



UNIVERSITY OF MINNESOTA
TWIN CITIES

Coxby-Winston/GRUNDY

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Dear Mary and Scott:

I am embarrassed to have missed part of the discussion of September 30-October 1st meeting. However, I have a few comments on the minutes, the public statement about salt and revision of the diet-coronary disease statement. I recognize there may be good reasons not to put everything in a public document!

The preventive practice statement on salt advice for individuals seems to me a bit conservative. Do they take into adequate consideration counseling individuals in sodium reduction, general education on the issues of salt in foods for patients, their spouses and children, or the opportunity for every physician to be an effective advocate for a more healthy eating pattern?

I look forward to the committees developing a reasoned statement in this regard for the general public. Do we continue to reiterate the "clinical" idea that only a small fraction of the population is susceptible to salt? Does this fail to acknowledge the vast evidence that most of humankind is susceptible to an altered sodium/potassium ratio in modern diets? I think I have sent you all my recommendations in this regard ad nauseum, but they are contained in the enclosed galley. Public health recommendations are contained at the end of this manuscript.

I am not in a position to refer to my notes concerning Item 13 in the minutes, the Revision of the Diet/Coronary Heart Disease Statement. But that short paragraph reflects little of the thrust of our discussion on this issue which I thought was a useful and progressive one. I can imagine you don't want detail but it is important for the committee to record the arguments that the American Heart Association Diet/Heart Recommendations were highly appropriate to the time in which they were devised, 15 to 20 years ago, that they still have a basic validity in emphasis on reduction of saturated fat and cholesterol, that they are insufficiently flexible in regard to the percentage fat composition, they might no longer emphasize polys as long as intake is now above five or six percent. We should now take the opportunity to emphasize other potential contributors to cholesterol lowering (vegetable protein and fiber) and translate Nutritional Recommendations into an attractive, palatable, safe, eating pattern, modeled after existing, well-tested traditional or ethnic diets such as in the Mediterranean Basin and the Orient. Translation of the nutritional policy into eating pattern recommendations did not appear in the minutes.

Section 14 - Diet and the Healthy Child - effectively takes up this issue of translation into public education for children and I would like to see that taken up in the general public diet/coronary heart disease statement. I agree with the nutritional recommendations of Diet in Healthy Child and am glad that we were finally able to go ahead with that.

Note in Section 15 that our excellent discussion and recommendations on working with industry contain advice on a public statement that includes reduction in sodium. This is in direct contrast to Section 7 of the minutes which contains no action item with regard to a public statement on sodium. On reading further in Section 15, I would not like to complicate the very good process that we are recommending. But it seems to me that it would be essential for the chairman and executive to maintain close contact with the Arteriosclerosis and Epidemiology Councils on the issue of industry relations.

May I suggest that you call Dr. Simopolous for her comments on Section 16? One or two points might be elaborated such as the source and the nature of the Department of Defense data, and if she has further information about publication of her material in the JAMA. On weight reduction, I believe that the Scientific Councils and the public both need the guidance of our Committee on this complex issue. I would hope that Virgil Brown's and Nancy Ernst's background paper would serve as a base for a statement. Of course, I am delighted at the very innovative idea of the American Heart Weight Reduction Program. I can see that as the longest-lasting and most far reaching of your current administration's many useful recommendations. I can almost see the cover of the book now in paperback!

I think your idea about the meeting with people who hold contrary views is a useful one. We must provide a format, however, in which there will be a real exchange and not a debate or argument. I would think

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that the chairman would best do this by outlining a series of facts and our interpretations of facts to introduce the session. The idea is not to develop a debate that one or the other might win, but finding where there are common elements of agreement, where disagreement must persist and what steps might be taken to resolve disagreement with that individual. This might be summarized and returned to the individual for his or her approval and then be used in our professional correspondence and public discussions, how we had found such and such agreement with Dr. McNamara, and so forth and so forth.

Have we proposed to have one out of the three meetings of the year of the Nutrition Committee at another site, preferably an institution which one of the members is involved? This would increase the educational value and enhance the interest of the volunteers serving on the committee. We need to restimulate the scientific volunteers.

Cordially,

Henry Blackburn, M.D.
Professor and Director

/jml

Enclosures - *ROME CALLY*

pc: V. Brown ✓

bpc: D. LaBarthe ✓
J. Stamler

11/19/82