



University at Buffalo
The State University of New York

Department of Exercise and Nutrition Sciences
Nutrition Program
School of Public Health and Health Professions

Rec'd 2/19/04
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February 12, 2004

Dr. Kathleen Ellwood
Division of Nutrition Science and Policy
Office of Nutritional Products, Labeling and Dietary Supplements
Center for Food Safety and Applied Nutrition
Food and Drug Administration
5100 Paint Branch Parkway
College Park, MD 20749

Dear Dr. Ellwood,

I am writing to express my support for the North American Olive Oil Association's petition for a health claim for monounsaturated fatty acids from olive oil and heart disease.

I recently completed a controlled-feeding study examining the effects of a moderate-fat diet (32.8% energy from fat with 14.2% from monounsaturated fat) compared to a low-fat diet (18.3% energy from fat with 7.2% from monounsaturated fat) on changes in lipids and lipoproteins in overweight adults. Both diets were low in saturated fat (< 7.0% of energy) and cholesterol (202 mg/day per 1500 kcal). The results of this study were recently published in the American Journal of Clinical Nutrition (Am J Clin Nutr 2004 79: 204-212.) We provided complete diets to 53 men and women for six weeks of weight loss, followed by four weeks of weight maintenance. The results showed that although both groups experienced beneficial changes in their lipid profiles during weight loss (decreased LDL-cholesterol and triglycerides), at the end of the weight-maintenance period, serum triglyceride concentrations rebounded and returned to baseline in subjects consuming the low-fat diet whereas subjects on the high-monounsaturated fat diet had no rebound and their triglyceride levels remained 24% lower than baseline. Subjects on the low-fat diet experienced a drop in HDL-cholesterol (12%) during weight loss that did not rebound during weight maintenance. No changes in HDL-cholesterol were noted in the high-monounsaturated-fat diet group. Thus, the overall pattern of results show that even during weight loss, a diet richer in monounsaturated fat elicits more beneficial changes in the lipid profile than a low-fat diet.

2003Q-0559

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Although we used peanut oil and peanut products in our study, we believe that the results can be extrapolated to other sources of monounsaturated fat, such as olive oil. In a previous study by my co-author, Dr. Kris-Etherton (Am J Clin Nutr 1999 70: 1009-1015), she showed that diets enriched with peanut oil, olive oil or peanut butter had equally beneficial effects on the lipid profiles of weight-stable adults.

I fully support the specific claim by the North American Olive Oil Association that moderate-fat diets (low in saturated fat and cholesterol) may reduce the risk of heart disease.

Thank you for your attention. I appreciate this opportunity to express my views on this important topic.

Sincerely,

A handwritten signature in cursive script that reads "Christine Pelkman". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Christine L. Pelkman, Ph.D.
Assistant Professor of Nutrition