

# Banning trans fats in England could prevent 7,000 heart deaths over next five years

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A total ban on trans fatty acids (trans fats) in processed foods in England could potentially prevent or postpone about 7,200 deaths from coronary heart disease over the next five years, suggest experts in *The BMJ* this week.

They say a total ban in England is "technically feasible" and they call for "decisive action" to prioritise the most effective and cost effective policy options.

Industrial trans [fatty acids](#) are produced from plant oils (a process known as hydrogenation) and are commonly added to [processed foods](#) to cheaply improve shelf life and palatability.

Higher intake of these fats is associated with increased risk of coronary [heart disease](#) and death, and consumption is generally higher in lower socioeconomic groups. Their elimination from the UK diet is part of the Department of Health's responsibility deal.

So a team of researchers decided to evaluate three policy options to reduce consumption of trans fats in England: a total ban on trans fatty acids in processed foods; improved food labelling; and bans on trans fatty acids in restaurants and takeaway outlets.

They calculated health and equity benefits and cost effectiveness of each policy compared with consumption remaining at most recent levels. Influential factors such as age, sex, and socioeconomic status were taken

into account.

Guidelines currently recommend that trans fats are limited to less than 1% of energy intake. The researchers calculated that average consumption of trans fatty acids among UK adults in 2001-09 to 2011-12 was around 0.7% of energy intake. For the most disadvantaged groups, consumption was higher, around 1.3%.

The researchers found that a total ban on industrial trans fatty acids in processed foods in England might potentially prevent or postpone about 7,200 deaths (2.6%) from coronary heart disease from 2015-20 and reduce inequality in mortality from coronary heart disease by about 3,000 deaths (15%).

This inequality stems from the fact that early death from coronary heart disease is substantially higher among the most disadvantaged socioeconomic groups compared with the most affluent.

Policies to improve labelling or simply remove trans fatty acids from restaurants and takeaways could save between 1,800 (0.7%) and 3,500 (1.3%) deaths from coronary heart disease and reduce inequalities by 600 (3%) to 1,500 (7%) deaths, thus making them at best half as effective.

A total ban would also have the greatest net cost savings of £264m excluding product reformulation costs, or £64m if substantial reformulation costs are incurred.

"Elimination of trans fatty acids from processed foods is an achievable target for public health policy," say the authors. Such a ban "would lead to health benefits at least twice as large as other policy options, both in terms of total population benefit and reduction in inequality."

They suggest that continuing to rely on industry cooperation via the responsibility deal "might be insufficient" and call for "decisive action" to prioritise the most effective and cost effective policy options.

There's nothing good about industrial trans fats and a total ban would be best for public health, argues Lennert Veerman from the University of Queensland's School of Public Health, in an accompanying editorial.

"Given the clear evidence on the health impact of [trans fats](#) and what we know about consumption patterns, rates of heart disease, and related economic costs in England, we can safely conclude that these actions to accelerate the removal of industrial trans fat from the food supply are good for health, cost saving, and equitable," he writes.

**More information:** Potential of trans fats policies to reduce socioeconomic inequalities in mortality from coronary heart disease in England: cost effectiveness modelling study, [www.bmj.com/cgi/doi/10.1136/bmj.h4583](http://www.bmj.com/cgi/doi/10.1136/bmj.h4583)

Editorial: Dietary fats, health, and inequalities, [www.bmj.com/cgi/doi/10.1136/bmj.h4671](http://www.bmj.com/cgi/doi/10.1136/bmj.h4671)

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