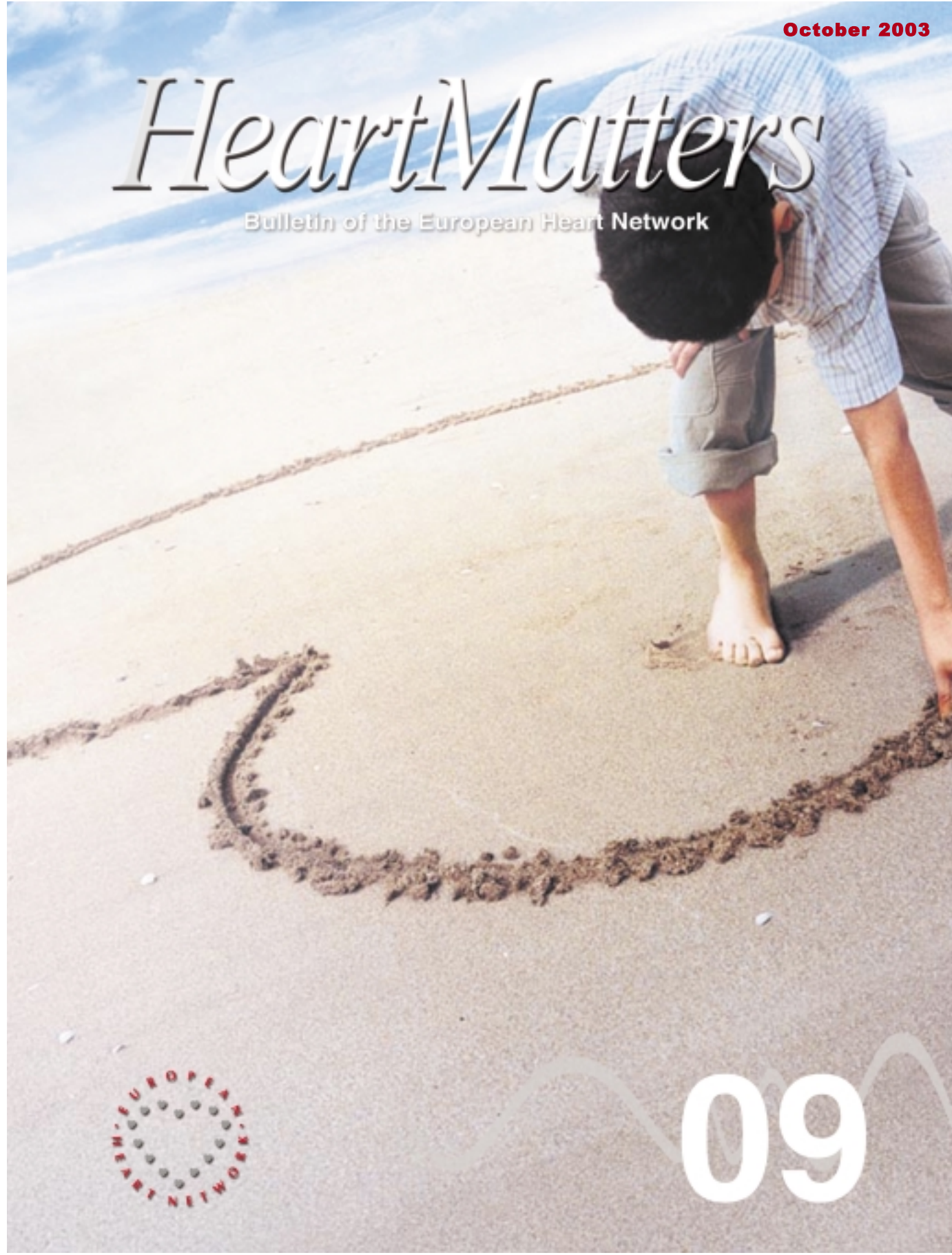


October 2003

HeartMatters

Bulletin of the European Heart Network



09



Getting the measure of Europe

by Susanne Volqvartz
Chair, European Heart Network

The obesity epidemic has taken on frightening proportions in Europe. Current data suggests that obesity prevalence in European countries ranges from 10% to 20% for men and from 10% to 25% for women.

Obesity is a major contributor to cardiovascular diseases. For women, for instance, research has shown that hypertension, diabetes and high cholesterol, all major contributors to cardiovascular diseases, are between two and six times more prevalent among heavier women.

It is obvious that individuals have a responsibility for their own health. Our energy intake often exceeds that required for the sedentary lifestyle which we have accustomed ourselves to in our modern society. Excess weight gain and obesity generally arise from an imbalance between the calories we consume and the energy we expend. As individuals, there are three key aspects on which we should focus: the quantity of what we eat, the quality of what we eat, and how much (or little) exercise we undertake.

The obesity epidemic in Europe is not confined to adults. Obesity in children is increasing throughout Europe. It is a major priority for the whole family to exercise

more and to eat healthily, for example by including fruit and vegetables in each day's diet, eating breakfast every morning, and avoiding drinks with sugar. In this process, schools also have a major responsibility. For example, vending machines selling soft drinks with sugar or snacks with a high sugar, fat and salt content should not be placed in schools or within easy reach of children. The International Obesity Task Force, more specifically the working group on childhood obesity, is now examining the global prevalence rates and trends in childhood overweight and obesity, as well as looking at how to improve prevention strategies and better approach weight management issues.

Even though individuals are responsible for their own health, the epidemic has taken on such proportions in the last ten years that decision makers can no longer ignore their own responsibility in addressing this serious health issue. In one of his addresses to the European Parliament, EU Commissioner Byrne, responsible for

public health, states that "economically, obesity constitutes a massive drain on public resources. And if the obesity rate amongst European children continues to rise, the results could be nothing short of catastrophic. Life expectancy could fall while healthcare spending could go through the roof."

"legislation on its own cannot combat obesity ... there is a need for coordinated, multi-sectoral and population-wide strategies."

The European Commission is examining several measures to better inform consumers about the food they buy. These measures include a review of the existing Directive on nutrition labelling and work on a proposal for a Regulation on the addition of vitamins and minerals and



certain other substances to foods. And in July this year, the European Commission adopted a proposal on nutrition and health claims. Well-informed consumers are better able and more likely to adhere to a balanced diet.

Of course, legislation on its own cannot combat obesity. Therefore, there is a need for coordinated, multi-sectoral and population-wide strategies. Many European countries have already set up national or regional schemes to address obesity. The country reports in this issue of Heart Matters show how consistent efforts made by decision makers and NGOs can help people to reduce their risk of cardiovascular diseases and help them adhere to a healthier life style.

"Economically, obesity constitutes a massive drain on public resources ... if the obesity rate amongst European children continues to rise, the results could be nothing short of catastrophic."

contents

- 1 Editorial
Getting the measure of Europe
- 3 Feature articles
Suffer the little children?

Obesity, sleep apnoea and CVD
in the EU
- 9 European policy
developments
- 11 Country activities

Belgium
Denmark
Finland
The Netherlands
Norway
Portugal
Spain
Sweden
UK
- 31 Contact information

Heart Matters, focusing on cardiovascular disease prevention, is a publication relevant to policy makers, public health experts and organisations involved in health promotion, disease prevention and public health research.

Suffer the little children?

by Neville Rigby Director of Policy and Public Affairs, International Obesity TaskForce

How many children are already losing their foothold on the steep and slippery slope towards heart disease?

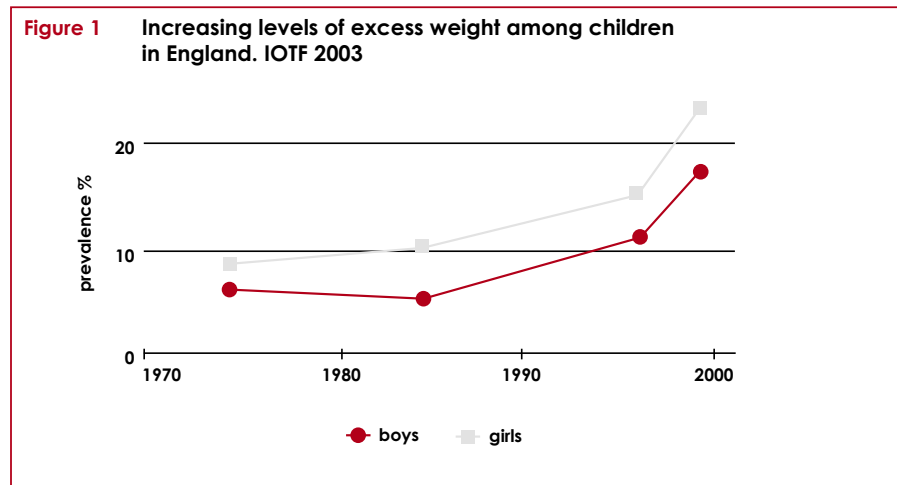
The question no longer seems as preposterous as it might have even ten years ago when the European Society of Paediatric Gastroenterology and Nutrition (ESPGAN) Committee report "Childhood Diet and Prevention of Coronary Heart Disease" reviewed the recommended strategies for children and adolescents to promote a healthy lifestyle in order to reduce the risk of coronary heart disease in later life.¹

The remorseless rise in overweight and obesity among Europe's youngsters bears witness to the failure of this approach; the absence of any coherent public health strategies, and the evident lack of political willingness to address the fundamental challenges of creating a healthier environment for the prevention of non-communicable diseases have had quite measurable consequences. The prevalence of overweight and obesity now slopes upwards in a north-south gradient reaching 36% among youngsters in parts of Southern Italy.²

UK children heavier and heavier

A rapid shift occurred in England during the 1980s and 1990s, with the most recent International Obesity TaskForce (IOTF) analysis showing a significant increase between the already high prevalence of 13% recorded in 1994 and the level of 20% found in 1998 (Figure 1). As the authors noted recently: "For both genders this is a highly significant statistical increase on the earlier surveys, with prevalence rising some 60% since 1994 and by 150% since 1984."³

If this were not evidence enough of a real crisis, a ministerial response in the House of Commons in July disclosed an even more shocking perspective on the rate of change. Using the Department of Health's own analytical approach, compared with a baseline of children in the top 5% of body mass index in 1990, the "obesity rate" had more than doubled to 12.1% by 1996 and had risen to 15.6% by 2001 – a 200% increase in one decade.



3

¹ European Society of Pediatric Gastroenterology and Nutrition; Aggett, P.J., Haschke, F., Heine, W., Hernell, O., Koletzko, B., Lefeber, H., Omission, A., Rey, J., Tormo, R., *J Pediatr Gastroenterol Nutr.* 1994 Oct.; 19(3): 261-9.
² International Obesity TaskForce report to the World Health Organization on childhood obesity 2003 (unpublished).
³ IOTF: Lobstein, James and Cole, Increasing levels of excess weight among children in England, *International Journal of Obesity*, 2003 Sept.; 27(9): 1136-8.

