

Whole Milk Does Not Increase Adverse Cardiovascular Outcomes - Frankly Speaking EP 24

Transcript Details

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Dr. Frank Domino

You're seeing a 56 year old male who's trying to lower his cholesterol and lose weight. He's been on non-fat milk since the 90s, but heard on the radio that whole fat milk is probably okay. What's the recent data on whole milk and how should we be counseling our patients? Joining me today is Susan Feeney, Assistant Professor and Nurse Practitioner at the University of Massachusetts Medical School, Graduate School of Nursing. Welcome to the show, Susan.

Susan Feeney:

Thanks, Frank. We've always thought of milk as being wholesome; that's how I grew up. But, recently over the past 10 years or more, there's been sort of a history or a debate about its... Whether it's actually good for us. Can you give us a little bit of history on the movement to decrease the intake of whole milk in the United States?

Dr. Domino:

Sure. Following World War II, milk was the most least expensive and easily accessible form of protein and fat and carbohydrate in the US diet. We had lots of dairy farming, it was easily distributed. Even indigent populations were able to have access to milk. And this is still true in much of the third world. Then, the 90s came along, and we had all these assumptions about saturated fat and its relationship to heart disease. And as you probably recall, we began cutting fat out of our diet. We stopped... We started limiting foods that contain fat and we developed all these non-fat foods. And following that, we saw an increase in obesity. A number of researchers

have started going back and looking at the effects of whole fat foods on a variety of outcomes. And now we have some pretty interesting data about whole fat milk and its influence on heart disease.

Susan Feeney:

That's really fascinating. Tell me, what does the study tell us about milk, whether it's whole or low fat and what are the outcomes?

Dr. Domino:

Well, this was a meta analysis, which was a large study of 29 observational studies around the world. A number of them came from Asia and Australia. The majority of which came from the US and Europe. And they followed people's food intakes over 13 years. It's a fairly long study when you look at it. And when they looked at beverages consumed, the one thing that struck them was the consumption of whole milk. In some parts of the world, whole milk is still commonly consumed. And they tried to correlate it with an increased risk of heart disease, and they found that there wasn't any. In fact, whole milk did not increase the risk of all-cause mortality, cardiovascular disease, or coronary heart disease. And I think this is somewhat surprising because we know milk has a significant component of fat. Whole milk has a very significant component of saturated fat. And the assumption was if you drank or ate saturated fat, you'd increase the adverse risks associated with heart disease. And it turned out not to be the case.

Susan Feeney :

That's really interesting. So, if milk doesn't hurt our heart mortality, what does it do for obesity?

Dr. Domino:

Well, so this is one of the bigger concerns. And sadly this study did not report on its effects on obesity. I have looked through a variety of other literature sources, and there are only studies about the influence of milk and its variety of fat contents on mice. There are very, very few studies looking at the influence of milk on obesity. So, I don't think I can answer that question saying, "I know it's this," or, "I know it's that." We probably don't know. We do know that certainly

whole milk has a very high calorie content. But, because it's got a balance between fat, carbohydrate, and protein, it's got much less carbohydrate load. Compare that to non-fat milk, which the majority of the calories comes from carbohydrate.

And I think people don't always recognize it. When they're trying to lose weight or they're trying to be conscious of the calories they eat, they still view fat as bad and they view milk as probably safe without the fat. So, I think there's two areas we probably need to talk to our patients about. One is, if you like whole milk it's probably okay to drink it. But, as always, nothing in excess. And two, non-fat choices probably are not better if you're trying to lose weight because it's got a carbohydrate content, glass-per-glass, equivalent to a can of Cola or a glass of a sweetened beverage.

Susan Feeney:

How do we explain this to the patient? Because we talk to them about saturated fats and we're telling them on one hand to watch saturated fats, then in this case, we're saying that possibly whole milk is okay. What would you say to this gentleman?

Dr. Domino:

Well, I think for older children and adults, it's probably fine to use whole milk maybe a few times a day. I think, probably, drinking it exclusively is going to make you gain weight. But we have pretty good data that shows, at least from some European and Asian studies, that even if that's all you drink, it's probably not going to increase your risk of heart disease. So, drinking it throughout the day is probably acceptable. Drinking water is a no calorie, no harm drink, that we should probably be encouraging more. And we actually have plenty of data that demonstrates in children and adults, that if you increase their access to water, obese children and adults lose weight. So, short answer is, it's okay to drink a couple glasses of whole milk, if that's what you like or 2% milk if that's what you like, throughout the day. If you're obese, certainly don't go to the no-fat end and certainly increase the amount of water in your diet.

Susan Feeney:

Frank, we also know that there's the concept of fermented dairy products like cultured yogurt and cheeses, did the study address those at all?

Dr. Domino:

It did. It actually found a slight benefit to fermented dairy products. And when they did the statistical determinations, the influence was really quite small. So, I think for scientific purposes, it's really very interesting to see that things like fermented dairy or cheeses had... Cheese, in particular, had an inverse relationship with cardiovascular disease, but had no impact on mortality. But that statistical benefit was very small. And that may be just an influence of population's genetic makeup or how people consume those things. What I tell patients is if you feel like having yogurt, it's probably better to have a full fat or partial fat yogurt than a non-fat yogurt. Because we know, once again, there's a great deal of carbohydrate when you remove the fat from any dairy product. And so you're getting a very huge carbohydrate load, you're going to stimulate insulin, you're just going to cause problems. So, the trend of, "Oh, I'll eat a non-fat yogurt and it's going to be healthy," is probably something that should've been left in the 90s and we need to help patients get past.

Susan Feeney:

So, what's really interesting is the concept of the higher carbohydrate content in both low fat milk and the fermented milk products. And that sounds like a good teaching point for patients, that a higher carbohydrate content might make their obesity worse or make their, as you mentioned, their insulin. How would you incorporate that into helping them make decisions in their diet?

Dr. Domino:

Well, I think we have wonderful data, especially in the United States, that demonstrates much of the obesity problem is due to consumed carbohydrate. And if we help patients become more sensitive to that, rather than the focus on some of the things they've been taught in the past, it will probably, overall, help their outcome. So, there's no point in worrying about your cholesterol,

if you may need a gastric bypass. So, stop worrying about fat, stop worrying about saturated fat. Get adequate fat in every meal and really, aggressively limit carbohydrate consumption. That often means choosing the higher fat option. And so, in short, if obesity is the issue, encourage a balance of carbohydrate and fat throughout the day and help patients understand that their beliefs and their premises of things we thought in the past are probably long wrong. I can tell you, I honestly counseled patients for years to avoid fat and saturated fat and bought those non-fat cookies and ate them with abandon and now realize it was a mistake.

Susan Feeney :

So not all fat is bad. And that the concept that all saturated fat is bad is something we have to move beyond and really look at the data to see what's best for them.

Dr. Domino:

I think you're absolutely right, we need to keep a big picture. Susan, thanks so much for joining me today to discuss the role of whole milk on mortality. I appreciate your thoughts and help.

Susan Feeney:

My pleasure.

Dr. Domino:

Practice pointer: Whole milk does not increase the risk of cardiovascular outcomes, coronary heart disease, or all-cause mortality; it's safe and can be included in our diets. Join us next time when we discuss the role of artificial sweeteners on our health.