# Health Concerns About Fish

# PhysiciansCommittee

Fish consumption is a leading exposure to heavy metals and other contaminants and is frequently the subject of government healthrisk advisories. However, some people promote eating fish as the best way to incorporate omega-3 fatty acids in the diet. Let's look at the issues.

## Toxins

Experts agree that fish are the unfortunate victims of our polluted waters. Mercury, a toxic heavy metal, is the primary concern related to fish consumption. A recent study found that as much as 84 percent of the world's fish contains unsafe levels of mercury.<sup>1</sup> According to a 2013 report by the United Nations, mercury emissions are rising all around the world, making this a global health problem.<sup>2</sup> Even global warming gets some of the blame, with warmer temperatures leading to higher mercury levels in fish.<sup>3</sup> As mercury levels rise across the globe and the toxin accumulates in the fat cells of fish, eating them is becoming increasingly risky.

There are several concerns with ingesting mercury. Exposure to the heavy metal has been linked to increased risk for diseases such as cancer and diabetes as well as to short- and long-term problems with the heart, blood vessels, brain, and nerves. Exposure is an even greater concern for pregnant women, as mercury can cross the placenta and accumulate in baby's tissues, slowing down its brain development.<sup>4</sup> Researchers have even found a relationship between regular tuna consumption and breast cancer in Hispanic women.<sup>5</sup>

The link between mercury contamination and diabetes has become more defined through recent studies. An 18-year study published by the American Diabetes Association in 2013 found that those with the highest levels of mercury exposure had a 65 percent increased risk for developing diabetes, compared with those with the lowest levels of mercury exposure.<sup>6</sup> In addition to mercury, other pollutants found in fish are linked with type 2 diabetes.<sup>7</sup>

While the consumption of fish and omega-3 fatty acids, including docosahexaenoic acid (DHA) and eicosapentaenoic acid (EPA), has been associated with decreased risk of heart attack in individuals consuming a Western-style diet,<sup>8,9</sup> recent studies have shown that mercury exposure may produce the opposite effect.

In one study, mercury levels were 15 percent higher among those patients who had suffered a first heart attack,<sup>10</sup> and a second study showed increased risk of death from heart disease with increasing mercury exposure.<sup>11</sup> In 2005, researchers in Finland found that a high amount of mercury in hair may be a risk factor for heart attacks, heart disease, and overall death in middle-aged men. In the same study, it was discovered that mercury contamination from eating fish reverses the positive effects of omega-3 fatty acids on heart health.<sup>12</sup> Because mercury accumulates in our tissues, including the heart tissue, consumption of this neurotoxin increases the risk for high blood pressure, irregular and increased heart rate, and death from heart attack or stroke.<sup>13</sup>

In addition to mercury, there are other pollutants that accumulate in fish and shellfish. Mercury, polychlorinated biphenyls (PCBs), chlordane, dioxins, and dichlorodiphenyltrichloroethane (DDT) account for most fish advisories issued by the EPA.<sup>14</sup>

These pollutants accumulate in our body over a lifetime and can lead to problems including poor brain development, liver damage, and disruption of the immune system. Many of these chemicals are especially problematic because they are not readily cleared from the body. Thus, even if exposure is limited to a short period of time, the potential risks can last a lifetime.

# **Health Myths**

Fish consumption is generally promoted as a good source of omega-3 fats. Omega-3 fats are unsaturated and anti-inflammatory making them beneficial for heart and brain health. However, animal products, including fish, are the main source of saturated fat and the only source of cholesterol in the diet-both of which contribute to high cholesterol and inflammation in the body, increasing the risk for a heart attack or stroke. Although some of the fat in fish is in the omega-3 form, much of the remaining fat is saturated. Chinook salmon, for example, derives 52 percent of its calories from fat, and swordfish derives 30 percent. About one-quarter of the fat in both types of fish is saturated. Fish and shellfish are also significant sources of cholesterol. Three ounces of shrimp has 166 milligrams of cholesterol, while the same amount of bass has about 80 milligrams; in comparison, a 3-ounce steak has about 80 milligrams.<sup>15</sup> Thus, eating fish regularly can put a person at risk for diseases associated with consuming excessive

saturated fat and cholesterol, such as heart disease, stroke, and diabetes.<sup>16</sup> Even Eskimos, who have a fish-centered diet, are not free of heart disease.<sup>17</sup>

