

Plummeting Deaths From Heart Disease in United States (1988-2018) Reflect Rise in Use of Dietary Supplements?

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A [new study](#) describes how, despite deaths from heart disease plummeting in the United States over the past three decades, the benefits have mostly been seen in people with higher incomes. Among those with lower incomes, heart attack rates have either stayed the same or worsened. This pattern reflects America's use of dietary supplements over the same period. While the number of Americans taking supplements has increased dramatically during the past thirty years, people with higher incomes remain far more likely to use them than those with lower incomes. Following the groundbreaking discovery by Dr. Matthias Rath that deficiencies of vitamin C and other nutrients are the primary cause of heart disease, it is time for the protective benefits of dietary supplements to be extended to everyone regardless of economic status.

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Trends in Income Inequities in Cardiovascular Health Among US Adults, 1988–2018

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Abstract

BACKGROUND:

Mean cardiovascular health has improved over the past several decades in the United States, but it is unclear whether the benefit is shared equitably. This study examined 30-year trends in cardiovascular health using a suite of income equity metrics to provide a comprehensive picture of cardiovascular income equity.

METHODS:

The study evaluated data from the 1988–2018 National Health and Nutrition Examination Survey. Survey groupings were stratified by poverty-to-income ratio (PIR) category, and the mean predicted 10-year risk of a major cardiovascular event or death based on the pooled cohort equations (PCE) was calculated (10-year PCE risk). Equity metrics including the relative and absolute concentration indices and the achievement index—metrics that assess both the prevalence and the distribution of a health measure across different socioeconomic categories—were calculated.

RESULTS:

A total of 26 633 participants aged 40 to 75 years were included (mean age, 53.0–55.5 years; women, 51.9%–53.0%). From 1988–1994 to 2015–2018, the mean 10-year PCE risk improved from 7.8% to 6.4% ($P<0.05$). The improvement was limited to the 2 highest income categories (10-year PCE risk for PIR 5: 7.7%–5.1%, $P<0.05$; PIR 3–4.99: 7.6%–6.1%, $P<0.05$). The 10-year PCE risk for the lowest income category (PIR <1) did not significantly change (8.1%–8.7%). In 1988–1994, the 10-year PCE risk for PIR <1 was 6% higher than PIR 5; by 2015–2018, this relative inequity increased to 70% ($P<0.05$). When using metrics that account for all income categories, the achievement index improved (8.0%–7.1%, $P<0.05$); however, the achievement index was consistently higher than the mean 10-year PCE risk, indicating the poor persistently had a greater share of adverse health.

Published in the *Circulation: Cardiovascular Quality and Outcomes* journal, the study examines data from national surveys involving 26,633 Americans aged between 40 and 75 years old. Overall, the trends show a clear improvement in heart disease between 1988 and 2018. But when the study participants' economic status is taken into account, it becomes apparent that this progress was not experienced equally across all income groups. While the 10-year cardiovascular risk fell from 7.7 percent to 5.1 percent for people in the highest income group, and from 7.6 percent to 6.1 percent for those in the second-wealthiest group, the risk for people with the lowest incomes remained at more than 8 percent.

The pattern of improvement in cardiovascular health among Americans mirrors their increasing use of dietary supplements over the same period. Data from the National Center for Health Statistics (NCHS) shows that the percentage of the country's population who used at least one dietary supplement increased from [42 percent in 1988-1994](#) to 53 percent in 2003-2006. By 2018 consumer surveys indicate that [75 percent of American adults](#) were taking them. Notably, however, mirroring the finding that the country's least-wealthiest people continue to have the greatest cardiovascular risk, [socioeconomic analysis](#) shows that adults with lower incomes are significantly less likely to use dietary supplements than those with higher incomes.

The End of Heart Disease Is Now Possible

The association between dietary supplements and the prevention of heart disease is not

merely statistical. Beginning in the late 1980s, Dr. Matthias Rath published a succession of [groundbreaking scientific papers](#) describing the role of vitamin C and other nutrients in preventing heart attacks, strokes, and other cardiovascular problems. These publications included, in 1991, a [landmark paper](#) coauthored with two-time Nobel prizewinner Linus Pauling in which Dr. Rath presented the solution to the puzzle of heart disease and explained how its primary cause is vitamin C deficiency. The publication of these papers contributed to an explosion of interest in dietary supplements in the United States. This ultimately led to the passing of the [Dietary Supplement Health and Education Act](#) (DSHEA) in 1994, legislation guaranteeing free access to vitamins and other supplementary nutrients for all Americans.

By 2015, when the Dr. Rath Research Institute published a study proving that [atherosclerosis is an early form of scurvy](#), the clinical syndrome resulting from vitamin C deficiency, it had become clear that the end of heart disease was now possible. Two years later, a review published in the *Pharmaceutical Journal* – a publication of Britain’s Royal Pharmaceutical Society – added fuel to the scientific fire by confirming that the [cholesterol theory of heart disease was now “dead”](#). Pointing out that the lives of heart attack survivors participating in pharma-sponsored statin trials had been shown to be extended by an average of just 4 days, the authors stated that there was an “ethical and moral imperative” for the potential harms of these drugs to be discussed.

With three-quarters of all American adults using dietary supplements, and deaths from heart disease consequently plummeting, the cardiovascular benefits of dietary supplementation should now be extended to everyone regardless of economic status. Otherwise, the way things are headed, the American Heart Association projects that by 2035 the [annual cost](#) of the cardiovascular epidemic to the United States will exceed \$1 trillion. It is therefore time for a radical change of approach. As the old saying goes, one sure sign of madness is doing the same thing repeatedly and expecting a different result.

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