352

FOOD AND YOUR HEALTH

Fredrick J. Stare, M.D. Elizabeth M. Whelan, Sc.D. Harvard's Department of Nutrition Confronty Diet - BA

To us the increased "brouha" over diet and heart disease is largely a question of semantics, of not reading carefully the reports and recommendations of organizations such as the American Heart Association, American Council on Science and Health, and various federal agencies, and of those in the media responsible for writing headlines and captions of news pieces.

Our former colleague, Dr. D. M. Hegsted, now Director of USDA's Human Nutrition Center, was recently quoted as saying "...food is for nourishment and enjoyment. It was in this spirit that we presented the Dietary Guidelines -- not as a panacea, a prescription, or a nutritional insurance policy...". That statement is not very different from the following that appears in the recent report of the Food and Nutrition Board: "Sound nutrition is not a panacea. Good food that provides appropriate proportions of nutrients should not be regarded as a poison, a medicine, or a talisman. It should be eaten and enjoyed."

And for years and years, we at Harvard and every other academic nutrition center have taught that food is necessary for physiological (nourishment) and psychologic (one of which is enjoyment) reasons.

One of our "theme songs" has long been that eating is one of the pleasures of life. Also, that variety in foods consumed (variety among the Basic Four Food Groups) and moderation in amounts consumed, are the keys to better nutrition.

Over the years, researchers have emphasized the multi-factorial

nature of heart disease -- heredity, blood pressure, smoking, level

nature of heart disease -- heredity, blood pressure, smoking, level and type of cholesterol in the blood, obesity, physical activity, diabetes, and possibly stress. The American Heart Association refers to these factors as "risk factors". The more of these risk factors one has, the greater the risk of heart disease. If one has none, the risk is slight. Many of these risk factors are influenced by obesity, even mild obesity. Thus, reduction in body weight to Desirable

Weight will usually result in a decrease in blood pressure, in blood cholesterol, and in the intensity of diabetes. Reduction of weight is best obtained by a combination of consuming fewer calories (from both food and drink) and expending more (physical activity). The latter also improves circulation and relieves stress.

The American Heart Association suggests that for those who have some or all of the risk factors that changes in diet (and other changes in life style) are important and most researchers agree.

The American Council on Science and Health suggests that "...individual assessment and therapy based on an analysis of all suspected risk factors...multiple risk interpretations for the individual patient are superior to a compaign designed (only) to modify the American Diet". This statement is quite similar to one from the recent report of the Food and Nutrition Board. "The Board considers it scientifically unsound to make single, all-inclusive recommendations to the public regarding intakes of various nutrients to decrease heart disease except to ... adjust dietary energy intake and energy expenditure so as to maintain appropriate weight for height...".

The healthy individual is one who does not have any of the risk factors and therefore manipulation of the diet --less saturated fat and less cholesterol -- is not necessary.

Dr. J. Michael McGinnis, Deputy Assistant Secretary for Health, said in a recent statement: "The weight of existing evidence continues to suggest that for the U.S. population, as a whole, reduction in intake of total fat, saturated fat and cholesterol would be sensible." We disagree and think this is an example of missplaced emphasis and more confusion for the public (and the health professionals). We would say: "The weight of existing evidence continues to suggest that for the U.S. population, as a whole, reduction in total calories, and increase in calorie expenditure, is sensible."

So, what is the bottom line? It is that if you are a healthy American with none of the risk factors, consider yourself lucky. There is no evidence that reducing your intake of total fat, saturated fat, cholesterol, and salt, or increasing your intake of polyunsaturated fat is necessary. But, if you have some of the risk factors known to relate to diet -- obesity, an elevated blood pressure, an elevated cholesterol level -- then some dietary changes may be helpful, and the thoughtful, prudent individual should certainly make them.

And what are they? First, cut down on total caloric intake which for most of us means less meat, less cheese and whole milk products, and less alcoholic beverages. Second, increase physical activity so as to use up more calories. The combination of these two suggestions will result in weight loss and usually in a lowering of blood pressure and blood cholesterol. Third, if blood cholesterol is not decreased by this weight loss, then a decrease in saturated fats, an increase in polyunsaturated fats, and a decrease in dietary cholesterol (fewer egg yolks) is in order. Fourth, if the weight loss does not result in a satisfactory decrease in blood pressure

then dietary salt should be reduced, and drastically.

Not very complicated and why the "brouha"? Could it be that some politicians are interested in deliberately missinterpreting various reports in the hope of a little added publicity, or are they just dumb?!