Consequently, even if the program is shown to be therapeutically effective, it will be difficult to isolate the effect to the physical activity itself as opposed to its effect on one or more of these intermediate variables. From an individual or even a public health viewpoint, this appropriate ascribing of effect may not seem or actually be terribly relevant, at least in the short term, while other more specific information is being gathered. But if, for example, an effect of physical activity is conclusively demonstrated and later shown to be due to its effect on serum cholesterol or some other risk factor, then more direct or adjunctive approaches to these "intermediate" variables would be appropriate if they were available. One of the current appeals of physical activity is that for many people it can be the most effective way to modify several other risk factors simultaneously.

• Implications for clinical practice. Even though the current knowledge base has important limitations, such as the nature of the physical activity presumed to be helpful and the absence of data on the effect of taking up exercise later in life, many practitioners recommend a regular exercise program for their inactive patients, particularly for those patients who are overweight or have other specific clinical problems. Although some concern remains regarding the risks associated with such a program as well as uncertainty with regard to the CHD and other benefits, many still feel that it is prudent to adopt such an approach. Obviously, based on further information, this approach may well have to be modified. In the past, similar active positions have been taken toward other risk factors such as high blood pressure and cigarette smoking. As more definitive information accumulated, the prudent approach of modification of these factors evolved into the accepted norm of practice.

• Implications for public health. Many experts have felt that the information base is not sufficient to support the argument encouraging populationwide adoption of increased physical activity solely for the purpose of preventing CHD. Nevertheless, even though not yet definitely proven, the role of physical activity in preventing CHD is sufficiently attractive and plausible when combined with other potential benefits that the Public Health Service has declared physical fitness and exercise to be 1 of 15 priority areas in which improvement is expected to lead to substantial reduction in premature morbidity and mortality. Simultaneously, the Public Health Service has strongly recommended more research. The endorsement of increased physical activity for the public at large should not be construed as acceptance of our current limited knowledge. The study design limitations mentioned earlier and others have and will continue to make it difficult to establish a causal relationship between this lifestyle intervention and CHD. Data from observational studies and other experimental designs should continue to be carefully collected and analyzed so that eventually a consensus could develop that might (a) recommend the initiation of a single or perhaps multiple intervention trials to finally resolve the question or (b)recommend the rejection or unqualified acceptance of the primary preventive and therapeutic value of this intervention without the need for large randomized intervention trials.

Thus, more research is needed. One of the difficult tasks is to decide which areas should be addressed first and with what study designs. The information assembled and reviewed in this issue of *Public Health Reports* provides some assistance. At the end of each paper is a list of suggested high priority research topics. The papers presented here as well as similar related efforts should help us all in making these important judgments.

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## LETTER TO THE EDITOR

## Asthmatic Students' Program Materials

RE: the Special Supplement: Winners of the Secretary's Award for Innovations in Health Promotion and Disease Prevention in the November-December 1984 issue of *Public Health Reports*.

In the article, "A Program to Help Asthmatic Students Reach their Potential" (pp. 606–609), the American Lung Association of Alabama was cited as the vehicle for the utilization and distribution of the program.

Due to a copyright dispute, the American Lung Association of Alabama will not market the program.

Kitty F. Branyon Director, Central Branch American Lung Association of Alabama