

THIAMIN CONSUMPTION AND CARDIOVASCULAR COMPLAINTS

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A recent report (1) has indicated a positive correlation between carbohydrate consumption and some early characteristic, if not pathognomonic, findings suggestive of cardiovascular pathosis in relatively healthy individuals. Specifically, the older the subject and the greater the carbohydrate intake (particularly of refined carbohydrate foods), the greater the frequency of cardiovascular complaints.

Because of the known relationship of thiamin (vitamin B₁) to carbohydrate metabolism (2), this report is designed to relate vitamin B₁ intake to cardiovascular symptoms and signs.

MATERIAL AND METHODS

Seventy-four dental practitioners and their wives (members of the Southern Academy of Clinical Nutrition) participated in this study. The relevant raw data are listed in Table 1. The largest number of the subjects were in the fourth age decade (Table 2). Each participant completed the Cornell Medical Index Health Questionnaire (3). Thirteen of the questions (Table 3) deal with the cardiovascular system. Shown in Table 4 is the frequency distribution of affirmative response. In the majority of cases (41 of the 74) there were no positive findings. Affirmative answers, however, ranged up to a high of seven per individual. Each participant also submitted a seven-day dietary survey. Daily thiamin consumption was calculated from food tables (4). The daily thiamin intakes (milligrams) are summarized in Table 5. The largest proportion of subjects (21.6 per cent) consumed between 0.90 and 0.99 mg per day. The recommended allowance for thiamin is 0.4 mg per 1000 calories for all ages, with added allowances for pregnancy and lactation (5). When the caloric intake is less than 2000 per day, maintenance of the thiamin intake at 0.8 mg daily is suggested. Table 5 shows that 25.8 per cent of the subjects were consuming less than 0.8 mg per day. The daily total caloric intakes are summarized in Table 6. Ten of the 41 males (25 per cent) and 23 of the 33 females (70 per cent) were consuming less than 2000 calories per day.

RESULTS

The 74 subjects were divided into two equal subgroups so as to relate the mean number of cardiovascular complaints according to relatively low or

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TABLE 1
Relationship of Cardiovascular Complaints to Daily Thiamin Consumption

