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CORRESPONDENCE

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Prevention of coronary heart disease

SIR,—Although we welcome the distribution by the DHSS of the report of the joint working party of the Royal College of Physicians and the British Cardiac Society on the prevention of coronary heart disease (CHD)[1] to all doctors, we disagree with certain points made by the Chief Medical Officer in his covering letter. We cannot accept his statement that there is only "a relatively minor difference" between the RCP/BCS report and that of the advisory panel of the Committee on Medical Aspects of Food Policy (COMA), because in fact the differences are major, as Dr David Owen himself agreed in his recent TV discussion with Sir George Godber (Inside Medicine, BBC2, 19 July).

The most important are that COMA does not advise the partial substitution of saturated by polyunsaturated fatty acids (PUFAs) or restriction of cholesterol; the first because "in their opinion the available evidence that such a dietary alteration would reduce [the risk of the development of ischaemic heart disease] in the United Kingdom at the present time is not convincing" and the second because they had "found no evidence which relates the number of eggs consumed to a risk of ischaemic heart disease."

We understand that the parent committee considered the RCP/BCS report as one item in a single meeting and did not refer it back to their advisory panel, having decided that there was no fresh evidence to alter their original opinion. We are surprised that they did not decide to re-examine the evidence since so much had been overlooked in their report, and more has appeared since. The conclusions of COMA ran counter not only to those of the RCP/BCS report but to those of 11 other national or international committees which had at that time examined the evidence. Nor did they explain why they came to such different conclusions. This has led to a distinguished nutritionist in a highly critical editorial on COMA[3] to conclude that at least the UK population would serve as a control as regards the dietary advice being offered in other countries. COMA did recommend a reduction in the consumption of saturated fat in the UK, but on this no action seems to have been taken. An inquiry to the DHSS brought the reply that "they had not been in the habit of issuing advice direct to the public, and it was a matter of conjecture as to how effective such measures would be. They relied to a great extent on publicity in professional journals." COMA in fact brought little publicity, and comment in general was unfavourable.

The decision of COMA not to recommend an increase in PUFAs on the grounds that there was no evidence that this would lower the incidence of CHD reflects the familiar attitude of "no action without proof" but ignores the fact that proof is unobtainable and that the probability of benefit is very high. In 1972 after detailed studies in the United States it was decided that dietary trials in a free-living population were not feasible, not only because of the prohibitive costs but because of the logistics. As in so many areas of medical practice, decisions have to be taken on evidence that is short of proof. Reasons supporting the substitution of saturated by polyunsaturated fat include the following: (1) PUFAs reduce plasma cholesterol and triglyceride and help to counter the almost unavoidable excess of saturated fats in modern diets. (2) PUFAs prevent the synergistic effect of saturated fat and carbohydrate in raising plasma triglycerides. (3) A reduction in saturated fat has to be replaced by something else, and carbohydrate, if not used for energy, is stored as saturated fat. (4) Experimentally PUFAs reduce platelet aggregation, and in a major dietary trial in man a similar effect was considered to account for a reduction in the incidence of coronary attacks. (5) PUFAs are essential for the integrity of all cell membranes, but are relatively deficient in Western diets. (6) In non-human primates a Western-type diet results in severe atherosclerosis similar to if not identical with that which occurs in man. On the other hand this was prevented in those on the "prudent" diet, with partial substitution of saturated by polyunsaturated fat and reduction in cholesterol, now being advised in so many countries. (7) Finally, most people are accustomed to taking fat, which makes food pleasanter and easier to prepare, and they would not accept a reduction of saturated fat without some substitution.

Unlike COMA, nearly every other committee has advised a reduction of dietary cholesterol. It has now been clearly established that, although there is wide individual variation, about 40% of dietary cholesterol is usually absorbed, and total absorption is in proportion to intake over the range normally consumed. The recommendations of the RCP/BCS report for the population as a whole to eat fewer egg yolks is in line with nearly every other report.

In conclusion, the Government should surely now do much more than circulate the report to all practitioners. The RCP/BCS report states: "There are considerable implications in the dietary recommendations for national food policy, for the producers and the manufacturers of food and for the regulations concerning food labelling. Nutritional practices and catering in schools, hospitals, the armed Forces and other organisations may require to be reviewed." There are also considerable implications for all restaurants, which should be encouraged to offer a choice, and for health education on food. In these areas doctors can do little by themselves and the Government should now give a clear lead. A fresh advisory panel should be appointed to give urgent consideration to the matter and especially to the reasons why the official