

EUROPREV Healthy Diet

Promoting a Healthy Diet through Counselling in Primary Care

EUROPREV – European Network for Prevention and Health Promotion in Family Medicine/General Practice

1. INTRODUCTION

The goal of this paper is to promote a healthy diet, improve the health status of the population and prevent chronic non-communicable diseases that are related to unhealthy diet. Diet plays an important role in coronary heart disease, cancers, diabetes mellitus, hypertension, cerebrovascular disease and obesity.

This document is intended for primary care professionals as a tool for nutrition-related advice and guidance to patients. In their daily practice, such professionals must provide instructions based on healthy life-style, while addressing problems in nutrition and diet, physical activity and excessive alcohol intake. These recommendations are intended for healthy individuals, offering detailed information on disease prevention and health promotion, based on a healthy diet.

A public health approach is used, keeping in mind the variety in population. These instructions should be used as a first step towards strategy development, i.e. informing the public, dietary instructions, public courses on healthy diet, production of health education materials for professionals and patients, protocols for risk assessment and their interpretation, etc.

1.1 What is the concept of a balanced diet?

The definition of a balanced diet is: a diet that, when taken regularly, will provide in quantity and quality sufficient macro and micro nutrients and other non-nutrient elements (fibres, vitamins, antioxidants and other bio-active substances) to maintain the optimal functions of the body and therefore optimal health in the general context of a healthy life style (physical activity and mental status).

The amount of food needed every day depends upon age, body size, level of physical activity, gender, and, in females, pregnancy or breast-feeding. Food habits depend on ethnicity, nationality and culture, but national trends in the composition of a healthy diet may not be dramatically different.

The adapted recommendations must ensure that the nutrition needs of the population are met, thus reducing the risk of chronic diseases.

A good and healthy diet plan involves eating a variety of foods to get the required nutrients while, at the same time, providing the right amount of calories to maintain a healthy weight.

The best example of a healthy diet is the Mediterranean diet, represented by the diet pyramid seen in Figure 1 (adapted from the Traditional Healthy Mediterranean Diet Pyramid, after permission was obtained from the Oldways Preservation Trust -www.oldwayspt.org).

All healthy balanced diets should be always complete and incorporate the seven essential nutrients: protein (mostly vegetal), fats, carbohydrates, fibre, water, vitamins and minerals.

Many Europeans do not eat enough fruit and vegetables to maintain health and prevent disease. Only Greece, Turkey, Portugal, Italy, Spain, Belgium, Austria, The Netherlands, Malta and Israel (OECD Health Data, 2004) provide sufficient amounts of fruit and vegetables to their inhabitants.

Warning! Commercial “fast food” is now very popular in Europe. Remember: fast food is rich in energy, mostly saturated fats, trans-fatty acids and salt. There is no such thing as bad food ... only a bad diet!

2. COUNSELLING

Counselling for a healthy diet should form part of the everyday activities in general practice/family medicine. Such counselling may also be given by nurses and, like other health promotion activities, should be given regularly. The dietician could be a key figure in cases where complicated nutritional advice needs to be given. The population must be aware of the advantages and characteristics of a healthy diet, must enjoy following it, and should accept that diet be part of a normal lifestyle.

Primary care professionals should be trained in the practice of dietary counselling in order to transmit to the population up-to-date knowledge about food in a comprehensible way. This should be done through systematic counselling so that the concept of a healthy diet is integrated into the population's way of life.

Counselling must be, first and foremost, understandable as most patients do not know the correct characteristics of a healthy diet. Counselling may be given on an individual basis or in groups. Busy healthcare professionals who do not have enough time to counsel patients individually can organise counselling sessions for 8-12 people in order to facilitate

participation. Such sessions may be led by a nurse, dietician or doctor (or a combination of these), may last for one hour and may need to be repeated.

2.1 What are the parameters for effective counselling?

For such counselling to be effective, one needs to consider the following parameters:

2.1.1 Organisation:

1. Arrange for an appointment (individual or group) to have enough time and to take place in a quiet environment.
2. Remember that the patient's confidence in the GP and nurses, and a close relationship between them, are essential for success. Primary care is therefore the right place for providing counselling on a healthy diet.
3. If the support of the dietician is needed, use it! Be careful that both messages are the same.
4. It is very important that a healthy life-style is made popular. Spread the message using publicity pamphlets, web pages, TV / radio / press campaigns, and speeches in the media. Trial recipes must accompany healthy diet messages. On a regular basis, provide different recipes, messages and posters to the public in waiting rooms in health centres.
5. Arrange meetings where patients discuss healthy food with medical teams and with other patients who can share their experiences of the change towards a healthy diet, and where they can be shown healthy recipes.

2.1.2 Method:

1. Assess the person's capacity for understanding the message correctly. Use words appropriate to the person's educational level.

