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July 3, 1980

Bonnie F. Liebman, M.S.
Staff Nutritionist
Center for Science in the Public Interest
1755 S Street NW
Washington, DC 20009

Dear Bonnie:


Just a quick note before digesting all your hypertension material. You might get a better response, from those of us who prefer to compose our own letters to medical journals, by not requiring signatories but requesting a statement of general agreement with the public health content of the message, which I do.

I have suggested some wording changes more "acceptable" in scientific discourses.

You would do well to define hypertension in precise figures so that the reader can be sure your referenced sources are consistent and accurate.

Generally, it would be better to deal with incidence figures (which are hard to come by, but there are some from Evans Co. and Framingham) rather than prevalence of hypertension in survivors over age 65 as a basis for your estimates. I guess off hand I think your extrapolation that half the population is at risk to develop hypertension (based on prevalence at later ages) is also a bit "false and misleading", (though less in error than others) by assuming that all the population lives to age 80. This gives maximal potential therefore of developing the condition where an average is needed. Better yet in these issues it is preferred to deal with age specific incidence, ie. events over exposure over time. Then you could add them up to get the population exposed.

Cordially,


Henry Blackburn, M.D.
Professor and Director

P.S. Reference to hypertension incidence:
Tyroler, H.A., In Epidemiology and Control of Hypertension (O. Paul, Editor) Stratton, New York, 1975.

HB:cr

HEALTH SCIENCES

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June 18, 1980

Return of this.

Editor
The New England Journal of Medicine
10 Shattuck Street
Boston, Massachusetts 02115

Dear Editor:

Some in
probably of
The medical community and health policy makers are acting on the basis of ~~misinformation~~ *maybe* false information regarding the number of Americans at risk to develop high blood pressure. The American Academy of Pediatrics (1), the Food and Nutrition Board of the National Academy of Sciences (2-4), the Select Committee on GRAS Substances (5), the Council for Agricultural Science and Technology (6), the Institute of Food Technologists' Expert Panel on Food Safety and Nutrition (7), The Harvard Medical School Letter (8), The Medical Letter (9), and others have stated that 10-20% of the population is susceptible to hypertension. While 10-20% is a significant underestimate of the ~~true proportion~~ *maybe* ~~number with hypertension at a given point in time~~ *of the* ~~population is at risk to develop hypertension.~~ *of the*

at one time (prevalence)
By ages 65-80, three out of every four ~~Americans~~ *defined* have high blood pressure (11). Roughly one-third of these cases are isolated systolic hypertension, which is related to atherosclerosis; the remaining two-thirds are essential hypertension (12). Thus, three-fourths of all Americans will develop some form of hypertension and one-half of all Americans will develop essential hypertension at some point in their lives.

primary
That the number of Americans at risk to develop hypertension is far greater than ~~most~~ *many* authorities now claim has tremendous implications for public health policy. ~~Several~~ *many* organizations listed above cite the ~~incorrect~~ *underestimate* to argue that detection and treatment programs are more appropriate than primary preventive measures, ~~such as reducing sodium consumption.~~ *primary* For instance, The Medical Letter has said, "More than 80% of people in the USA do not become hypertensive despite lifelong consumption of a high sodium diet; this large majority would probably gain nothing from giving up pretzels and pickles. The minority who are destined to become hypertensive might benefit from reducing their dietary intake of sodium."
Good point.

primary
The Medical Letter is correct in recommending that individuals who are destined to become hypertensive should avoid salt and high sodium foods. However, since those individuals are far from a minority, it is logical from a public health perspective to recommend reduced sodium consumption for the entire population.

*Since susceptibles in Paris
Some cannot now be effectively
identified, & since salt restriction
is safe,*

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Editor

The New England Journal of Medicine

June 18, 1980

Given the staggering human and economic costs of a life-threatening disease that ultimately afflicts three out of every four people, a risk-free preventive strategy calling for reduced dietary sodium should no longer be opposed, especially on the basis of false information.

Sincerely yours,

Michael Jacobson, Ph.D.
Executive Director

Bonnie F. Liebman, M.S.
Staff Nutritionist

Attachment