Unfortunately, they are not alone

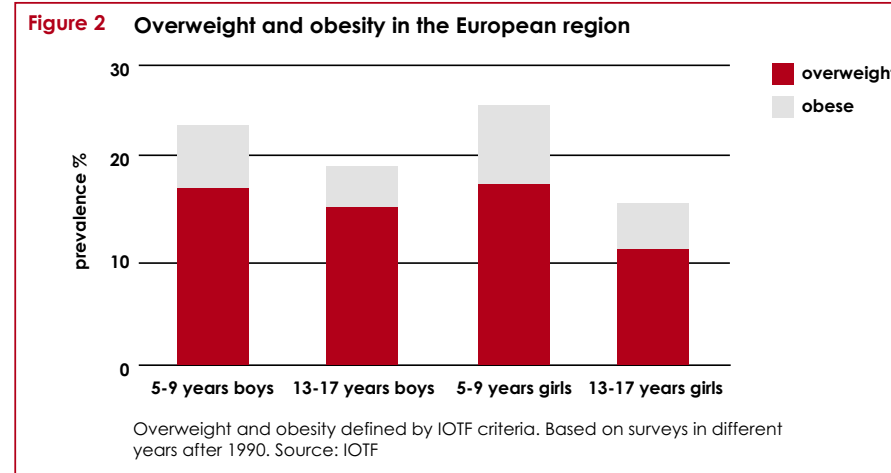
As Figure 2 (below) illustrates, English children are not an isolated case. The rates of overweight and obesity across Europe have risen to a level that warrants immediate population level action to address the "epidemic".

While Europe may lack the range of data to show effectively the increasing risk

factors for heart disease among young people, a recent USA review of survey data from a decade ago has demonstrated this clearly. Around 4% of adolescents and nearly 30% of overweight adolescents were found to meet the criteria for metabolic syndrome, a cluster of cardiovascular risk factors associated with obesity. The authors

suggested both public health and clinical interventions should be directed at this high-risk group of mostly overweight young people.⁴

4



Analysing the problem

To address the issue at a global level, the IOTF's childhood group has convened several international gatherings of experts who have contributed to the IOTF's analysis of the worldwide overweight and obesity threat to children and adolescents for the World Health

Organization (WHO). Its report is expected to be published in the near future. Meanwhile the IOTF position paper, "Obesity in Europe 2 – waiting for a green light for health?", delivered to a meeting of the EU's health ministers in Milan, September 2003 argued that Europe is at

the crossroads for diet and disease.⁵ The rising levels of overweight and obesity among children and adolescents are compounding record levels of adult obesity, reflecting dietary distortions combined with insufficient physical activity.

Finding ways to change the situation

It is apparent that the question of how to transform the nutritional quality of the daily fare of most Europeans is now higher up the Brussels agenda, but the challenge is how to effect change. The more enlightened view expressed by David Byrne, EU Commissioner for Health and Consumer Protection, needs to be better adopted across all the directorates, to achieve a coordinated approach.

In July 2003 at the Berlin Children and Nutrition Congress, Commissioner Byrne

was unequivocal about his concerns: "The food industry today provides the basis of our diet and caters to our diverse needs for taste, nutrition, variety and convenience. While processed foods make a significant and often positive contribution to our dietary intakes, consumers may not be aware of the hidden fats, as well as the sugar and salt content of the foods they choose. And the consumption of fruit and vegetables, which provide key nutrients for health, is also often insufficient."⁶

The high fat, sugar and salt components of modern diets have long been the targets for reduction in coronary prevention strategies, but so far only cosmetic changes have been delivered. The food industry has resisted changing its traditional product range, despite evidence of consumers demanding healthier food products.

⁴ Cook, S., Weitzman, M., Auinger, P., Nguyen, M., Dietz, W.H., Prevalence of a metabolic syndrome phenotype in adolescents: findings from the third National Health and Nutrition Examination Survey, 1988-1994, *Arch Pediatr Adolesc Med.* 2003 Aug; 157(8): 821-7.
⁵ IOTF position paper – "Obesity in Europe 2 – waiting for a green light for health?", September 2003. – Available to download from www.ioff.org/media/euobesity2.pdf
⁶ "Food for Thought - Nutrition and Public Health Policy" – David Byrne, European Union Commissioner for Health and Consumer Protection, Berlin: July 2003.

Dealing with industry

Current efforts to seek change have had mixed results so far. The World Health Organization's developing Global Strategy for Diet, Activity and the Prevention of Chronic Non-Communicable Diseases has engaged an initially hostile food and drinks trade in practical discussions on what producers should be aiming for.

Earlier this year the WHO and the United Nations Food and Agriculture Organization (FAO) delivered an expert report, "Diet, Nutrition and the Prevention

of Chronic Diseases", with a clear set of targets to reduce consumption of high fat, sugar and salt food products.⁷ Bitterly fought by the American sugar industry, the reaffirmation of the recommendation of a previous WHO report to limit added sugars to 10%, published more than ten years earlier, exposed a raw nerve in the USA; more and more Americans are now painfully aware of their acute childhood, as well as adult, obesity crisis. Some providers, particularly school governing boards, are starting to question the wisdom of permitting unbridled

consumption when there is now clear evidence about the role of sugary drinks in weight gain, identified in the WHO report.

If nearly one third of overweight and obese adolescents in the USA were showing early signs of being on the slippery slope towards heart disease in a survey more than ten years ago, with the exponential rise in overweight since then a new 'metabolic syndrome' generation is emerging.

It's time to act

The message for Europe is clear. Recent Italian studies show an overweight prevalence of 36% – as bad as in the USA. How many of these children are doomed to heart disease? The only thing that is

surprising is that so many people seem surprised at the question.

It is time to provide enduring solutions to deal with a pandemic so great that it

threatens to disable our health systems with an overload of chronic disease consequences in the future.

"It is time to provide enduring solutions to deal with a pandemic so great that it threatens to disable our health systems with an overload of chronic disease consequences in the future."

5

IOTF recommendations from "Obesity in Europe 2 – A green light for health?"

Recommendations for immediate and long term action on healthy lifestyles education, information and communication include:

- Protection for children from the 'aggressive' advertising and marketing techniques that sustain the pressure to adopt unhealthy patterns of consumption and activity. These preventive measures need immediate action.
- In registering health claims, food and drink companies should submit public statements to the EU Health and Consumer Protection Directorate regarding their overall marketing policies in relation to health, and should be required to give firm commitments to engage in honest consumer communication and to use their marketing 'reach' to support public health goals.
- EU Commissioners and Council members should pool knowledge and combine efforts across the food, agriculture, trade, media, education, sport and transport sectors, whilst engaging other stakeholders, including NGOs, to develop new initiatives to support healthier lifestyles.
- Labelling regulations should include mandatory measures to implement a simple colour-coded nutritional banding scheme to identify whether products may be consumed freely or should not be over-consumed.
- The first link in Europe's food chain, small growers, should be educated and encouraged to find ways to increase the supply of fresh produce. Better incentives to produce fruit and vegetables should be offered whilst schemes which provide artificial subsidies to benefit large scale production of superfluous oils, fats and sugars should be phased out. Specific initiatives to limit salt intake are also required.
- An 'active Europe' policy should be adopted with a vigorous reassessment of urban development, transport policies and other constraints that place unnecessary limitations on activity within the physical infrastructure.

⁷ WHO Technical Report Series 916 Diet, Nutrition and the Prevention of Chronic Diseases, Geneva/Rome 2003.

Obesity, sleep apnoea and CVD in the European Union

By Fiona Godfrey, consultant in EU Policy for the European Society of Respiratory Diseases

The contribution of obesity in the causation of chronic disease such as cancer and cardiovascular disease has long been recognised, although governments and the public health community have been slow to appreciate the scale of the problem and to propose effective prevention programmes and treatments. Fortunately, this oversight is now being remedied as obesity climbs to the top of the EU health agenda, and international health organisations, such as the World Health Organization (WHO), call for worldwide action to tackle what the UK's Chief Medical Officer recently called the first epidemic of the 21st century.

However, one obesity-related disease which is often overlooked is the respiratory illness obstructive sleep apnoea syndrome (OSAS). Sleep apnoea ranks close behind asthma and chronic obstructive pulmonary disease (COPD) as a serious respiratory condition, and experts believe it to be severely under-diagnosed in Europe. OSAS is not just a concern for respiratory physicians, though; recent research suggests clear links between OSAS and cardiovascular disease. Unbeknown to themselves, many sufferers are at a much higher risk of suffering a life-threatening stroke or heart attack than non-sufferers.

The scale of the problem

Obesity represents one of the biggest challenges to public health in Europe at the present time. Obesity prevalence is increasing across the continent and looks set to equal tobacco smoking as a leading cause of preventable death in the region within the next ten years. In his recent report on the state of the nation's health, the UK Chief Medical Officer, Sir Liam Donaldson, described obesity as a

time bomb that could cause thousands of unnecessary deaths over the next thirty years. The report found that obesity levels in the UK have tripled in the past two decades; one in four British adults is now classified as obese, defined as a body mass index (BMI) of over 30. Eight per cent of six-year-olds and fifteen per cent of fifteen-year-olds are deemed to be obese. The picture is similar in many other

parts of Europe. In the MONICA study, obesity rates for middle-aged women in the mid 1990s ranged from 10% in Southwestern France to 36% in parts of Poland. For men rates were lower, but almost a quarter of Czech, Finnish and German males in this age group were obese.

Obstructive Sleep Apnoea Syndrome

Obstructive sleep apnoea syndrome (OSAS) is the commonest form of sleep apnoea, a term which comes from a Greek word meaning lack of breath. During sleep, sufferers repeatedly stop breathing for short periods when the muscles of the soft palate relax, obstructing the airway and the airflow from the nose and mouth to the lungs. The sleeper will often gasp for breath and may awaken frequently. OSAS is defined as five or more such obstructed breathing events per hour during sleep. In severe cases, sufferers may experience over thirty such events an hour.

Symptoms of OSAS include loud and/or abnormal snoring patterns, excessive and/or inappropriate daytime sleepiness, high blood pressure and other

cardiovascular symptoms. However, not all heavy snorers suffer from the condition. Research suggests that whilst half of all middle-aged men and about forty percent of middle-aged women are habitual snorers, only around four percent of the population suffers from sleep apnoea. Unfortunately, many of those affected have no idea that they suffer from the illness, often because they attribute the symptoms to other causes. Snoring can sometimes be seen as a natural consequence of middle age, and daytime sleepiness is often thought to be the result of other causes such as long working hours or too many late nights.

In addition, sleep apnoea has only been recognised as common in the past ten to fifteen years. Because of this many

sufferers do not know that the condition exists and do not seek medical help. The American Sleep Apnoea Association estimates that 12 million Americans suffer from the condition, the vast majority of whom have not yet been diagnosed. To compound the problem, sleep apnoea is relatively under-recognised in the medical profession, and unless sufferers are referred to a sleep specialist their sleep apnoea may be dismissed and no treatment offered.

