Correspondence

Letter by Katz Regarding Article, “Television Viewing Time and Mortality: The Australian Diabetes, Obesity and Lifestyle Study (AusDiab)”

To the Editor:

I read with great interest the recent study by Dunstan and colleagues1 purportedly demonstrating that prolonged television viewing increased the risk of all-cause and cardiovascular mortality “independent of traditional risk factors such as smoking, blood pressure, cholesterol, and diet, as well as leisure-time exercise and waist circumference.”

With only a single baseline measurement of diet and exercise, coupled with their findings that television viewing time is associated with a plethora of adverse health indices in a dose-response manner (demonstrated by the baseline characteristics of the study population in their initial table), it would appear that residual confounding (specifically from the widely accepted risk factors of decreased exercise and adverse dietary practices that have been associated consistently with television viewing) would be a more plausible explanation for their findings than imputing “sitting time” as a novel independent risk factor.

The authors are correct in noting that any misclassification of the main independent variable (television viewing) would most likely be nondifferential and hence bias the results toward the null. However, misclassification or incomplete measurement (and hence incomplete adjustment) of potential confounding variables could lead to an observed indirect (noncausal) association related to the effect of the confounder(s) rather than the independent variable under study.2 I agree with the authors that reducing television time is good public health policy but believe it is premature to add time “sitting” to the list of independent cardiovascular risk factors.

Disclosures

None.

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References


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