



American  
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## Beware of more **misinformation** from the **AHA on coconut oil & saturated fats**

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### **C**oconut Oil: Poster Child for Dietary Fat Confusion

Coconut oil is a microcosm of the dietary confusion present in the U.S. On one hand a Coconut oil Google search yields a plethora of glowing testimonials to diverse benefits: Wellness Mama lists 101 Uses for Coconut Oil and Authority Nutrition lists 10 Proven Health Benefits.

On the other hand, the American Heart Association (AHA) and the USDA's Dietary Guidelines For Americans warn us to avoid consuming coconut oil because it contains about 90% saturated fat (SFA) which is a higher percentage than butter (about 64% saturated fat), beef fat (40%) or even lard (also 40%)

In many respects, the vilification of coconut oil by federal dietary guidelines and the AHA resembles the inappropriate attack on dairy fat and is emblematic of the whole misguided war on dietary fat. In fact, the new AHA advisory cherry-pick the data on dairy fat and cardiovascular disease in order to support their faulty recommendations for choosing low or nonfat dairy.

The AHAs simple message to replace all saturated fats in your diet with poly unsaturated fats (PUFAs) or monounsaturated fats (MUFAs) is flawed because: all saturated fats are not created equal. The kinds of saturated fats in coconut oil differs markedly from both dairy SFAs and beef SFAs. Some SFAs may

have beneficial effects on blood lipids, weight, and cardiovascular health.

The types of non SFAs in vegetable oils differ markedly and may have differential effects on cardiovascular health.

### **Cherry-Picking Data**

The new AHA presidential advisory doesn't include this study or data from the Sydney Heart Study, another study with negative results for substituting PUFAs for SFAs.

As Gary Taubes pointed out in a post for Larry Husten's cardiobrief.org blog, the AHA experts cherry-picked four "core trials" that agreed with their hypothesis and excluded the ones that don't agree.

They do this for every trial but the four, including among the rejections the largest trials ever done: the Minnesota Coronary Survey, the Sydney Heart Study, and, most notably, the Women's Health Initiative, which was the single largest and most expensive clinical trial ever done. All of these resulted in evidence that refuted the hypothesis. All are rejected from the analysis. The AHA experts have good reasons for all of these decisions, but when other organizations – most notably the Cochrane Collaboration – did this exercise correctly, deciding on a strict methodology in advance that would determine which studies to use and which not, without knowing the results, these trials were typically included.

## All Saturated Fats Are Not Created Equal!

Saturated fats are divided into various types based on the number of carbon atoms in the molecule. Depending on length, they differ markedly in their metabolism, absorption and effects on lipid profiles. The major SFA in coconut oil, lauric acid, has a 12 carbon chain and is thus considered a medium chain fatty acid (MCFA).

The AHA advisory makes a cursory attempt to address the huge hole in their logic primarily relying on a meta-regression analysis published in 2003 by Mensink, et al.,

The Mensink meta-regression analysis determined the effects on blood lipids of replacing carbohydrates with the individual saturated fatty acids that are in common foods, including lauric, myristic, palmitic, and stearic acids. Lauric, myristic, and palmitic acids all had similar effects in increasing LDL cholesterol and HDL cholesterol and decreasing triglycerides when replacing carbohydrates

The common individual saturated fats raise LDL cholesterol. Their replacement with monounsaturated or polyunsaturated fats lowers LDL cholesterol. Differences in the effects of the individual fatty acids are small and should not affect dietary recommendations to lower saturated fat intake.

Lauric acid greatly increases total cholesterol, but much of its effect is on HDL cholesterol. Consequently, oils rich in lauric acid decreases the ratio of total to HDL cholesterol. Myristic and palmitic acids has little effect on the ratio and stearic acid reduces the ratio slightly.

The differences in the effects of the individual fatty acids are not small they are quite significant if we look at the totality of the effects on lipids relevant to cardiovascular disease. In their discussion, Mensink, et al go on to say: Our results emphasize the risk of relying on cholesterol alone as a marker of CAD risk. Replacement of carbohydrates with tropical oils markedly raises total cholesterol, which is unfavorable, but the picture changes if effects on HDL and apo B are taken into account.

## Coconut Oil: The Bottom Line

After all is said and done, it would appear that coconut oil, despite coming from a vegetable, resembles dairy fat in many ways.

It is more likely than not that coconut oil, like dairy fat, reduces your chances of obesity and heart disease, especially when compared to the typical American diet of highly processed and high carbohydrate foods.

Although containing lots of saturated fat, the SFAs in coconut oil are drastically different from other dietary sources of SFA. The medium chain fatty acids like lauric acid which make up the coconut are absorbed and metabolized differently from long chain fatty acids found in animal fat.

The only explanation for dietary guidelines advising against coconut oil and dairy fat is the need to stay "on message" and simplify food choices for consumers, thus continuing the vilification of all saturated fats.

We deserve good scientific studies proving without a doubt that these drastic changes in diet are truly helping:

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