6

Obesity and OSAS

At present, the causes of sleep apnoea are difficult to determine. Several studies have suggested a strong genetic component as many children of sufferers have been found to suffer from the condition. However, as of yet no environmental or occupational causes have been identified.

Whilst it is not a cause of OSAS per se, obesity is known to be an aggravating

factor, and there are clear links between obesity and OSAS. Dr Walter McNicholas, a sleep apnoea specialist in Dublin, states that approximately forty per cent of the sleep apnoea patients he sees can be classified as obese (defined as having a body mass index or BMI of 30 or more), and that a further forty per cent are overweight (defined as a BMI of 25-30). In a study in the United States published in 2000, forty-five percent of patients

suffering five interrupted sleep episodes an hour were obese. Fifty-three percent of patients who experienced 15 or more interruptions were obese and sixty-one percent of subjects suffering more than 30 interruptions to their sleep per hour were obese. As the rate of obesity increases in Europe, experts expect to see many more cases of sleep apnoea.

Sleep apnoea and cardiovascular disease

Whilst it is classed as a respiratory illness, OSAS should be of concern for cardiologists and their patients as well. Several large epidemiological studies have shown that sleep apnoea is an independent risk factor for cardiovascular diseases, such as coronary artery disease and stroke. Sleep apnoea patients appear to have twice as much high blood pressure, three times as much ischemic heart disease and four times as many strokes as non-sufferers. Until recently it has been difficult to establish a causal relationship between OSAS and cardiovascular disease because of the incidence of other risk factors, such as smoking and increased cholesterol levels,

in OSAS patients. However, the evidence now suggests that OSAS is indeed a risk factor for heart disease and stroke in its own right.

Doctors believe that heart disease in OSAS patients develops when the flow of oxygen to the lungs is temporarily obstructed whilst the patient is sleeping. This process results in low oxygen levels, a condition known as hypoxia which leads to increases in the heart rate and blood pressure levels. This causes changes to the cardiovascular system, which in turn lead to arteriosclerosis and subsequent heart disease. Low oxygen levels are also thought to contribute to strokes. It would

also appear that even relatively mild cases of OSAS can give rise to heart disease.

Research also suggests that a large percentage of patients already suffering from heart failure are likely to suffer from OSAS and that this can have an additional adverse effect on their quality and length of life. It seems clear that cardiologists need to be on the lookout for OSAS in their patients and to work with their respiratory medical colleagues to ensure that their patients receive the best possible treatment.

7

Diagnosis of sleep apnoea

At the moment, the only way of diagnosing sleep apnoea is to admit suspected sufferers into a sleep diagnostic unit for overnight testing while they sleep. Whilst this is an effective diagnostic tool, it can be unnecessarily

time consuming for suspected patients who turn out not to have the illness. It can also be difficult to diagnose sleep apnoea in children suspected of suffering from the condition, who may not be able to sleep in a clinical setting. The number

of sleep laboratories where such testing can be carried out varies from country to country in Europe. Belgium has a relatively large number of centres per head of population, whereas the UK has one of the lowest.

Treatment of sleep apnoea

There are various treatments for sleep apnoea. They include avoiding alcohol, sleeping pills and tranquilizers and sleeping on one side, as well as participation in weight loss programmes. However, whilst many specialist sleep units offer advice on nutrition and weight loss, success rates are low.

The most effective treatment is continuous positive airway pressure (CPAP). In CPAP compressed air is passed through the nose to keep the airway open by means of a mask worn over the nose. Various studies have shown CPAP to be effective in reducing blood pressure levels and heart rate. Because of this, research has

also shown that CPAP can be very beneficial to patients already suffering from heart disease. Conversely, studies in Ireland and the USA have revealed much higher rates of death from cardiovascular disease in untreated OSAS patients.

What more can be done?

Given the links between obesity and OSAS it is clear that the number of cases in Europe looks set to rise in the coming years. Because of the proven causal link between OSAS and cardiovascular disease, this has to be a cause of concern not just for respiratory doctors but for the entire public health community. There is a need for an effective European-wide campaign to alert the public to the existence of sleep apnoea and its dangers for respiratory and heart health.

But knowing about the problem is just the first step to solving it. Other EU Member States need to follow the example of Belgium and ensure that they are providing enough sleep centres where OSAS can be accurately diagnosed and treated.

We also need more research at the European level to establish fully all the causal links between obesity, OSAS and heart disease and stroke, which are only just beginning to be understood by

researchers. Exciting developments are underway in the understanding of the relationships between the hypoxia of OSAS and the basic cell and molecular changes that can lead to vascular diseases such as hypertension. With up to four percent of the adult population affected by the condition, timely EU and Member State investment into OSAS research could save many thousands of lives in the next two decades.

8

Nutrition and health claims

On 16 July 2003, the European Commission adopted a proposal for a Regulation on Nutrition and Health Claims made on foods. The Commission's proposal was adopted following a consultation process in which over 90 stakeholders took part.

The main objectives of the proposed Regulation are the following:

- to achieve a high level of consumer protection by providing further voluntary information, beyond the mandatory information foreseen by EU legislation;
- to improve the free movement of goods within the internal market;
- to increase legal security for economic operators;
- to ensure fair competition in the area of foods; and
- to promote and protect innovation in the area of foods.

The proposed Regulation applies to both nutrition and health claims in the labelling, presentation and advertising of foods as well as to foods intended for supply to restaurants, hospitals, schools, canteens and similar mass caterers.

In the proposed Regulation, a nutrition claim is defined as a claim that states, suggests or implies that a food has a particular nutrition property. Examples of nutrition claims are "low fat" or "high fibre". The Annex to the proposal sets out the conditions for applying nutrition claims.

A health claim is defined as a claim that states, suggests or implies that a relationship exists between health and a food category, a food, or one of its constituents. A reduction of disease risk claim is defined as a health claim that

states, suggests or implies that the consumption of a food category, a food or one of its constituents significantly reduces a risk factor in the development of a human disease.

The proposed Regulation prohibits claims that are false or misleading, give rise to doubt about the safety and/or the nutritional adequacy of other foods, or state or imply that a balanced and varied diet cannot provide appropriate quantities of nutrients in general. The Regulation also aims to limit the use of nutrition and health claims to certain foods. Thus, claims are not allowed on beverages containing more than 1.2% by volume of alcohol or on foods that do not respect specific nutrition profiles. Within 18 months after the adoption of the Regulation such profiles are to be established by reference to the amounts of fats, sugars and salt/sodium.

All claims shall be based on and substantiated by generally accepted scientific data.

All health claims must be authorised by the European Food Safety Authority, with the exception of health claims that are based on generally accepted scientific data and well understood by consumers.

The full text of the proposal for a Regulation can be read on:

http://europa.eu.int/comm/food/fs/fl/fl07_en.pdf

Nutrition labelling

The European Commission has started a review of the Nutrition Labelling Directive which was adopted in 1990.

In January 2003, the Commission launched a consultation amongst Member States and stakeholders. The overall objective for this revision is to improve the existing nutrition labelling rules in order to facilitate consumer

understanding and informed choice. More than 50 interested parties sent their comments to the Commission.

Following review of these comments, the Commission services intend to prepare a legislative proposal by December 2003.

To view the comments go to:

http://europa.eu.int/comm/food/fs/fl/comments2003/fl_com2003_index_en.html

Food fortification

The European Commission is working on a proposal for a Regulation on the addition of vitamins and minerals in foodstuffs. Most EU countries have rules on compulsory or voluntary addition of nutrients to foodstuffs. The new proposal for a regulation will not touch upon Member States' rules for compulsory addition of nutrients; it will concern only voluntary addition of nutrients, more specifically vitamins and minerals.

Vitamins and minerals may be added to food for three purposes only: for restoration of the nutrition value lost during the production, storing and handling process; for fortification or enrichment; and for nutritional equivalence of substitute foods. The Commission will also draft a list of vitamins and minerals that will be allowed.

It is expected that vitamins and minerals cannot be added to the following products: fresh, non-processed produce, including fruits, vegetables, meat, poultry and fish; or beverages containing more than 1.2% by volume of alcohol.

The Commission recognises that foods to which vitamins and minerals have been added voluntarily can make a contribution to achieving adequate intakes of such vitamins and minerals and consequently reducing the risk of deficiencies. The classic example given is the addition of vitamin A and D in

margarine, which is thought to contribute about 20% of the Population Reference Intake (PRI) of vitamin A and 30% of vitamin D.

Products that do not have a 'desirable' nutritional profile, such as candies, high salt and high fat snacks, and high fat and sugar biscuits, should not be allowed to be fortified. It is expected that the Commission will refer to the text it is preparing on "nutritional profiles" (see the section on nutrition and health claims).

Since the nutrition content of a product could change through the addition of vitamins and minerals, the information for the consumer about the overall nutritional profile of the product could be improved through the labelling. Therefore, the Commission proposes that nutrition labelling (see above) should become mandatory for all foods to which vitamins and minerals are added on a voluntary basis. The proposal is also expected to define minimum and maximum levels of vitamins and minerals that can be added to products.

New "Network on Nutrition and Physical Activity"

Nutrition, together with smoking and physical inactivity, is one of the main determinants for cardiovascular diseases and cancer. The scientific community has estimated that in Europe an unhealthy diet and a sedentary lifestyle might be responsible for up to one third of the cases of cancers, and for approximately one third of premature deaths due to cardiovascular disease.

Nutrition and physical activity are key determinants for the prevalence of obesity, which continues to rise in the European Community among children and adults.

Therefore, and in accordance with its work programme for 2003, the Commission has established a European

Network of Nutrition and Physical Activity. This network met for the first time in June 2003 in Luxembourg. The objective of this network is to promote a healthy lifestyle, amongst other things via physical activity and healthy nutrition, and to advise on the creation of a European Community strategy to fight obesity and improve and promote public health nutrition and physical activity issues. The Network will also provide a forum for discussion and the exchange of information and will meet on a regular basis.

The members of the network are Member State experts. For more information, go to:

http://www.europa.eu.int/comm/health/ph_determinants/life_style/nutrition/nutrition_en.htm

Publications

Diet, nutrition and the prevention of chronic diseases • Report of a joint WHO/FAO Expert Consultation

In April 2003, the World Health Organization (WHO) jointly with the Food and Agriculture Organization (FAO) published an expert report on diet, nutrition and the prevention of chronic diseases. In this report, WHO documents the growing epidemic of chronic disease afflicting both developed and developing countries that is related to dietary and lifestyle changes. According to the report, rapid changes in diets and lifestyles that have occurred with industrialisation, urbanisation, economic development and market globalisation have accelerated over the past decade. This is having a significant impact on the health and nutritional status of populations, particularly in developing countries and in countries in transition. While standards of living have improved, food availability has expanded and become more diversified, and access to services has increased, there have also been significant negative consequences in terms of inappropriate dietary patterns,

decreased physical activity levels and increased tobacco use, and there has been a corresponding increase in diet-related chronic diseases, especially among poor people.