| Subject | Age & Sex | Thiamin (mg) | No. of Cardiovasc. Complaints | Subject | Age & Sex | Thiamin (mg) | No. of Cardiovasc. Complaints |
|---------|-----------|--------------|-------------------------------|---------|-----------|--------------|-------------------------------|
| 13018 | 33 M | 0.88 | 1 | 13074 | 25 F | 1.14 | 1 |
| 13019 | 32 F | 0.78 | 0 | 13075 | 47 F | 0.48 | 3 |
| 13022 | 37 M | 1.44 | 0 | 13076 | 49 M | 1.25 | 0 |
| 13025 | 37 F | 0.72 | 0 | 13083 | 41 F | 2.54 | 1 |
| 13026 | 32 M | 0.87 | 6 | 13084 | 38 M | 0.99 | 0 |
| 13027 | 32 F | 2.95 | 1 | 13089 | 27 F | 0.87 | 0 |
| 13028 | 40 M | 1.69 | 0 | 13090 | 35 M | 0.82 | 0 |
| 13029 | 34 M | 0.74 | 0 | 13097 | 43 M | 1.15 | 1 |
| 13030 | 33 F | 0.92 | 0 | 13099 | 42 F | 0.96 | 2 |
| 13033 | 36 F | 1.05 | 0 | 13100 | 41 M | 1.17 | 0 |
| 13034 | 36 M | 1.37 | 3 | 13105 | 43 M | 1.12 | 0 |
| 13035 | 40 M | 0.93 | 0 | 13106 | 45 F | 0.91 | 0 |
| 13036 | 38 F | 0.48 | 1 | 13108 | 33 F | 0.13 | 0 |
| 13039 | 41 M | 1.10 | 1 | 13109 | 36 M | 1.28 | 0 |
| 13042 | 32 F | 0.94 | 0 | 13115 | 55 F | 0.79 | 5 |
| 13044 | 30 M | 1.59 | 0 | 13116 | 56 M | 1.09 | 0 |
| 13047 | 44 F | 0.88 | 4 | 13121 | 33 F | 0.62 | 3 |
| 13048 | 47 M | 1.14 | 0 | 13122 | 32 M | 0.90 | 0 |
| 13051 | 41 M | 1.27 | 2 | 13123 | 32 F | 0.63 | 0 |
| 13052 | 38 F | 0.91 | 0 | 13124 | 34 M | 0.62 | 0 |
| 13053 | 41 M | 0.90 | 0 | 13128 | 48 F | 0.85 | 1 |
| 13054 | 47 F | 0.69 | 7 | 13129 | 48 M | 1.10 | 1 |
| 13055 | 48 M | 1.04 | 1 | 13132 | 39 M | 0.85 | 2 |
| 13056 | 34 M | 1.15 | 0 | 13133 | 36 F | 0.66 | 2 |
| 13057 | 23 F | 0.73 | 1 | 13140 | 37 M | 1.26 | 0 |
| 13059 | 33 M | 1.55 | 0 | 13144 | 40 F | 0.82 | 0 |
| 13060 | 32 F | 1.09 | 0 | 13145 | 40 M | 0.91 | 1 |
| 13062 | 46 M | 0.88 | 0 | 13147 | 41 F | 0.63 | 0 |
| 13063 | 39 M | 0.63 | 0 | 13148 | 44 M | 0.92 | 5 |
| 13064 | 32 F | 0.53 | 0 | 13150 | 42 M | 0.72 | 0 |
| 13065 | 39 F | 0.55 | 1 | 13151 | 34 F | 0.71 | 2 |
| 13066 | 50 M | 0.70 | 0 | 13152 | 36 M | 1.45 | 1 |
| 13067 | 30 F | 2.09 | 1 | 13153 | 40 M | 1.36 | 0 |
| 13068 | 37 M | 0.84 | 1 | 13154 | 40 F | 1.03 | 2 |
| 13071 | 49 F | 0.60 | 4 | 13158 | 32 M | 1.31 | 0 |
| 13072 | 48 M | 1.25 | 2 | 13159 | 31 F | 0.78 | 0 |
| 13073 | 35 M | 1.27 | 2 | 13160 | 34 M | 0.98 | 0 |

high thiamin consumption. One group of 37 persons consumed 0.13 to 0.91 mg of thiamin per day. The remaining group of 37 persons consumed 0.92 to 2.95 mg per day. Table 7 shows that, on a mean basis for the entire sample, subjects consuming the *lesser* amount of thiamin had *more* cardiovascular complaints (1.2) than subjects in the higher intake group (0.7). The difference was almost twofold.

It is generally conceded that one of the most important ingredients in

TABLE 2
Age and Sex Distribution

| Age Groups | Males | Females | Total |
|------------|--------------|--------------|--------------|
| 20-29 | 0 (0.0%) | 3 (9.1%) | 3 (4.1%) |
| 30-39 | 21 (51.2%) | 18 (54.5%) | 39 (52.7%) |
| 40-49 | 18 (43.9%) | 11 (33.3%) | 29 (39.2%) |
| 50-59 | 2 (4.9%) | 1 (3.0%) | 3 (4.1%) |
| Total | 41 (100.0%)* | 33 (100.0%)* | 74 (100.0%)* |

* Approximate.

TABLE 3
Questions re Cardiovascular Symptoms—Cornell Medical Index Health Questionnaire

1. Has a doctor ever said your blood pressure was too high?
2. Has a doctor ever said your blood pressure was too low?
3. Do you have pains in the heart or chest?
4. Are you often bothered by thumping of the heart?
5. Does your heart often race like mad?
6. Do you often have difficulty in breathing?
7. Do you get out of breath long before anyone else?
8. Do you sometimes get out of breath just sitting still?
9. Are your ankles often badly swollen?
10. Do cold hands or feet trouble you even in hot weather?
11. Do you suffer from frequent cramps in your legs?
12. Has a doctor ever said you had heart trouble?
13. Does heart trouble run in your family?

