

To err is human – to persevere in that error can be harmful to patients. Re: Saturated fat is not the major issue

Re: [Saturated fat is not the major issue](#) . 348:doi **10.1136/bmj.g3332**

Malhotra, et al has erroneously excluded LDL cholesterol and saturated fat [1] from the Inflammation and Heart Disease Theory [2], demonstrating a fatal flaw in their understanding of the various factors [2-4] that play a role in the inflammatory process itself. He and others have used Coronary Artery Calcium (CAC) scoring [5] to help justify their dietary preferences - further demonstrating a misunderstanding of the Inflammation and Heart Disease Theory [2] itself and a failure to understand that calcification need not be present for coronary artery disease (CAD) to exist and that CAC scoring itself is merely a semi-quantitative measure [6].

Evidence-based medicine (EBM) requires the ability to quantifiably measure outcomes which are accurate, consistent and reproducible; avoiding the use of qualitative or semi-quantitative methods, which misdiagnose the presence of disease (sensitivity) and reports the presence of disease (specificity) when absent [5-9].

EBM further requires a solid understanding of the pathophysiology of CAD [2-4], which is missing from the arguments declaring saturated fat is not a major issue [1] in the development and treatment of CAD [2,4,8]. EBM requires a full understanding of all the various factors involved in the development and treatment of CAD and the role they play [2-4], in addition to understanding how to measure the impact of dietary and drug treatments upon that inflammatory process [5-9].

Accordingly, we encourage those who do not believe saturated fat and LDL cholesterol are involved in CAD, to quantitatively measure the impact of their dietary and drug treatments upon actual CAD itself and not to merely look at weight loss or changes in blood tests - so they may provide better patient care using EBM [8].

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