could have been due to the latter, and the use of vegetable oils saturated by hydrogenation instead of natural SFAs.

A possible reason why the effects were more pronounced before weight reduction than after weight reduction in the study by Krauss et al was the difference in metabolism between the normal-weight and overweight subjects. Cornier et al (7) recently found that total and LDL-cholesterol concentrations decreased more with a low-carbohydrate diet than with a low-fat, calorie-restricted diet. Interestingly, the overweight subjects with reduced insulin sensitivity, but not those with normal insulin sensitivity, had an increase in cholesterol with the low-fat diet but a decrease with the low-carbohydrate diet. In both groups, the changes in lipids were more beneficial with a low-carbohydrate diet than with a low-fat diet. Therefore, the different lipid responses before and after weight reduction in the study by Krauss et al may have been because the loss of weight may have improved the participants’ insulin sensitivity and thus their lipid response.

Because the main reason for restricting the intake of SFAs in all official guidelines is to change blood lipids, demonizing these nutrients seems inappropriate. In his editorial, Katan (8) claims that the replacement of saturated fat with unsaturated fatty acids reduce the risk of heart attacks, but his evidence is based on a meta-analysis that had ignored 4 unsuccessful trials (9). Two meta-analyses of all controlled clinical trials performed according to the standards for pharmaceutical drugs. I believe that, in all of these cases, we should consider the totality of the evidence, and the totality of the evidence overwhelmingly indicts saturated fat as a cause of heart disease, just as it indicts cigarettes.

Replay to U Ravnskov

Dear Sir:

Ravnkov’s suggestion that a reduction in the intake of saturated fat does not lower cholesterol is wrong. At constant body weight, the replacement of saturated fat with other nutrients unequivocally lowers cholesterol concentrations; all meta-analyses of controlled trials agree on this.

As for the effects of saturated fatty acids on heart disease, Ravnkov rightly notes that some clinical trials have failed to show that the replacement of saturated fat with unsaturated fat reduces heart disease. However, most clinical trials have shown a benefit. In addition, evidence from epidemiologic, metabolic, and laboratory studies confirms that high intakes of saturated fatty acids reduce the risk of heart attacks, but his evidence is based on a meta-analysis that had ignored 4 unsuccessful trials (9). Two meta-analyses of all controlled clinical trials which the only intervention was a change in dietary fats found no effect on coronary or total mortality (10).

The author had no vested interest in the subject of this letter.

Uffe Ravnskov

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TABLE 1

<table>
<thead>
<tr>
<th>No. ofsubjects</th>
<th>Length of trial</th>
<th>SFA</th>
<th>Change in total cholesterol</th>
<th>Change in LDL cholesterol</th>
<th>Change in HDL cholesterol</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>% of energy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sondike et al (2)</td>
<td>11</td>
<td>12 wk</td>
<td>22</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Hays et al (3)</td>
<td>23</td>
<td>6 wk</td>
<td>50</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Meckling et al (4)</td>
<td>16</td>
<td>10 wk</td>
<td>20</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Sharman et al (5)</td>
<td>15</td>
<td>50 d</td>
<td>22</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

1 No significant differences were observed.

REFERENCES

his letters have argued essentially the same point, namely that lowering blood cholesterol concentrations is of proven value. I agree with the dozens of scientists who have carefully replied to his letters and who have shown that, by and large, his arguments are faulty.

The author had no conflict of interest.

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11. Ravnskov U. [High cholesterol level may protect against infections and probably also atherosclerosis.] Lakartidningen 2004;101:1215–7, 1218 (discussion), 1221–2.

Does potassium-enriched salt or sodium reduction reduce cardiovascular mortality and medical expenses?

Dear Sir:

The article entitled “Effect of potassium-enriched salt on cardiovascular mortality and medical expenses of elderly men” by Chang et al (1),