TABLE 4
Distribution of Cardiovascular Complaints

| No. of Cardiovasc. Complaints | Males | Females | Total |
|-------------------------------|--------------|-------------|--------------|
| 0 | 26 (63.4%) | 15 (45.5%) | 41 (55.4%) |
| 1 | 8 (19.5%) | 8 (24.2%) | 16 (21.6%) |
| 2 | 4 (9.8%) | 4 (12.1%) | 8 (10.8%) |
| 3 | 1 (2.4%) | 2 (6.1%) | 3 (4.1%) |
| 4 | 0 (0.0%) | 2 (6.1%) | 2 (2.7%) |
| 5 | 1 (2.4%) | 1 (3.0%) | 2 (2.7%) |
| 6 | 1 (2.4%) | 0 (0.0%) | 1 (1.4%) |
| 7 | 0 (0.0%) | 1 (3.0%) | 1 (1.4%) |
| Total | 41 (100.0%)* | 33 (100.0%) | 74 (100.0%)* |

* Approximate.

chronic disease is time. Accordingly, the relationship of thiamin consumption to cardiovascular findings was further studied in the light of the age factor. In the younger group (23-37 years), the mean numbers of cardiovascular complaints were 0.9 and 0.5 for subjects consuming the lesser and

TABLE 5
Thiamin (Vitamin B₁) Intake

| Thiamin Intake (mg) | No. of Subjects | % of Subjects |
|---------------------|-----------------|---------------|
| 0.10-0.19 | 1 | 1.4 |
| 0.50-0.59 | 3 | 4.1 |
| 0.60-0.69 | 7 | 9.5 |
| 0.70-0.79 | 8 | 10.8 |
| 0.80-0.89 | 6 | 8.1 |
| 0.90-0.99 | 16 | 21.6 |
| 1.00-1.09 | 5 | 6.8 |
| 1.10-1.19 | 8 | 10.8 |
| 1.20-1.29 | 3 | 4.1 |
| 1.30-1.39 | 7 | 9.5 |
| 1.40-1.49 | 3 | 4.1 |
| 1.50-1.59 | 1 | 1.4 |
| 1.60-1.69 | 2 | 2.7 |
| 1.70-1.79 | 1 | 1.4 |
| 2.10-2.19 | 1 | 1.4 |
| 2.50-2.59 | 1 | 1.4 |
| 3.00-3.09 | 1 | 1.4 |
| Total | 74 | 100.0%* |

* Approximate.

greater amounts of thiamin respectively. In the older group (38-56 years), the mean numbers of complaints were 1.5 and 0.9 for the lower and higher thiamin intakes respectively.

DISCUSSION

In Table 8 are summarized the mean numbers of cardiovascular complaints in terms of the two age groups (younger and older) and thiamin consumption (lower and higher). It is noteworthy that, of the four combinations, the older subjects consuming the lesser amount of thiamin had the greatest mean number of cardiovascular complaints (1.5). In contrast, the younger subjects with the higher thiamin intake had the least mean number of cardiovascular complaints (0.5). Thus, there was a threefold difference between these two age groups. It is also noteworthy that in the older group with the higher B₁ consumption, the findings (0.9) were essentially the same as in the younger group with the lower intake (0.9).

These observations are of interest for two reasons: 1) the fact that such correlations prevail in the early, ill-defined, marginal area between optimal health and obvious disease, and 2) thiamin plays a vital co-carboxylase role in the enzyme systems (6) so necessary in the intermediary metabolism of carbohydrate foodstuffs.

