

## 11 EVIDENCE-BASED REFORMS

### for the U.S. Dietary Guidelines for Americans (DGAs):

1. → **Undertake a communications campaign to let Americans know that the low-fat diet is no longer recommended**

Since 2015, the DGAs have quietly dropped its “low-fat” diet recommendation, acknowledging that this diet is [“associated with dyslipidemia”](#)—meaning heart disease. Yet the government has yet to announce this important change to the public.

2. → **Ease or lift caps on saturated fats**

At least [14 meta-analyses and systematic reviews](#) of the scientific literature now conclude that saturated fats are not associated with heart disease and/or have no effect on cardiovascular mortality. Saturated fats are part of many natural, unprocessed foods, such as meat and dairy, that contain needed nutrients, and should not be discouraged.

3. → **Offer low-carbohydrate diets as a viable option for fighting chronic disease**

Expert committees for the guidelines have [never systematically reviewed the](#) large body of research on low-carbohydrate diets, which now amounts to more than 70 clinical trials on altogether thousands of people, including two-year trials, which is considered long enough to reveal any harmful side effects. These trials demonstrate the safety and efficacy of this diet for combating obesity, diabetes, and heart disease.

4. → **Offer a meaningful diversity of diets**

Although the DGAs now feature three recommended “Dietary Patterns” – “US-style,” Mediterranean, and vegetarian -- the current guidelines [remain a one-size-fits-all diet](#), which is not appropriate for a general population in which nutritional needs vary by age, genetics, gender, race, and degree of disease state.

5. → **Make the DGA diets nutritionally sufficient, with nutrients coming from whole foods**

The current recommend DGA diets are deficient in [potassium, vitamin D, vitamin E, and choline](#), according to the DGAs’ own expert report. Further, to the extent that the DGA diets are nutritionally sufficient, they rely heavily upon the 3-5 recommended daily servings of artificially fortified refined grains, which are high in refined carbohydrates and are not a natural source of these nutrients.

6. → **Stop recommending aerobic exercise for weight loss**

[The most comprehensive expert review of data on exercise](#), published in 2008 by US Department of Health and Human Services and cited by the DGAs to inform its recommendation on exercise, concludes that aerobic exercise is ineffective for weight loss and only marginally effective for weight maintenance (Although exercise is an important part of overall health and well-being).

7. → **Stop recommending “lower is better” on salt**

Three peer-reviewed studies in major journals as well as a [2013 report by the Institute of Medicine](#) cited by the DGAs all conclude that in addition to an upper limit on sodium consumption, there should also be a

lower limit, below which an *increased* risk of cardiovascular death is seen.

8. **→Stop telling the public that reaching and maintaining a healthy weight can be accomplished by [choosing “an appropriate calorie level.”](#)**

The calorie-in-calorie-out (“energy balance”) model of obesity -- which asserts that people can achieve and maintain significant weight loss simply by reducing calories and increasing exercise—oversimplifies the issue. Insulin and other hormones are among other factors also involved in determining weight.

9. **→Stop recommending vegetable oils for health**

Large, government-funded controlled clinical trials [on more than 50,000 people](#)<sup>1</sup> have demonstrated that replacing saturated fats with polyunsaturated vegetable oils such as soybean and corn (but not olive oil), did not reduce cardiovascular mortality and in quite a few trials, caused an increase in death rates from cancer and suicides.

10. **→Recommend regular meat and milk rather than the low-fat/lean alternatives**

There is no clinical trial data showing that “lean meat” or “low-fat” dairy are better for health than the more natural versions of these foods. Nor are there rigorous, clinical trial data showing any ill effects of red or processed meats.

11. **→Don’t issue population-wide guidelines based on weak data**

Experts developing the guidelines have, [in many cases](#), issued recommendations based on weak, observational data, while ignoring relevant clinical trial data to the contrary. The guidelines should be based on a complete, comprehensive review of the most rigorous (randomized, controlled clinical trial) data available, and on subjects for which this data is lacking, the guidelines should either issue “weak recommendations” or else remain silent.

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<sup>1</sup> See references 20-25 in Teicholz, N., “The scientific report guiding the US dietary guidelines: is it scientific?” *The BMJ*, 2015.