



UNIVERSITY OF MINNESOTA
TWIN CITIES

Division of Epidemiology
School of Public Health
Stadium Gate 27
611 Beacon Street S.E.
Minneapolis, Minnesota 55455
(612) 624-5400

October 5, 1988

CORRECTED COPY

*on Palmer
C. Howson
file - NAS +
corresp.*

Christopher Howson, PhD
Project Director
National Academy of Sciences
Diet and Health Study
National Research Council
2101 Constitution Avenue
Washington, DC 20418

Dear Colleagues:

Thanks for a very fruitful meeting. Because I was busy doing specific homework during the review of chapters 1 and 28, I didn't pay full attention to their suggested revisions. On rereading them however, I am singularly impressed that the 8th of September version still requires a great deal of fine editing and a great deal of fine tuning. We found substantive modifications desirable in our underlined recommendations. I found on rereading, immediately after the meeting, that there is a great deal of vagueness and imprecision and still problematical syntax in the explanatory parts to the recommendations.

As I have repeatedly suggested, the most effective way of producing such a report, particularly the final recommendations, is in a workshop format with a small group of "faculty and staff." We still continue our long distance exchanges, our repeated edits in large group, the uneven production of new drafts and the introduction of new errors.

We have introduced the expediency feasibility argument in recommending less than optimal levels for total fat and for salt intake. This is still uneven between those two and it's uneven between the recommendations as a whole. I recommend that we get them evenly treated for those two elements rather than a promissory note of "subsequent recommendations may be needed for further reduction in salt intake."

There are still major problems in terminology. In the fat section we speak of low fat recommendations and we talk of low-fat diets when we have not at all recommended "low fat diets" to anybody. We have recommended a change in eating pattern toward lower fat consumption.

There is much imprecision, I find, in the section of chapter 28 on balancing food intake and physical activity. In this chapter there is not only a failure to differentiate population overweight versus individual obesity, its trends in development and prevention, but there is a great deal of actual confusion between the two!

In that section there is an imprecision we have not accepted in other areas: we link a "close association" of obesity with increased risk of NIDDM, hypertension, CHD, gallbladder disease,

osteoarthritis, and cancer! We have seen that we get into much trouble in attempting to link even two disease groups with a common dietary risk, cardiovascular diseases and cancer. That statement is simply inaccurate and misleading.

We maintain that there is "an apparent decline" in risk of all the diseases listed above "following a sustained reduction of weight." The evidence for this is nearly non-existent, I suspect, and can be soundly criticized.

The failure to distinguish between population and individual obesity leads to the inaccurate and misleading statement that "obesity develops because of overfeeding, reduced physical activity or both." What does that mean, when there is every evidence that our caloric intake as a population is declining over the years while obesity goes up? This is not an appropriate conclusion concerning the cause of increased weight in the population. It may be an appropriate conclusion in regard to the development of obesity in individuals.

I was amazed to find that we still recommended "increasing physical activity along with decreasing food intake." This is a fatal combination for the American population. It may be a reasonable, short-term recommendation to some obese individuals. It is a fatal long-term recommendation to individuals. It fails to emphasize the need for increasing calorie consumption and nutritive intake, and a disproportionately lower increase in calorie consumption during the period of weight loss.

The section is full of imprecision. There is not even a differentiation between 5% average energy increase for a population, sub-groups, or individuals. It is very disconcerting that even at this stage we're not only not addressing both needs, we are confusing the two issues. I would like to suggest an almost immediate turnaround of the revisions from the 9/30 meeting and a meeting of one or more people to attempt to clarify the population versus individual recommendations, to prepare new versions that go out to the FNB and to our final internal review. An appropriate timing for that meeting might be at the time of the Implementation Committee or even beforehand.

I was surprised to find the use of the term "alcoholics" (without quotation marks) in our report. The figure that there are ten percent of alcoholics among consumers in this country is without definition. We'll be the laughingstock of the experts on alcohol by such an ill-defined and unsupported statement.

There are still some loose statements in the calcium section such as "the association with fractures and high blood pressure."

The "general population" and the "general public" are terms widely used in the report. I think we should perhaps be more precise by saying the population, or in particular cases, the healthy population. I don't know what the general public, the general population or the public, are actually.

The section on implications for food choices requires, I believe, a great deal more thought and careful wording as it is the most important and politically sensitive part of the report and is, in fact, part of the recommendations. There are inaccuracies in this section, such as relating shrimp to fish. There is a problem with individual versus population again. There is a negative, rather than positive, tone: "that may need to be limited," "may be necessary." Let's be

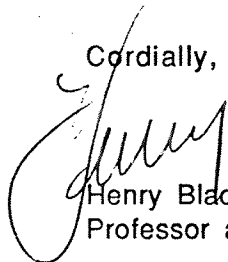
positive where we can and be definite where we have to be.

Do we take too strong an anti-meat stand? We can make very positive statements, such as rewording, I suggest, paragraph 1 on page 33 of chapter 28 "fish and skinless poultry and specified cuts and grades of beef and pork provide excellent sources of protein with low accompanying fat."

Thus, the recommendations are more spotty and uneven than I recalled from our recent review together.

I would like to respectfully suggest that Rick Shekelle or I, preferably Rick Shekelle, offer services to the chairpersons in the final stage of editing the recommendations, to address just "these kinds" of issues.

Cordially,



Henry Blackburn, MD
Professor and Director

bpc: ✓ R. Shekelle, ✓ D. Goodman, ✓ A. Motulsky, ✓ G. Bierman, ✓ H. McGill, ✓ S. Palmer,
✓ G. Bray

/tmw