

70 OF ONLY 7/19 SENT TO MEDICAL
COPIES - MEDICAL

COPIES - MEDICAL

News Release

70 OF THIS PLUS COMPT REPORTS
1 MS. SENT TO FACILITY,
DANN, K. LINZ.



American Heart Association
7320 Greenville Avenue
Dallas, Texas 75231

4/9/82
JLK

For Release: AMS Tuesday, April 13, 1982

For More Information:
Howard L. Lewis (214) 750-5340
John Weeks 750-5330
Christopher Land 750-5345

AHA NUTRITION COMMITTEE ISSUES REPORT EXPLAINING DIET-HEART STATEMENT RATIONALE

DALLAS, April 13 - The American Heart Association said in a new report today that its diet recommendations rest on a broad base of knowledge and "the best currently available evidence" to support the concept that modification of diet and other risk factors should decrease the danger of coronary heart disease (CHD).

Not a new official statement on diet, the report was prepared by the AHA Nutrition Committee, eight volunteer scientists from U.S. medical schools, to explain the genesis and evolution of the AHA diet and CHD statement. It was published in the April 1982 issue of Circulation, an AHA journal for physicians and research scientists.

An estimated 4.4 million Americans have CHD. The most common result of this disease is heart attack. There will be an estimated 1.5 million heart attacks in the U.S. this year, and about 550,000 Americans will die.

The underlying disease process causing most heart attacks is an obstruction in a blood vessel created by atherosclerosis, commonly called "hardening of the arteries." The obstruction, called a plaque, is composed of cholesterol and other forms of fat, calcium, fibrin and specialized cells.

"The current recommendations of the AHA are based on the concept that modification of risk factors should decrease the danger of CHD," the report says. These risk factors include (1) elevated plasma cholesterol, (2) high blood pressure, (3) smoking, (4) diabetes mellitus and (5) marked obesity.

The 16-page AHA Committee Report is titled "Rationale of the Diet-Heart Statement of the American Heart Association." It explains the long deliberative process that the committee undertakes as it weighs and debates the meaning and significance of population, laboratory, animal and clinical research on diet, atherosclerosis and CHD.

The Nutrition Committee, which is representative of a broad group of scientific disciplines, meets several times a year to evaluate new information and re-examine AHA's position. In preparing its recommendations, the committee works closely with other AHA volunteer scientific groups, such as the Council Affairs Committee and the Steering Committee for Medical and Community Programs.

The first AHA report on diet and CHD was published in Circulation in 1957. It was the observations of five scientists; the senior author of the report was Irvine H. Page, M.D., of the Cleveland Clinic. Dr. Page and his colleagues said diet may play an important role in the development of atherosclerosis. They also said fat content and total calories may be the dominant contributing factors, and the balance between saturated and certain unsaturated fats may be important.

In 1961, an ad hoc committee of AHA updated Dr. Page's report by adding the following additional conclusions: overweight Americans should reduce their intake of calories in an attempt to achieve ideal weight; weight reduction could be helped along by regular, moderate exercise; the composition of the diet should be changed to reduce intake of total fats, saturated fats and cholesterol and by increasing polyunsaturated fats; particular attention should be given to diet changes in men at increased risk, and for those people at high risk, diet changes should be carried out under medical supervision.

Over the years, the AHA position on diet and CHD has been updated four additional times -- in 1965, 1968, 1973 and 1978 -- because the committee perceived that a change in scientific knowledge required a new advisory for physicians and the general public.

AHA recommends a diet for all healthy Americans that is low in saturated (animal) fat, a diet containing no more than 300 milligrams of cholesterol a day (approximately the amount in one large egg yolk), a diet that is moderate in salt and refined sugar content, and a diet that is nutritionally balanced in order to maintain ideal weight for an individual's height and body build.

AHA diet recommendations for the healthy public are contained in two cookbooks, the "AHA Cookbook," and "Cooking Without Your Salt Shaker," and a number of pamphlets that emphasize the consumption of fresh fruits and vegetables, complex carbohydrates, low-fat dairy products, egg whites, fish and chicken. The recommendations do not exclude any food, including red meat and eggs, but urges moderation and prudence in total diet habits.

The committee said that the incidence of CHD "presents a strong challenge to the dietary habits of most Americans. . . failure to make a recommendation is

to condone the current American diet, i.e., a high intake of total calories, saturated fats and cholesterol."

The committee report discusses the AHA diet statement in light of such questions and issues as: nutritional adequacy; ideal cholesterol level; potential impact of lowering the incidence of coronary artery disease; practicality for the U.S. population; weight reduction; applicability to persons at low-risk to develop heart disease; genetic lipid diseases; polyunsaturated fats; very low fat diets; low plasma cholesterol levels and cancer; diets for children, and sodium (salt).

Among the 168 medical publications cited in the report were scientific studies that reaffirm, the Nutrition Committee says, "a high correlation between the estimated level of fat in the diet and the severity of atherosclerosis." The committee noted that studies in the United States, Europe and Japan, strongly suggest "that amounts of dietary saturated fats affect the incidence of CHD, at least in part through their effect on plasma cholesterol."

Because of costs, the AHA does not recommend that the general public have a blood cholesterol test, unless that test can be made a part of ordinary medical care. However, in cases where an individual already has known risks, such as high blood pressure, a smoking habit, diabetes, marked obesity, or a family history of cardiovascular disease, the committee urged physicians to determine the patient's level of blood cholesterol. This is particularly important, the report emphasizes, in order to rule in or rule out the existence of genetically-transmitted lipid diseases.

The committee concluded: "The AHA has taken the position that education of the general public about hygienic measures to reduce CHD risk, and of physicians about detection and modification of risk factors, is the most appropriate approach to the prevention of CHD."

The senior author of the report is Scott M. Grundy, M.D., Ph.D., Director of the Center for Human Nutrition at the University of Texas Health Science Center, Dallas. He is chairman of the AHA Nutrition Committee. Other members of the committee are: David W. Bilheimer, M.D., Associate Professor of Internal Medicine, University of Texas Health Science Center, Dallas; Henry Blackburn, M.D., Professor and Director of the Laboratory of Physiological Hygiene, University of Minnesota, Minneapolis; W. Virgil Brown, M.D., Professor of Medicine, Mt. Sinai School of Medicine, New York; Peter O. Kwiterovich, Jr., M.D., Associate Professor of Pediatrics, Johns Hopkins Hospital, Baltimore; Fred H. Mattson, Ph.D., University of California Medical Center, San Diego; Gustav Schonfeld, M.D., Washington University School of Medicine, St. Louis; and William H. Weidman, M.D., Mayo Clinic, Rochester, Minnesota.

(A copy of the report is attached).