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Canola Oil Can Help Americans Meet Dietary Fat Recommendations

WASHINGTON, DC – Substitution of canola oil for common dietary fats in the U.S. would increase compliance with recommended intakes of saturated, monounsaturated and plant omega-3 fats, noted a modeling study published in the October 2007 issue of the *Journal of the American Dietetic Association (JADA)*. The study examined the effect of substituting canola oil for selected vegetable oils and canola oil-based margarine for other margarines and butter in the diet of nearly 9,000 adult Americans.

“The results of this study show that fatty acid intake can be influenced substantially through a simple recommendation to change the type of vegetable oil used at the table and in cooking,” wrote co-authors Guy H. Johnson, Ph.D., president, Johnson Nutrition Solutions LLC; Debra Keast, Ph.D., principal, DR Keast Food and Nutrition Database Research Consulting; and Penny Kris-Etherton, Ph.D., R.D., distinguished professor of nutrition, The Pennsylvania State University. “The lack of consumer barriers to such a change with respect to cost, taste, convenience and availability makes canola oil attractive from a practical perspective.”

Food recall data from the 1999-2002 National Health and Nutrition Examination Survey were used to calculate the effect of substituting canola oil for corn, cottonseed, safflower, soybean and vegetable oils “not further specified” (excluding olive oil) and of canola oil-based margarine for other margarines and butter in the diet at 25%, 50% and 100% replacement levels. Results showed that saturated fat intake would decrease by 4.7% and 9.4% with 50% and 100% substitution, respectively. Complete substitution would increase monounsaturated fat and α -linolenic acid (ALA, an omega-3 fatty acid) intakes by 27.6% and 73.0%, respectively.

“The findings are provocative because they suggest that fairly simple recipe modifications and product reformulations could substantially increase the percentage of the population meeting dietary guidelines for saturated fat intake and achieving adequate intakes of α -linolenic acid,” adds Jennifer Nettleton, Ph.D., assistant professor of cardiovascular disease epidemiology, University of Texas Health Sciences Center, in an accompanying *JADA* editorial. “Substituting canola oil for other common oils has the potential to reduce the substantial burden of coronary heart disease in the United States.”

Canola oil has the lowest amount of saturated fat of all commonly used vegetable oils. It predominantly contains monounsaturated fat and is a good source of ALA.

“Not only can canola oil positively influence consumer fat intake, but also healthy oil changes in food service and food manufacturing,” notes Steve Kakela, president of the U.S. Canola Association, which supported the study. “It is a solution for decreasing both *trans* and saturated fats in the food supply.”