

# “Choosing health”: an opportunity to build health improvement into our lives

Over 500 health professionals attended a conference to hear about new developments in nutrition. **Pamela Mason**, who spoke at the conference on the pharmacist's role in nutrition and healthy eating, has provided the following report

In the keynote address, Sheila Reddy, principal nutritionist in the public health directorate at the Department of Health, said that the new White Paper on public health — “Choosing health” — represents a real turning point in the UK. “It is a commitment to building a health service and not just a sickness service and an opportunity to build health improvement into all our lives and communities,” she said.

Turning specifically to the nutrition issues addressed in the White Paper, she said that tackling obesity, particularly in children, is a major priority. For the first time, there is a target to halt the year-on-year rise in obesity among children under 11 years of age by 2010 in the context of a broader strategy to tackle obesity in the population as a whole.

She went on explain that a new Government campaign is planned to raise awareness of the risks of obesity and the steps people can take to prevent it through diet and physical activity. The Government will discuss with the food industry how it can contribute to national initiatives to promote positive health information and education. There will also be a comprehensive “care pathway” for obesity, providing a model for prevention and treatment. Each primary care trust (PCT) will have a co-ordinated “whole system” approach to obesity.

Food labelling is an important issue and the UK is to press the EU for clearer and simpler labelling and to make this mandatory on packaged foods. The Government will work with industry to develop a signposting system for foods so that people can see what contribution they make to a healthy diet.

Dr Reddy added that a further aim is to get the food industry to reduce portion sizes and the sugar, salt and fat content of foods. Action will be encouraged to restrict further the advertising to children of foods high in sugar, salt and fat. If there is no change in the composition of foods marketed to children by early 2007, legislative action will be taken to regulate the promotion of food to children, she said.

## Pharmacist's role

Pamela Mason, a pharmacist with a special interest in nutrition, gave a presentation describing the role that pharmacists could play in getting nutrition messages across to the public. Pharmacists have many opportunities to deliver nutritional messages and provide dietary information. As the most accessible

health professionals in the community, they see people who are healthy as well as those who are sick.

She went on to explain that nutritional messages can be provided within the context of health promotion and medication review. Pharmacists also sell several products which have a nutritional impact, so providing further opportunities for giving nutritional information. The new pharmacy contract has paved the way for pharmacists to be paid for services beyond dispensing, leading to possibilities for collaborative work within PCTs in areas where nutrition is crucial (eg, obesity, diabetes and cardiovascular disease).

Given the insufficient numbers of dietitians, particularly in the community, pharmacists can make a significant contribution to getting the nutrition message across. Each serving, on average, a population of 4,500 people, community pharmacists are often the first port of call for people with questions about health and illness, she said. The potential impact they can have is enormous but, for this impact to be fully realised, pharmacists need to be trained not only in nutrition but also in appropriate ways of getting the message across.

## Glycaemic index

Azmina Govindji, consultant nutritionist and author of ‘The Gi Plan’, said that the time has come “to welcome back carbohydrates”, but focusing on those carbohydrates with a low glycaemic index (GI). There is increasing interest in the potential use of low glycaemic index carbohydrate-containing foods in the management of obesity, diabetes and cardiovascular disease. Low GI carbohydrates (eg, pasta and beans) are metabolised more slowly than high GI carbohydrates (eg, sugar and bread) and may lead to longer lasting fullness if included in a meal. This could help weight management, although evidence for this remains equivocal.

She added that care should be taken with the use of GI. Although low GI foods are often healthy, some, such as pork sausages, are not, and not all high GI foods (eg, some breads and cornflakes) are unhealthy. For weight loss, the GI concept should also be combined with control of portion size and calorie density.

Ms Govindji went on explain that one possible benefit of GI could be to refocus the low carbohydrate approach that has been so popular in recent years to “better for you carbohydrates”, which could in turn be packaged as a way to eat healthily. A low GI diet chosen carefully is usually healthy, she said.

## Soya isoflavones and the menopause

Mindy Kurzer, professor of nutrition at the University of Minnesota, gave a presentation about the role of soya isoflavones in menopausal hot flushes. Increasing numbers of women in western countries are consuming soya foods or isoflavone supplements as natural oestrogenic substances for relief of vasomotor symptoms. Anecdotal evidence suggests that many women believe in their value, although results from trials are conflicting.

One of the difficulties in conducting intervention trials in women with hot flushes is that a placebo reduces symptoms by 20 to 30 per cent so any supplement must have a much greater effect to demonstrate significant benefit, she said. Trials to date have differed enormously in design and have, not surprisingly, shown varying results. Where benefits have been demonstrated, in only a few studies have treatment effects been statistically significant.

In an attempt to clarify these inconsistencies, Professor Kurzer is conducting a meta-analysis of the human intervention trials with soya isoflavones. Preliminary analysis suggests that the effect of supplementation is 10 to 20 per cent beyond that of placebo, she says. The total reduction in hot flush frequency is therefore of the order of 40 to 50 per cent. Baseline frequency of hot flushes seems to be the best predictor of treatment benefit. Women who have the most hot flushes (eg, 10 to 12 during the day) are most likely to experience a benefit, she said.

Doses of around 50mg daily of soya isoflavones seem to be effective, and given the reluctance of many women to take hormone replacement therapy, soya protein, soya foods or soya isoflavones may be a viable alternative. It may be beneficial to divide the doses (eg, twice a day) to help ensure that the oestrogen receptors are kept saturated. Whether soya increases the risk of breast cancer is of concern, but it is unresolved, she said. However, until more is known, women at high risk should not be advised to increase their isoflavone consumption.



The Nutrition and Health Conference took place in London on 9 and 10 December 2004