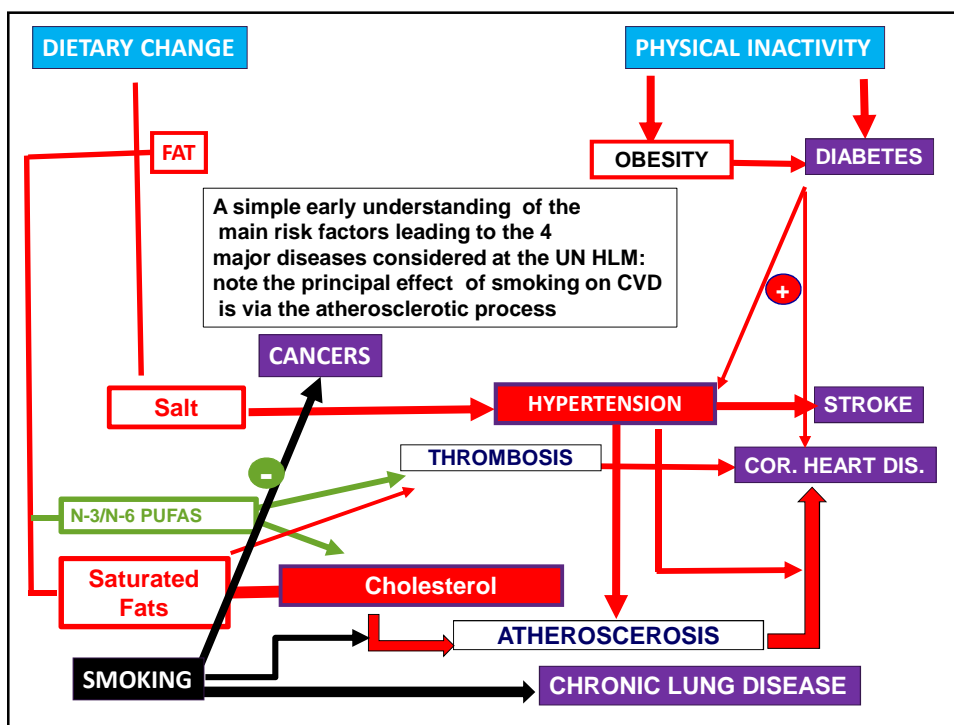
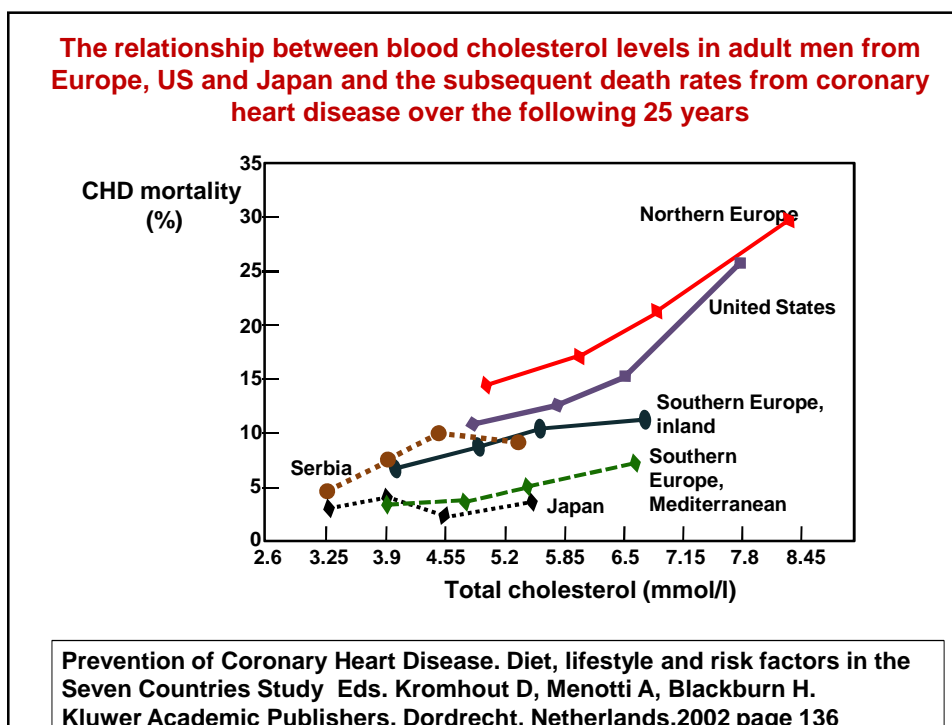
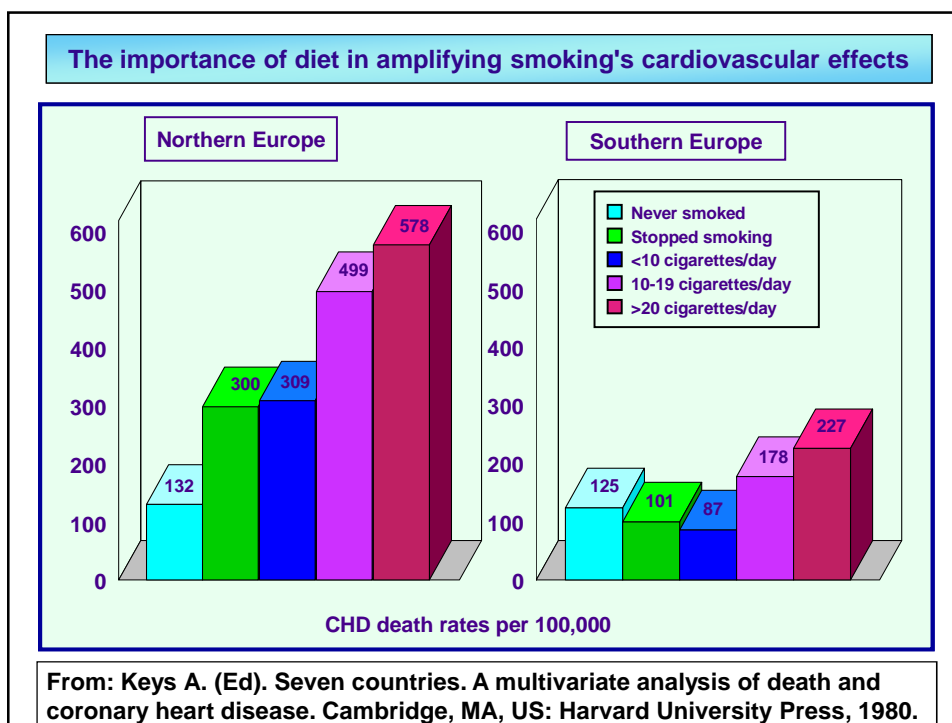


