is healthiest or safest for me?


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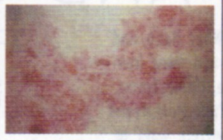
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How Much Fat Can I Eat?

stand stark naked in front of a mirror. If you don't see any abdominal obesity, then probably whatever you're eating is okay for you. The next step is to look at your last blood test. If your ratio of triglycerides to HDL is less than 2, whatever you're eating is probably good for you, so keep doing it. [A higher ratio increases heart disease risk and can mean you're eating too many carbohydrates.]

HYMAN: This is our approach at Canyon Ranch, to personalize medicine. We do that by doing a very extensive history evaluation and doing blood tests that help us identify some of those predispositions, including an overall lipid profile. But we also look at, for example, a glucose insulin challenge test; when we give somebody a sugar drink we can tell if their body responds adversely or not. ... We put all of that together and come up with a series of recommendations that are very personalized.

TRAGER: I think if you choose a diet that's helping you lose weight, if you're able to do the activities you want to do, then you're moving in the right direction. If you're concerned ... get evaluated by a physician before you start a nutritional plan. If you embark on a controlled-carbohydrate plan, get reevaluated after a short period of time. After four, six, or eight weeks, get your values rechecked. If you're not feeling better, and if your lab values aren't improving, you don't need to continue. But my suspicion is, for you, like for me, you'll ... be a lot more functional, and your lab values will also look good.

DUNN-EMKE: I'm not convinced yet that there are different diets for different people on a broad scale. ... I just recommend moving to a low-fat, plant-based diet.

Cheeseburgers or Egg Whites?

Many of us assume that if you're on a controlled-carbohydrate plan like the Atkins Diet you can eat fatty foods like bacon double cheeseburgers every day, as long as you hold the bun. Is that accurate?

TRAGER: No. That's a misconception. I

Where They Agree

ALTHOUGH OUR PANELISTS HAVE FUNDAMENTALLY different opinions about what constitutes healthy amounts of fat, carbohydrates, and protein, they agree on four important points.

What to Eat

OMEGA-3 FATS They agree on the benefit of these fats, which appear to reduce heart disease risk. Some panelists recommend that you rely on cold-water fish for omega-3s, while others say flaxseeds are good sources, too. And Stacey Dunn-Emke, R.D., prefers that you get your omega-3s from fish oil supplements; supplements contain no saturated fat, while foods like fish and nuts do.

FRUITS AND VEGETABLES All agree that plant chemicals can protect you from disease. Some panelists prefer that you choose low-glycemic produce, like broccoli, cabbage, cherries, and blueberries, which release their sugar slowly and do not cause your blood sugar and insulin levels to spike.

What to Avoid

TRANS FATS All agree that these fats, found in many processed foods, from cereals to gravy mixes, increase heart disease risk. Read product labels: Foods that list "partially hydrogenated oils" contain trans fats.

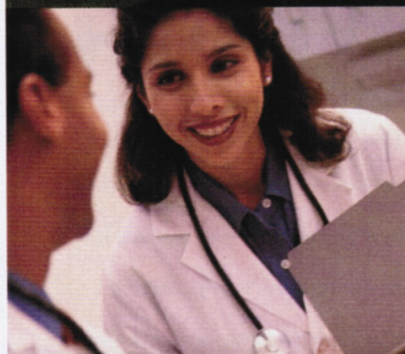
SUGAR AND REFINED CARBS Our panelists all feel strongly that these should be banished from your diet. They're devoid of nutrients and absorbed quickly by your body, causing blood sugar and insulin levels to rise. Whole foods are better; they're fiber-rich and release their sugar slowly.

haven't had a bacon double cheeseburger in six or eight months, with or without a bun. The Atkins nutritional program involves a commitment to avoiding simple carbohydrates. Even during the induction phase of Atkins, [the first] two weeks, it's fine to eat two bowls of green leafy vegetables a day. Once the induction phase is over—and induction is not recommended or necessary for every-

