



HARVARD SCHOOL OF PUBLIC HEALTH

Department of Epidemiology

December 19, 2002

Dr Lester Crawford, Deputy Commissioner
Food and Drug Administration
5600 Fisher's Lane, Room 1471
Rockville, Maryland 20857

Dear Dr Crawford:

We were delighted with the FDA's proposed rules for labeling foods for content of *trans* fat. This will have a major impact on health with minimal effort on the part of individuals, and little disruption of food processing practices.

One proposal has been to combine the recommended range of intake of *trans* together with saturated fat. This proposal implies that it is fine to eat up to the limit for those two combined, regardless of whether this constitutes *trans* or saturated fat, and obscures the difference in the adverse effect. If one examines just lipids alone, one finds that *trans* fat is about twice as bad, gram for gram, for the total-to-HDL ratio, because saturated fat, while raising LDL, also raises HDL. In contrast, *trans* fat raises LDL but lowers HDL. Moreover, from epidemiologic studies, the apparent adverse effect of *trans* is far greater than what one might predict based on the effects on lipids alone, probably due to perturbation in the metabolism of essential fatty acids. For example, in our studies, a switch of 2% of energy from *trans* to polyunsaturated fat would reduce diabetes risk by 40%! Combining *trans* and saturated fat on the label could well lead producers to abandon the attempt to rid their products of *trans*, opting instead to treat it as the same as saturated fat. Saturated fat is a normal component of the diet, so we can never reduce this to zero, nor should we try. In contrast, *trans* fat from hydrogenated vegetable oils is not a natural component of the diet, and we can and should eliminate it from the diet. This would probably be the simplest and easiest fix to improve cardiovascular health for our country.

Based on the recent IOM report that summarized a large body of data, the optimal label for *trans* would include the *trans* content, separated from saturated fat, with the notation that the recommendation is to eat as little as possible. If one follows the alternative line of reasoning, for example, a bottle of olive oil would have a larger saturated-plus-*trans* content (though it has no *trans*) than some baked goods whose fat is mostly hydrogenated vegetable oil. This makes no sense from a health or physiological perspective. Some have argued that *trans* may not be as familiar as saturated fats to many consumers, but this is no reason to further obscure the difference. Instead, the label will provide the impetus to education, aided by makers of food without *trans*.

Yours sincerely,

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