

# Comments Summary Report

Submission Date Between 04/24/2009 and 10/28/2009

Key Topic: evidence-based review process

**Comment ID:** 000652

**Submission Date:** 09/25/2009

**Organization Type:** Educational Institution

**Organization Name:** University of North Carolina at Chapel Hill

**First Name:** Adele

**Last Name:** Hite

**Job Title:** MPH/RD candidate

**Key Topic:** Carbohydrates, Evidence-based Review Process, Fats, Protein

**Sub Topic:**

**Attachment:** Y

**Comment:** Contradictions exist between the science contained in the 2005 Dietary Reference Intakes (Macronutrients) and the current nutritional recommendations and prevailing wisdom.

**Comment ID:** 000572

**Submission Date:** 08/06/2009

**Organization Type:** Educational Institution

**Organization Name:** USDA/ARS Children's Nutrition Research Center at Baylor College of Medicine

**First Name:** Theresa

**Last Name:** Nicklas

**Job Title:** Professor

**Key Topic:** Eating Patterns, Evidence-based Review Process

**Sub Topic:**

**Attachment:** N

**Comment:** Dairy foods contribute essential nutrients to the diet and their intake may decrease the risk of certain chronic diseases. However, some individuals may limit or completely avoid consuming dairy foods and their nutrients due to self-perceived lactose intolerance. Avoiding dairy foods may have long-term deleterious effect on diet quality, bone metabolism and strength as well as overall health.

According to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), between 30 and 50 million American have the potential for lactose intolerance symptoms based on previously reported lactose maldigestion studies. However, because not all lactose maldigestors experience the symptoms of lactose intolerance, the prevalence rates of lactose intolerance in practical life settings may be lower. The goal of the attached study, accepted into Nutrition Today, was to determine the prevalence of self-reported lactose intolerance among a national sample of European American (EA), African American (AA), and Hispanic American (HA) adults. These results indicate that the national prevalence of self-reported lactose intolerance is significantly lower than what has been previously estimated.

Any committee making public health dietary recommendations needs to be aware of the misrepresentation of currently estimated lactose intolerance rates. Therefore, it is important that this new research be brought to the attention of the 2010 Dietary Guidelines Advisory Committee and be added to the evidence based library and included as part

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of the evidence based review process.

**Comment ID:** 000576

**Submission Date:** 08/12/2009

**Organization Type:** Educational Institution

**Organization Name:** The University of Texas Health Science Center at Houston

**First Name:** Nathan

**Last Name:** Bryan

**Job Title:** Assistant Professor of Molecular Medicine

**Key Topic:** Evidence-based Review Process, Food Safety

**Sub Topic:**

**Attachment:** Y

**Comment:** see attachment

**Comment ID:** 000578

**Submission Date:** 08/16/2009

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:** Gary

**Last Name:** Noreen

**Job Title:**

**Key Topic:** Carbohydrates, Evidence-based Review Process

**Sub Topic:** Low carbohydrate

**Attachment:** N

**Comment:** In 1993, at age 39, I had been following a diet based on USDA guidelines - eating so-called health foods like Snackwells. I was diagnosed with Type 2 diabetes on April 15 based on a blood glucose measurement of 434 mg/dl (normal is 85). My A1c (long term blood glucose measure) was 18% (normal is 4.5%). I was immediately enrolled in a diabetes course that taught the USDA low-fat high-carbohydrate diet while simultaneously explaining the consequences of eating carbohydrates (blood sugar spikes, hyperinsulinemia, and consequent complications). Needless to say, USDA guidelines did not help. Fortunately for me, the only Type 2 diabetes book in my local library was "Diabetes Type II: Living a Long, Healthy Life Through Blood Sugar Normalization" by Dr. Richard Bernstein, who recommended a very low carbohydrate diet (30 gm/day). Dr. Bernstein's diet quickly brought my blood glucose under control and dramatically improved my lipid measurements. 16 years later, my most recent A1c measurement was 6.0 without any diabetes medication, I have no diabetes complications, and my lipid levels remain good.

If there is a silver lining to diabetes in this day and age, it is that home glucometers enable diabetics to see for ourselves what works and what does not. We rapidly discover that USDA dietary guidelines are no good for diabetics and for those with metabolic syndrome - up to 25% of the U.S. population.

