

## SP24 Response from Aseem Malhotra to Rory Collins's submission to the panel

Dear Dr Heath

Please share my response with the rest of the committee as you see fit.

1. The primary focus of my commentary was to highlight that purely focusing on "saturated fat" in relation to heart disease has been misplaced, especially as we have been ignoring the impact of sugar.

I do believe that this article has positively contributed to a much needed discussion in the scientific community and beyond with two supportive and very credible publications in BMJ Open Heart ( attached) and subsequently a large meta-analysis published in the Annals of Internal Medicine. <http://annals.org/article.aspx?articleid=1846638>

This British Heart Foundation supported study concluded: "Current evidence does not clearly support cardiovascular guidelines that encourage high consumption of polyunsaturated fatty acids and low consumption of total saturated fats."

In my view this can only be a good to help improve the scientific understanding of nutrition especially as diet is playing such an important role influencing the increasing burden of non-communicable diseases.

2. As highlighted by my piece the collective ignorance of the impact refined carbohydrates, more specifically added sugar, on our health has been at our peril. There have been many studies since the publication of my piece in the BMJ that appear supportive with a most recent meta-analysis even suggesting a direct causative role of sugar increasing cardiovascular risk independent of body weight. <http://ajcn.nutrition.org/content/early/2014/05/07/ajcn.113.081521.abstract>

3. I have answered all the rapid responses requested of me by the BMJ including correction and clarification of the referencing of the Zhang paper, which I understand you have seen. There are varying reports on the incidence of side effects from observational studies but instructive to note that the first non-industry sponsored double blinded randomised controlled trial revealed up to 40% of women suffered reduced energy or fatigue on moderate dose statin therapy. (I have referenced it in my latest BMJ response).

The discrepancy of side effects reported in clinical trials and that in observational studies certainly needs to be fully explained. Double blind assessments of quality of life in an RCT of the clinical effects of statins are essential to further this discussion. I also attach a very recent publication by Beatrice Golomb which is a response to the Feingold study. (referenced in the linked article) <http://cpr.sagepub.com/content/early/2014/04/24/2047487314533085.extract>

In conclusion, I personally feel there are absolutely no grounds whatsoever for retracting a commentary that was primarily about saturated fat based upon a minor error in a reference to one observational study on statin side effects which has now been corrected and clarified in detail.

On the contrary I believe the commentary has made a positive contribution to a much needed debate in nutritional science and continues to have a positive impact through opening up further lines of enquiry. I have tremendous respect for the process for evaluating this decision and am very happy to provide any further correspondence or clarifications that may be required.

Yours sincerely

Aseem Malhotra