For the full report, go to:

http://www.who.int/hpr/NPH/docs/who_fao_expert_report.pdf

Research review of consumer understanding of nutrition labelling

In June 2003, the European Heart Network (EHN) published a systematic review of the literature on consumer understanding of nutrition labelling. This review examines published and unpublished research into consumer understanding of nutrition labelling. It assesses the extent to which consumers understand and make use of nutrition labelling as currently found on food packets in Europe and the extent to which consumer understanding of nutrition information could be enhanced by improving the format of nutrition labelling or through educational initiatives. It outlines the gaps that exist in current research in this area, and provides suggestions as to what further research is needed and which methods would be most appropriate to address key outstanding research questions.

The full report can be read on: <http://www.ehnheart.org>



The Belgian Obesity Forum

In May 2003, the Obesity Forum was set up in Belgium by Professor Van Gaal of the Antwerp University and Professor Kutnowski of the Brugmann hospital in Brussels. It brings together medical and paramedical experts from all disciplines, patient associations and other parties that are interested in or confronted with the problem of obesity. All are keen to work together to raise awareness and improve treatment of obesity in the light of the increasing number of cases seen today. The Obesity Forum was created to provide professionals, the public at large, and government authorities at all levels with better information on this condition.

Overweight and obesity affect significant numbers of Belgians

Today, just under half of all Belgians suffer health problems linked to their weight, with 36% of the population overweight (body mass index (BMI) between 25 and 30) and 12% obese (body mass index over 30). When the working population in Belgium is considered, a drastic decrease in the situation can be seen. In the last ten years (up to 2002) the number of female employees suffering from overweight has increased from 31% to 37%. Over the same period, overweight rates for men have increased from 45% to 54%. When the figures for obesity are observed, there is an increase from 9% to 13% for women and from 11% to 14% for men.

National campaigns to raise awareness of the problem

The goal of the Obesity Forum is to convey an objective, unequivocal message concerning the problem of obesity, and to attract greater attention to this condition via clear, targeted national awareness campaigns. The members of the Forum

intend to provide objective information and reveal the scientific, medical, psychological and economic difficulties linked to obesity.

As the organisers of the Obesity Forum, Professor Van Gaal and Professor Kutnowski, point out, the government invests a significant amount of money in the fight against tobacco, but the fight against obesity receives hardly any governmental support. Moreover, obesity is not an isolated phenomenon: it leads (almost inevitably) to a number of illnesses such as increased blood pressure, diabetes (mainly type 2), cardiovascular diseases (CVD), osteoarthritis, sleeping disorders, high cholesterol and cancer. Other side effects that should not be ignored include: a reduced life expectancy, psychological problems, back problems, etc.

Obesity should therefore be treated as a chronic disease, which results from an imbalance between energy intake and energy output. Consequently an efficient fight against obesity also demands an appropriate diet, more physical activity, a change of lifestyle and adapted medical treatment.

A multi-pronged approach to fighting excess weight

The Obesity Forum's mission can be summarised in five essential tasks:

- to centralise and provide up-to-date, high-quality information on obesity and the effects it can have on human health;
- to provide information on available treatment and the importance of medical supervision;

- to train physicians;
- to attract the attention of the media; and
- to give a clear signal to the authorities and draw the focus of political decision makers to this growing problem.

Regional governments joining the fight

At the same time, regional ministers responsible for public health have also introduced several initiatives to combat obesity. In March 2003, the Walloon regional government put forward a legislative proposal establishing an action plan to combat the most common life-threatening diseases: cancer and CVD. Within the fight against CVD, two major risk factors will receive special attention, namely tobacco use and obesity. A protocol is now being drafted on how to disseminate information effectively to several professional target groups such as general practitioners and universities. Furthermore, an information campaign addressed to the public at large will also start from the beginning of 2004.

At the beginning of 2003, the Flemish regional government launched an information campaign targeting the public at large, encouraging people to engage in more physical activity. This campaign, which is set up in cooperation with sports clubs, is primarily addressed to adults, and encourages them to take 30 minutes of physical exercise per day. This campaign is still running and the effects will be evaluated at a later stage.

11

The Danish National Action Plan against obesity: Suggestions for solutions and perspectives

In Denmark, there is great public awareness of the development of overweight and obesity in the population. It is estimated that 30-40% of the adult population is overweight (Body Mass Index over 25) and that 10-13% are obese (BMI over 30). In figures, that is respectively 1.3 million and 400,000 Danes. Furthermore, the number of severely overweight children and young people is increasing dramatically.

Attacking the problem of obesity in Denmark

Public awareness really took shape in Denmark in the late 1990s. The World Health Organization (WHO), along with the International Obesity Task Force (IOTF) and others, announced the problem. In the summer of 2001, the Danish Association for the Study of Obesity published a report that pointed out the necessity of preventing severe obesity and recommending that a national strategy for prevention and treatment be prepared. The National Board of Health decided in the autumn of 2001 to prepare such a proposal and completed this work in the spring of 2003.

On the same day, the Danish Nutrition Council (the government's independent advisory body for nutrition, with 19 members) published an extensive report entitled "The epidemic of obesity in Denmark – outline of a prevention strategy".

The objective of the national plan is to prevent more Danes reaching a BMI greater than 30 within the next five years, and to reduce weight among Danes with a BMI higher than 30. Involving biological, psychological, social and societal aspects of the problem of obesity, it targets children, young people and adults, as well as overweight people in all groups. The plan presupposes a joint and integrated effort with the participation of a large

number of players. The coming decade will reveal whether Denmark has succeeded in this ambitious task.

Creative, workable ideas

Denmark is the first country in Europe to introduce comprehensive documentation, combined with 66 quite specific recommendations for dealing with the problem. The instructions range from the establishment of guidelines for the selection of food provided in public catering services and canteens, to ensuring that there are cycle racks at public transport stations. One might consider it as a catalogue of ideas waiting to be implemented.

The Ministry of Culture is providing financial support for the next three years, in order to create better opportunities for children and young people to practise sports in their local community when it suits them. There are two groups currently: some children and young people are practising sport more and more, while others are becoming more and more inactive and more difficult to reach through the many facilities that already exist. The idea is to establish easily accessible exercise activities for children and young people, including overweight people and others who are not interested in competitive sports. This very good idea is welcomed.

Healthy food and exercise at school

In July 2003, the Minister of Education proposed that schools introduce food schemes that are fully paid for by parents. Today, schools are only allowed to claim partial user charges.

There is a social imbalance in the obesity epidemic, with a risk that those who have the greatest need for a healthy diet are not getting it. Most Danish children today bring a packed lunch to school, but where often both parents work outside the home,

parents are beginning to demand good food schemes in all kindergartens and schools. Successful programmes have been established in a few municipalities. The director of the Danish Food Industry is also of the opinion that there are ideal opportunities, and the food industry is at the ready. But things take time. Not all schools consider the canteen an important part of their working day, and many other assignments are given higher priority. Therefore, the National Board of Health's recommendation to devise dietary policies in the area is exceptionally important. Otherwise the industry may be liable to "solve" the problem without achieving the desired nutritional goals.

In the year 2004, the Danish Heart Foundation intends to prepare material for the subject of domestic science in municipal primary and lower-secondary schools. In its report, the Danish Nutrition Council clearly expressed the opinion that school children need specific teaching in nutrition, health and a healthy lifestyle, including physical activity.

All Danish school children participate in the "School Exercise Day" every year, with each school planning its own variety of age-specific activities. This tradition will soon be 25 years old, and is not just an event in the lives of the children, but also a media event. Next year, the Danish Heart Foundation is planning to issue a leaflet about food and exercise to all pupils.

12

Broad partnerships of government, industry and associations

The Ministry of Food staged a nutrition conference on 2 October 2003, about partnership for healthy food. The objective was to promote all good initiatives that draw Danes in a thinner direction. They wish to include as many partners as possible from the business community, the retail trade, organisations, trade unions, associations, educational institutions, etc. in a joint responsibility for reversing the trend towards obesity.

In the National Board of Health's plan, there is a proposal to tighten the rules for TV advertisements and marketing to children. The Danish consumer association, Forbrugerinformation, reviewed all food advertisements on one of the national television channels, TV2, for six months. Of 3,100 advertisements for foodstuffs, there were 931 aimed at children, all with unhealthy food and drinks. And that is just one channel. The Danish Heart Foundation would like to see children relieved of this "pressure", which in reality involves promoting unhealthy dietary habits. Unfortunately, the current liberal Danish government has stated clearly that legislative intervention cannot be expected.

The Danish Heart Foundation presented The Children's Food and Exercise Club at the October nutrition conference. Targeted at families with children aged 3-6 years, the club will publish knowledge, information and practical instructions about healthy food and exercise in the form of activity packs that support and inspire children and parents. They are expected to publish a pack every quarter. Partners are the National Board of Health and investment fund Tryg i Danmark*. However, the National Board of Health is participating only the first year.

*Tryg i Danmark is an investment fund in a large Danish insurance company.

Read the plan at: www.sst.dk: "English", "Health Promotion and Prevention" and the title will be shown.

Summary of "The epidemic of obesity in Denmark – outline of a prevention strategy" can be read at: www.ernaeringsraadet.dk, English version.



Get in shape – and maintain your weight

by the Danish Heart Foundation

Several times a year, the Danish Heart Foundation's (DHF) seven Counselling Centres offer "Get in shape – and maintain your weight" courses for overweight people who want to lose weight in a sensible way – i.e. through changes of diet and exercise – and without fanaticism. Weekly classes of approximately one hour take place over ten weeks. Participants are weighed each time, and there is teaching in various subjects, such as shopping, declarations of contents, meal rationing, exercise, etc. Typically 10-14 people participate, mainly women, from 18 years of age up.

A balanced approach to weight loss

Even though there is nothing to suggest that overweight people in groups lose more weight than those treated with individual discussions of diet, our experience is that the participants greatly enjoy being together with others in the same situation. Participants exchange experience, and are incredibly good at giving each other the support and back-up needed for changing one's lifestyle.

Apart from the theoretical teaching, the course is supplemented with an afternoon/evening where delicious, low-fat recipes are tested and various exercises are taught in the kitchen. This day provides a good insight into adapting favourite dishes to a healthy lifestyle, and emphasises the fact that low-fat food can easily be synonymous with good tasty food.

In DHF's common sense approach, the effort necessary to lose the extra kilos is acknowledged. People have their own free will and decide for themselves. To give a pointed example, people will enjoy a cream cake more if they have made a conscious decision to eat it – rather than feeling they have failed in relation to some diet.

Anything goes, just as long as they do not do it every day in large amounts. Losing weight is a matter of changing some of one's daily habits, for example dropping butter, choosing lean foods in preference to fatty products, and becoming better at remembering vegetables.