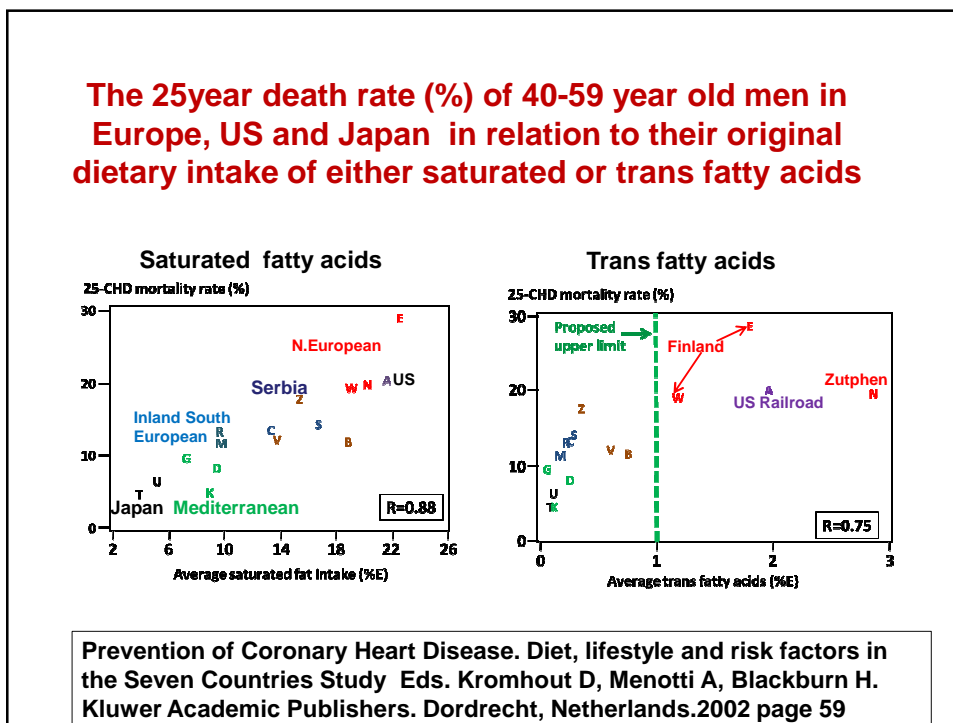
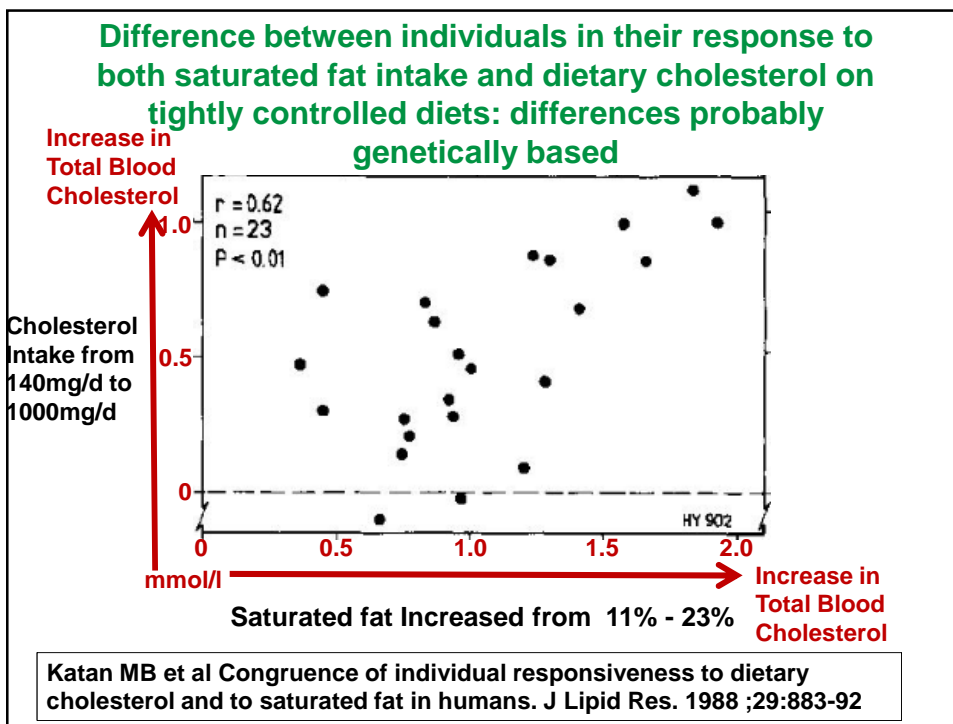
More about fat, salt, global developments and the political urgency

