



Accountability in Research Policies and Quality Assurance

ISSN: 0898-9621 (Print) 1545-5815 (Online) Journal homepage: <http://www.tandfonline.com/loi/gacr20>

Sugar Industry Science and Heart Disease

Sheldon Krimsky Ph.D.

To cite this article: Sheldon Krimsky Ph.D. (2017) Sugar Industry Science and Heart Disease, *Accountability in Research*, 24:2, 124-125, DOI: [10.1080/08989621.2016.1244767](https://doi.org/10.1080/08989621.2016.1244767)

To link to this article: <http://dx.doi.org/10.1080/08989621.2016.1244767>



Accepted author version posted online: 07 Oct 2016.
Published online: 07 Oct 2016.



Submit your article to this journal [↗](#)



Article views: 49



View related articles [↗](#)



View Crossmark data [↗](#)

Full Terms & Conditions of access and use can be found at
<http://www.tandfonline.com/action/journalInformation?journalCode=gacr20>



COMMENTARY

Sugar Industry Science and Heart Disease

Sheldon Krimsky, Ph.D.

Department of Urban and Environmental Policy and Planning, Tufts University, Medford, Massachusetts, USA

Historical documents stored away in library archives can be a trove of information about the role that science has played in public health. Similarly, litigation discovery documents have been a valuable source of knowledge about corporate influence in scientific studies. David Rosner of Columbia University and Gerald Markowitz of John Jay University co-authored *Lead Wars* benefiting from discovery documents obtained in litigation of lead paint companies. The book detailed the ways that these companies kept lead on the market by influencing scientific studies. Others have written about how tobacco companies funded rogue research centers that produced studies debunking the connection between cigarettes and lung cancer.

In a recent study published in *JAMA Internal Medicine*, Stanton Glantz and colleagues at the University of California at San Francisco explored the archives that contained letters of scientists who studied the causes of heart disease. (Kearns, Schmidt, and Glantz 2016) What they learned from the University of Illinois Archives and documents at the Harvard Medical Library was that the Sugar Research Foundation funded studies that downplayed, ignored, or discredited research that found sugar was a contributor to heart disease. Researchers were paid handsomely to critique studies that found sucrose makes an inordinate contribution to fat metabolism and heart disease leaving only the theory that dietary fat and cholesterol was the primary contributor.

An influential review appeared in the *New England Journal of Medicine* (*NEJM*) in 1967 titled “Dietary fats, carbohydrates and atherosclerotic vascular disease.” The authors wrote: “Since diets low in fat and high in sugar are rarely taken, we conclude that the practical significance of differences in dietary carbohydrate is minimal in comparison to those related to dietary fat and cholesterol” (McGandy, Hegsted, and Stare 1967). The authors did not mention that they were paid by the Nutrition Foundation (funded by the sugar industry) for the review. They did acknowledge as follows:

The researches referred to in this review that have come from the authors’ laboratories have been supported in part by the John A. Hartford Memorial Fund, various grants from the National Institutes of Health, the Nutrition Foundation, Incorporated, the Special Dairy Industry Board and the Fund for Research and Teaching, Department of Nutrition, Harvard School of Public Health. (McGandy, Hegsted, and Stare 1967)

So, the reader is left with the understanding that the authors' research mentioned in the review may have, in part, been funded by the Nutrition Foundation, but nothing is said about the review itself.

It was not until 1984 that the *NEJM* first made it a requirement for authors to disclose any financial conflicts of interest they may have with a submitted article. Since that time, the “funding effect”—corporate funding of research tends to produce results that favor the financial interests of the funder—has been well established (Krimsky 2010). The leading journals have adopted disclosure policies for financial conflicts of interest. Transparency of financial conflicts of interest, however, does not eliminate bias; it does warn the reader that there may be bias.

Review articles and Clinical Practice Guidelines in medicine are very influential in shaping opinions of the public health community and clinicians. In the case of the role of sugar in heart disease, corporate influence in the science could have contributed to discrediting the study of fat in cardiovascular disease. Marion Nestle, New York University (NYU) nutritionist wrote as follows: “The documents leave little doubt that the intent of the industry-funded review was to reach a foregone conclusion. The investigators knew what the funder expected, and produced it” (Nestle 2016).

The historical research on the sugar industry's influence on research is a wake-up call that this could be happening in other fields such as chemical toxicology, climate science, genetically engineered crops, and drug safety. Preventing scientists with substantial financial conflicts of interest from authoring review articles and clinical guidelines, and from serving on influential advisory committees should be the goal.

References

- Kearns, C. E., L. A. Schmidt, and S. A. Glantz. 2016, September 12. Sugar industry and coronary heart disease research. An internal analysis of internal industry documents. *JAMA Internal Medicine*. (online). doi: [10.1001/jamainternmed.2016.5394](https://doi.org/10.1001/jamainternmed.2016.5394).
- Krimsky, S. 2010. Combating the funding effect in science: What's beyond transparency? *Stanford Law & Policy Review* 21:101–23.
- McGandy, R. B., D. M. Hegsted, and J. F. Stare. 1967. Dietary fats, carbohydrates and atherosclerotic vascular disease. *NEJM* 277(5):242–47. doi:[10.1056/NEJM196708032770505](https://doi.org/10.1056/NEJM196708032770505).
- Nestle, M. 2016, September 12. Food industry funding of nutrition research. The relevance of history for current debates. *JAMA Internal Medicine*. (online). doi: [10.1001/jamainternmed.2016.5400](https://doi.org/10.1001/jamainternmed.2016.5400).