Individual assessment, individual choices

Courses start out with a look at the individual's habits and an assessment of what will be most realistic for this participant to change. The conversion to a healthier lifestyle should start with scrutinising habits and determining individual values. If quality of life for one person is having a glass of red wine at dinner, then the glass of wine is perhaps not what this person should avoid. He/she should rather prioritise the glass of wine and do without something else.

Choosing to have or to do without may seem perfectly simple, but it is often difficult to estimate how little or how much deviation there is room for when trying to lose weight, and especially what size portions are permitted. As a result, DHF stresses that choosing low-fat food is not enough – the size portions of the different things people eat are crucial.

With a properly composed diet, people often find they eat frequently and relatively large amounts of food every day, and do not leave the table hungry. This is incredibly important when losing weight, as it makes it easier to resist the temptation to have a chocolate bar or a sausage sandwich on the way home from work.

Combining exercise and healthy eating

Exercise and the right diet are a good combination for losing weight. As a result, DHF courses lay great emphasis on exercise. Exercise means many things,

and people have to tune in to their bodies and find out what best suits their own personality. Walking and cycling are types of exercise that suit most people and can be done alone or in company. It is possible to vary one's daily routes, and it is easy to fit walking or cycling into an otherwise busy working day.

There are many ways to lose weight, some faster than others. Many people have a tendency to measure the degree of success by looking at how quickly they lose weight. In this context it must be emphasised that the degree of success in relation to weight loss should be measured rather by how people lose weight – and especially by whether they are able to maintain their weight loss.

As a result, the Danish Heart Foundation's course is not just a diet for a shorter or longer period of life. It is quite simply a guide to the principles and rules people should live by for the rest of their lives. People who adopt this healthy lifestyle will be in good shape and maintain their weight.

14

Overweight and obesity - growing health problems in Finland

The most prevalent nutritional problem in Finland is obesity. Excessive intake of energy and lack of physical activity are the main causes of obesity and related metabolic effects. With obesity becoming more widespread, an increasing number of people are developing hypertension or type 2 diabetes, which have considerable economic consequences. According to estimates, up to 7% of total healthcare costs in Finland are due to obesity.

The Finnish diet still contains too much hard fat and has an unfavourable energy balance. Diseases related to an unhealthy diet, such as hypertension, disturbances in fat metabolism, and type 2 diabetes, are too often treated with medicines alone, although drugs could be given up or their use reduced with better health habits.

Over half of the Finns are overweight

According to the studies of trends of overweight and obesity in Finland among adults from 1980 to 2000, obesity has continued to increase in both men and women over the last two decades, with the most prominent increase taking place among young adults. The prevalence of overweight (BMI>25), obesity (BMI>30) and severe obesity (BMI>35) among men aged 30 - 64 years of age increased between 1980 and 2000, respectively, from 56.2% to 68.0%, from 1.3% to 2.5%, and from 1.1% to 4.0%. The corresponding increases among women were, respectively, from 48.8 to 54.7%, from 16.4% to 21.7%, and from 3.7% to 6.3%.

Weight gain has been most striking among well-educated Finns. The prevalence of obesity increased, in 1980 - 2000 respectively, by 190% (from 4.9% to 14.2%) and by 104% (from 7.1% to 14.5%) among men and women with university education, which is twice the increase among those with basic education only.

In men, the mean BMI has increased steadily during the last 30 years in all regions of Finland. Recently the mean BMI

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in women has increased most in the eastern and northern parts of Finland.

Obesity and overweight among children and young people

The Adolescent Health and Lifestyle Survey collects data from national samples every other year and uses international cut-off points for BMI.

In Finland, the level of overweight and obesity of 12 to 18-year-olds increased markedly from 1977 to 2001. Overweight and obesity increased linearly in all age groups and in both sexes. The prevalence of both overweight and obesity increased approximately two to three-fold between 1977 and 2001.

The changes concentrated at the upper end of BMI distribution, suggesting that factors behind this development have influenced only a part of the adolescent population. Some possible explanations have been found. Watching television might have an influence on adolescent obesity. Potential confusing factors, e.g. physical activity, will be taken into consideration in further analysis. Although the adolescents have gained weight, they are less concerned about being overweight than earlier. It seems that adolescents compare themselves to peers close to them rather than to ideal models provided by the culture at large.

New action programme for implementing national nutrition recommendations

The action programme presents a number of proposals for measures to support the implementation of nutrition recommendations in the different fields of nutrition (including weight control). The action programme is targeted at the entire population. The importance of municipalities and NGOs carrying out the measures is emphasised. Opportunities for government to influence nutrition policy are mainly restricted to guidance by information. The role of the National

Nutrition Council as a national coordinating body is emphasised. Putting the measures into practice will require close cooperation at the national and local level.

First national best practice guideline for losing weight and weight control

This best practice guideline is directed at health professionals. Planned primarily for public health services, the guideline also serves for special care when treating severely obese patients. The objective of the guideline is to treat and prevent obesity-related diseases, aiming at 5 to 10% weight losses.

As a treatment of obesity the guideline recommends a basic care programme of 10 to 20 healthy lifestyle counselling sessions, mainly in group sessions. The main topics are decreasing energy intake, increasing physical activity, and controlling one's thoughts and feelings related to eating.

There are so many obese patients that the basic care service is not able to offer guidance and counselling to all of them.

As another alternative a short intervention is available. The short intervention includes the diagnosis of obesity, motivation, and the presentation of different ways of losing weight.

Information, education and training are crucial parts of the implementation of the guideline. In addition, regional programmes for weight control are needed.

Individualised dietary counselling helps maintain healthy weight among children

The Finnish Strip Baby study was a prospective randomised child-targeted heart disease risk factor intervention trial. The project used regular dietary counselling to reduce children's exposure to the known environmental atherosclerosis risk factors. The children (families) in the intervention group received intensive dietary counselling and the control group received the basic health education routinely given at the Finnish well-baby clinics.

Throughout the trial (11 years) heights and weights of the intervention and control group boys and girls were closely similar. The percentage of slim children was comparable in both groups. The percentage of mildly overweight children was continuously higher in the control group than in the intervention group. At the age of 11 years, 1.9% of the intervention and 4.5% of the control children were truly overweight.

Finnish Heart Association promotes healthy nutrition and weight control

Since 1955 the Finnish Heart Association (FHA) has promoted heart health. Promotion of healthy weight has traditionally been an important part of FHA's mission. The FHA's policy aims at different levels: nutrition education for the general public and heart patients; creating facilities to enable people to eat in a heart healthy way; and producing

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programmes and materials for weight control.

Weight control project continues

Obesity and overweight increase the risk of CVD and type 2 diabetes. In response, FHA and the Finnish Diabetes Association have launched a joint campaign, "Small decision a day", to prevent heart disease and type 2 diabetes. As part of the campaign a weight control model is being produced for health care providers.

The weight control programme includes supporting material connected to the model and instructor training. The material is especially targeted at people who are overweight, but who are not severely obese, with BMI less than 35, or who have metabolic syndrome or type 2 diabetes.

The programme offers an effective weight control model for organisations and health professionals and gives training to group leaders. The model is based on problem-solving methods. The target of the programme is to start a personal process of lifestyle changes and to motivate and empower people in the group to achieve sensible weight control with diet and physical activity.

After pre-testing, the final programme and training are now available. With extensive demand, 15 training courses have already been completed.

Looking forward

Difficulties in treating obesity and maintaining weight loss are well known. Prevention of obesity appears to be the most promising way to solve this problem. New approaches are needed to address the challenge of preventing obesity, particularly among children and young people.

The central government can influence the food habits of the population and guide nutrition and food policy by means

of legislation, allocation of resources, information and supervision. The only body currently coordinating national nutrition policy is the National Nutrition Council, but it does not have sufficient resources to perform the task. Comprehensive national strategies targeting the whole population are urgently needed to tackle the obesity epidemic.

The national nutrition action programme proposes more intensive dietary counselling for children aged 6 to 7, when they start school. Their parents and health care providers should evaluate the new situation together and find solutions to organise a balanced diet and secure normal weight development.

The best practice guideline for children and young people for preventing and treating obesity is in process.

The role, possibilities, resources and responsibility of people for their health, including weight control, can certainly still be increased. The current health service system should be developed so that it can influence voluntary lifestyle changes as effectively and widely as possible.

15

16

News from The Netherlands

by the Netherlands Heart Foundation and the Netherlands Nutrition Centre

Prevalence of overweight in the Netherlands

Overweight is an increasing problem in the Netherlands. In the age group of 20 to 70-year-olds around 50% of men and women have a body mass index (BMI) above 25. The prevalence of overweight strongly increases with age, especially from ages 20 through 40. The number of overweight people increased in the last 20 years in all age groups, among men as well as women and in all socioeconomic classes. Especially alarming is the increase of overweight in children.

Growing interest in prevention of overweight

Several advisory boards of the Ministry of Health of the Dutch Government reported on overweight and health in 2002 and 2003.

The RIVM (National Institute for Public Health and the Environment) signalled a high prevalence of overweight in the lower socioeconomic classes, among immigrants and among young children. These groups will receive special attention in the future.

The RVZ (Council of Public Health and Healthcare) advised our government on policy actions to improve a healthy lifestyle. A national taskforce should tackle the problem of overweight efficiently and effectively by developing innovative intervention strategies. Activities to improve our obesity-promoting environment were recommended, such as providing and subsidising healthy foods in school canteens and improving facilities for physical activities in neighbourhoods, at work and at schools. Measures to extend and regulate gymnastics at schools were also recommended. A tax on snacks should be discussed and health insurance companies should include preventive actions.

The Health Council of the Netherlands also argues for developing preventive intervention strategies and stimulating a

broad coalition between actors in this field coming from local governments, health institutes and the food industry. More research is needed to develop effective strategies to prevent obesity.

In addition to facilitating a healthy lifestyle and influencing laws and directives, educating the public forms an important way of preventing overweight. The Ministry of Health, the Netherlands Heart Foundation and the Cancer Fund are financing the mass media campaign "Maak je niet dik", in English "Don't grow fat". In its first year this campaign will focus on creating awareness among young adults of their weight and of an undesirable slow weight gain throughout the years. The Netherlands Nutrition Education Centre is coordinating these activities.

"Don't grow fat!" campaign by the Netherlands Nutrition Centre

In December 2002 the Netherlands Nutrition Centre started a multi-year campaign called "Don't grow fat!". This campaign is focused on the prevention of overweight. It is not about losing weight, but about maintaining a healthy weight by means of a responsible consumption pattern and more exercise. The danger of overweight lies especially in the kilo that is gained unnoticed every year, and the health risks this extra kilo might involve.

The campaign activities are mainly focused on the group of young adults, from 25-35 years of age. Their life is developing into a different phase; they are getting married, starting work and having children. These events are accompanied by a change in lifestyle, which often leads to a change in diet.

