

**Comparison of Saturated Fat Recommendations from the Academy of Nutrition and Dietetics
 Disorders of Lipid Metabolism 2011 Evidence-based Nutrition Practice Guideline Table**

2023 Saturated Fat Recommendations	2011 Saturated Fat Recommendations
<p>1. In adults living with or without CVD, healthcare professionals should suggest reduced saturated fat intake within an individualized healthy dietary pattern. Reduced saturated fat intake was associated with decreased total cholesterol and LDL-C and CVD events; however, no significant associations were found with mortality (all-cause, CVD, or CHD), CHD events, or cerebral vascular accident.</p> <p>2. In adults living with and without CVD, healthcare professionals should recommend replacing dietary saturated fat intake with dietary polyunsaturated fat intake. Replacement of dietary saturated fat with poly-unsaturated fat promotes healthy eating patterns and reduces total cholesterol and triglyceride levels and CVD events; however, there was no significant effect on all-cause, CVD, or CHD mortality.</p>	<p>The Registered Dietitian (RD) should tailor the cardioprotective dietary pattern to the individual's needs to provide a total fat intake of 25% to 35% of calories, (ATP III) with <7% of calories from saturated fat and trans-fatty acids (TFA). Because TFAs raise total cholesterol (TC) and low-density lipoprotein cholesterol (LDL-C) and may decrease high-density lipoprotein cholesterol (HDL-C), TFA consumption should be as low as possible. Cholesterol should be <200mg per day. The majority of total fat intake should be derived from unsaturated fat sources.</p> <p>For individuals at their appropriate body weight, without elevated LDL-C or triglyceride (TG) levels, and with normal HDL-C levels, saturated fat calories could be replaced by unsaturated fat and/or complex carbohydrate (CHO).</p> <p>This dietary pattern can lower LDL-C up to 16% and decrease risk of coronary heart disease (CHD) and CHD events.</p>
<p>3. Healthcare professionals may prioritize reduction of the amount of saturated fat over reduction of specific sources of saturated fat foods within individualized healthy dietary patterns when providing nutrition education to reduce CVD risk. Low certainty evidence demonstrates that a variety of dairy products are not associated with an increased risk of CVD; however, reduction of red meat and processed meat is associated with reduced CVD risk.</p>	<p>The Registered Dietitian (RD) should develop a nutrition prescription within a cardioprotective dietary pattern that replaces saturated fat calories with calories from either complex carbohydrate (CHO) principally contributed by fruits, vegetables and whole grains, protein and/or unsaturated fat. Robust evidence documents that saturated fat increases low-density lipoprotein cholesterol (LDL-C). Under isocaloric conditions, large scale, randomized controlled trials (RCTs) indicate that a cardioprotective diet reduced LDL-C by 9% to 16% in both normo- and hyperlipidemic individuals.</p> <p>Advantages for substituting complex CHO for saturated fat calories include the following:</p>

2023 Saturated Fat Recommendations	2011 Saturated Fat Recommendations
	<ul style="list-style-type: none"> • It is difficult to achieve a saturated fat reduction of <10% of calories in diets that are 30% to 35% of total calories from fat • A diet high in complex CHO includes shortfall nutrients (e.g., dietary fiber, potassium and magnesium and other micronutrients) • A diet high in complex CHO is nutrient-dense and is less likely to contribute excess calories • In addition, a diet rich in omega-3 fatty acids and/or monounsaturated fat and reduced in refined CHO may also be effective in reducing serum triglycerides (TG) without adverse impact on high-density lipoprotein cholesterol (HDL-C). <p>In treating overweight or obese patients, where the goal is reduction of total energy, reduction rather than replacement of saturated fat calories may be warranted, depending on current intake of unsaturated fat.</p>