



## Council for Responsible Nutrition

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Re: Micronutrient Supplementation to Reduce Cardiovascular Risk

Dear Ms. Brown, Dr. Jessup and Dr. Sanchez:

Last month, I contacted you regarding the American Heart Association's role in promoting the reported outcomes of the newly released "Supplements, Placebo, or Rosuvastatin" (SPORT) study that provides misleading advice to healthcare practitioners and the public about the potential benefits of dietary supplements for cardiovascular health. See <https://newsroom.heart.org/news/6-common-heart-health-supplements-ineffective-at-lowering-cholesterol-compared-to-statins?preview=1c2c>. I had sincerely hoped that this correspondence might have opened a further conversation between our organizations about the roles our respective organizations can play in disseminating unbiased information for better cardiovascular health of Americans.

Unfortunately, I have not received a response. However, since that time, new research has been published that may be of interest to you as well. So I wanted to be sure you are aware of a study published in the *Journal of the American College of Cardiology* entitled "Micronutrient Supplementation to Reduce Cardiovascular Risk." See <https://www.jacc.org/doi/abs/10.1016/j.jacc.2022.09.048>. This research purports to be a "comprehensive and most up-to-date evidence-based map that systematically quantifies the impact of micronutrients on CVD outcomes." Among the conclusions drawn from the 256 meta-analyses of 884 randomized controlled trials are these:

- "Supplementation of some but not all micronutrients may benefit cardiometabolic health outcomes in diverse populations."
- For high-risk individuals, supplementation of n-3 fatty acid and folic acid seemed to have significant benefits for reducing both CVD risk factors and CVD risks."
- "Consistent with previous reports linking folic acid supplementation to decreased stroke and total CVD risk in high-risk populations, the current meta-analysis also indicated that folic acid supplementation improved blood pressure, blood lipids, and blood glucose and reduced MI risk in diverse populations."

It would seem there is indeed high-quality research that demonstrates the cardiovascular benefits of particular supplement regimens. So I would invite you to reconsider the advice provided in your earlier

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press release that dismisses entirely the cardiovascular benefits of specific dietary supplement regimens.<sup>1</sup>

Further, I would like to renew my invitation to you to have a constructive dialogue about the proper role of dietary supplements in heart health. As acknowledged in my earlier letter, these approaches to heart health are unlikely to act with the rapidity or intensity of certain pharmaceuticals—nor should they. But they can play a beneficial role for consumers who are looking for more holistic measures or who cannot or choose not to begin a drug regimen.

In addition to medications and medical treatment, a balanced diet, regular exercise, supplementation, and other healthy habits can contribute to good health. If individuals are hesitant to take statins, rather than outright dismissing their concerns, physicians should encourage an open dialogue with their patients, educate them about the roles that prescription drugs and dietary supplements can play in heart health, and develop a plan both the patient and healthcare provider are comfortable with to achieve their shared goal of better health.

I welcome the opportunity to discuss this with you further.

Sincerely yours



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<sup>1</sup> From AHA's Nov. 6, 2022 press release: "According to a 2020 market research analysis, Americans spend an estimated \$50 billion on dietary supplements annually, and many are marketed for 'heart protection' or 'cholesterol management'. Yet there is minimal-to-no research demonstrating these benefits," said study author Luke J. Laffin, M.D.,..." <https://newsroom.heart.org/news/6-common-heart-health-supplements-ineffective-at-lowering-cholesterol-compared-to-statins?preview=1c2c>.