

Modification of Food To Control Fat Intake¹

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ABSTRACT

National trends in amounts and types of fat consumed have not alleviated our problems in nutrition and health. The dilemma of the public, as well as of the medical and nutritional sectors of society, has been what to do about atherosclerosis and obesity. Various methods and approaches are suggested whereby the fat intake may be reduced or controlled. Several unique classes of compounds are suggested as possible candidates for novel nutritional foods. Nutritional education is stressed as the long range prerequisite for an enlightened public which can meet the challenge of tomorrow.

INTRODUCTION

Data are available on the fat and oil consumption, as well as the trends of specific oil utilization in the U.S. (1-4). We must assume that what is sold and disappears from the market place is consumed by the public. If one watches the food discarded in homes, restaurants, and mess halls, however, one might not agree that the food is consumed. The figures we have, however, do serve as a guide and approximations for our discussion.

The literature is also voluminous on the views and teachings of many who believe that there is a direct correlation and influence of fats and oils on health (5-7). Some views of the controversy and debate have not resolved themselves in over a quarter of a century and probably will not be resolved for many more years to come.

We do not have any assurances that, by following the best recommended food practices, one can ensure good health and longevity. We do know, however, that the recommendations of the nutritionist are observed by less than 5% of the population. When our appetencies and nutritional guidelines come into conflict, usually the public has seen fit to satisfy their appetencies.

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PROBLEM AREAS

One of the major hurdles we face in our attempts to eliminate such problem areas as atherosclerosis and obesity is the fact that we still do not know the real causes for the conditions. Atherosclerosis and the entire area of coronary problems is still controversial. It has resolved itself into an ever growing list of risk factors, irrespective of whether such factors are causes or effects. The role of polyunsaturated fatty acids and their ratio to saturated fatty acids in an oil is still questionable even after some 25 years of clinical investigations and studies. Recent publications (8,9) are seriously questioning and critically examining the literature and the experimental design of the studies which gave us simple, convenient answers to a most complex problem.

The other problem area is obesity. Conservative estimates by the U.S. Department of Agriculture and the American Medical Association indicate that over 30 million people in the U.S. are overweight, if not outright obese (10,11). We do not have an easy solution to the problem of overeating, diet fads, and wt control efforts. The problem is a much more fundamental one in nature. What determines obesity? Is it genetic, geographic, or dietetic? Why do fat cells multiply manyfold in some and not in others? Why do the cells fill up with fat in some and remain empty in others? Hopefully, we shall get some answers to these questions in the near future. In the meantime, controlling caloric intake has become the suggested way to lose wt if one can only have the willpower to discipline himself.

In attempting to focus attention on nutrition, the various governmental agencies, notably the Food and Drug Administration, have been promoting nutritional labeling of foods. If the public comes to think in terms of nutrition and good health, perhaps they will improve their eating habits. It seems, however, that the main thrust should be nutritional education and not a labeling scheme. It is only through an enlightened and educated public that we can hope to bring about balanced and controlled food intake to ensure good nutrition and good health.

LIMITING FAT INTAKE

In recent studies on the fat intake of the American

TABLE I

U.S. Consumption of Visible and Invisible Food Fats/Person (2)

Source	Percentage distribution	
	Lb/person 1971 ^a	1971 ^b
Visible fats ^b		
Butter (fat content)	4.1	3.2
Lard (direct use)	4.4	3.4
Margarine (fat content)	9.0	7.0
Shortening	17.0	13.3
Other edible fats and oils	18.6	14.5
Total visible	53.2	41.6
Invisible fats		
Dairy products (excluding butter)	15.7	12.3
Eggs	4.1	3.2
Meat, poultry, and fish	46.0	36.0
Dry beans, peas, nuts, soya, flour, and cocoa	6.1	4.7
All fruits and vegetables	1.1	0.9
Grain products	1.7	1.3
Total invisible	74.7	58.4
Total fats and oils	127.9	100.0

^aPreliminary.

^bIdentifiable as such at the first stage in marketing channels.

