

The Three Risk Factors (2) Diet

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Identifying the problems

Leading 10 selected risk factors in developed countries as percentage of DALYs

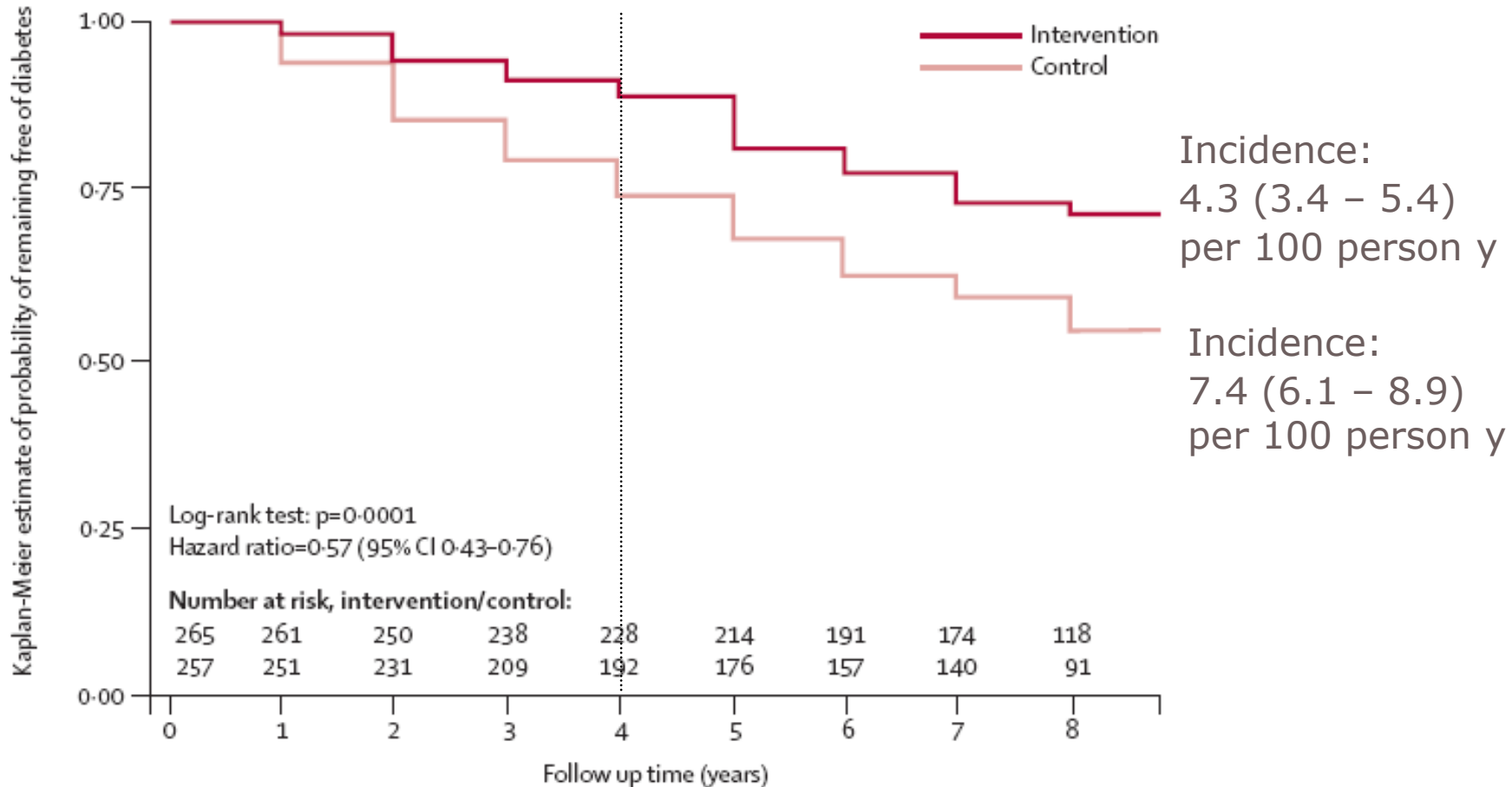
Tobacco	12.2%
Blood pressure	10.9%
Alcohol	9.2%
Cholesterol	7.6%
Overweight	7.4%
Low fruit and vegetable intake	3.9%
Physical inactivity	3.3%
Illicit drugs	1.8%
Unsafe sex	0.8%
Iron deficiency	0.7%

Setting targets for action:

WHO Global Strategy on Diet, Physical Activity and Health

- Achieve energy balance and a healthy weight
- Limit energy intake from total fats and shift fat consumption away from saturated fats to unsaturated fats and towards the elimination of trans-fatty acids
- Increase consumption of fruits and vegetables, and legumes, whole grains and nuts
- Limit the intake of free sugars
- Limit salt (sodium) consumption from all sources and ensure that salt is iodized