Philip James

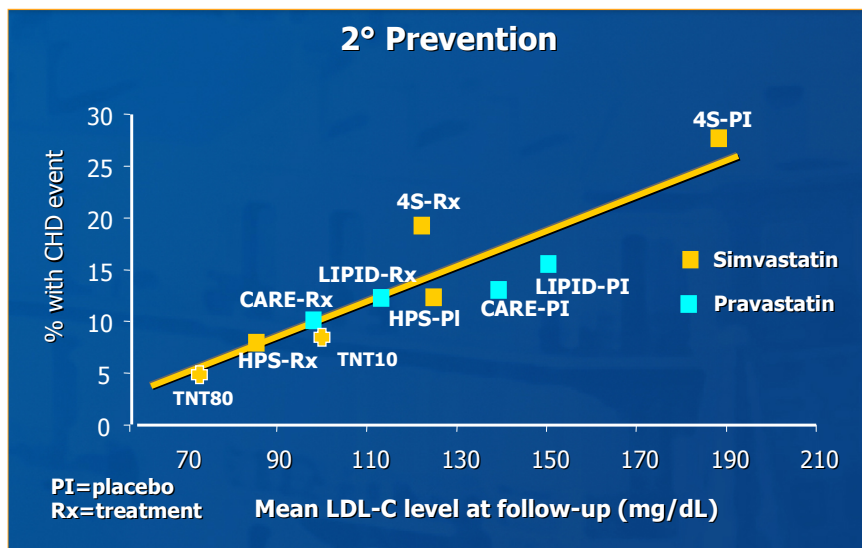
London School of Hygiene and Tropical Medicine
President, International Association for the Study of Obesity







