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Since publication of their article, the authors report no further potential conflict of interest.

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Potential Effect of the New York City Policy Regarding Sugared Beverages

TO THE EDITOR: New York City recently proposed a policy that would prohibit the sale of most sugar-sweetened beverages in quantities of more than 16 oz at all restaurants, including fast-food restaurants.¹ These beverages have been implicated as a contributor to obesity. We evaluated the potential effect of this policy on the consumption of calories from beverages at fast-food restaurants.

We combined data from two separate studies in which receipts were collected from consumers at fast-food restaurants, including 1624 receipts that listed a beverage (excluding milk shakes) from three different fast-food restaurants in four

separate cities (New York City; Newark, New Jersey; Philadelphia; and Baltimore) from 2008 through 2010.²⁻⁴ With these receipts, the corresponding survey from both studies, and data from the website of each restaurant, we were able to ascertain the number of calories in each beverage that was purchased.

If this policy were implemented, the maximum size for all sugar-sweetened beverages available for purchase would be 16 oz. We calculated the change in the number of calories from sugar-sweetened beverages per transaction if various proportions of randomly selected consumers who purchased a beverage subject to the policy bought the 16-oz size rather than a larger size; all other consumers were assumed to purchase two 16-oz beverages (32 oz in total) (Fig. 1). For each possible proportional change examined, 1000 bootstrapped simulations were performed to generate 95% confidence intervals. We performed these simulations for all beverages in the transaction and again for just sugar-sweetened beverages that were subject to the policy.

Of all the beverages purchased, 62% would be subject to the policy. Without the policy, the mean (\pm SD) calories from sugar-sweetened beverages per consumer was 197 ± 113 kcal. If 100% of consumers switched to 16 oz and 0% of consumers purchased 32 oz, the resulting change would be -63 kcal (95% confidence interval [CI], -61 to -66) per consumer. If 30% of consumers switched to 16 oz, the decrease would not be statistically distinguishable from zero. Only if 80% or more of consumers purchased 32 oz

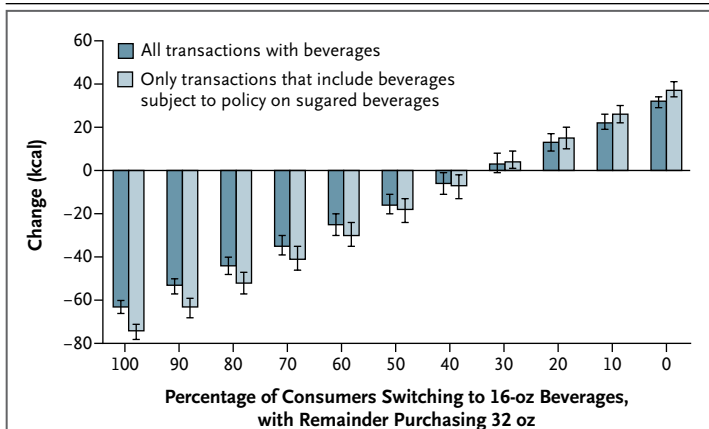


Figure 1. Changes in Calories from Sugar-Sweetened Beverages, According to Transaction.

The changes in calories from sugar-sweetened beverages purchased at fast-food restaurants are shown when consumers switch to a 16-oz beverage, with the remainder assumed to purchase 32-oz, or two 16-oz beverages. Vertical bars indicate 95% confidence intervals.

would calories from sugar-sweetened beverages purchased increase. When we considered only purchases of sugar-sweetened beverages subject to the policy, the mean calories from the beverages was 230 ± 86 kcal per consumer. The difference in calories if 100% of these consumers switched to 16 oz would be -74 kcal (95% CI, -78 to -71) per consumer.

We provide data on a number of possible consumer responses to the policy on sugar-sweetened beverages at fast-food restaurants. In most but not all of our simulations, the policy appears to be associated with a decrease in calories from sugar-sweetened beverages purchased at fast-food restaurants.

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Disclosure forms provided by the authors are available with the full text of this letter at NEJM.org.

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CORRECTIONS

Benign Prostatic Hyperplasia and Lower Urinary Tract Symptoms (July 19, 2012;367:248-57). In the Strategies and Evidence section, in the first paragraph under Antimuscarinic Therapy (page 253), the last word of the second sentence should have been “fesoterodine,” rather than “festosterodine.” The error also occurs in the stub column of Table 2 (page 254), under Antimuscarinic Agents, and in the table footnotes (page 255). The article is correct at NEJM.org.

Case 21-2012: A 27-Year-Old Man with Fatigue, Weakness, Weight Loss, and Decreased Libido (July 12, 2012;367:157-69). In Figure 3D (page 167), the background and inset images were swapped. The article is correct at NEJM.org.

Estimating Glomerular Filtration Rate from Serum Creatinine and Cystatin C (July 5, 2012;367:20-9). In Table 2 (page 24), the fourth footnote should have ended, “. . . and max indicates the maximum of Scys/ κ or 1,” rather than “. . . and max indicates the maximum of Sct/ κ or 1.” The article is correct at NEJM.org.

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