Lifestyle intervention reduces the incidence of type 2 diabetes

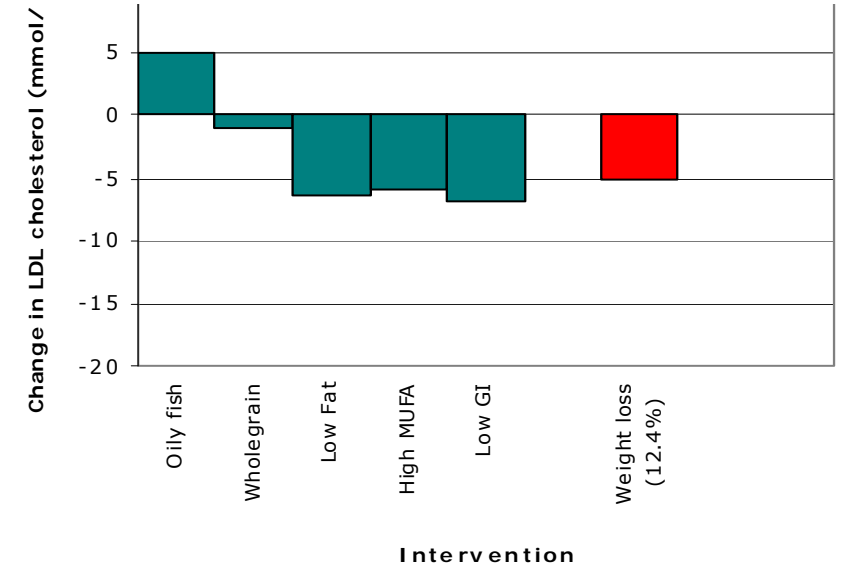
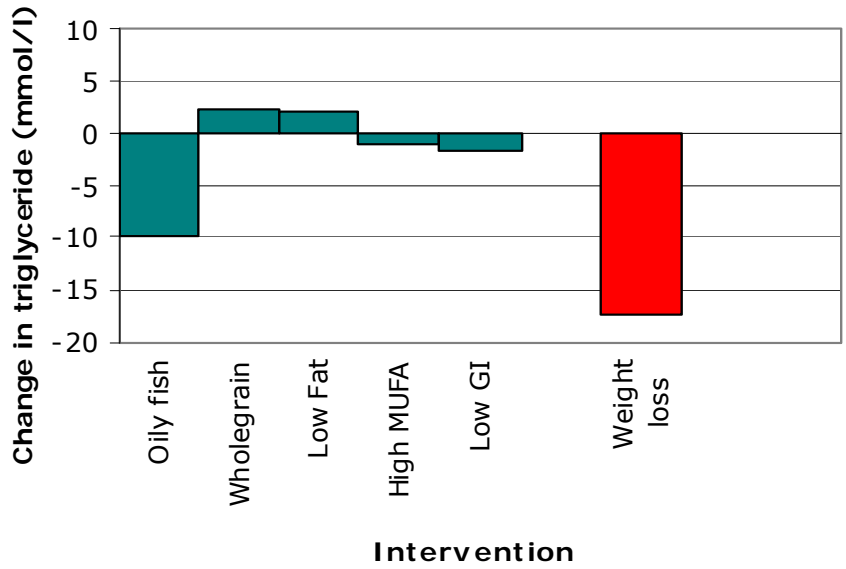
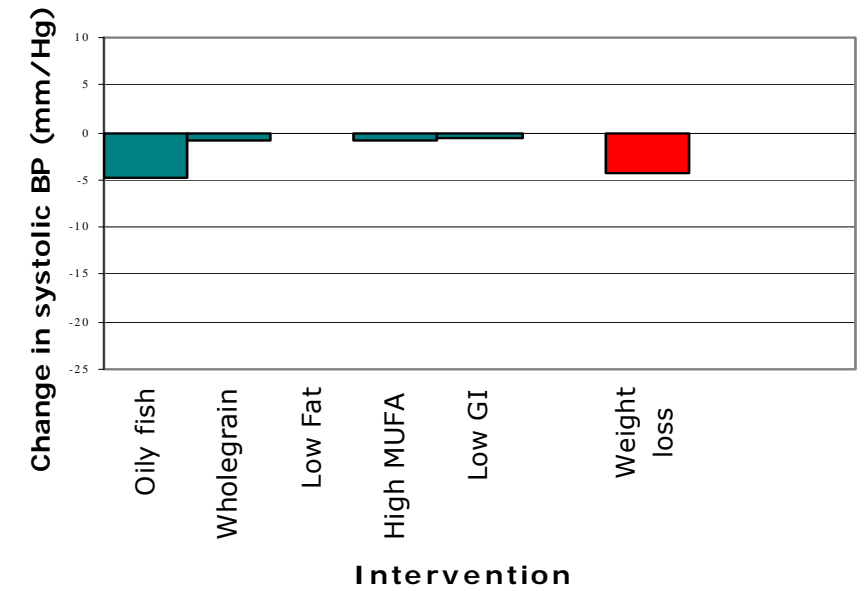
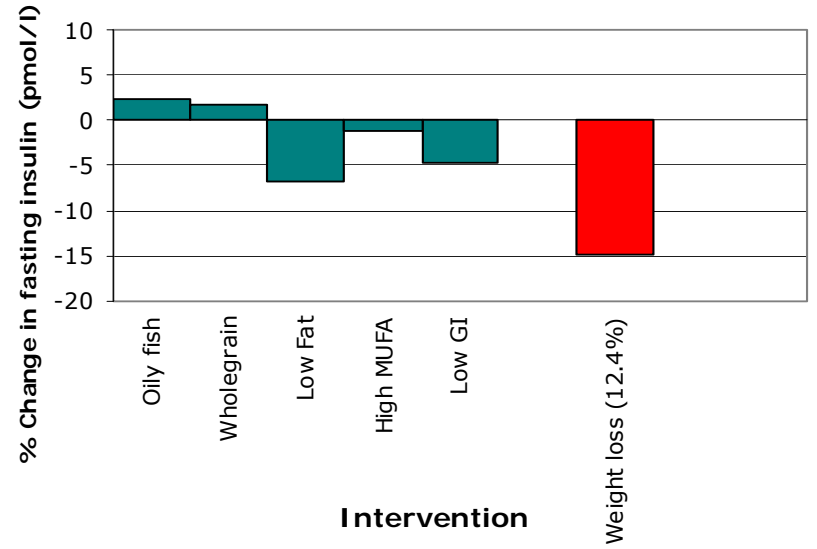


