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July 20, 2020

USPSTF Coordinator
c/o USPSTF
5600 Fishers Lane
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Rockville, MD 20857

Reference: Draft Recommendation Statement and Draft Evidence Review: Screening for Hypertension in Adults

Dear USPSTF Coordinator,

The Academy of Nutrition and Dietetics (the "Academy") appreciates the opportunity to submit these comments to the United States Preventive Services Task Force relative to its June 23, 2020 *Draft Recommendation Statement and Draft Evidence Review: Screening for Hypertension in Adults*. Representing more than 107,000 registered dietitian nutritionists (RDNs),[1] nutrition and dietetics practitioners, registered, and advanced-degree nutritionists, the Academy is the largest association of food and nutrition professionals in the world and is committed to a vision of the world where all people thrive through the transformative power of food and nutrition and related support systems. Every day our members provide nutrition-focused preventive care and medical nutrition therapy for patients in multiple settings, including private practice and clinical facilities.

The Academy supports the Draft Recommendation Statement and Evidence Review with modifications to enhance the document's utility, including increased focus on referrals for evidence-based nutrition services and specifying populations in research gaps. We offer the below comments and suggestions to improve practice and patient outcomes.

I. Question: Based on the evidence presented in this draft Recommendation Statement, do you believe that the USPSTF came to the right conclusions?

Somewhat; we believe the USPSTF came to the right conclusions in some ways but not in others.

II. Question: Please provide additional evidence or viewpoints that you think should have been considered.

The Academy reiterates the important, unaddressed point made in its comment to the 2018 Draft Research Plan seeking clarification of the agency's means of separating the benefits of 'screening alone' vs 'screening and intervention.' We note the primary research cited assigns the benefit observed with screening to the combination of screening and treatment, not screening alone. Given the paucity of evidence for screening alone, we respectfully suggest the agency

[1] The Academy approved the optional use of the credential "registered dietitian nutritionist (RDN)" by "registered dietitians (RDs)" to more accurately convey who they are and what they do as the nation's food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

consider adjusting the context of the Draft Recommendation Statement and Evidence Review toward the combination of screening and treatment.

III. Question: How could the USPSTF make this draft Recommendation Statement clearer?

While the "Practice Considerations" section briefly references treatment, screening without referral to appropriate treatment provides little overall clinical value and is not likely to enhance patient outcomes alone. Moreover, referral to *inappropriate* treatment could reduce patient outcomes or increase risks of side effects or adverse events. Thus, we recommend inclusion of additional content focused on the essential nature of referral to appropriate medical nutrition therapy provided by registered dietitian nutritionists or other qualified providers who are demonstrated as able to supply the patient with practical tools and resources to effectively and sustainably adjust their nutrition-related risk factors. Screening without such referral could result in premature application of pharmacotherapy.[2,3] Physician surveys document the lack of provider confidence and competence in providing nutrition guidance, as well as the lack of educational curriculum content to improve that situation.[4] And simply increasing the number of patients identified as hypertensive could result in increased adverse events.[5] Thus, the Academy respectfully notes its continuing concerns regarding the consequences of insufficient emphasis on treatment in this Draft Recommendation Statement and therefore, its utility for increasing appropriate, evidence-based referrals in the current context of relatively low referral frequency among primary providers.[6]

IV. Question: What information, if any, did you expect to find in this draft Recommendation Statement that was not included?

We agree with the specified research gap noting the need for "inclusion of diverse and underrepresented persons in all of the above studies is needed to determine optimal screening for all types of hypertension." Given the incidence and prevalence of hypertension and insufficient access to quality care in many, but not all, minority communities,[7] we agree the importance and relevance of the Draft Recommendation Statement could be significantly improved with additional research evidence relevant not only for African Americans, but also for

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[2] Barnard, ND. The Physician's Role in Nutrition-Related Disorders: From Bystander to Leader. Virtual Mentor. 2013;15(4):367-372. doi: 10.1001/virtualmentor.2013.15.4.oped1-1304.

[3] Bodai BI, Nakata TE, Wong WT, et al. Lifestyle medicine: A brief review of its dramatic impact on health and survival. Perm J 2018;22:17-025. DOI: https://doi.org/10.7812/TPP/17-025

[4] Blunt SB, Kafatos A. Clinical Nutrition Education of Doctors and Medical Students: Solving the Catch 22. Adv Nutr. 2019;10(2):345-350. doi:10.1093/advances/nmy082

[5] Bundy JD, Mills KT, He J. Comparison of the 2017 ACC/AHA Hypertension Guideline with Earlier Guidelines on Estimated Reductions in Cardiovascular Disease. Curr Hypertens Rep. 2019;21(10):76. Published 2019 Aug 31. doi:10.1007/s11906-019-0980-5

[6] Barnes PA, Weiss-Kennedy C, Schaefer S, Fogarty E, Thiagarajah K, Lohrmann DK. Perceived factors influencing hospital-based primary care clinic referrals to community health medical nutrition therapy: An exploratory study. J Interprof Care. 2018;32(2):224-227. doi:10.1080/13561820.2017.1405918

[7] Saeed A, Dixon DL, Yang E. Racial Disparities in Hypertension Prevalence and Management: A Crisis Control? American College of Cardiology, Latest in Cardiology Series. April 6, 2020. https://www.acc.org/latest-in-cardiology/articles/2020/04/06/08/53/racial-disparities-in-hypertension-prevalence-and-management Accessed July 18, 2020.

Latino/Hispanic communities, Asian-Americans, Pacific Islanders, Native Americans (including Alaska Natives and Native Hawaiians) and LGBTQ populations. We recommend specifying these populations in the "Research Needs and Gaps" section because grouping them together may minimize their individuality and the individuality of the influence of each of their unique cultures on hypertension risk factors. Additionally, given the importance of effective treatment to the utility of screening, the Draft Recommendation Statement could also reference the importance of language-specific and culturally appropriate care.[8,9]

V. Question: What resources or tools could the USPSTF provide that would make this Recommendation Statement more useful to you in its final form?

To improve access to effective medical nutrition therapy provided by registered dietitian nutritionists and thus maximize utility for both the patient and primary provider, the Recommendation Statement could include a link to the Academy's Find an Expert resource.

VI. Question: The USPSTF is committed to understanding the needs and perspectives of the public it serves. Please share any experiences that you think could further inform the USPSTF on this draft Recommendation Statement.

N/A

VII. Question: Do you have other comments on this draft Recommendation Statement?

N/A

The Academy appreciates your consideration of our comment for the *Draft Recommendation Statement and Draft Evidence Review: Screening for Hypertension in Adults*. Please contact either Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Mark Rifkin at 202-775-8277 ext. 6011 or by email at mrifkin@eatright.org with any questions or requests for additional information.

Sincerely,

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Mark E. Rifkin, MS, RDN
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[8] Butler M, McCreedy E, Schwer N, et al. Improving Cultural Competence to Reduce Health Disparities. Rockville (MD): Agency for Healthcare Research and Quality (US); 2016.

[9] Parsons S. Addressing Racial Biases in Medicine: A Review of the Literature, Critique, and Recommendations. Int J Health Serv. 2020;20731420940961. doi:10.1177/0020731420940961