The abject failure of USDA diet guidelines is laid out thoroughly in Gary Taubes' book "Good Calories, Bad Calories". The committee needs to develop fundamentally different guidelines based on real evidence.

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I urge the Committee to:

1. Read "Good Calories, Bad Calories" (every member)!
2. Solicit testimony from the Metabolism Society Scientific Board, in particular Dr. Richard Feinman and Dr. Eric Westman, and from Dr. Richard Bernstein.
3. Carefully consider the hormonal implications of dietary recommendations, especially their effects on insulin.
4. Active

**Comment ID:** 000590

**Submission Date:** 08/21/2009

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:** Juliette

**Last Name:** Howe, Ph.D.

**Job Title:**

**Key Topic:** Eating Patterns, Evidence-based Review Process, Fats

**Sub Topic:** Saturated fatty acids

**Attachment:** Y

**Comment:** A survey conducted in 2006 to assess the external fat thickness of beef in US retail establishments found that external fat from beef cuts marketed today is less than 0.11 cm, which is practically devoid of external fat. To help better assess the content of the American diet, we spent several years updating the information on the fat content of meats. A comparison of data from Agriculture Handbook 8?10 in 1962 to SR 21 published in 2008 clearly demonstrates a reduction in total fat and saturated fat in most beef cuts, as illustrated in the accompanying table. Cuts denoted as "separable lean only" in this table are trimmed of all visible fat prior to nutrient analyses; cuts denoted as "separable lean and fat" represent the cuts as purchased in the market place. Between 1962 and 2008, total fat and saturated fat content decreased on average by 34% and 45%, respectively.

It is obvious from these data that beef is a significantly leaner product today than in 1962, as well as in 1980 when the first Dietary Guidelines were released. In fact, twenty-nine (29) cuts of beef meet government guidelines for lean according to the data published in SR. These facts underscore the importance of using the most recent SR data available. Use of older versions could result in overestimating population intake of fat as well as the fat content of nutrient-dense beef products.

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Submission Date Between 04/24/2009 and 10/28/2009

Key Topic: evidence-based review process

**Comment ID:** 000526

**Submission Date:** 06/09/2009

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:**

**Last Name:**

**Job Title:**

**Key Topic:** Eating Patterns, Evidence-based Review Process, Food Groups

**Sub Topic:**

**Attachment:** N

**Comment:** Many Americans look to the guidelines set by the USDA and those who strictly follow these very guidelines will continue to suffer the ill health effects of poor nutritional choices.

Speaking from personal experience, I ate a diet based upon the food pyramid throughout my formative years. After years of battling weight gain, bad skin, and generally poor health, I chose to go against my family's wishes and try vegetarianism. I would have appreciated greater guidance in making that choice as an adolescent. After 15 years of being a vegetarian (with 5 of those as a vegan) , I cannot underscore enough the importance of the USDA giving due attention to the wealth of evidence of a lower calorie, plant-based diet.

I came to the nutrition.gov site today to check out the meal planner and was faced with the unimaginable: returning to a time of eating poorly (e.g., it recommended that I eat 2400 calories!).

As a layperson, I know that my experiences are not unique. The committee will again do a community disservice to publish similar recommendations to the 2005 standards.

**Comment ID:** 000519

**Submission Date:** 06/01/2009

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:** Jennifer

**Last Name:** Shu, MD

**Job Title:** Pediatrician

**Key Topic:** Eating Patterns, Evidence-based Review Process, Food Groups, Minerals, Nutrient Density/Discretionary Calc, Protein, Vitamins

**Sub Topic:** B Vitamins, Iron, Magnesium, Meat, Beans, Eggs, Fish, and Nuts, Potassium, Zinc

**Attachment:** Y

**Comment:** As a pediatrician concerned about the health and well-being of children, I would like to share my thoughts regarding the role of animal protein products (meat, fish, eggs) in child health. There are not sufficient data to support a recommendation to replace animal protein with plant protein in the diet of children and adolescents. It is important for the DGAC

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**Key Topic: evidence-based review process**

to acknowledge that beef provides a unique mixture of highly bioavailable micronutrients, not readily available in plant-based diets, that support the cognitive development and function of children and adolescents. Caution should be taken to avoid the establishment of protein source recommendations that inappropriately restrict animal protein in the diets of children and adolescents.