2. Talk to the person quietly. Do not judge or preach. Ask the person about his/her doubts, troubles and fears.
3. Explore the person's knowledge about a healthy diet.
4. Explore the person's eating behaviours and traditional food habits.
5. Do not make a person feel anxious or threatened by setting a time limit for observing results.
6. When closing the counselling session, answer questions and clarify any mistaken concepts about the topic.
7. Do reinforce positive behaviour in successive visits, in order to achieve:
 - An increase in the person's self-esteem.
 - Maintenance of the changed behaviour.
 - Credibility in the eyes of the person.
 - The proposed objective.

2.1.3 Concepts:

1. Communicate to persons the concept that, when they have changed their dietary habits, they are going to feel better both physically and mentally and enjoy a healthy way of life.
2. Try to convert persons to the concept of a healthy diet so that they feel rewarded.
3. Try to convey the idea that a healthy diet is not an obligation but a way to increase health and well-being.
4. Use the word 'food' instead of 'diet'. The word 'diet' may convey the impression of a ban on food.
5. An inflexible ban on some foods can lead to frustration and result in a person not keeping a healthy diet.
6. The regular consumption of healthy food must be voluntary and done willingly.
7. In order to obtain a change in life-style, encourage people to think about its "pros" rather than "cons", like: healthy

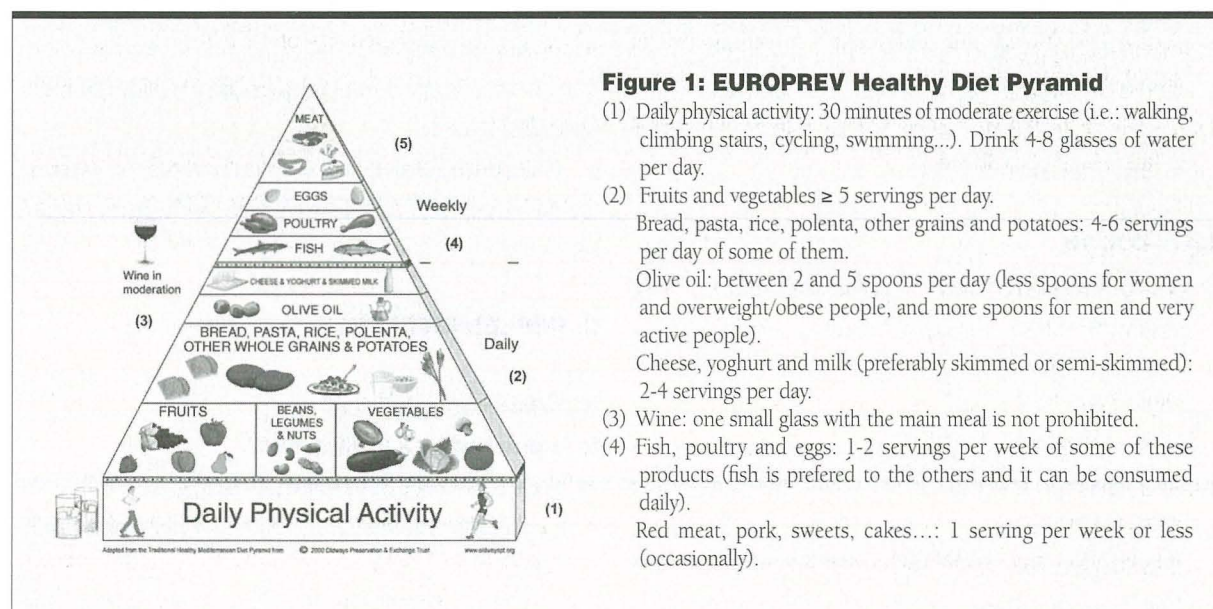


Figure 1: EUROPREV Healthy Diet Pyramid

- (1) Daily physical activity: 30 minutes of moderate exercise (i.e.: walking, climbing stairs, cycling, swimming...). Drink 4-8 glasses of water per day.
- (2) Fruits and vegetables ≥ 5 servings per day. Bread, pasta, rice, polenta, other grains and potatoes: 4-6 servings per day of some of them. Olive oil: between 2 and 5 spoons per day (less spoons for women and overweight/obese people, and more spoons for men and very active people). Cheese, yoghurt and milk (preferably skimmed or semi-skimmed): 2-4 servings per day.
- (3) Wine: one small glass with the main meal is not prohibited.
- (4) Fish, poultry and eggs: 1-2 servings per week of some of these products (fish is preferred to the others and it can be consumed daily). Red meat, pork, sweets, cakes...: 1 serving per week or less (occasionally).

food is inexpensive, easy to find and to prepare.

