Tip for That #2: Integrative Medicine Competency: Macronutrients (Fat)

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Tip for That #2:

Integrative Medicine Competency: Macronutrients (Fat)

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(this one is a little wordy . . . I will return to the quick tips next issue. Hang with me!)

For so long we have been told to watch our fat intake . . . for our cholesterol, for our waistline, and just because it’s fat, so it must be bad, right? But is that really the best advice?

The answer is no. We all need fat. Every cell in our body is comprised of a fatty lipid layer:

- Our brains are made up of 60% fat.
- Fat provides energy, keeps our skin soft, delivers fat-soluble vitamins to our bodies and protects nerve tissues.
- More importantly, fat tastes good, adds texture to our foods, and keeps us satiated longer.

Why have we been led to believe fat is so bad? It started in the 1950’s with Ancel Keys’ (in)famous “Seven Countries Study” where high fat consumption, specifically saturated fat, was deemed the major contributor to heart disease. There has been much debate about the accuracy of this study. Nonetheless, in 1956, the American Heart Association (AHA) advised us to decrease intake of butter, lard, eggs and beef. The media grabbed hold, food industry came aboard and voila! Low fat was where it was at.

Sadly, without fat our food tasted like cardboard. So food scientists turned to sugar to improve taste and now sugar is found in nearly all processed foods, including hot dogs, spaghetti, yogurt and bread (try finding a whole fat yogurt without added sugar next time you’re at the grocery store). Food industry marketing campaigns led us to believe that if it was low fat, it must be healthy. Even the AHA was recommending a low fat diet (LFD) until recently. Little did we know that cutting out fat and substituting with sugar would be a major culprit leading to increased rates of obesity, diabetes and chronic illness.

Over the past decade or so, research has helped to clarify the fat fallacy. There are many different types of fat (saturated, unsaturated and trans fats) and only one is “bad” and should be avoided at all costs. You
guessed it – trans fats – basically any fat with the word “hydrogenated” in it. This is the only fat that we know for certain contributes to heart disease and inflammation, which is the true culprit in chronic illness.

Though we don’t know for certain exactly how saturated fatty acids (SFAs) affect health, a recent meta-analysis concluded that saturated fat does not cause heart disease. [i] Finally, low-fat diets are one of the most common lifestyle causes of low HDL, a well-known cardio-protective marker.

The only real data that a LFD helps to decrease CV risk is in individuals with an Apo E4 genetic profile (Apo E 3/4 or 4/4), where fat restriction decreases small dense LDL particles, the most atherogenic type. For most other genetic make-ups, it may be the type of fat that matters most. (see IMR link below for more info on Apo E)

Though Ancel Keys may not have gotten it exactly right, he nailed it when he connected the Mediterranean way of eating with a lower risk of heart disease and longer life expectancy. Interestingly, the Mediterranean Diet (MD) is not a low-fat way of eating. The diet contains about 30-40% of calories from fat sources, including:

- Monounsaturated fats - olives, olive oil, nuts, seeds, avocados
- Omega-3 fats (a type of polyunsaturated fat) - fish, smaller amounts in flax/walnuts
- Saturated fats (grass-fed beef, free-range chicken, pork, cheese, butter, coconut oil)

Numerous studies have now proven the benefits of a plant-based Mediterranean Diet, including:

- Healthy aging (decrease inflammation, lose/maintain weight)
- Decreased risk of cancer
- Decreased risk of diabetes
- Prevention of heart disease – there are over 1400 studies in support of the MD for heart health (the most recent study showed such a significantly decreased risk of heart disease that they had to stop the study early because it wasn’t ethical to keep people on the low-fat diet!!)[ii]

For more information on the Mediterranean diet and lifestyle, see www.oldwayspt.org.

How to put this all in perspective? As with anything in life, balance is the key. Don’t go and eat bacon for every meal (there is plenty of data that processed meats are not good for our health), but consider incorporating a variety of fats into your meals and shifting from processed to whole, plant-based foods. Here are some ways to incorporate a variety of fats into your daily meal plan:

- Quinoa or steel cut oats with coconut oil, almond milk and berries for breakfast; add 1-2 eggs (with the yolk please!) for extra protein
- A handful of raw almonds or walnuts with fresh fruit for a snack
• Leftover grilled salmon on a salad with lots of colorful veggies and olive oil dressing for lunch
• Raw carrots, celery or sweet bell peppers with guacamole (avocados) for a snack
• Grass-fed beef or bison burgers with sweet potato fries and broccoli with butter (from grass-fed cows if possible) for dinner

To help you get started, try the attached easy recipe for Salmon Teriyaki Marinade.


I welcome your feedback.

In Health,

Kristen

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**IMR links (for family medicine residents and faculty)** - log in to the IMR, then copy/paste link

To learn more about how the Apo E gene affects individual response to diet, see:

[http://integrativemedicine.arizona.edu(program/alum2015/nutrition_cardiovascular_health/nutritional_approaches_to_cardiovascular_health/5.html](http://integrativemedicine.arizona.edu(program/alum2015/nutrition_cardiovascular_health/nutritional_approaches_to_cardiovascular_health/5.html)

*Salmon Teriyaki Marinade*

2/3 Cup Soy sauce or Gluten-free Tamari (or coconut aminos if you are avoiding soy)

1/4 Cup Olive Oil

1/4 Cup Sherry wine

2 Tbls packed brown sugar (or honey)

1/2 tsp. grated or finely chopped fresh ginger

1 clove garlic, minced

Instructions: Mix ingredients and marinade salmon for 1-4 hrs. Grill or bake.


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