**Comment ID:** 000510

**Submission Date:** 05/28/2009

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:** Douglas

**Last Name:** Weed, MD, MPH, PhD

**Job Title:** Epidemiologist

**Key Topic:** Evidence-based Review Process

**Sub Topic:**

**Attachment:** Y

**Comment:** Key Points Regarding Use of Epidemiology to make Public Health Recommendations

1. Weak? associations-RR estimates less than 2.0 -are ?weak? and reflect scientific uncertainty because we cannot know whether unknown (and other unmeasured) confounding factors and bias may be acting in ways such that the observed association is, in fact, not an association at all.
2. The ?strength? (or ?weakness?) of an observed association in epidemiological studies is a key consideration in making claims of causation.
3. Strength of association is one of several considerations in the process of making causal claims.
4. Judgment is important, but it is no substitute for scientific evidence and for the methods designed to make claims about causation.
5. The more uncertainty that exists in causal claims, the more uncertainty exists in the extent to which the dietary recommendations emerging from those claims will do what they are intended to do: i.e. to prevent disease. Thus, making a dietary recommendation from ?weak? associations may mean that the interventions are less likely to be effective. Indeed, they may not be effective at all.
6. The WCRF Report clearly states that its causal claims were made without an explicit consideration of the presence or impact of ?weak? associations, representing a departure from tradition in the practice of causal inference in biomedical science.
7. Relying upon the WCRF Report may not be scientifically defensible nor the most appropriate approach for justifying dietary recommendations.

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*Submission Date Between 04/24/2009 and 10/28/2009*

**Key Topic:** evidence-based review process

**Comment ID:** 000556

**Submission Date:** 07/22/2009

**Organization Type:** Individual/Professional

**Organization Name:**

**First Name:** Darren

**Last Name:** Vaotuaa

**Job Title:** Physical Therapist

**Key Topic:** Evidence-based Review Process

**Sub Topic:**

**Attachment:** N

**Comment:** With the growing and strong evidence for a low to zero fat plant-based diet as the most effective way to prevent and reverse disease such as Heart Disease (Dr Calwell Esslyten) and Diabetes (Dr Neal Baranard from PCRM) and many other research such as that of the China Study and Dr Dean Ornish work. Whilst the culture may not embrace it and we will have to give the next best thing can we not provide for the poeple what research is saying is the best of the best and let them decide? Thankyou for considering this thought as I'm sure you are well aware of this research and much more than I have had the privilege to read and review. God bless you in your efforts.

**Comment ID:** 000533

**Submission Date:** 06/24/2009

**Organization Type:** Individual/Professional

**Organization Name:** Division of Nutritional Sciences, Cornell University

**First Name:** Marie

**Last Name:** Caudill

**Job Title:** Professor

**Key Topic:** Evidence-based Review Process

**Sub Topic:**

**Attachment:** Y

**Comment:** Attached is a comment submitted for the Dietary Guidelines Advisory Committee

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Submission Date Between 04/24/2009 and 10/28/2009

Key Topic: evidence-based review process

**Comment ID:** 000539

**Submission Date:** 06/30/2009

**Organization Type:** Individual/Professional

**Organization Name:** Exponent Inc. Health Sciences

**First Name:** Dominik

**Last Name:** Alexander, PhD, MSPH

**Job Title:** Senior Managing Epidemiologist

**Key Topic:** Evidence-based Review Process, Food Groups

**Sub Topic:** Meat, Beans, Eggs, Fish, and Nuts

**Attachment:** Y

**Comment:** Lack of scientific consensus for red meat and cancer in the WCRF/AICR report.

**Comment ID:** 000520

**Submission Date:** 06/02/2009

**Organization Type:** Industry Association

**Organization Name:** National Cattlemen's Beef Association

**First Name:** Kristina

**Last Name:** Butts

**Job Title:** Manager, Legislative Affairs

**Key Topic:** Eating Patterns, Evidence-based Review Process, Fats, Food Groups, Protein

**Sub Topic:** Meat, Beans, Eggs, Fish, and Nuts, Oils, Unsaturated fatty acids, Saturated fatty acids, Trans fatty acids