Relation between CHD events and LDL-C outcomes in statin trials



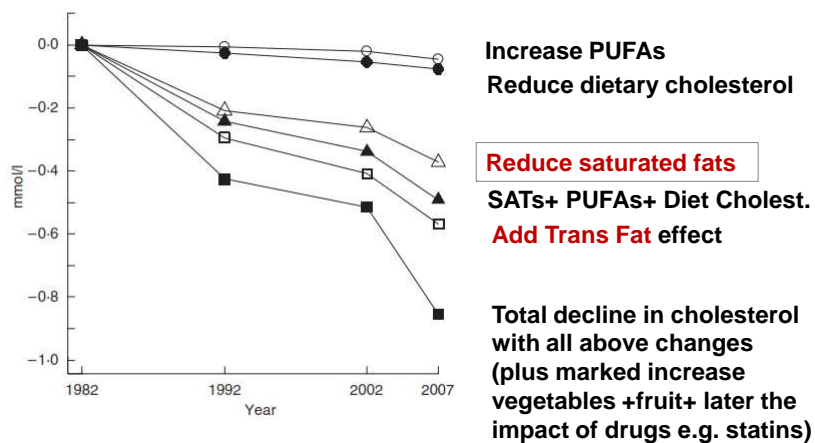
Eric Bruckert, Cannes, 2005.