High levels of toxins, fat, and cholesterol along with a lack of fiber make fish a poor dietary choice. However, fish oils, especially taken as a supplement, have been popularized to treat everything from heart problems to arthritis. Though ingesting fish oil in supplement form eliminates some of the health concerns associated with eating fish, current research shows there may not be any benefits to taking the supplement.

According to a review that combined data from 20 studies, the use of omega-3 supplements over a two-year period had no effect on heart-related death, heart attack, or stroke.<sup>18</sup> A second review of 14 studies found similar results—fish oil supplements

# HIGH LEVELS OF TOXINS, FAT, AND CHOLESTEROL ALONG WITH A LACK OF FIBER MAKE FISH A POOR DIETARY CHOICE.

did not protect people already diagnosed with heart disease from a second heart attack or a related illness.<sup>19</sup> The same lack of protection holds true when looking specifically at people with type 2 diabetes who take fish oil supplements.<sup>20</sup> Instead of supplementing omega-3 fats from fish oil, supplementing from a plant-based source like walnuts and chia seeds may offer actual protection from heart problems.<sup>21</sup>

Fish oil supplements have also been touted for brain health; however, according to a 2012 study, no link was found between supplementation and prevention of Alzheimer's disease.<sup>22</sup> For patients already diagnosed with Alzheimer's disease, supplementation did not slow mental decline.<sup>23</sup> In fact, one study shows that higher levels of the omega-3 fats EPA and DHA in the blood are actually associated with increased mental decline.<sup>24</sup>

In a 2013 study published by the National Cancer Institute, researchers found that men with higher levels of omega-3 fatty acids in their body from supplementing with fish oil had a higher chance of developing prostate cancer and also of developing a worse form of the disease.<sup>25,26</sup>

There has been some debate about whether fish oil supplements are helpful in pregnancy. A 2017 study showed that fish oil supplementation does not help to decrease postpartum depression in Japanese women who frequently eat fish,<sup>27</sup> nor was it found in a second study to improve mental function of the baby.<sup>28</sup> Although the omega-3 fatty acid DHA is important in the development of the brain and eyes, adding it to baby formula was found to provide no benefit to the physical, visual, or mental outcomes of infants born at term.<sup>29</sup> Lastly, mothers who eat fish more than three times a week during pregnancy are more likely to have children who become overweight.<sup>30</sup>

# **Health Facts**

There are better ways to reap the health benefits that are commonly associated with eating fish. It is already proven that plant-based diets help prevent, and even reverse, heart disease.<sup>31</sup> Additionally, fiber reduces cholesterol levels, and fish contain no fiber. When individuals switch to a high-fiber, low-fat diet, their blood cholesterol levels often drop dramatically.

Instead of resorting to fish or fish oil as a source of omega-3s, these fatty acids can be found in a more stable form, alphalinolenic acid (ALA). ALA is the only essential omega-3 fatty acid, meaning it's the only one that the body cannot make itself and therefore, must be consumed. This fat is concentrated in flaxseeds, walnuts, chia seeds, hemp seeds, soybeans, and wheat germ. The body naturally converts ALA to the longer chain omega-3 fatty acids EPA and DHA. Studies have shown that the conversion rate of ALA to EPA and DHA is sufficient for obtaining proper amounts of these longer chain fatty acids. In fact, results from the European Prospective Investigation into Cancer and Nutrition (EPIC) trials suggest women on vegan diets have more omega-3s in their blood compared with fisheaters, meat-eaters, and lacto-ovo vegetarians. Thus, for those who do not consume fish, the conversion rate of ALA to EPA and DHA may increase naturally to allow for the adequate supply of these fatty acids.<sup>32</sup>