In the first years of the campaign the goal is to increase the awareness of the importance of a healthy weight. Most important at this stage are materials with the help of which people can check if

they are overweight, like an interactive BMI (body mass index) module on www.voedingscentrum.nl, waist-meters, brochures with a BMI meter, and an SMS campaign. Using the SMS (short message service) on their mobile telephones, people can send their height and weight to a freephone number in The Netherlands, and receive a reply in just one minute as to whether their weight is healthy. The message also includes a tip for achieving or maintaining a healthy weight, and gives the web address www.voedingscentrum.nl to which they can refer for more information.

At the end of 2002, through radio spots and advertorials, consumers were called upon to test their weight at the web site of the Nutrition Centre. During the summer months of July and August, so called 'emergency teams' were active. These teams, consisting of dieticians and students, handed out waist meters in so-called 'snack hot spots', and encouraged people to measure their waist size. The purpose of this action was to point out the danger of "a kilo a year" to the Dutch people.

Future prophesier

The first period of the campaign was mainly aimed at checking one's weight. This autumn 2003 the campaign focuses on future weight and its consequences. The population is asked "What are the implications for you personally when you gain a little weight each year?" Following up on the BMI module, another application is being developed for the Internet site of the Nutrition Centre. This module will be presented as a "future prophesier". It will give people a chance to 'see their future body'. They will fill in their height and weight, and indicate whether they are male or female. The module will give them their BMI with an evaluation, and a picture of a man or woman with that BMI. On the basis of a one kilo a year increase in weight the

module then looks ahead ten years. Starting from the data that was filled in, the module makes an estimate of what will happen if the person does not watch his or her weight. The possible BMI will be shown, together with a picture that goes with this BMI. Based on this BMI, statements will be made concerning the health and lifestyle of the individual.

The "future prophesier" will serve as an eye-opener to trigger the target group to start thinking about gradual weight gain. Among other things the campaign will be supported by radio spots and by information cards (freecards) distributed in places where young people gather, such as discos. The information cards contain information on the campaign plus the web site address. For people who are interested in preventing overweight, the "Eatmeter" can be advised, a handy computer programme on CD-ROM with which everybody can judge their own nutritional intake.

Research concerning the campaign

In September 2002 a Ph.D. at Erasmus MC Rotterdam started to scientifically guide the entire campaign, from development to implementation of campaign activities. To specify the targets of the campaign in 2003 and to identify possible relevant goals, an analysis was conducted with the data gathered through a cross-sectional survey. This analysis was aimed at relevant potential determinants of prevention of overweight, and specified after adjustment for food and exercise behaviour. With a number of these surveys, a trend analysis will be conducted to determine the effects of the campaign in the first year. From the initial results it appears that the campaign has had a successful start; 60% of the respondents showed familiarity with the campaign. The trend analysis will be continued during 2003.

Finally the Nutrition Centre wants to develop a new method of weight control, in addition to the more traditional solutions already offered on the Internet (Eatmeter and campaign materials). This new intervention is called "balanced thinking". It is a principle which implies that consumers can adapt their nutrition in such a way that they recognise a moment of excess and can adequately compensate for it. The strong point of this approach is that it is far easier to

implement this way of thinking into every day life than most other approaches to weight loss or weight maintenance. The "balanced thinking" concept will be further designed and tested in 2003.

18

'Broek iets te strak?'

Maak je niet dik!

Geniet van de goede dingen van het leven. Maar word niet te dik! Voorkom dat er steeds een kilo bijkomt... Anders loopt je gezondheid grote risico's. Blijf fit en je blijft gezond! Test je gewicht op www.voedingscentrum.nl of bel het Voedingscentrum voor de gratis gewichtstesten en meer info: 070 - 306 88 88 (werkdagen 9.00 - 17.00 uur).

www.voedingscentrum.nl

"Pants too tight? Don't grow fat!"

17



Obesity and weight management in Norway

Obesity is increasing at an alarming rate in Europe, according to the report "Obesity in Europe – The case for action", published in September 2002 by the International Obesity Task Force of the World Health Organization (WHO). Other WHO figures tell of an increasing occurrence of overweight world-wide, both in the developing world and in industrialised countries. Many experts believe we are facing a global epidemic which will have considerable consequences for health and welfare.

Various studies have shown correlations between overweight/obesity and an increased risk of morbidity and death. Incidences of cardiovascular disease, type 2 diabetes, gall bladder disease, certain types of cancer, sleep apnoea, and muscle and joint fatigue all increase as body weight rises. Obesity is also a serious threat to mental and social health.

Norwegians are becoming less active and heavier

Although there is reason to believe that the situation in Norway is somewhat better than in many other European countries, development in Norway follows an international trend towards a society of increasingly heavier people. The threat of an obesity epidemic must be taken seriously. As overweight/obesity is very difficult to treat, it ought rather to be prevented.

The average body weight of adult males in Norway (40-year-olds) has increased by 9.1 kilos in the course of the last 30 years, while the body weight of youths (army conscripts) has increased by 3.3 kilos over the last 15 years. The average weight of 9 and 15-year-old children in Oslo has increased by approximately 3 kilos over the last 25 years. It is estimated that around 10% to 15% of all Norwegians are overweight. The number of overweight children is on the increase but no one knows by exactly how much as there is no accurate national overview of the number of overweight children in Norway at present.

However, dietary research suggests that energy consumption in the adult population has remained stable over the last 20 years. At the same time, several surveys underline that Norwegians exercise and take part in sports more than they used to. What then is the reason for the increase in the average weight of the population? It appears to reflect a drop in general activity levels, as the lifestyle of most Norwegians has changed dramatically in this respect. They move less in their daily lives, use the car more and sit in front of the television, on average, 1.5 hours a day. At work many heavy manual tasks are now done by machines, while the amount of sedentary work has increased. Norwegians live in a modern society which encourages inactivity, leading to overweight and consequent health problems and illness. The Norwegian Health Association is focusing on the need for increased physical activity as a means of avoiding weight gain and maintaining weight reduction. We want to encourage 'low threshold' activities that everyone can take part in.

Sugar consumption increasing, especially among the young

Even though recent nutrition surveys from 2001 show that a large percentage of the Norwegian population has a good diet, there are several alarming tendencies. Among children and teenagers sugar consumption is high and increasing. On average, 13-year-olds drank 5 dl of sugared mineral drinks and cordials per day in 2000. Consumption of sweets has also increased considerably.

More treatment needed to help overweight and obese people

The treatment for overweight and obese people available in Norway is not sufficient. With no real treatment available from the health authorities, the overweight often resort to the methods and products promoted by the commercial slimming industry. The Norwegian Health Authority has not initiated any campaigns to help the overweight, and weight-loss medications are not currently subsidised by the national office for social insurance ("Rikstrygdeverket").

Overweight and weight loss have long been taboo subjects in Norway, especially where children and teenagers are concerned, as it was feared that talking about weight would lead to eating disorders. Yet in reality many more people suffer from overweight than from eating disorders. Even so, it is more effective to focus less on slimming and weight and more on healthy food and physical activity.

"Weight and Health" recommendations

In 2000 The National Council on Nutrition and Physical Activity (SEF) published the report "Weight and Health". The Council concluded that overweight and obesity, which cause damage to health, should be treated along the same lines as other chronic diseases.

The researchers who wrote the report proposed a series of actions to prevent obesity among children and adults in Norway:

- reduce the availability of foods with high fat and sugar content in and near schools by preventing children from buying from shops during school time;
- increase the number of physical education lessons at all levels throughout school;
- ban advertisements directed at children that promote foods with high fat and sugar content and games and toys which lead to passive play;
- increase the physical recreation facilities for young military recruits/conscripts or those doing community service;
- reduce the price of fruit and vegetables and make fat and sugary foods relatively more expensive;
- introduce a "Fruit and Greens Subscription" at all schools throughout the country;
- introduce fruit and greens as suitable food for meetings and seminars in the workplace;
- reduce the use of cars by locating workplaces, kindergartens and schools in the vicinity of where people live, so that they can walk or cycle.

The Norwegian Health Association is one of several organisations that have come together to form the "Kostforum" (Nutrition Forum), which works towards encouraging people to eat a healthier diet and live a healthier life. It is addressed at industry, decision-makers and the person in the street, with the goal of increasing people's level of awareness concerning what they eat, while also making healthy food

cheaper and more readily available. The greatest challenges of the near future, in respect of nutrition and community health policy in Norway, are to stimulate an increase in physical activity in all sectors of the population, increase the consumption of fruit and vegetables, and reduce the consumption of saturated fats. Collectively, this will reduce the incidence of overweight/obesity, type 2 diabetes, cardiovascular diseases and other lifestyle-related disabilities.

News from Portugal

by the Portuguese Heart Foundation



Obesity in Portugal

Cardiovascular disease (CVD) is the main cause of death in Portugal, as it is in the rest of Europe and, indeed, the world. About 39% of deaths are caused by this type of disease. In Portugal, mortality from stroke is three times higher than mortality due to coronary heart disease (CHD).

Obesity is a major risk factor for these diseases. It has been estimated that in Portugal about 22% of the population has a body mass index (BMI) of > 30 and about 42% has a BMI between 25 and 30. Over 70% of the population has a waist perimeter greater than the recommended figures (94 cm for males and 80 cm for females).

In addition to diet-related issues, a sedentary lifestyle and lack of physical activity are decisive factors in the appearance of obesity. In Portugal, more than 80% of the population considers that they do not get enough exercise in their daily activities, i.e. they are always sitting down and do not walk much (33%) or, if they do walk enough, they do not usually carry heavy objects (47.8%). Only 9% believe that their job is physically demanding. Where free time is concerned, about 73% spend their time reading, watching television or indulging in other sedentary activities, while 18% report that their leisure activities involve only light activity.

The contribution of the Portuguese Heart Foundation

The Portuguese Heart Foundation has developed a number of activities to alert the population to the need to fight obesity.

Heart Month 2003 was devoted to diet. The publicity campaign was very good, with a television spot and a strong advertising campaign stressing the risks to the Portuguese of some traditional foods. Bicycle Tours are one of the activities organised at weekends every year in May, which is Heart Month. Streets are closed to traffic so that people can ride their bikes. This year the bike tour was on 10 May to celebrate "Move for Health Day".

The Foundation is responsible for the nutrition course for members of the King of Hearts Club, a club for heart patients and their families. The course is now in its third edition.

In May 2003, the Foundation tested the Portuguese members of parliament for cholesterol level, blood pressure and BMI, and followed up the tests with a healthy lunch. The problem was discussed with government members, who acknowledged that cardiovascular health does not recognise party affiliations and that political choices are needed to prevent cardiovascular diseases.



Bicycle Tours in Lisbon, May 2003

21

News from Spain

by the Spanish Heart Foundation



Obesity, the 21st century epidemic

Obesity, one of the biggest health problems in developed countries, is a phenomenon related to consumption societies. Due to significant changes in lifestyle the number of people concerned is clearly increasing. The lack of physical activity in current life (use of cars, electronic domestic appliances, etc.) and the huge range of high-calorie food on offer from the nutrition industry have increased the obese population.