It should be pointed out, however, that the relationships cited here do not in themselves prove that thiamin modifies the cardiovascular picture. The

TABLE 6
Daily Total Caloric Intake

| Calories | Males | Females |
|-----------|-------|---------|
| 600-699 | 0 | 1 |
| 1200-1299 | 0 | 4 |
| 1300-1399 | 0 | 4 |
| 1400-1499 | 0 | 3 |
| 1500-1599 | 1 | 6 |
| 1600-1699 | 1 | 0 |
| 1700-1799 | 1 | 2 |
| 1800-1899 | 3 | 1 |
| 1900-1999 | 4 | 2 |
| 2000-2099 | 2 | 4 |
| 2100-2199 | 3 | 0 |
| 2200-2299 | 6 | 1 |
| 2300-2399 | 2 | 4 |
| 2400-2499 | 3 | 1 |
| 2500-2599 | 4 | 0 |
| 2600-2699 | 1 | 0 |
| 2700-2799 | 2 | 0 |
| 2800-2899 | 2 | 0 |
| 2900-2999 | 1 | 0 |
| 3000-3099 | 1 | 0 |
| 3100-3199 | 2 | 0 |
| 3200-3299 | 1 | 0 |
| 3600-3699 | 1 | 0 |
| Totals | 41 | 33 |
| Means | 2357 | 1705 |

TABLE 7
Mean Number of Cardiovascular Complaints in Terms of Daily Thiamin Intake

| Age Group (yrs) | Daily Thiamin Intake | | Total |
|-----------------|----------------------|--------------|----------|
| | 0.13-0.91 mg | 0.92-2.95 mg | |
| 23-37 | (18)* 0.9 | (18) 0.5 | (36) 0.7 |
| 38-56 | (19) 1.5 | (19) 0.9 | (38) 1.2 |
| Entire sample | (37) 1.2 | (37) 0.7 | (74) 1.0 |

* Number in parenthesis is sample size.

TABLE 8
Summary of Mean Number of Cardiovascular Complaints

| Age Category | Thiamin Intake | Mean No. of Cardiovasc. Findings |
|--------------|----------------|----------------------------------|
| Older | Lower | 1.5 |
| Older | Higher | 0.9 |
| Younger | Lower | 0.9 |
| Younger | Higher | 0.5 |

possible causative role of thiamin would require an analysis of the frequency of cardiovascular symptoms before and after administration of thiamin versus placebo.

We are now preparing a report on the frequency of cardiovascular signs and symptoms in the light of *both* thiamin and carbohydrate consumption.

SUMMARY

A study was made of the correlation between cardiovascular complaints (elicited by means of the Cornell Medical Index Health Questionnaire) and daily thiamin (vitamin B₁) consumption in 74 dental practitioners and their wives.

The results suggest a greater frequency of cardiovascular complaints in relatively older persons who consume relatively smaller quantities of vitamin B₁.

REFERENCES

1. Cheraskin, E.; Ringsdorf, W. M., Jr.; Setyaadmadja, A. T. S. H., and Barrett, R. A.: Carbohydrate consumption and cardiovascular complaints, *Angiology* 18: 224-230 (Apr.) 1967.
2. Soskin, S., and Levine, R.: Carbohydrate Metabolism (revised edition). Chicago, The University of Chicago Press, 1952, pp. 19-21, 33-34.
3. Brodman, K.; Erdmann, A. J., Jr., and Wolff, H. G.: Cornell Medical Index Health Questionnaire: Manual. New York, Cornell University Medical College, 1949.
4. Watt, B. K., and Merrill, A. L.: Composition of Foods. Agriculture Handbook No. 8. Washington, D. C., United States Government Printing Office, 1963.
5. Food and Nutrition Board: Recommended Dietary Allowances (sixth revised edition). Washington, D. C., National Academy of Sciences, National Research Council, 1964, pp. 20-21.
6. Wagner, A. F., and Folkers, K.: Vitamins and Coenzymes. New York, Interscience Publishers, 1964, pp. 17-45.