**Attachment:** Y

**Comment:** Given the unique fatty acid profile and rich micronutrient content of beef, the role of beef in health outcomes, independent from other animal proteins, warrants independent review. One of the attached documents highlights newly published data regarding the limited role of dietary saturated fat on chronic disease risk, expands the previously submitted EBR to include HDL-cholesterol outcomes, and offers rationale to support a sub-question regarding the effect of beef on cardiovascular risk factors for consideration by both Subcommittees. In brief summary, evidence from randomized-controlled trials indicates that lean beef can lower LDL-cholesterol 7-12%, with or without weight loss, when included in a diet consistent with the 2005 Dietary Guidelines. A brief review of the scientific evidence suggests that plant-proteins may do little to reduce the risk of chronic disease, particularly cardiovascular disease. A second document outlining the rationale to support a sub-question regarding how a plant protein-based diet compares to that of an animal protein-based diet with regard to cardiovascular disease risk factors is provided for consideration by the Carbohydrate and Protein Subcommittee. In absence of compelling evidence to support recommendations for the substitution of plant proteins for animal proteins to reduce cardiovascular disease risk, the Subcommittees are asked to consider, at a minimum, maintaining 2005 Dietary Guidelines recommendations for lean beef in the 2010 Dietary Guidelines.

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*Submission Date Between 04/24/2009 and 10/28/2009*

**Key Topic:** evidence-based review process

**Comment ID:** 000743

**Submission Date:** 10/28/2009

**Organization Type:** Industry Association

**Organization Name:** Salt Institute

**First Name:** Richard

**Last Name:** Hanneman

**Job Title:** President

**Key Topic:** Eating Patterns, Evidence-based Review Process, Fluid and Electrolytes

**Sub Topic:** Sodium

**Attachment:** Y

**Comment:** The Dietary Guidelines Advisory Committee (DGAC) will be conducting its fourth meeting on November 4-5. We would like to supplement our earlier comments by re-emphasizing our earlier endorsement of a need to focus on overall dietary quality and calling to your attention recent research on dietary salt intake that questions the fundamental strategy of the Guideline on salt, namely that inducing persons to substitute low-sodium foods into their diet will achieve the policy objective of reducing overall dietary sodium intake.

We reiterate our view that evidence of the health outcomes of diets reduced in sodium show no benefit in terms of reduced mortality and remind you that the single controlled trial of this hypothesis found that subjects in the salt-reduced group of the cohort had a considerably greater incidence of mortality and more frequent re-hospitalization. These are crucial points, but suffice a short reminder at this point in your deliberations.

Our comments are appended

**Comment ID:** 000744

**Submission Date:** 10/28/2009

**Organization Type:** Industry Association

**Organization Name:** Salt Institute

**First Name:** Richard

**Last Name:** Hanneman

**Job Title:** President

**Key Topic:** Eating Patterns, Evidence-based Review Process, Fluid and Electrolytes

**Sub Topic:** Sodium

**Attachment:** Y

**Comment:** Our comments were submitted in PDF; this was to be the enclosure to the comments themselves.

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*Submission Date Between 04/24/2009 and 10/28/2009*

**Key Topic:** evidence-based review process

**Comment ID:** 000507

**Submission Date:** 05/27/2009

**Organization Type:** Industry Association

**Organization Name:** United Egg Producers

**First Name:** Gene

**Last Name:** Gregory

**Job Title:** President

**Key Topic:** Eating Patterns, Evidence-based Review Process, Other

**Sub Topic:**

**Attachment:** Y

**Comment:** The attached letter provides supplemental comments on choline.

**Comment ID:** 000478

**Submission Date:** 04/29/2009

**Organization Type:** Industry Association

**Organization Name:** Malaysian Palm Oil Council

**First Name:** Kalyana

**Last Name:** Sundram

**Job Title:**

**Key Topic:** Evidence-based Review Process

**Sub Topic:**

**Attachment:** Y

**Comment:** For your kind consideration, attached is one of four studies that I believe would be of interest in the guidelines selection process.

JAMA ? Scientific Evidence Underlying the ACC/AHA Clinical Practice Guidelines

Summary: This article reviews data from all ACC/AHA practice guidelines issued from 1984 to September 2008 to determine how much of the guidelines are based on scientific evidence. The paper concluded that recommendations issued in the most current ACC/AHA practice guidelines are largely developed from lower levels of evidence or expert opinion, and the proportion of recommendations for which there is no conclusive evidence is also growing.