The World Health Organization (WHO) recognises obesity as a global epidemic and a serious public health problem. World-wide, 250 million adults are currently estimated as obese and many more are overweight.

The prevalence of obesity in Spain is 14.5% (13.5% among males and 15.4% among females). Overweight is also increasing in Spain and has reached 38% of the population, which in fact means that one of each two adults suffers overweight or obesity.

Unfortunately this problem is also increasing in childhood and adolescence, where the figures for overweight and obesity doubled in the last two decades. In a 2002 study a rate of 30% for overweight and 12% for obesity was observed among Spanish youngsters. Prevention during childhood must be a priority, for three main reasons:

- The spectacular increase in childhood obesity has been accompanied by the appearance among children of serious illnesses related until now to adults, such as hyperlipidaemia, hypertension and type 2 diabetes. Approximately 80% of diabetics, 60% of patients with high blood pressure and 50% of adults with high cholesterol are obese. Obesity in childhood has been shown to be associated with higher morbidity and mortality in adulthood.

- It has been calculated that 30% of obese children become obese adults. Prevention in this group clearly reduces the number of overweight adults.
- The treatment of obesity and related illnesses accounts for 6.9% of current health expenditure in Spain (Spanish Society of Endocrinology and Nutrition (SEEN)). Prevention is easier, cheaper and potentially more effective than treating obesity once it is established.

Towards a global strategy on diet, physical activity and health

Diets are rapidly changing and time dedicated to physical activity has decreased. Physical education (PE) is compulsory at schools only until age 16. According to data from the National Health Survey (document to be published soon), almost 50% of adults do not practice any kind of physical activity. The figures are even worse for women: 62% of adult women do not practice any kind of physical activity, compared to 38% of young people in general and 53% of adults.

Basilio Moreno, M.D., head of the Obesity Unit of Hospital Gregorio Marañón and President of the Spanish Society for the Study of Obesity (SEEDO), makes three suggestions:

- Reduce the intake of calories (always taking into account that excess is also prejudicial), by reducing the portions of high-calorie food and giving children freedom in the consumption of fruits and vegetables. Avoid ready-to-eat foods, richer in fats, and increase the consumption of water instead of sodas with sugar.

- Increase regular physical activity to increase the expenditure of energy from general activity and games. It is an enjoyable way to keep fit, ideal for children and adolescents.
- Decrease inactivity, taking into account the 'invasion' of computer games and TV in the leisure time of youngsters. There is a direct relationship between obesity and the number of hours spent watching TV (main cause of inactivity and at the same time associated with an increase in snack consumption while watching). A study shows that in the afternoon on average 20 advertising spots are broadcast in one hour, half of them promoting snacks and sodas.

22

Public strategies concerning nutrition can be oriented in two ways:

- **strategies to increase the population's knowledge by promoting healthy lifestyles through mass media and interventions in workplaces, schools, cultural centres, etc.**

The development of policies to modify nutrition habits shows the concern of the Spanish Health Ministry and of the Spanish Government regarding nutrition and the associated problems emerging in Spanish society. The General Manager of Public Health created a Working Group on Nutrition and Physical Activity to study the problem and develop strategies, design education plans for the population and facilities to practice regular physical activity, etc. Physical activity and nutrition experts are members of this working group. In the next few months, they will develop a National Plan of Nutrition and Physical Activity, which will mainly focus on the prevention of obesity and overweight in young people.

The Ministry of Agriculture, Fishing and Nutrition (MAPA) has created a new phone line to provide consumers with information about fish consumption. It started in July 2003 and 50,000 calls per year are expected.

MAPA is also developing a publicity campaign to promote fish consumption. With the slogan "How good fish is for you", it is specially addressed to children and young people.

- **strategies to develop a healthy environment as a way to change nutrition and physical activity habits: easy access to physical activities, promotion of healthy nutrition, etc. Some examples:**

- urban design and transport policies should protect the construction of pedestrian and bicycle areas, allowing children to play and run safely. Reduced prices for public transport should promote its use to go to schools, workplaces, etc;

- economic aid should stimulate the production of low-calorie foods, especially fruit and vegetables;

- education through information on healthy behaviours should help people choose low-fat foods and promote physical activity;

- legislative measures concerning labelling of products, advertising, and affordable low-calorie foods in restaurants (for instance, free salad buffets). The tobacco industry has been made responsible for pulmonary cancer due to advertising inciting smoking, and equally the food industry should answer in the future for illnesses such as obesity. In 1992, £80 million were spent in the UK on the promotion of chocolate, while only £3 million went to promoting fruit and vegetables;

The big food industry multinationals have joined in fighting obesity. Companies whose products are linked to obesity are trying to avoid being identified by public opinion as responsible for the increase of this epidemic. They are announcing measures like reducing the fat of some products, researching dietetic alternatives and providing broader information about food composition.

SEEDO is calling for more transparency and information in labelling so that consumers can make responsible choices. In the long term unhealthy products will contain prevention messages on their labels, as tobacco products do currently.

In Spain more than 70% of children go to school each morning without having breakfast or with an inadequate breakfast. (Survey "Tell me how you eat" carried out by the Spanish Society of Community Nutrition). Approximately one third of adolescents (9 to 16-year-olds) do not have breakfast at home and only have a snack in the school centres. And what they usually find there are industrial high-fat products. Over the last few decades, changes in the working and social structure of Spanish society have led to nutrition changes as well. In many cases, home cooked meals have been replaced by school meals. School centres should therefore realise that they play not only a social and educational role, but they are also more and more involved in the nutrition pattern of our society.

According to a report by the Ministry of Work and Social Affairs (Report on the social situation of childhood in Spain), 62% of school menus should improve their nutritional components, meaning that over half the meals served in Spanish schools are not as healthy as parents and nutrition experts would wish. Dr Susana Monereo, the president of SEEN, warns about the excessive consumption of industrial foods. She states they are cheap, packed attractively, easy and ready to use, and these factors, together with the lack of time typical of industrial societies, lead to abuse.

Spanish Heart Foundation activities promoting healthy nutrition

With the collaboration of the Ministry of Agriculture and the Spanish Society of Cardiology (SSC), the Spanish Heart Foundation (SHF) organises a two-month campaign called "Healthy Breakfasts" in different Spanish provinces directed at children aged 6 to 12, parent associations and public school teachers. This initiative has reached more than 300 cities and 67,000 children.

The book "The cardio-healthy life" tries to create awareness so that young people encourage their parents to buy healthy food and help them prepare it. The SHF magazine "Heart & Health" contains healthy recipes and always has an article explaining the properties of different healthy foods.

During the celebration of the Heart Week, different conferences on nutrition given by experts (cardiologists, nutritional experts, etc.) take place, including cooking classes for children, with explanations by nutrition experts and recipes created by cooking schools. Children make entertaining, colourful dishes and then eat their own preparations at a fun party.

The web site of the SHF contains the section "obesity, to know is to prevent", with healthy recipes and the possibility of calculating the user's risk of suffering CVD. Physical activity is covered in the section about a sedentary lifestyle, "move up, heart", with different proposals for exercise, such as sport in holidays.

In the Training Course for School Teachers, held by the SHF and aimed at public school PE teachers, three days were specially dedicated to analysing different factors regarding nutrition, obesity and physical activity.

Different short TV spots have been broadcast throughout the year with the participation of the SHF. With the support of SSC cardiologists, information was given to the general public concerning correct nutrition, the benefits of the Mediterranean diet, and regular physical activity. In addition the SHF participates in various TV health programmes promoting a healthy lifestyle where healthy nutrition and physical activity are priority subjects.

The SHF has reached an agreement to cooperate with the Spanish Agency of Food Safety, recently created by the Ministry of Health. One of its aims is to control the quality of food in the market and public establishments, including labelling. A common project to promote healthy nutrition based on the Mediterranean Diet has been developed.

Interesting links:

<http://www.mapa.es/alimentacion/alimentacion.htm> (web site of the Ministry of Agriculture, Fishing and Nutrition)

<http://www.msc.es> (Ministry of Health)

<http://www.seedo.es> (Spanish Society for the Study of Obesity)

<http://www.nhcg.es/seen> (Spanish Society of Endocrinology and Nutrition)

<http://www.sehleha.org/horus/alimento.htm> (web site containing nutrition programmes, with lists of products, dishes, and a calculator for measuring nutrition components for the menu described by user)

<http://www.5aldia.com> (Association "5 a Day"; promotes consumption of fruit and vegetables among children)

<http://www.nutricioncomunitaria.com> (web site of the Spanish Society of Community Nutrition)

<http://www.nal.usda.gov/fnic/foodcomp> (US Department of Agriculture. Contains excellent data with information about composition of 5,941 single foods)

<http://www.nutrition.org> (Journal of Nutrition of the American Society for Nutritional Sciences)

Obesity research well advanced in Sweden

Three million Swedes are overweight, and more than half a million suffer from severe obesity. Over the last twenty years, obesity has doubled in men, women and children. Just as in other Western countries, there is an obesity epidemic in Sweden as well, and the government has realised what consequences this will have in terms of health economics. The cost of obesity-related diseases such as type II diabetes, cardiovascular diseases, certain forms of cancer, and damage to the joints was running at 3 billion kronor in the 1990s (3.35 million euros), with disability pension costs of 7 billion kronor (8 million euros), figures that will rise sharply unless the health service achieves greater success with prevention, guidance and treatment than in the past.

Sweden has no national action plan for curbing the growth of obesity and excess weight. However, the Swedish Government has asked the National Institute of Public Health in Sweden to promote "good eating habits and safe food". The intermediate aim is to reduce excess weight in the population, with a special focus on overweight in young people. A leaflet entitled "Diet, Exercise and Health" has been published, which includes specific recommendations intended for the food industry.

Children and obesity: concerns for the future

The National Food Administration has published recommendations and

guidelines on the fat content of school meals, specifying no more than 33% of energy to be provided by fat. "Flexibility there is very good; we have carried out studies showing that school food is by and large good. However, if you go out and look at restaurants serving lunches, the fat content is not always what would be desirable," says Wulf Becker, a nutritionist at the national board of health and welfare. According to Mr Becker, there is relatively widespread awareness within society that people need to keep food fat levels down.

Unfortunately, though, this has not produced better results. Experts and government bodies have met several times and discussed various measures. Coming up with general guidelines and recommendations is not enough. More structural measures are needed that promote physical activity and good eating habits; for example, cheaper fruit and vegetables and a greater availability of wholesome convenience foods are intermediate objectives.

Stockholm county council's proposed "Action plan for excess weight" emphasises that preventive action on excess weight should be initiated when children are at preschool age. In Sweden 18% of the children are overweight, and 3% of them suffer from obesity. Over the last two decades, the body mass index (BMI) of Swedish children has increased by 33%. The majority of these children will also end up weighing too much when they are

adults. Eighty per cent of all overweight seven-year-olds become overweight adults, with a greater tendency, among other things, to develop insulin resistance and high blood fat levels. The action plan proposes extended parent training on child healthcare during the child's second year, with special support for families considered to be at risk.