#### **Next Steps**

Given the clear evidence that fish are commonly contaminated with toxins that have well-known and irreversible damaging effects on children and adults, the consumption of fish should not be encouraged. The risks are significant, especially for infants and women of childbearing age. The wide range of other risks associated with the consumption of fish and shellfish due to their levels of saturated fat and cholesterol are also considerable. By focusing on plant foods like vegetables, fruits, whole grains, beans, peas, nuts, and seeds, one can get the full range of essential nutrients without the toxins and other health risks associated with fish consumption.<sup>28</sup>



# References

- Biodiversity Research Institute and IPEN. Global Mercury Hotspots: New Evidence Reveals Mercury Contamination Regularly Exceeds Health Advisory Levels in Humans and Fish Worldwide. Biodiversity Research Institute. http://www.briloon.org/uploads/BRI\_Documents/Mercury\_ Center/BRI-IPEN-report-update-102214%20for%20web.pdf.
- UNEP Chemicals Branch. Global Mercury Assessment 2018 Draft Technical Background Document. UN Environment Document Repository Home. http://wedocs.unep.org/handle/20.500.11822/21553. Accessed December 11, 2018.
- Dijkstra JA, Buckman KL, Ward D, et al. Experimental and natural warming elevates mercury concentrations in estuarine fish. *PLoS ONE*. 2013;8:e58401-e58410.
- Gundacker C, Hengstschlager M. The role of the placenta in fetal exposure to heavy metals. Wien Med Wochenschr. 2012;162:201-206.
- Kim AE, Lundgreen A, Wolff RK, et al. Red meat, poultry, and fish intake and breast cancer risk among Hispanic and Non-Hispanic white women: The Breast Cancer Health Disparities Study. *Cancer Causes Control.* 2016;27:527-543.
- He K, Xun P, Liu K, Morris S, Reis J, Guallar E. Mercury exposure in young adulthood and incidence of diabetes later in life: the CARDIA trace element study. *Diabetes Care*. 2013;36:1584-1589.
- Ruzzin J. Public health concern behind the exposure to persistent organic pollutants and the risk of metabolic diseases. *BMC Public Health*. 2012;12:298-306.
- Hu FB, Bronner L, Willett WC, et al. Fish and omega-3a fatty acid intake and risk of coronary heart disease in women. JAMA. 2002;287:1815-1821.
- Siscovick DS, Raghunathan T, King I, et al. Dietary intake of long-chain n-3 polyunsaturated fatty acids and the risk of primary cardiac arrest. Am J Clin Nutr. 2000;71:2085-212S.
- Guallar E, Sanz-Gallardo MI, van't Veer P, et al. Heavy metals and myocardial infarction study group. Mercury, fish oils, and the risk of myocardial infarction. N Engl J Med. 2002;347:1747-1754.
- Salonen JT, Seppanen K, Nyyssonen K, et al. Intake of mercury from fish, lipid peroxidation, and the risk of myocardial infarction and coronary, cardiovascular, and any death in eastern Finnish men. *Circulation*. 1995;91:645-655.
- 12. Virtanen JK, Voutilainen S, Rissanen TH, et al. Mercury, fish oils, and risk of acute coronary events and cardiovascular disease, coronary heart disease, and all-cause mortality in men in eastern Finland. Arterioscler Thromb Vasc Biol. 2005;25:228-233.
- **13.** Committee on the Toxicological Effects of Methylmercury, National Research Council. *Toxicological Effects of Methylmercury.* Washington, DC: National Academy Press; 2000.
- 14. United States Environmental Protection Agency. Contaminants: What is of Concern? Fish and Shellfish Advisories and Safe Eating Guidelines. https://www.epa.gov/choose-fish-and-shellfish-wisely/fish-and-shellfishadvisories-and-safe-eating-guidelines. Accessed May 15, 2019.
- Pennington JAT, Douglass JS. Bowes and Church's Food Values of Portions Commonly Used. 18th ed. Baltimore, MD: Lippincott Williams & Wilkins; 2005.
- Lee C, Liese A, Wagenknecht L, Lorenzo C, Haffner S, Hanley A. Fish consumption, insulin sensitivity and beta-cell function in the Insulin Resistance Atherosclerosis Study (IRAS). *Nutr Metab Cardiovasc Dis.* 2013;23:829-835.

