

The Authors Respond

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A Call for Higher Standards of Evidence for Dietary Guidelines¹ was designed to provoke discussion. We are pleased that it has been published with a companion critique,² which largely agrees with our interpretation of the data, but differs sharply on its implications, and contains some inaccuracies.

Woolf and Nestle² write, “Marantz et al. correctly document these trends” (the association between dietary fat recommendations and rising obesity rates) “but incorrectly blame them on dietary guidelines. The fallacy of inferring causality from a temporal association is familiar to methodologists.” Had we said that, it would indeed have been “naïve.” What we actually said was, “This temporal association does not prove causation”; and later, “Although there is no proof that recommendations to decrease dietary fat directly led to obesity, the data supporting this inference are similar to those used for twenty years to justify a low fat diet. These dietary recommendations did not necessarily cause harm; but rather, there is a realistic possibility that they *may* have.” Indeed, this notion of potential harm is supported by the authors of the 2000 Dietary Guidelines: “The committee further held the concern that the previous priority given to a ‘low-fat intake’ may lead people to believe that, as long as fat intake is low, the diet will be entirely healthful. This belief could engender an over-consumption of total calories in the form of carbohydrate, resulting in the adverse metabolic consequences of high-carbohydrate diets. Further, the possibility that over consumption of carbohydrate may contribute to obesity cannot be ignored.” Neither we nor the 2000 Guidelines inferred a causal link, although both show that such a link is possible. To distort our argument and then condemn the distortion is not part of a serious debate.

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Woolf and Nestle² wave a red herring by suggesting that we would have rejected the Surgeon General’s anti-smoking advice. For the record, we are not in favor of smoking, just as we oppose gun violence, and global warming, all of which are irrelevant to the issue of dietary guidelines. Impugning our paper based on arguments we did not make is inappropriate.

Perhaps Woolf and Nestle² missed our distinction between issuing specific guidelines and providing information. In fact, we found disturbing the decision of the 1995 Advisory Committee to oversimplify complex information by censoring any irresolute statements, irrespective of the strength of the data. Our concern is about specific governmental guidelines, not against full disclosure.

Woolf and Nestle² state that our paper “remind(s) us about the importance of learning from mistakes.” They go on to say “the solution is not to abandon the enterprise but to reshape the message to achieve desired outcomes.” We disagree, and stand by our argument: When trying to mitigate potential harm from past guidelines based on inadequate science, issuing “reshaped” guidelines with similarly inadequate science merely perpetuates past mistakes. It might sometimes be best to avoid translating flaccid arguments into rigid guidelines. Ultimately, this boils down to a difference in world view, much like the distinction between clinicians guided by the therapeutic imperative and those guided by the maxim “first do no harm.” Of course, when the evidence is clear, beneficial interventions are always favored, and harmful interventions always shunned. It is when the data are unclear that challenges arise.

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References

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2. Woolf SH, Nestle M. Do dietary guidelines explain the obesity epidemic? *Am J Prev Med* 2008;34(3):XXX-XXX.