

Eat (less) for health

The new edition of the Australian Dietary Guidelines was released by the National Health and Medical Research Council (NHMRC) this month. The documents include the Dietary Guidelines (for adults and children), the Infant Feeding Guidelines and a variety of educational and promotional materials (NHMRC 2013; NHMRC 2013). The background literature reviews are also available, although it needs to be noted that these are not comprehensive and only address selected areas of nutrition.

The Guidelines had a low key launch, announced at the last minute to a small number of journalists and interested health workers. If the aim was to reduce publicity and avoid any hint of controversy, it was a successful exercise. However, Australia has much to celebrate in regard to the benefits brought to the nation by a century of improving nutrition. The new sets of Dietary Guidelines and associated materials continue this tradition of improving health through better nutrition and providing the scientific basis for health promotion interventions.

Better nutrition has made a major contribution to the dramatic improvement in the health and survival of Australians since Federation. In 1901 the infant mortality rate was 105 per 1000 live births and the life expectancy was 55 years (Abraham, d'Espaignet et al. 1995). By the end of World War II and before modern vaccinations and antibiotics became available, infant mortality had declined to 28 per 1000 live births and life expectancy had reached 72 years. Now life expectancy is 73 years for Indigenous Australians and 82 years for other Australians (Australian Bureau of Statistics 2009; Australian Bureau of Statistics 2011). At Federation about one third of the population died before the age of 50 years, while today closer to 95% survive beyond that age (Australian Institute of Health and Welfare 2012).

A substantial part of our advancement in health is due to improvements in our food supply, in the quantity and quality of food products. Advances in food technology, better packaging, the use of preservatives and food additives and the universal availability of refrigeration has given us one of the healthiest food supplies in the world.

The new Dietary Guidelines were developed in the context of an obesity epidemic in Australia, although there is evidence that the rate of increase has now slowed and perhaps even stopped (Olds, Tomkinson et al. 2010). The Guidelines are remarkably like the old ones as a review of the literature (some 50 000 academic papers) has confirmed the relevance of the previous nutrition advice given by the NHMRC. The Guidelines have been reordered and reworded to reflect the emphasis on overweight and could perhaps be retitled 'Eat (less) for health.'

A major nutrition intervention was published at the same time as the new Dietary Guidelines (Estruch, Ros et al. 2013). The PREDIMED trial (n=7447) randomised participants into three groups: Mediterranean-diet (plus olive oil or nuts) or a control group. The intervention was

similar to the diet advocated in the Australian Dietary Guidelines. Interestingly, the trial was stopped after five years because of the excess deaths in the control group. While this study again substantiated the benefits of a healthy diet on the effects of non-communicable diseases, the question for health promotion practitioners will be whether the intervention (three monthly education groups) is feasible and sustainable on a larger scale.

The development of the Dietary Guidelines was hampered by a lack of information on food consumption in Australia with the last major nutrition survey being 20 years old. Australia is one of the few developed nations that does not monitor its food supply on a regular basis. One feature of the Dietary Guidelines is the first word ‘Enjoy,’ which reflects the health promotion ethos, a word originally borrowed from the Japanese Dietary Guidelines, reflecting a positive message for good nutrition. The promotion of breastfeeding remains one of the Australian Dietary Guidelines as well as providing the framework for the Infant Feeding Guidelines. Remembering that Barker (1999) has speculated that the ‘French Paradox’ of lower rates of heart disease were due to an early emphasis on maternal infant nutrition, an intervention to mitigate the developmental origins of adult disease hypothesis (Barker 1999), whereby adverse influences during early development can increase the risk of disease later in life.

The challenge for the health promotion community is to find ways of implementing the nutrition advice and supporting and maintaining behaviour change. Can we provide information for all of the community while making healthy food choices easier choices? Initiatives such as more meaningful food labelling (traffic lights), taxing of high sugar drinks, high fat foods and salty snacks and providing healthier options for eating out and take away foods, while reducing junk food advertising. We can easily summarise the Guidelines in a few words:

‘Breastfeed, Eat Less (while making healthier choices) and Move More’

Getting all Australians to follow them might be a little more difficult.

Disclosure. CWB was deputy chair of the NHMRC Dietary Guidelines Working Party and has been involved in all of the previous editions of the NHMRC DGs.

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