Corres - Billeimer



## UNIVERSITY OF MINNESOTA TWIN CITIES

November 11, 1981

Laboratory of Physiological Hygiene School of Public Health Stadium Gate 27 611 Beacon Street S.E. Minneapolis, Minnesota 55455

David Woodrow Bilheimer, M.D. Department of Internal Medicine Southwestern Medical School 5323 Harry Hines Boulevard Dallas, TX 75235

Dear David:

I appreciated your comments on my halting attempts to resolve the issues between nature and nurture, individual variation versus environmental influence on blood lipids and atherosclerosis. Sometimes I think I am getting there and then there are suddenly emotional outbursts such as occurred in a bar in Dallas at our last meeting, which is distressing. If reasonable and intelligent people have so much trouble communicating, the world is in sad shape as far as communicating to the profession generally and the public.

Obviously those of us dealing with population problems need to know more about sources of individual variation and response, but it is frustrating when those who are so skilled in the genetics of disease show no evidence whatever of understanding, or wanting to understand, the mass influence of culture and environment, on top of whatever distribution of susceptibility there may be in the population.

The observational evidence is that if our relative mass hyperlipidemia were reduced then there would indeed be minimal expression of atherosclerosis in populations, notwithstanding obvious monogenic defects and other individual cases. The mass phenomenon would, I expect, disappear. The controlled experiment to demonstrate this is infeasible.

The basic issue is whether a 5 to 10 percent change in population values is feasible by what we all consider to be reasonable changes in mass eating patterns and whether this is enough to do the trick in disease rates. That will never be answered in any pure form because so many things are changing at once, and apparently in the right direction, with regard to control of hypertension, reduction in cigarette smoking in middle-aged susceptibles, and apparent mean lowering of population values of LDL. But our task is to recommend how best to approach optimal population values for blood lipids and I am delighted the committee is addressing the issue.

At any rate, the enclosed three publications contain the arguments. I would be very happy to have your criticism of them. The older reprint takes up the issue of how to measure and assess cholesterol change. The Houston Conference from 1979 summarizes the population evidence about diet and the 1980 textbook chapter throws in what I regard to be the salient issues from an epidemiological and population view.

You might want to chat with Scott whether any parts of these would be useful for the committee to read or to be involved in our reports.

Cordia/ly,

Henry Blackburn, M.D. Professor and Director

HB:1r

enclosures

pc: Scott Grundy

bpc: R. Kwiterovich

## enclosures:

- 1. H. Blackburn, "Diet-Lipid-Atherosclerosis Relationship: Epidemiological Evidence and Public Health Implications" IN Atherosclerosis V, 1980.
- 2. Blackburn & Gillum, Ch. 38, "Heart Disease" in Public Health & Preventive Medicine, 11th ed., 1980.
- 3. Blackburn, "Coronary Risk Factors. How to Evaluate & Manage Them." Eur. J. Cardiol.2/3:249-283, 1975.

comes - Bilheimer

## THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT DALLAS

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December 4, 1981

Henry Blackburn, M.D.
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corresp.

Dear Henry:

Thank you for sending me copies of your recent articles about risk factor prevention. I will give copies to Scott Grundy and suggest to him that they be circulated to the members of the AHA Nutrition Committee.

In your covering letter you sounded discouraged with your progress in getting non-epidemiologists to understand your point of view about risk factor modification. In general, I think this problem stems partly from the ambiguous use of language and partly from the failure of individuals dealing with "hard sciences" to understand the strengths, weaknesses and expected yields from epidemiological data. I actually think the problem is less acute than it was 5 or 10 years ago. In any case, whatever insight I have into the field of epidemiology of cardiovascular disease was greatly aided by reading your papers. I have always found them clearly written, thoughtful, well-reasoned and balanced in their treatment of this subject matter. So please carry on.

Best wishes for the holidays.

Sincerely,

Doro

David W. Bilheimer, M.D. Associate Professor of Internal Medicine

DWB:clt