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*Submission Date Between 04/24/2009 and 10/28/2009*

**Key Topic:** evidence-based review process

**Comment ID:** 000543

**Submission Date:** 07/06/2009

**Organization Type:** Industry Association

**Organization Name:** National Cattlemen's Beef Association

**First Name:** Kristina

**Last Name:** Butts

**Job Title:** Manager, Legislative Affairs

**Key Topic:** Evidence-based Review Process

**Sub Topic:**

**Attachment:** Y

**Comment:** During the DGAC's April meeting, it was noted that the committee would defer to the WCRF/AICR Expert Report, Food, Nutrition, Physical Activity and the Prevention of Cancer: A Global Perspective for a variety of diet and cancer research questions. It is important to note that WCRF has acknowledged significant errors and omissions with the red meat and colorectal data in this report. The WCRF conclusions do not accurately reflect a consideration of the totality of the evidence and in several cases the data tables are compromised scientifically because of data calculation or transcription errors. Evaluating the complex relationship between diet, physical activity and cancer is an important consideration of the DGAC. However, the relationship between red meat and cancer remains complex. Despite more than four decades and hundreds of publications in this area, findings have remained weak and inconsistent. The current available evidence does not support a public health recommendation to limit red meat to less than what is being currently consumed, which is consistent with 2005 Dietary Guidelines recommendations.

**Comment ID:** 000566

**Submission Date:** 07/30/2009

**Organization Type:** Industry Association

**Organization Name:** Salt Institute

**First Name:** Morton

**Last Name:** Satin

**Job Title:** Director, Technical and Regulatory Affairs

**Key Topic:** Evidence-based Review Process, Fluid and Electrolytes

**Sub Topic:** Sodium

**Attachment:** Y

**Comment:** This submission is a typographic correction to the submission made earlier today.

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*Submission Date Between 04/24/2009 and 10/28/2009*

**Key Topic:** evidence-based review process

**Comment ID:** 000494

**Submission Date:** 05/08/2009

**Organization Type:** Industry Association

**Organization Name:** Salt Institute

**First Name:** Richard

**Last Name:** Hanneman

**Job Title:** President

**Key Topic:** Evidence-based Review Process, Fluid and Electrolytes, Minerals

**Sub Topic:** Potassium, Potassium, Sodium, Sodium

**Attachment:** Y

**Comment:** See attachment

**Comment ID:** 000647

**Submission Date:** 09/23/2009

**Organization Type:** Industry Association

**Organization Name:** Council for Responsible Nutrition

**First Name:** Annette

**Last Name:** Dickinson, Ph.D.

**Job Title:** Past President and Consultant, CRN

**Key Topic:** Evidence-based Review Process, Vitamins

**Sub Topic:** B Vitamins, Folate, Other, Vitamin A and Carotenoids, Vitamin C, Vitamin D, Vitamin E

**Attachment:** Y

**Comment:** The Council for Responsible Nutrition supports the Dietary Guidelines and is pleased that the current 2005 edition recognizes the important role of dietary supplements as a tool for helping people improve nutrient intake and potentially reduce the risk of some chronic diseases. We urge the 2010 Dietary Guidelines Committee to retain these features and also to consider some modifications that would further clarify the role of dietary supplements.

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*Submission Date Between 04/24/2009 and 10/28/2009*

**Key Topic:** evidence-based review process

**Comment ID:** 000558

**Submission Date:** 07/27/2009

**Organization Type:** Nonprofit/Voluntary

**Organization Name:** Hands Across the Lake

**First Name:** James

**Last Name:** Shelton

**Job Title:** Quality Control Engineer

**Key Topic:** Eating Patterns, Evidence-based Review Process

**Sub Topic:** MyPyramid

**Attachment:** N

**Comment:** This should be done in the Department of Health not Agriculture. The Department of Agriculture promotes more farmland which is mostly use to make beef because cows eat most of the corn grown in the U.S.. Eating More Red meat is counter to good health. The Surgeon General said to eat red meat only a few times a month but that was not reflected in the recommendation of this site which said that eating meat was equal to eating beans. Americans now eat red meat as much as twice a day which leads to heart attacks and obesity. Also omega threes from chick were measure but the most health omega threes from fish like sardines were not measured.