TABLE II

Fatty Acid Composition Changes in Shortenings and Margarines (12)

Fatty acid type	Shortenings (%)		Margarines (%)		Tub
	Old type	New type	Old type	New type	
Saturated	27	25	22	20	13
Monoenoic	61	47	63	50	23
Polyenoic	12	28	15	30	64

public, it has been shown that the visible fat intake constitutes ca. 40% calories. Our total fat intake, visible and invisible, is probably closer to 60% calories. Table I illustrates the U.S. consumption of visible and invisible food fats/person. It is much too high and should be reduced to perhaps 30-35% total caloric intake. Perhaps with a concerted national effort and with emphasis at the grade school level, we can educate the future generations and the public to the basic principles of good nutrition, balanced food eating habits, and even controlled food intake. In such education and efforts, we also may broaden our vision to other foods and other raw materials for food, rather than the established standard products. A variety of meat sources, legumes, and grains may be necessary in our economy of the future, not only to feed us but to keep us healthy.

Examples of Limiting Fat Intake

In our efforts to limit or curtail our fat intake, some examples are possible to illustrate the point. These are presented below.

The selection, breeding, feeding, and preparation of meat from various domesticated animals for public consumption can be controlled for lean low-fat content meat products. Simple trimming and fat removal, and even skimming during preparation and use of foods, also can contribute to lowering the total fat content of our foods.

The deep fat fried peanuts and the dry roasted peanuts may well give way to the defatted roasted peanuts. The defatted roasted peanuts have appreciably lower fat and calories and yet are tasty and satisfying.

Low fat milk, now has established itself along with homogenized milk. The 1 and 2% fat milk satisfies the nutrition and milk drinking needs while decreasing the total fat and caloric intake.

Diet margarines, where the fat content has been reduced to 40% from 80%, are now a reality. It should satisfy our desire to spread the margarine on toast or baked potato and yet curtail our fat and caloric intake.

Diet mayonnaise and salad dressings have made their appearance and are gaining acceptance. This is still another example of satisfying our appetencies while curtailing fat and caloric intake.

Mellorine and imitation ice cream with lower fat content, and some without any fat, are making their

TABLE III

Composition of Some Formulated Foods^a

Ingredient	Beef flavor	Ham flavor	Chicken flavor
Protein	20	24	25
Fat	4	13	12
Moisture	60	55	55
Ash	3	3	3
Carbohydrate (by difference)	13	5	5

^aGiven in percentages.

TABLE IV

Composition of Some Natural Meats^a (13)

Ingredient	Beef		Ham	Poultry
	Carcass	Hamburg		
Protein	16	18	15	18
Fat	52	21	30	18
Moisture	31	60	54	63
Ash	1	1	1	1

^aGiven in percentage.

appearance and gaining good acceptance. They taste good, satisfy our desire to eat rich desserts, and yet contribute limited amounts of fat and calories. Perhaps it is a way of fooling oneself and indulging rather than abstaining, but it seems to be more acceptable.

Formulated Foods

The food industry, particularly the fats and oils segment of that industry, has given way to the demands and the insistence of the medical forces and the consuming public. They have supplied products with higher polyunsaturated fats in the formulations of foods, such as shortening, margarine, salad oils, dressings, etc. Table II (12) demonstrates the shift that has taken place in shortenings and margarines. Whether this is a step in the right direction still remains to be seen. Certainly the clinical evidence of the last 25 years has not overcome the controversy that still exists. It would be more prudent if we learned to eat less and eat less fat while keeping a balanced diet.

In the area of formulated foods where the composition is subject to our control, it should be feasible to restrict the fat content of a food and still have it palatable and appetizing. Table III illustrates some formulated foods simulating conventional meats, but with fat contents appreciably lower than natural meats. We have prepared and evaluated these products in acceptance studies where both the product and the type of fat used were variables. In such products, the type of fat and the amount of fat can be controlled without any sacrifice to the quality of the food

TABLE V

Caloric Value Constants on Polyglycerol Esters
Caloric Value Expressed in Kg Cal/g Mol Wt

Glycerol type	No Ester	Mono-Ester	Di-Ester	Tri-Ester
Glycerine	4.28	8.49	9.15	9.43
Diglycerol	4.65	8.22	9.01	9.34
Triglycerol	4.93	7.77	8.73	9.21
Tetraglycerol	5.00	7.43	8.41	8.93
Pentaglycerol	5.04	7.17	8.14	8.61
Hexaglycerol	5.07	6.97	7.92	8.39
Heptaglycerol	5.10	6.82	7.72	8.21
Octaglycerol	5.12	6.67	7.56	8.06
Monoglycerol	5.13	6.55	7.43	7.90
Decaglycerol	5.15	6.46	7.24	7.77
Triaccontaglycerol	5.24	5.65	6.04	6.35

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