3. Sanders TA, Lewis F, Slaughter S, Griffin BA, Griffin M, Davies I, Millward DJ, Cooper JA, Miller GJ. Effect of varying the ratio of n-6 to n-3 fatty acids by increasing the dietary intake of alpha-linolenic acid, eicosapentaenoic and docosahexaenoic acid, or both on fibrinogen and clotting factors VII and XII in persons aged 45–70 y: the OPTILIP study. Am J Clin Nutr 2006;84:513–22.

doi: 10.3945/ajcn.112.037713.

Reply to P Khosla and KC Hayes

Dear Sir:

I would like to address some of the comments made by Khosla and Hayes regarding our Danish study, in which we compared the effects of palm oil, olive oil, and lard on plasma cholesterol concentration (1). Khosla and Hayes argue that the fat intake was “disproportionately high” in our study but, in fact, it was not. A great proportion of the population in the Western world consume 107 g of fat per day, and the intake of dietary cholesterol is also high. Khosla and Hayes state that 41% of the participants in our study had a history of cardiovascular disease, but this is a misconception and is not actually reported anywhere in the article. Finally, they write that we did not discuss the study by Choudhury et al (2), which found that palm oil did not increase cholesterol compared with olive oil. Actually, as we stated in the introduction, the interesting and controversial data reported by Australian group (2) was the main reason we conducted this study on palm oil.

The author had no conflicts of interest related to this letter.

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Seasonal variation in diet history interviews that address only the past month

Dear Sir:

In a recent article, Sijtsma et al (1) reported changes toward healthier diets over 20 y of observation; however, the method of dietary assessment that they used is not optimal. The authors reported on the administration of a diet history interview on food consumption within the past month and concluded that “the increase in the number of food items reported... was a reflection of the changing food supply.” Without conducting the interviews at the same time of year, it is extremely doubtful that the researchers can draw conclusions on changes in the food supply that are not completely dependent on seasonal variation. The diet history of the past month is not the most desirable indicator of diet because seasonal variation can account for much higher intakes of fruit and vegetables while these foods are in season.

The author did not report any conflicts of interest.

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Concerns about subjectivity in measurements used in Sijtsma et al’s article

Dear Sir:

I am writing to express my concerns about the methods Sijtsma et al used to measure changes in diet quality for their article. The authors used a system that relied on assigning positive, negative, or neutral ratings to food groups on the basis of an inverse association with cardiovascular disease (CVD) risk (1). Some foods included in the neutral and positive categories have established effects on cardiovascular health and could change the risk level associated with each dietary score. There is evidence, for example, that potatoes and refined grains are associated with increased cardiovascular risk (2), and for these foods not to increase risk they must make up no more than 50% of the total of grain foods (3). The authors do not indicate that this requirement was met. Margarine, which was also classified as neutral, contains high amounts of trans fats that are associated with increased CVD risk (4). Beer, liquor, and wine are classified in the positive category, despite the fact that the reduced association with CVD for alcoholic beverages is dependent on the amount of consumption (5). Again, it is not clear that this caveat was acknowledged in the measurement process. The authors’ Supplemental Table 2 shows significant changes in the consumption of these foods.

The author did not report any conflicts of interest.

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