

The skinny on olive oil: No magic elixir

Pritikin Longevity Centre nutritionists challenge the notion this calorie-dense, nutrient-poor oil is good for you

by Alison DeLory

AVENTURA, FLA. | If it seems too good to be true then probably it is.

Olive oil, touted in recent years as a good fat, is now the target of Pritikin Longevity Centre nutritionists who question its reputation as a health food and a substance that can lower cholesterol.

"What doctors should tell patients is olive oil is not a good thing," said Dr. James Kenney (PhD, nutrition), Pritikin's nutrition research specialist. "It's calorie-dense and nutrient-poor."

Pound for pound, like all refined oils, olive oil has more than 4,000 calories and 13% to 14% of the calories in olive oil come from saturated fat. Compared with lard (38% saturated fat) and butter (63%) it is the better alternative, but that does not mean we should be freely pouring it on our salads, pasta and bread.

"People who switch from butter to olive oil do see a drop in their cholesterol levels but that's not because the olive oil is lowering it, it's because they've eliminated a lot of saturated fat, trans fat or cholesterol that was in the butter," said Dr. Kenney.

"Since the late '60s we have known that monounsaturated fatty acids neither raise nor lower cholesterol levels. Nothing has changed in all these years except people have gotten the impression olive oil can lower cholesterol when it cannot—except when it is replacing things that are worse."

Pritikin Program

The Pritikin Longevity Centre & Spa is a health resort here. Nearly 50 years ago, its founder, Nathan Pritikin, then 42 years old and suffering from severe heart disease, created the Pritikin Program which focuses on daily exercise and an eating plan based on natural, whole foods such as fruit, vegetables, whole grains, beans, seafood rich in omega-3s and limited lean meat. At his death in 1985, the *New England Journal of Medicine* reported that Nathan Pritikin's arteries were completely free of any effects of heart disease and

were as "soft and pliable" as a teenager's.

Dr. Kenney is speaking out against olive oil because he said he is concerned about how liberally people use it. He said a little olive oil can be okay if, for example, it encourages you to eat a big salad you would otherwise not eat. But he said when he sees people in restaurants dipping their white bread into olive oil rather than spreading butter on it, he worries.

"The (absorbent) bread actually sucks up more fat and has more calories that if you spread butter on it," he said.

He suggests using hummus as a spread, which usually contains a small amount of olive oil but a much greater amount of fibre-rich chickpeas.



Dr. Kenney

A little goes a long way

Dr. Kenney recommends people think about olive oil as they

would think about salt: You can use a little to add flavour to your food. For olive oil, choosing the more flavourful extra-virgin variety and using a spray pump will reduce the amount you use.

"Look at fats and oils as rocket fuel," he said. If, for example, you're doing a long-distance bike ride across the country, some 6,000 km in 12 days, it might make sense to consume a lot of fuel. "The problem is most people don't need concentrated sources of energy because they spend most of the day sitting on the launch pad."

To lower LDL cholesterol, Dr. Kenney promotes:

- Eliminating foods that raise cholesterol, like trans-fatty acids, partially hydrogenated oil (found in margarine, fried foods and packaged foods), and cholesterol-rich foods such as egg yolks, shrimp and other animal products. Even lean meats have cholesterol in them, so vegetarian choices are often better.

- Eating more foods that contain fibre and other phytochemicals such as plant sterols that help lower cholesterol, such as fruit, vegetables, whole grains and beans.

"When you add calories in some form, you have to ask what are those calories displacing. If the olive oil calories are dis-



Mediterranean mystery

GIVEN THESE FINDINGS, why do people living in Mediterranean countries, who love their olive oil, have lower rates of cardiovascular disease than North Americans?

The Mediterranean diet is also rich in fruit, vegetables, whole grains and beans, and uses modest amounts of omega-3 rich seafood in place of large amounts of meat and fatty dairy products.

Using olive oil in place of butter, margarine, lard and other animal fats will lower LDL-cholesterol and help slow the progression of atherosclerosis. But as the Pritikin folks remind us, just eliminating these bad fats from the diet is much more heart-healthy than replacing them with olive oil. The fact that olive oil is less bad does not make it good.

Compared with the typical North American diet, the Mediterranean diet is lower in saturated fat and higher in monounsaturated fat and dietary fibre. Red wine, which contains flavonoids and antioxidants, is also consumed regularly but in moderate quantities. Genetics, lifestyle and environment may also be involved.

placing much healthier foods like fruit, vegetables and beans, the addition of olive oil to the diet would actually raise cholesterol and promote heart disease and diabetes. On the other hand, if olive

oil is displacing butter and margarine from the diet, on an equal calorie basis, at least people are no fatter and their cholesterol levels would be lower. It would be a better choice," said Dr. Kenney.

Overweight girls more likely to have cardiovascular risk factors

by Amber Lepage-Monette

BETHESDA, MD. | A large U.S. study designed to estimate the incidence of overweight in African-American and Caucasian girls has shown that obesity can strike girls at a young age and leave them vulnerable to cardiovascular problems in the future.

The National Heart Lung and Blood Institute's Growth and Health Study has revealed the incidence of being overweight

is much higher in pre-teen girls ages nine to 12 years than in older adolescents.

The study followed more than 2,000 girls (1,166 Caucasian and 1,213 African-American) from ages nine or 10 years through to 18 or 19 years. Physical measurements were taken annually, and blood pressure and lipid levels were measured at various visits. Another telephone followup was conducted with the women between the

ages of 21 to 23 years.

Rates of overweight increased from 7% at age nine to 10% at age 18 in the Caucasian girls, and from 17% to 24% in the same age groups for African-American girls.

Risk factors

The study also found that being overweight was associated with several cardiovascular risk factors. Girls who were overweight were 10 times more likely to

have elevated systolic blood pressure levels, six times more likely to have decreased high-density lipoprotein cholesterol levels and approximately three times more likely to have elevated diastolic blood pressure and triglyceride levels than girls who were a normal weight.

Co-author Dr. Eva Obarzanek (PhD), a research nutritionist with the U.S. National Heart, Lung and Blood Institute here, said the findings

should serve as a wake-up call to both physicians and parents.

"(The study) shows that indeed being overweight in childhood is not benign," she said, adding that physicians need to screen for overweight at earlier ages in young patients, as well as provide education and encouragement with regard to healthy diet and weight.

The findings were published in the January issue of the *Journal of Pediatrics*.