

Viewpoint: Splenda scare? Should we be concerned about reports linking artificial sweeteners to strokes?

I've learned to allow my patients to have strange tastes in beverages. Should I be tolerant towards their drive to consume artificially sweetened foods and drinks, though? A new study joins a mixed bag of older research which suggests that I should not. I don't think my *Splenda*-swilling patients have cause for alarm, however.

The work, published in the [British Medical Journal](#), tracked over 100,000 French adults prospectively for more than a decade. Dietary consumption of several artificial sweeteners, primarily aspartame (*Equal/Nutrasweet*), acesulfame potassium (*Sunett/Sweet One*) and sucralose (*Splenda*), was determined via questionnaire, and then health outcomes in regard to heart events like anginal pain, stent, or heart attack, or brain events like TIA or stroke were followed both through participant report (with physician confirmation) and national health records.

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What they found was a rather modest increase in cardiovascular events among those who consumed artificial sweeteners. Indeed, it barely reached statistical significance for the composite measure.

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In their middle aged cohort, high consumers — who averaged about 2 packets of sweetener per day — had about 1 cardiovascular event every 290 person-years, while non-consumers spaced out their events only to about every 320 years. The average middle aged person would need to live over 3000 years to reap the benefits of that responsible choice to forego *Nutrasweet*. Put from a physician's or nutritionist's perspective, we'd have to counsel 60 patients each with 50 years of tread on their tires to avoid artificial sweeteners in order to prevent one cardiovascular event.

We've got bigger fish to fry.

[This is an excerpt. Read the original post here](#)