AMA
AMERICAN MEDICAL ASSOCIATION

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Ms. Kristin Koegel
U.S. Department of Agriculture
Food and Nutrition Service
Center for Nutrition Policy and Promotion
1320 Braddock Place, Room 4094
Alexandria, VA 22314

Dear Ms. Koegel:

On behalf of the physician and medical student members of the American Medical Association (AMA), I welcome the opportunity to comment on the Scientific Report of the 2020 Dietary Guidelines Advisory Committee (DGAC). We commend the committee for its work. We do have some recommendations that the AMA feels will strengthen the guidelines and take into consideration the individual dietary needs associated with certain health conditions. Food and nutrition play a crucial role in health promotion and chronic disease prevention.

The AMA supports culturally responsive dietary and nutritional guidelines and recognizes that racial and ethnic disparities exist in the prevalence of obesity and diet-related diseases such as coronary heart disease, cancer, stroke, and diabetes. Dairy and meat products are promoted in federal nutrition policies even though they are not nutritionally required. The AMA notes that Black Americans are at particularly high risk for prostate cancer, colorectal cancer, and cardiovascular mortality, and prostate and colorectal cancers are strongly linked to dairy, processed meat, and red meat consumption. Such products also contribute to cardiovascular risk and are not nutritionally indicated for all diets. Accordingly, the AMA recommends that the DGAC clearly indicate in the Dietary Guidelines for Americans (DGA) that meat and dairy products are optional, based on an individual's dietary needs.

The AMA also asks that the DGAC provide additional guidance for consumption of fats. The DGAC recommended replacing saturated fats with unsaturated fats, particularly polyunsaturated fats. Replacing saturated fats with unsaturated fats, particularly polyunsaturated fats, reduces the incidence of cardiovascular disease (CVD). For this reason, the AMA supports the recommendation, but it should explicitly state that people should not replace saturated fats with refined carbohydrates or sugars. Although some evidence indicates that replacing saturated fat with complex carbohydrates may reduce CVD risk, replacing saturated fats with mostly refined carbohydrates and sugars shows no change or slightly increased risk for CVD.

The AMA asks that the Report adopt the updated sodium Dietary Reference Intake (DRI) recommendations of the National Academies of Sciences, Engineering, and Medicine (NASEM) 2019 report. Sodium, along with potassium, are physiologically essential nutrients. Both have also been implicated in chronic disease risk, particularly CVD, mainly through their effects on blood pressure. Additionally, a possible association of sodium intake with other adverse health outcomes has been

suggested at low levels of intake. The NASEM report uses an expanded DRI model for limiting sodium intake that includes consideration of chronic disease risks.

The 2020-2025 DGA should incorporate the DGAC's recommendation that men and women who consume alcohol should limit their intake to one drink a day on days when alcohol is consumed and that non-drinkers should not start drinking in order to improve their health. Alcohol is a known human carcinogen that is associated with a higher risk of cancers of the breast, colon, rectum, esophagus, liver, mouth, pharynx, larynx, and stomach. Higher consumption increases risk but there is no safe threshold for alcohol and cancer risk. The consumption of up to one and a half drinks per day accounts for an estimated 26 to 35 percent of all alcohol-attributable U.S. cancer deaths.

The 2020-2025 DGA should build on the 2015-2020 DGA's policy, systems, and environmental strategies to support healthy eating patterns. There are many environmental and structural factors that influence Americans' ability to follow the DGA, including systemic disadvantages related to race and socioeconomic status. The DGA should expand on policies addressed by DGAC and include stronger policy recommendations for making healthy foods and beverages accessible and affordable, reduce sodium in the food supply by releasing the short- and long-term voluntary sodium reduction targets for industry, limit access to high-calorie, nutrient-poor foods and sugar-sweetened beverages in public places, reduce added sugars by taxing sugary drinks or other measures, and shift in-store marketing from unhealthy to healthy options to support rather than undermine healthy eating, including through placement, pricing, and promotion.

Thank you for considering the AMA's comments. If you have any questions, please contact Margaret Garikes, Vice President, Federal Affairs, at margaret.garikes@ama-assn.org or (202) 789-7409.

Sincerely,

James L. Madara, MD