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- 17. Fodor GJ, Helis E, Yazdekhasti N, Vohnout B. "Fishing" for the origins of the "Eskimos and heart disease" story. Facts or wishful thinking? A review. *Can J Cardiol.* 2014;30:864-868.
- Rizos EC, Ntzani EE, Bika E, Kostapanos MS, Elisaf MS. Association between omega-3 fatty acid supplementation and risk of major cardiovascular disease events: a systematic review and meta-analysis. JAMA. 2012;308:1024-1033.
- 19. Kwak SM, Myung SK, Lee YJ. Efficacy of omega-3 fatty acid supplements (eicosapentaenoic acid and docosahexaenoic acid) in the secondary prevention of cardiovascular disease: a meta-analysis of randomized, double-blind, placebo-controlled trials. Arch Intern Med. 2012;172:986-994.
- The ASCEND Study Collaborative Group. Effects of n–3 fatty acid supplements in diabetes mellitus. N Engl J Med. 2018;379:1540-1550.
- 21. Abdelhamid AS, Brown TJ, Brainard JS, et al. Omega 3 fatty acids for the primary and secondary prevention of cardiovascular disease. *Cochrane Database Syst Rev.* 2018;11:CD003177.
- 22. Dangour AD, Allen E, Elbourne D, et al. Effect of 2-y n23 long-chain polyunsaturated fatty acid supplementation on cognitive function in older people: a randomized, double-blind, controlled trial. Am J Clin Nutr. 2010;9:1725-1732.
- 23. Quinn JF, Rama R, Thomas RG, et al. Docosahexaenoic acid supplementation and cognitive decline in Alzheimer disease. JAMA. 2010;304:1903-1911.
- 24. Laurin D, Verreault R, Lindsay J, Dewailly E, Holub BJ. Omega-3 fatty acids and risk of cognitive impairment and dementia. *J Alzheimers Dis.* 2003;5:315-322.
- 25. Brasky TM, Darke AK, Song X, et al. Plasma phospholipid fatty acids and prostate cancer risk in the SELECT Trial. J Natl Cancer Inst. 2013;105:1132-1141.
- 26. Crowe FL, Appleby PN, Travis RC, et al. Circulating fatty acids and prostate cancer risk: individual participant meta-analysis of prospective studies. J Natl Cancer Inst. 2014;106:dju240-dju250.
- 27. Kobayashi M, Ogawa K, Morisaki N, Tani Y, Horikawa R, Fujiwara T. Dietary n-3 polyunsaturated fatty acids in late pregnancy and postpartum depressive symptom among Japanese women. *Front Psychiatry*. 2017;8:241-250.
- Makrides M, Gibson RA, McPhee AJ, et al. Effect of DHA supplementation during pregnancy on maternal depression and neurodevelopment of young children. JAMA. 2010;304:1675-1683.
- Simmer K, Patole SK, Rao SC. Long-chain polyunsaturated fatty acid supplementation in infants born at term. *Cochrane Database Syst Rev.* 2011;12:CD000376.
- **30.** Stratakis N, Roumeliotaki T, Oken E, et al. Fish intake in pregnancy and child growth: a pooled analysis of 15 European and US birth cohorts. *JAMA Pediatr.* 2016;170:381-390.
- **31.** Esselstyn CB, Gendy G, Doyle J, Golubic M, Roizen MF. A way to reverse CAD? *J Fam Pract.* 2014;63:356-364b.
- **32.** Welch AA, Shakya-Shrestha S, Lentjes MA, Wareham NJ, Khaw KT. Dietary intake and status of n-3 polyunsaturated fatty acids in a population of fish-eating and non-fish-eating meat-eaters, vegetarians, and vegans and the product-precursor ratio [corrected] of a -linolenic acid to long-chain n-3 polyunsaturated fatty acids: results from the EPIC-Norfolk cohort. *Am J Clin Nutr.* 2010;92:1040-1051.

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