Cut intake of saturated fats to stave off coronary heart disease

Replacing major saturated fatty acids with unsaturated fats, whole grain carbohydrates or plant proteins is an effective way to prevent coronary heart disease, say researchers.

The team from Harvard University in the US analysed data from 73,147 women and 42,635 men, all of whom were free from major chronic conditions at the start of the study. Dietary intake and incidence of coronary heart disease were measured every four years from 1984-2012.

The researchers found that a higher intake of major saturated fatty acids, such as those found in whole milk, butter, beef, hard cheese and chocolate, was associated with an increased risk of coronary heart disease.

But replacing just 1% of the daily energy intake from major saturated fatty acids with equivalent energy from polyunsaturated fats, monounsaturated fats, whole grain carbohydrates or plant proteins reduced coronary heart disease risk by an estimated 6%-8%.

For each 1% energy substitution, the risk reductions were 23 cases per 100,000 person years for polyunsaturated fat; 15 cases per 100,000 years for monounsaturated fat; 18 cases per 100,000 years for whole grain carbohydrates; and 95 cases per 100,000 years for plant proteins.

‘Dietary recommendations should remain on replacing total saturated fat with unsaturated fats or whole grain carbohydrate, as an effective approach towards preventing coronary heart disease,’ they said.


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VENOUS THROMBOEMBOLISM

Beginning testosterone treatment increases risk of blood clots

Starting testosterone treatment is associated with an increased risk of venous thromboembolism (VTE) that peaks within six months then gradually declines, a study suggests.

Previous research has reported contradictory results regarding an association between testosterone use and the risk of VTE. But the team of international researchers who carried out the study said failure to investigate the timing and duration of use may explain conflicting findings.

They studied data from 19,215 patients with confirmed VTE, and 90,530 age-matched controls, from more than 2.2 million men registered with the UK Clinical Practice Research Database between January 2001 and May 2013.

Three testosterone exposure groups were identified: current treatment (subdivided into duration of more or less than six months), recent (but not current) treatment, and no treatment in the previous two years. In the first six months of treatment, the researchers found a 63% increased risk of VTE among current testosterone users, corresponding to ten additional VTEs above the base rate of 15.8 per 10,000 person years. They said the risk declined substantially after more than six months’ treatment and after treatment was stopped.

‘Further research is needed to confirm this temporal rise in the risk of VTE and to investigate the risk in first-time testosterone users, as well as confirm the absence of risk with longer use,’ the study authors said.