**Comment ID:** 000493

**Submission Date:** 05/08/2009

**Organization Type:** Nonprofit/Voluntary

**Organization Name:** Carolina Animal Action

**First Name:** Stewart

**Last Name:** David

**Job Title:** President

**Key Topic:** Eating Patterns, Evidence-based Review Process, Fats, Food Groups

**Sub Topic:**

**Attachment:** N

**Comment:** The excessive consumption of animal products has been scientifically and conclusively linked to a myriad of human diseases. Encouraging people to eat plant-based diets would play a critical role in disease prevention. This simple change would greatly reduce the incidences of diabetes, many cancers, cardiovascular disease, obesity, etc. It's time to get the money and politics out of the dietary guidelines and follow the science.

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Submission Date Between 04/24/2009 and 10/28/2009

Key Topic: evidence-based review process

**Comment ID:** 000554

**Submission Date:** 07/20/2009

**Organization Type:** Nonprofit/Voluntary

**Organization Name:** American Institute for Cancer Research

**First Name:** Martin

**Last Name:** Wiseman

**Job Title:** Project Director, AICR/WCRF Expert Report

**Key Topic:** Evidence-based Review Process

**Sub Topic:**

**Attachment:** Y

**Comment:** In 2007, the American Institute for Cancer Research and its affiliate, the World Cancer Research Fund International, jointly published Food, Nutrition, Physical Activity and the Prevention of Cancer: a Global Perspective. This report, the result of a five-year, transparent and peer-reviewed process, is the most comprehensive of its kind ever published. It makes a series of recommendations for food, nutrition and physical activity to reduce the risk of cancers and other chronic diseases. The full text of the report is available on the report website ([www.dietandcancerreport.org](http://www.dietandcancerreport.org)). The report summary, which includes the recommendations, is attached here for ease of reference. In addition to the ?headline? recommendations, the full recommendations include quantified targets for people, and public health goals for policy makes and public health professionals.

In the attached comments, we describe the size, scope and methodology of this project, report on its conclusions, and respond to criticisms of the report by special interest groups.

**Comment ID:** 000575

**Submission Date:** 08/12/2009

**Organization Type:** Other

**Organization Name:**

**First Name:** Victor

**Last Name:** Perez

**Job Title:**

**Key Topic:** Carbohydrates, Eating Patterns, Evidence-based Review Process

**Sub Topic:**

**Attachment:** N

**Comment:** As a simple citizen I would like to request these guidelines to be driven by scientific fact and backed up by properly conducted scientific studies. I would like to see references to all these studies in the final document to be released.

There is a New York Times article from a few years ago where they reveal the government conducted studies to back the first food pyramid. The studies came back inconclusive

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but the guidelines were released regardless.

Since the first guidelines were released in the 70s putting carbs at the base of the pyramid, obesity in this country has exploded and I respectfully submit that the guidelines have something to do with it. This is propagating to the rest of the world (I grew up in South America and I was taught the same food pyramid)

Everybody from Doctors, Dietitians and School Teachers to the Food Industry trust these guidelines as you trust your doctor. Please make sure there is scientific backing to each assumption you are making.

**Comment ID:** 000615

**Submission Date:** 09/09/2009

**Organization Type:** Other

**Organization Name:**

**First Name:** Mike

**Last Name:** Maglothin

**Job Title:**

**Key Topic:** Evidence-based Review Process

**Sub Topic:**

**Attachment:** N

**Comment:** In the research I've seen, I've seen fatty deposits in the blood vessels related to heart disease, but the link between consumed fat and fat in the arteries seems weak at best. I see very little in the food pyramid about avoiding sugars, but sugars abound in some fruits and some vegetables. Low fat items also tend to "up" the fruit content. I'd like you to consider the more recent studies on low carb diets in your evidence based review process. What we have today is a food pyramid that allows tons of sugars (whether in grains or milk, or wherever) while restricting fats and protein. From what I've read, it seems VERY likely we'll look back and realize we should not have ignored sugars.

**Comment ID:** 000551

**Submission Date:** 07/10/2009

**Organization Type:** Professional Association

**Organization Name:** Guiding Stars Licensing Company

**First Name:** Betts

**Last Name:** Fitzgerald

**Job Title:** Managing Director

**Key Topic:** Eating Patterns, Evidence-based Review Process, Nutrient Density/Discretionary Calc

**Sub Topic:**

**Attachment:** Y

**Comment:** Nutrition navigation as a tool for making healthier food choices & the impact of nutrition navigation on Americans' eating habits

