

FAO/WHO 膳食总脂肪与脂肪酸推荐量 2010

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本次会议的关注点和争议焦点

《饮食、营养和预防慢性疾病,WHO/FAO专家联合研讨会报告》(WHO TRS916, 日内瓦, 2003) 《食品、营养、生理活动及癌症的预防:全球展望》(世界癌症研究基金会) 具 国前无极可能或可确信的迹中获得的结论是,即目前无极可能或可确信的迹象证明膳食总脂肪对冠心病或癌症有显著的影响。所以首要的关注点是<u>膳食总脂肪与体重</u>(超重和肥胖)之间潜在的关系。



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The 13th Annual Symposium of Danone Institute China



证据的级别和强度

四个评判级别:

- 1. 有说服力的(Convincing)
- 2. 极可能(Probable)
- 3. 可能(Possible)
- 4. 不充分(Insufficient)

高质量文章

- 随机对照试验(randomized controlled trials)
- 队列研究(Cohort study) ?????????

队列研究

- 美国护士队列研究
- 美国内科医生队列研究

膳食中某种成分的摄入量与疾病、疾病风 险因子的相关性

随机对照试验 ● 试验时间: 6个月 ● 双盲

JAMA

Online article and related content outrent as of November 17, 2008.

Comparison of the Atkins, Zone, Ornish, and LEARN Diets for Change in Weight and Related Risk Factors Among Overweight Premenopausal Women: The A TO Z Weight Loss Study: A Randomized Trial

Christopher D. Gardner; Alexandre Kiazand; Sofiya Alhassan; et al.

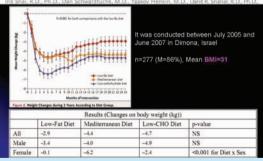
AA. 2007:297(9):969-977 (doi:10.1001/jama.297.9.969)

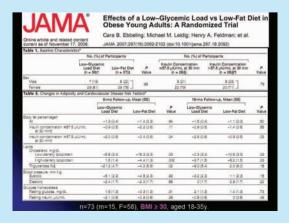
	.,				PValue	
	Adkins (n = 77)	Zone In = 79)	LEARN In a 79)	Ornigh (n = 76)	Overall Diet Group × Timet	12 Months
Body mass index§	70.50	112013	3036	-0.01	<.001	11-11-11-11
2 mo	-1.60 (D.98)	+0.76 (0.99)	-0.99 (1.00)	-0.95 (0.90)	377.07	
8 ma	-2.18 (2.14)	-0.73 (0.90)	-1.13 (1.91)	-0.85 (1.60)		
12 mo	-1.65 (2.54)*	-0.63(2.00)*	-0.92 (2.00)**	-0.77 (2.14)**		.01
Body fat. %					:01	
2 mo	+2.1 (1.8)	+1.8 (2.0)	; =T.8 (1.8)	+1.2 (1.8)		
6 mo	-3.6 (4.1)	-1.7 (3.1)	-20(32)	-1.4 (2.7)		
12 mo	-2.9 (4.8)	-13(3.4)	-1.0(3.4)	-1.5 (A.D)		42
Zone	(very low in carbo (low in carbohydra N (low in fat, high	ate),	rate, based	on national	guidelines),	

n=311, BMI=27-40, aged 25-50, length 12m

N Engl J Med 2008;359:229-41.
Weight Loss with a Low-Carbohydrate, Mediterranean,
or Low-Fat Diet

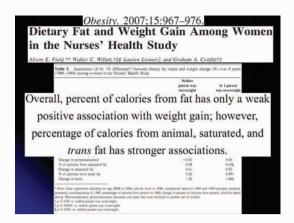
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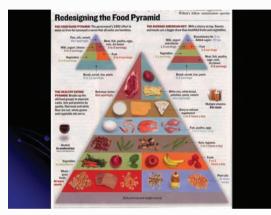




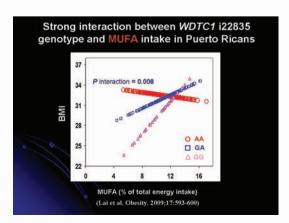
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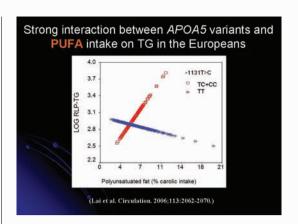












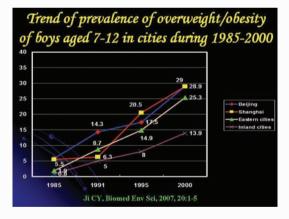
British Journal of Nutrition (2007), 97, 210-215 Determinants of childhood overweight and obesity in China

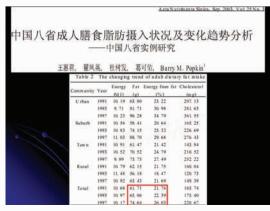
Y. Li^{1,2}, F. Zhai¹, X. Yang¹, E. G. Schouten², X. Hu¹, Y. He¹, D. Luan¹ and G. Ma^{1,2}* National Institute for Natrition and Food Sufety, Chinese Center for Disease Control and Prevention, 29 Nam Wei Road, Beijing 100050, China Division of Human Natrition, Wageningen University, The Netherlands

	Overweight.		Normal weight	
	Mean	80	Mean	50
Energy (MJ/d)†	8-5	2.7	8-1*	2-7
Protein (g/d)†	63-7	23.7	56-2"	21-4
Protein (%)‡	12			A*
at (g/d)†	79.3	41-9	65-6*	42-1
at (%)\$	34.7		29-6*	
arbohydrate (g/d)†	264-9	102-3	279-3°	97-8
Carbohydrate (%)#	52-6		58.7*	
ibre (g/MJ)†	1-2	0.7	1-3*	0.7
ood weight (g)	1008-1	3406	912-7*	308-2
Energy density (kJ/g)†	8-7	2.1	9.1*	2.1

of 6826 children aged 7-17 om the 2002 China Nutrition and Health were included in the study

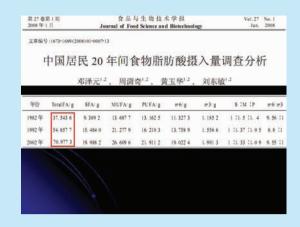
justment for parental ight status and pnomic status, only oil consumption and to and from school d significantly related to rweight.





达能营养中心第十三届年会

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可接受总脂肪分布范围的上限值 在专家之间没有达成共识

%E fall and adult body weight convinced the consultation that at this time it was not possible to determine at a probable or convincing level the causal relationship of excess energy intake and unhealthy weight gain

Full agreement among the experts regarding the upper value of acceptable macronutrient distribution range (AMDR) for %E fat was not achieved; thus maintaining the current recommendation for a maximum intake level of 30 - 35% E fat was considered prudent. Further studies and a systematic review of all available evidence are needed to provide better evidence on which to base a recommendation on AMDR for %E fat that are applicable globally.

与1994年专家会议推荐量比较

- 不推荐n-3:n-6比例
- 反式脂肪酸应彻底从加工食品中剔除
- 细化了儿童不同年龄段的总脂肪和脂肪酸的推荐量





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- ●膳食摄入(营养素和食物功能成分) 与疾病、风险因子的相关性是原因和 结果吗?
- 病理对照研究结果
- ●组织膜的结构成分与疾病、风险因子 的相关性?
- RCT确认