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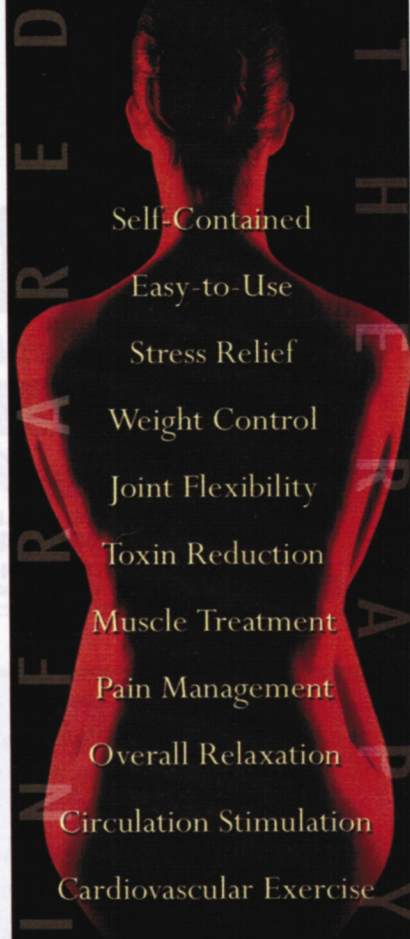
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How Much Fat Can I Eat?

one—the ongoing maintenance phase is easy to maintain. It involves eating predominantly lean protein. It involves nutrient-dense carbohydrate choices. It involves not substituting SnackWell's cookies that have a high glycemic index for higher-fat foods.

A typical meal for me would be an ample supply of chicken ... with a very, very big green salad. I'll put things on the salad like almond slivers and a salad dressing that accentuates good fats.

Dr. Sears, what's the difference between your diet—the Zone diet—and the Atkins diet? Are they the same?

SEARS: Well, they are and they aren't. The Atkins induction phase—eating no carbohydrates—has no relation to the Zone concepts. But the maintenance phase is almost identical. You're ... consuming fruits and vegetables that have a very low glycemic load, and massive amounts of them. I don't think anyone could argue with the benefits of 10 to 15 servings of fruits and vegetables per day—that's a lot of food—but you're not taking in too many carbohydrates, and you're never consuming any more protein than you can fit on the palm of your hand.

What about the Ornish plan? How can people stick to a diet that's so low in fat?

DUNN-EMKE: If you have existing heart disease, then you need the more restrictive 10-percent-of-your-calories-from-fat, whole-foods, plant-based diet. But if you're looking for a diet to prevent heart disease, the restrictive diet can be liberalized to include egg whites and a couple of servings of nonfat dairy every day.

I work on our prostate cancer lifestyle [study] where the average man is in his late 60s. We actually follow a more restrictive diet [with less than 10 percent fat]. I have to tell you, as a dietitian, I am always amazed at how adherent these men are. Their average adherence is 95 percent. So it's something that can be done. I also follow the diet myself because I feel better on it. I feel more mentally alert, and I know I am reducing my risk for heart disease, cancers, and obesity.

How to Improve Your Diet

Our readers need to eat and feed their families. While we wait for researchers to sort out the fat question, what are the most important things we can do to improve our diets and health?

HYMAN: Cut out white flour and white sugar, number one. And number two, get an oil change. Essentially, cut out trans fats or hydrogenated fats [found in processed foods], reduce saturated fats, and increase omega-3 and monounsaturated fats from olive oil, wild fish, and nuts.

TRAGER: I think the single most important thing you can do is to choose a diet that does not rely purely on carbohydrates at the expense of all the other quality food sources. Choose nutrient-dense carbohydrates to supplement lean proteins. I would also agree [with Dr. Hyman] about making smart choices with regard to the fats we eat.

DUNN-EMKE: Moving toward a low-fat, plant-based diet, one that is high in vegetables, fruits, whole grains, and legumes and low in sugars and fat, contributes to weight loss and prevents many chronic diseases, including heart disease, obesity, cancer, and diabetes. And it results in a plasma and cholesterol-lowering effect of the same magnitude that you would achieve with statin drugs, a 40 percent reduction in LDL cholesterol.

In my belief, diet shouldn't really be considered in isolation. You need to include exercise and stress management and, if possible, a forum for group support—not necessarily therapy, but an avenue for you to talk about what's going on with you on an emotional level.

Dr. Sears, what are the most important things we can do?

SEARS: Probably the two words most Americans hate to hear: balance and moderation. You balance your plate every time you eat. You put some low-fat protein on the plate, and fill the rest of the plate with as many colorful things as you can, and keep white foods to a minimum. And basically, don't be afraid of fat if the fat is monounsaturated fat or long-chain omega-3 fats [present in cold-water fish like salmon]. ●

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