..... End of active intervention (reduce energy intake, decrease fat and SFA, increase fibre, increase activity)

Multivariate odds ratios for diabetes incidence

	OR	95% CI
Weight reduction	0.43	0.30-0.61
Saturated fat	0.55	0.26-1.16
Fat intake	0.80	0.48-1.34
Physical Activity	0.80	0.57-1.12
Fibre	0.97	0.63-1.51

Weight loss is the key intervention to decrease metabolic risk



Individual dietary targets for weight control need to look beyond specific nutrients

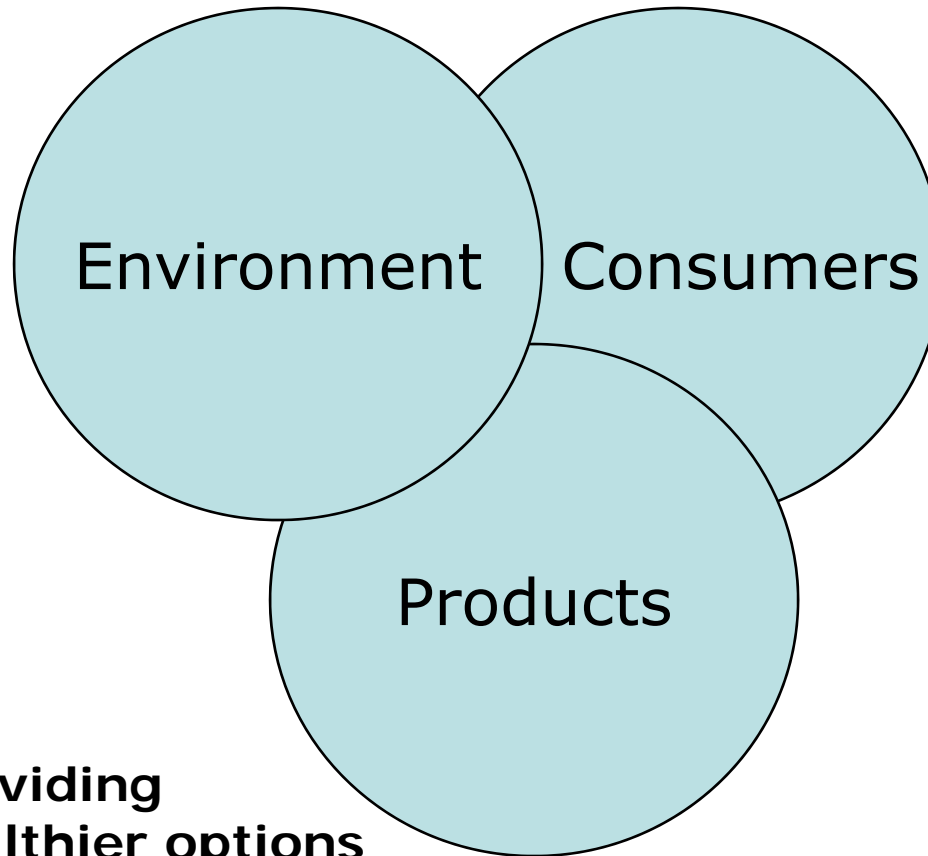
- **Frequency**
 - Availability and access to food
- **Amount**
 - Portion size
- **Type**
 - Energy density: food high in fat & sugar, lack of F&V
 - Sugary drinks / Alcohol



