

The Need to Actually Measure What We're Talking about before We Put it All Together

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Letter to Editor

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Abbreviations: DASH: Dietary Approaches to Stop Hypertension; CAD: Coronary Artery Disease.

Letter to Editor

Efforts to improve the quality of health care provided to patients have raised the question of a "Big Data World" [1]. While the authors considered many of the pros and cons of this data collection, and it is easy to perceive possible benefits from the accumulation of large amounts of data, it is also quit possible that the inclusion of potentially flawed data can yield harmful unintended consequences.

Recently representatives for a variety of diet groups met in Washington, D.C. to talk about the upcoming USDA dietary guidelines. For literally decades researchers have been publishing papers comparing different diets, explaining how one is superior to another. A variety of low carbohydrate diets including Carnivore, LCHF, KETO and Atkins have pitted themselves against lower fat Pritikin, Ornish, and American Heart Association diets. All compared against Mediterranean and DASH diets. Based upon the fervor of presentations it is impossible to understand how such opposing propositions could possibly all be right.

Nonetheless each of the presenters tried to convince the USDA that they and they alone were correct. While the science was glossed over in favor of statements supporting their positions, the polarization of those

attending could not have been greater. Such is the state of the science or actually lack thereof, which currently exists.

A review of the decades of published research reveals that the focus has been on weight loss and changes in measureable blood tests. However, the only study published looking at how changes in weight and blood tests correlate with changes in coronary artery disease (CAD) revealed there was absolutely no meaningful correlation [2]. It turns out changes in lipid and inflammatory markers do not tell you if your heart disease is getting better or worse.

If we are to be considered serious about improving the quality of patient healthcare, we will need to do more than merely amass the electronic records of countless numbers of patients. We will need to make certain that what we are collecting is accurate and to do that we will first need to measure the actual impact these diets have on our overall health, including a tête-à-tête comparison where we measure the effect these diets have upon CAD [3]. Until we do that, we run the risk of incorporating erroneous, potentially harmful data into our *Big Data World* collection.

Conflicts of Interest: FMTVDM patent was issued to primary author.

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