8. In adolescents, do not convey the simple message: “the thinner the better”, because there are a lot of problems with anorexia. Young people need more caution with counselling and special care.

2.2 What should counselling on a healthy diet consist of?

2.2.1 Techniques of a healthy diet:

1. Eat several meals a day. If you are overweight or obese reduce the quantity of food in each meal.
2. Don't skip meals. Breakfast is the cornerstone of a healthy diet.
3. Eat slowly, to digest your food properly! (over 20 minutes to reach satiety)
4. Avoid cooking with a lot of salt.
5. Modify the total number of calories consumed during the day according to your energy consumption needs in order to prevent subsequent weight gain leading to obesity. Usually it is easier to control energy intake by means of one well-balanced main course including fruit.

2.2.2 The composition of meals:

1. Increase the amount of fibre (vegetables and wholegrain cereals) and decrease the amount of refined foods (such as sugar).
2. Eat traditional wholegrain bread (in moderation) and cereals.
3. Eat fruit and vegetables more than twice a day (400-600 grams per day)!
4. Reduce the consumption of red meat.
5. Increase the consumption of fish, preferably 'blue' fish.
6. Eat few eggs a week.
7. Consume skimmed milk and yoghurt or other forms of acidified dairy products.
8. Drink a lot of liquids, especially water. A glass of red wine at lunch is not prohibited.

2.2.3 Cooking:

1. Avoid pre-cooked food, fast food, salted meals, manufactured sweets and cakes.
2. Roast, boil or grill food (avoiding the charred and burnt parts) instead of frying it!
3. Avoid cooking with a lot of salt.
4. Use olive oil. If that's not possible, use small amounts of vegetable seed oil.

If you follow any special diet, consult your doctor.

2.3 What activities complement a healthy diet?

- Exercise regularly: daily (or at least 5 times a week),
- intensively enough to sweat or breathe deeply, and
- for long enough (30-60 minutes, even in repeated shorter periods during the day).

Remember that even a few minutes are better than nothing!

Exercises suitable for all ages and nearly all health conditions include: brisk walking, using stairs (2-3 floors or, if more, even better!), swimming, gardening, dancing, walking to work, etc.

Incorporate physical activity in your everyday life! It is much safer and healthier than heavy physical exercise once a week

Control your body weight. If you are overweight, even a reduction of 5 to 10% will improve your blood pressure, blood glucose, serum lipids and your cardiovascular risk.

2.4 What should be the message in the follow-up?

After having given such detailed counselling about diet and other activities, and after checking if the patient has understood the message that a change of behaviour is necessary for a healthy diet, this must be followed up by annual counselling reminders which must be short and concise. Like other preventive activities, do not forget to register such reminders in the patient's medical record. This basic message to remind is:

To reach the goal of a healthy diet, the best way is to eat every day sufficient fruits and vegetables (i.e. typically about 5 items a day), whole-grain cereals, a few nuts and pulses (such as soya, lentils, beans), milk products (preferably skimmed or semi-skimmed milk and yoghurts), olive oil (between 2 and 5 spoons per day) and fish (at least twice a week). See food pyramid (Figure 1).

If the patients already have enough knowledge of a healthy diet offer just short advice and leaflets, web pages, etc. to supplement their knowledge.

3. IMPLEMENTATION

3.1 What are the barriers to implementing a healthy diet?

- There is not enough time for counselling.
- Proper training in counselling for primary care professionals is absent.

- Nurses are not involved as much as they should be.
- There are poor relationships between primary care professionals and nutrition specialists.
- Diet is not included in university curricula.
- Schools are not involved in education on a healthy diet.
- The media (TV, radio, etc.) want to instil a “fast food” mentality.
- There is a deficient healthy diet policy at the national level.
- There are not enough fruit and vegetables in the diet of some European countries.

3.2 How is a healthy diet implemented?

The conditions needed for the implementation of a healthy diet include:

- Transmission to the patient of the message: “enjoy healthy food”.
- Dealing with the dietary needs of the local population.
- Promotion of physical activity.
- Adaptation to local dietary guidelines.
- Promotion of a national nutritional policy.
- Taking care of the local environment.
- Promotion of the production of local food.
- Adaptation to national eating habits and customs.
- Increasing professional knowledge about diet.
- Including diet and counselling in the medical curriculum and in post-graduate courses.
- Provision of practical information to schoolchildren and teachers.
- Translating accurate dietary concepts to primary care through (re)training of primary care professionals.
- More dieticians working in primary care.

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Continued Medical Education: Self Assessment Quiz

Answers of Self Assessment Quiz on page 31

Q1 E Q6 A B C D

Q2 E Q7 B C D E

Q3 C Q8 E

Q4 E Q9 B C

Q5 D Q10 D

After reviewing the answers you may claim 2 CME points by quoting MFD/CME 002 on your application for accreditation