We need to move beyond individual (boutique) interventions and drive change on a public health (industrial) scale

A public health approach to changing dietary behaviours

Creating a healthier environment
eg. controls on marketing, access and availability



Making healthier choices easier
eg. campaigns, labelling, cooking skills,

Providing healthier options
eg. reformulation, portion control

Dietary change on a national scale: the impact of reformulation and labelling

Less healthy option	Sales performance	Healthier alternative	Sales performance
Standard salmon & cucumber sandwich	-30%	Healthy Living salmon & cucumber sandwich	+46%
Standard prawn mayonnaise sandwich	-37%	Healthy Living prawn mayonnaise sandwich	+46%
Standard egg & cress sandwich	-37%	Healthy Living standard egg & cress sandwich	+97%

Sales performance based on retailer data pre and post introduction of front of pack labelling

Developing policy to reduce diet-related disease

- ✓ ■ Build a case for action
- ✓ ■ Identify contributing factors and points for intervention
- ✓ ■ Define opportunities for action
- Evaluate potential interventions
- Select a portfolio of policies, programmes and action
- Embed actions in sustainable manner and continually monitor

The intervention ladder

- Eliminate choice
- Restrict choice
- Guide choice through disincentives
- Guide choice through incentives
- Guide choices through changing the default policy
- ✓ ■ Enable choice
- ✓ ■ Provide information
- ✓ ■ Do nothing or simply monitor the situation

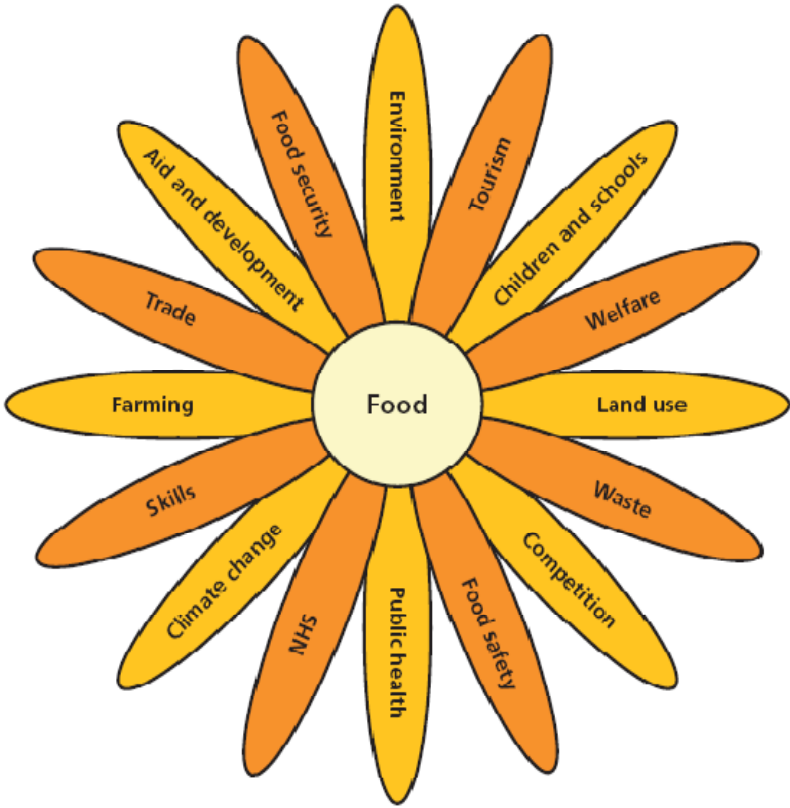


Improving diet needs coordinated action

- International agencies
- National governments
- Local communities
- Scientists
- Food industry
- Employers
- Schools
- Parents
- Individuals



Dietary strategies to reduce the burden of chronic disease must be integrated within a global vision for a sustainable food supply to meet the needs of a growing population



Adapted from: UKCabinet Office 'Food Matters' July 2008