

87-0-06
April 12, 1974

Dr. James Lowe
Public Relations Division
American Heart Association
44 East 23rd Street
New York, New York 10010

Dear Jim:

Enclosed are some source comments for an AHA Policy on
Rosenman-Friedman's claims.

Cordially,

Henry Blackburn, M.D.
Professor and Director

HB:jp
cc: R. Hess
D. Chianchiano

The hypothesis of Rosenman and Friedman, and others, that a specific behavior pattern plays a significant role in causing heart attacks is an interesting one and requires confirmation and exploration. Their measurement of this pattern is a subjective interview which requires prolonged training at their clinic and is neither a precise nor highly reliable medical technique. Their work has not yet been confirmed by others in terms of prior behavior classification and follow-up among subjects free of clinical coronary disease. Their method is not readily adapted to use in other cultures than the U.S.

So their overall claim of a role of a specific behavior pattern is unconfirmed by acceptable follow-up studies.

Examining their data it appears that there is some independent prediction, in the Western U.S. industrial populations studied, of behavior A as classified in their hands. This is a statistical trend and has not been presented in all the ways desired. In other words, just how many more cases were successfully predicted over and above the risk predicted by the multiple primary risk factors? In other words, does the statistical trend really make an important or sizeable contribution to prognosis? *This is not given.*

Finally, the public health contribution of this undocumented "discovery" remains speculative. Assuming we can measure behavior, what is the evidence we can modify it? Assuming we can modify it, what is the evidence this reduces the risk of CHD? Here we have the most serious problem, particularly now that R-F have "gone public" in a big way. There is no evidence, and their hypothesis is, in the practical sense, untestable. Why? Because one can't intervene on behavior alone and there would have to be a trial involving the usual AHA recommended prudent diet, plus stopping smoking, controlling blood pressure and with the addition of some specific behavior modification, not yet established.

So, in essence, the community is faced with a series of bold claims which cannot be tested. As G. Stein said, "a difference, to be a difference, must make a difference." And that we can't find out. Little is more popular or more worthless than untestable hypotheses.

Now to their specific claims and viewpoints in the book.

Other than much braggodocio, promises, obduracy and emotional language, inappropriate in medical scientific matters, we have a series of undocumented claims which are simple nonsense or misrepresentation, or even misunderstanding of their own data.

Page 29: "As matters now stand, of a hundred patients having their first heart attack in 1974, 50 will have a second one before 1979 arrives. And this is really a ridiculous sort of tragedy, because it is so readily preventable." The scientific community, the AHA and the nation would love to see the evidence for this great optimism. There is none, only some leads now being tested and which have nothing to do with type A behavior, i.e., MRFIT, HDFF, LRC.

Page 46: "What we are saying, really, is that because of our dietary and behavior habits, the majority of American men and women possess a serum cholesterol that is too high." The AHA agrees that as a nation our blood lipids are too high. The contribution of behavior and the nervous system to this is an interesting hypothesis, again one not established.

Page 47: The authors are unaware apparently of the mathematically demonstrated and relatively more powerful influence of saturated fatty acids in elevating serum cholesterol than dietary cholesterol or starches in their statements about diet effects.

Page 48: "If your own cholesterol is too high, chances are good that you also have this behavior pattern and that it is playing a major role in

sustaining your hypercholesterolemia. Unfortunately, this state of affairs is commonly unrecognized." We agree, and for good reason; there is no evidence to support the idea. Particularly the Finns would be interested, they, the highest cholesterol, highest coronary peoples on earth, are hardly all Type A's, but they do eat the highest saturated fat diets!

Page 115: The authors, in their bitter attack against "the epidemiologists", and the NHLI, who have contributed most of the firm data about coronary risk factors, fail to comprehend that all major methodologies, clinical, laboratory and population studies, are needed to paint the full picture ^{in to} and understand human diseases. Their attack is naive as well as petulant.

Page 242: The authors state here and frequently that Type A behavior is "the major cause of [their] disease." This is an unproven and unnecessary conviction. The AHA recognizes the multiplicity of demonstrated influences on the risk of heart attack. It is inappropriate, based on R-F or anyone else's data, to single out one factor as the major cause. For one person it may be his bad heredity, for another his heavy smoking. For a whole nation it may be a habitual highly saturated fat diet, but all interact in different proportions.

Page 249: The authors threaten ^{, unprofessionally,} those who do not heed their unsupported advice: "Unfortunately, however, if you do not attempt to alter your behavior pattern, you may be facing a perilous future....."

Page 250: They make ^Yrapid unsupported promises for the future which directly encourage people to decide on their own to seek and undergo coronary surgery:

"In our opinion, as time passes these operations will be found to lower the coronary mortality rate. We would be almost positive (my italics) of this if the patient continued to alter their Type A Behavior Pattern (always

in capital letters) and to refrain from smoking"(authors' italics).

Page 258: They practice pure folk medicine:

"You might remember, however, that the very worst and most dangerous time for the sexual relationship is one to three hours after a meal that was heavy with food and drink, particularly wines" (my italics).

Their claims are often gross misrepresentations:

Flyer cover: "Friedman and Rosenman have been able to show that more than 90% of these heart attack victims are Type A's." "There seems little doubt that Type A behavior is, in fact, the No. 1 cause of heart disease."

Page 259: And the cruelest, baldest, unfounded distortion of all:

"Even if you never touch a cholesterol-containing food again in your life, or smoke another cigarette, and manage to exercise several hours a day, but leave your Type A Behavior Pattern unchanged, your chances of getting a second heart attack are about the same as a coronary patient who has not changed his dietary, smoking, or exercise habits."

The AHA supports scientific research on the role of behavior, stress, personality and the way of life on the frequency of heart attacks and risk factors. It decries unfounded "convictions which may be more damaging to the truth than lies" (Nietzsche).