"Child obesity is often hereditary and so it's important to motivate the whole family," explains Professor Peter Arner, a consultant at the Centre for Metabolism and Endocrinology at Huddinge University Hospital. "There is quite clearly such a thing as family obesity – three in every four overweight people have a family history of obesity. We believe that excess weight is 50% due to heredity and 50% due to lifestyle factors."

It would be good if these children could be identified early on, around puberty, and action on diet and exercise suggested to them. If the rest of the family is also overweight, additional support and motivation are needed. Doctors, sports clubs, teachers, parents and students throughout the country have taken the alarming reports seriously. Projects and activities are ongoing around the country to encourage children and young people to exercise more and eat more healthily.

The Heart-Lung Foundation's "Pelle Pump" is one such initiative. Pelle Pump is the Heart-Lung Foundation's symbol for the teaching material and activities offered to

all fourth-form students (10-year-olds) nationwide on the subject of "skills for feeling better throughout one's life". In southern Sweden there is the "Bunkeflo project", a major collaborative project between scientific institutions, schools and the sports world. The project has the aim of creating conditions for a healthier lifestyle, and reversing a downward health trend among children and young people, with the focus on tackling excess weight and reduced physical activity.

Adults eat too much

Better food combined with more exercise is the best recipe for combatting excess weight, particularly abdominal obesity, which is a strong risk factor for diabetes and cardiovascular disease, explains Mai-Lis Hellénius, a lecturer in cardiovascular prevention at Karolinska Sjukhuset and Karolinska Institutet.

What are Swedish eating habits like? This is difficult to investigate. The National Food Administration conducted a nationwide study in 1989, aimed at Swedish adults, then repeated the same study in 2000-2001. Looking at the proportion of fat in the daily diet, it was found that this had actually decreased among both men and women. The study also showed, however, that Swedes are eating more, i.e. that energy intakes/calorie intakes have increased and portions have grown bigger. In combination with the fact that physical activity has declined, this probably explains the increase in weight

and the increased rates of abdominal obesity. The Swedish population becoming 8 cm fatter around the stomach in 40 years time is not hereditary, but is due to lifestyle changes: poor eating habits, physical inactivity and probably also stress.

In order to evaluate and reduce obesity levels in adults, the Swedish Heart-Lung Foundation has completed the "Roadside Restaurant project", which it took over from the National Food Administration in 1999. The National Food Administration's experts had found in 1995 that food in the country's roadside restaurants contained nearly 50 grams of fat per portion, instead of the recommended 25 grams. At the same time, a study showed that lorry drivers – the most loyal customers of roadside restaurant – had a significantly increased risk of cardiovascular disease early in life. Via the Roadside Restaurant project, staff at 43 roadside bars were given information and advice on reducing the fat content of food (e.g. by using the oven instead of frying and deep-frying, using light products, and making lower-fat sauces). When the study was completed, most of the restaurants had cut the fat content of their food by more than 50%.

"Healthy Menu" is another of the Heart-Lung Foundation's projects in its work to combat excess weight and obesity. The ongoing project is currently in the form of a web site and cooperation with newspapers. The web site includes a number of healthy recipes and inspiring health tips that are good for the heart and

geared to the industry. The recipes have been developed as part of a collaborative exercise with three chefs from the Grythyttan catering college.

When food becomes a drug: comfort eaters need help

Many overweight people are "comfort eaters". Three of the country's leading obesity experts, Professor Stephan Rössner of the Karolinska Institute of Stockholm, Dr Joanna Uddén, a physician with the Obesity Unit at Huddinge University Hospital, and Professor Per Björntorp of the Heart and Lung Institute at Sahlgrenska University Hospital, explain that "the increased stress levels of present-day society may be contributing to the current epidemic of abdominal obesity, which shows clear links with stress factors and increased cortisol and leptin levels."

Eating large amounts of food, particularly carbohydrates, which are found in sweets and bread, may have the effect of reducing anxiety. In the short term, therefore, eating helps people who are unhappy and anxious. Comfort eaters account for a growing proportion of overweight people who need a great deal of support and help. Combining dietary information with persuasive psychotherapy often yields very good results.

Ingela Melin, who is in charge of training at the Overweight Unit at Huddinge University Hospital/Karolinska Institutet,

Obesity and Heart Disease

has developed Melin's model, a method of treatment for overweight people that is based on cognitive behavioural modification, which is in turn based on conventional treatment.¹ The training department carries out continuous training of nurses, dieticians, physiotherapists and other nursing staff.

During the treatment, which lasts from one to three years, overweight people are given an opportunity to train in such things as:

- social skills: ability to set boundaries, to say no without feeling guilt, fear or shame;
- cognitive reprogramming: to eliminate and replace unwanted patterns of thinking;
- stimulus control: to be able to confront temptations without falling back into overeating;
- behavioural change: via practical exercises in connection with eating, hunger and craving;
- physical activity: by increasing motivation to exercise regularly within realistic limits.

Weight loss among patients who have taken part in the treatment averages 5% - 10%. This level has a documented beneficial effect on cardiovascular diseases by affecting insulin levels, blood pressure, etc. Implementation of the treatment programme has been satisfactory to the point that around 1500 advisors are now being trained and the treatment has reached around 18,000 patients throughout Sweden. According to staff, patients are more motivated, feel involved in the treatment and feel better. Staff at the outpatient departments also experience greater motivation and security when they have received treatment and counselling and a professional therapeutic model to follow.



Obesity is currently a major health issue in many countries throughout Europe, and the UK has seen some of the world's sharpest increases in obesity rates in recent years. Five per cent of coronary heart disease (CHD) deaths in men and six per cent in women in the UK can be attributed to obesity. The British Heart Foundation (BHF) is currently working on a number of initiatives to help combat obesity levels, as well as raising awareness of the condition as a major risk factor for CHD, particularly among "hard to reach" groups.

The impact of physical exercise

BHF is helping to fund a study at the University of Canterbury which will look at the impact of different levels of physical fitness on a person's likelihood of developing CHD. It is estimated that around 36% of CHD deaths in men and 38% in women in the UK are due to a lack of exercise. Physical activity levels in the UK are low, with only 37% of men and 25% of women achieving the Government's target of 30 minutes of brisk activity five times a week. One third of all adults are currently inactive – that is, participate in less than 30 minutes of activity a week. The study will look at 60 healthy, non-smoking, male "couch potatoes" aged 30 to 45 divided into three groups: one exercising at high intensity, one at moderate intensity and one non-exercising.¹

The BHF National Centre for Physical Activity and Health at the University of Loughborough promotes initiatives that encourage people to exercise. The Centre also provides information and support through a variety of resources and works to ensure that physical activity targets and strategies are included in Government proposals.

Focus on ethnic minority groups

Ethnic background plays a huge part in rates of obesity in the UK. Levels of obesity are much lower among Pakistani, Indian, Chinese and Bangladeshi men than the general male population. Rates of obesity are high among women from Black Caribbean and Pakistani groups, and low for Bangladeshi and Chinese women. However, women from all ethnic minority groups are more prone to central obesity, which puts an extra strain on the heart, than the general female population.

The BHF campaign "Take Note of Your Heart" aims to raise awareness of heart disease among all women. However, BHF focused particularly on the UK's South Asian women on Valentine's Day 2003, since the risk of death from heart disease in this group is almost 50% greater than the UK average for women. BHF information pamphlets on heart disease are available in many Asian languages, the booklet a "Taste of Asian Low Fat Foods" helps people follow a low-fat diet while still enjoying traditional Asian food.

Adopting healthy habits in early life

Childhood is a key time for development of good eating habits and regular physical activity, as obese or overweight children have a high risk of becoming overweight adults. Children's eating patterns give cause for concern: few children in the UK eat the recommended five portions of fruit and vegetables a day, and overall consumption of fruit and vegetables in the UK is around half the rates of Greece, Italy and Spain. Levels of consumption tend to be lower among low-income groups. Around 30% of deaths from CHD in the UK occur as a result of unhealthy diet.

To encourage younger children to eat healthily, BHF has launched a new book, "Artie Beat's Picnic". Part of the popular Artie Beat series, it covers key areas of science, health, education and literacy and includes quizzes, ideas for classroom activities and a section on nutrition. Sets of classroom posters were also launched with the book.

Also available is "Artie's Cookbook", a collection of 45 recipes submitted by children which include "Egg Mice" and "Traffic Light Sandwiches". The book aims to help children enjoy cooking and understand how diet can affect health.

Food labels

BHF believes that food should be clearly labelled so that consumers are able to make healthy choices about what they eat. The "BHF Guide to Food Labelling" provides easy-to-read details of the optimum amounts of nutrients needed for a healthy diet. The "ready reckoner" guide shows what counts as small and large amounts of nutrients in food – for example, 20g of fat per portion is a lot, whereas 3g of fat is a little. Other diet information sheets and posters, as well as a Healthy Recipe Cookbook, are also available from BHF.

28

¹ The treatment has been published in 'Practical clinical behavioural treatment of obesity' in *Patient Education and Counselling*, 2003; 49: 75-83. Patient data will be published in the *International Journal of Obesity*. The results for training, counselling by nursing staff, additional patient data, and initiation and implementation of the therapeutic model within the Swedish Health service will be published later.

¹ Physical activity figures from Heartstats, www.heartstats.org

The Workplace Health Activity Toolkit (WHAT)

The British Heart Foundation has launched a new initiative to encourage employers and employees to increase their physical activity. Increasingly sedentary lifestyles are contributing to the obesity epidemic, and BHF hopes to help workers increase their protection from heart disease by encouraging them to build physical activity into their working day. The Toolkit recommends simple changes such as taking the stairs at work instead of the lift.

It also provides statistics that show how regular exercise can help reduce the risk of heart disease, and case studies which illustrate the benefits of physical activity. Employers are encouraged to use the kits through statistics demonstrating how they can benefit from a healthier workforce: studies suggest that physical activity programmes at work can reduce absenteeism by up to 20%, and that employees who exercise regularly take 27% fewer sick days than their non-exercising counterparts.

29



Corrigendum to page 5 of Heart Matters 8
The first sentence of the article on
"Protection of non-smokers' rights in the
restaurants and bars of Europe" should
read as follows:

Introduction

In 2001-2002, a European Network for Smoking Prevention (ENSP) framework grant application, led by researchers from the CERES and FARES, received funding from the European Commission's Europe Against Cancer Programme to carry out a study to assess the awareness and attitudes of professionals working in bars and restaurants (owners, leaseholders or employees) concerning protection measures against Environmental Tobacco Smoke (ETS).

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The mission of the European Heart Network is to play a leading role through networking, collaboration and advocacy in the prevention and reduction of cardiovascular disease so that it will no longer be a major cause of premature death and disability throughout Europe.

Front cover courtesy of the World Heart Federation

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