Correspondence

Letters to the Editor must not exceed 400 words in length and must be limited to three authors and five references. They should not have tables or figures and should relate solely to an article published in Circulation within the preceding 12 weeks. Authors of letters selected for publication will receive prepublication proofs, and authors of the article cited in the letter will be invited to reply. Replies must be signed by all authors listed in the original publication. Please submit three typewritten, double-spaced copies of the letter to Herbert L. Fred, MD, % the Circulation Editorial Office. Letters will not be returned.

Sugars and Cardiovascular Disease

To the Editor:

American Heart Association (AHA) scientific statements have rightfully become fundamental resources for medical professionals who are deciphering the multifaceted amalgam of the cardiovascular disease state. This real-world reality makes the lack of precision throughout the recently published AHA Scientific Statement “Sugars and Cardiovascular Disease: A Statement for Healthcare Professionals From the Committee on Nutrition of the Council on Nutrition, Physical Activity, and Metabolism of the American Heart Association”1 noteworthy. Any standard less than unconditional impartial analysis has the grave danger of not only destroying the trust of the professionals relying on AHA-endorsed comprehensive reviews, but also degrading the integrity of the organization issuing them.

The authors’ lack of critical analysis in their treatment of carbohydrate definitions simply adds to the confusion. Descriptors like simple, complex, and extrinsic are nutritionally meaningless.2

Carbohydrates are groups of discrete, individual components. Therefore carbohydrates, including sugars, is the correct language, and should have been used throughout the AHA statement1 except when a distinct ingredient like lactose is cited. The word “sugar” should have been restricted to sucrose, and sucrose alone.

Lack of critical analysis was continued by the authors’ mistreatment of consumption. The cited disappearance data are economic numbers that reflect nothing more than the total amount of all caloric sweeteners available for all uses. Documented food losses3 show why economic supply data can never equal human consumption. Reporting economic supply numbers as human intake is as erroneous as equating gross salary (total available supply) and take-home pay (actual intake).

No source is cited for the assertion4 that “[s]ugar (simple carbohydrate) intake averages 25% of total energy intake.” Review of the total body of published literature would have shown that the intake of all caloric sweeteners is estimated to be slightly below 16% of energy intake, a considerable discrepancy. This intake level includes all of the so-called “added sugars,” not just sucrose, as implied by the authors.

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Response

We have carefully considered Dr Baker’s expressions of concern for our article “Sugars and Cardiovascular Disease: A Statement for Healthcare Professionals From the Committee on Nutrition of the Council on Nutrition, Physical Activity, and Metabolism of the American Heart Association.”1 With regard to our use of terms, our article began with a section on definitions to address “sometimes confusing terms used in the literature.” We specifically stated that “extrinsic or added sugar refers to sucrose or other refined sugars in soft drinks and incorporated into foods, fruit drinks, and other beverages.” Our definition of the term sugar was clearly provided and is consistent with the terminology used in numerous textbooks of biochemistry and nutrition.

We acknowledge that the estimate that sugar comprises 25% of energy intake may be confusing, and that the estimate does include both naturally occurring and added sugar. No reference was included for the sentence on estimated intake because the information was from the United States Department of Agriculture (USDA) Economic Research Service source that was cited in the preceding sentence.2 Although one can debate the best source of dietary data, the USDA Economic Research Service has also found that the annual per capita consumption of caloric sweeteners (dry weight basis), mainly sucrose (ie, table sugar made from cane and beets) and corn sweeteners (ie, high-fructose corn syrup) has increased by 34 pounds, or 28% between 1982 and 1997.3 Our point is that whatever the exact figure, the consumption is too high and continues to increase.

Because Dr Baker is employed by the Sugar Association, we are concerned that his assertions are in response to the sugar industry’s internet posting of 2000 that urged lobbying of congress, governors, the USDA, and Health and Human Services in response to the 2000 Dietary Guidelines, asserting that “these guidelines as they are now expressed, driven by the enormous planned public campaign to generate consumer compliance, will drastically reduce demand for sugar over the next three to five years.”4,5 Should that demand decrease, we believe it will be accompanied by improvement in overall nutrition and amelioration of the increasing rate of obesity in the United States.

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Sugars and Cardiovascular Disease
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