CHD Mortality in All Finland and in North Karelia, Men Aged 35-64

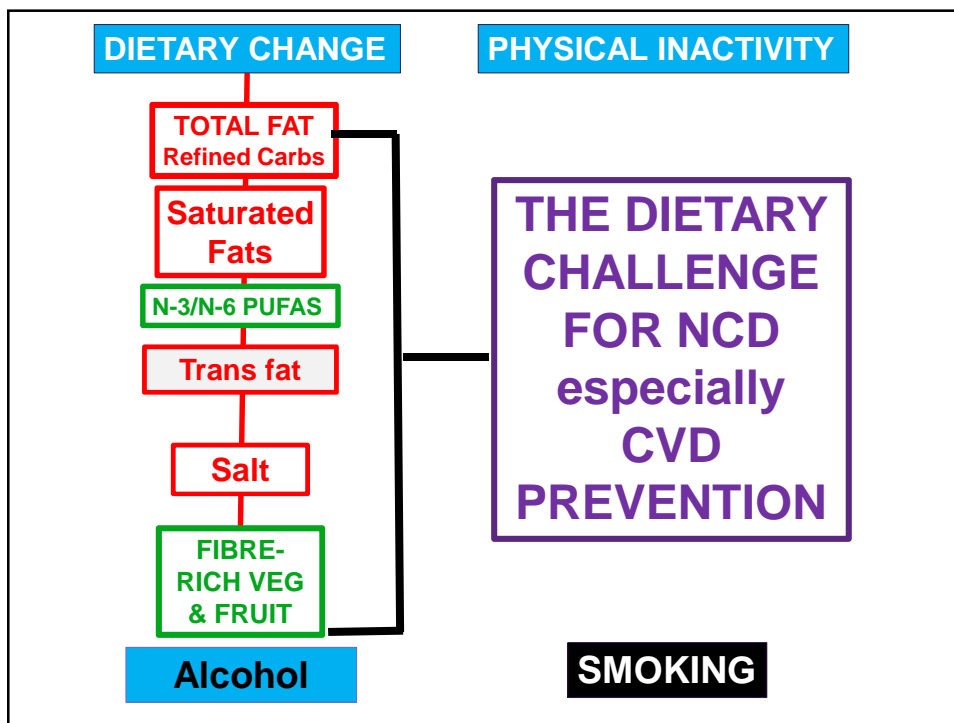


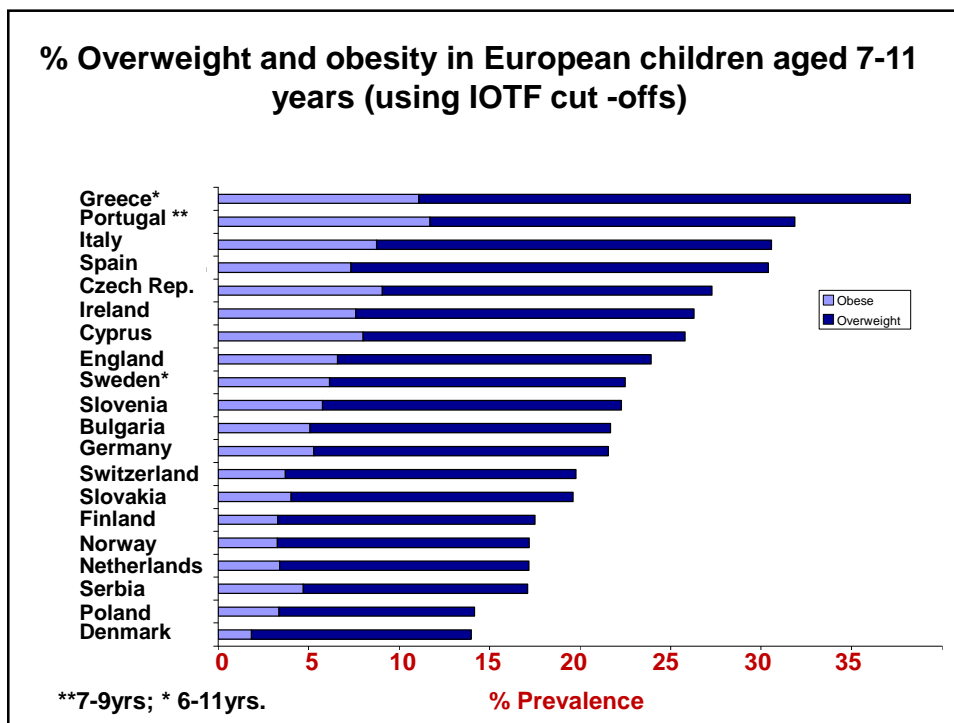
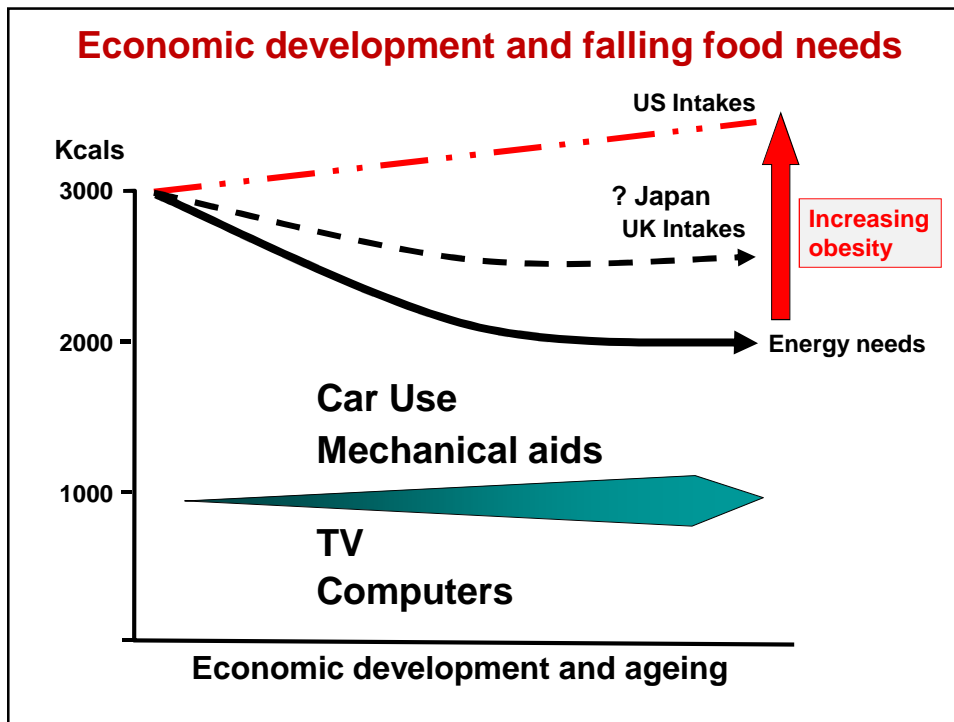
The importance of reduced saturated fat intake in inducing the fall in cardiovascular mortality in Finland

Fall in Serum Cholesterol



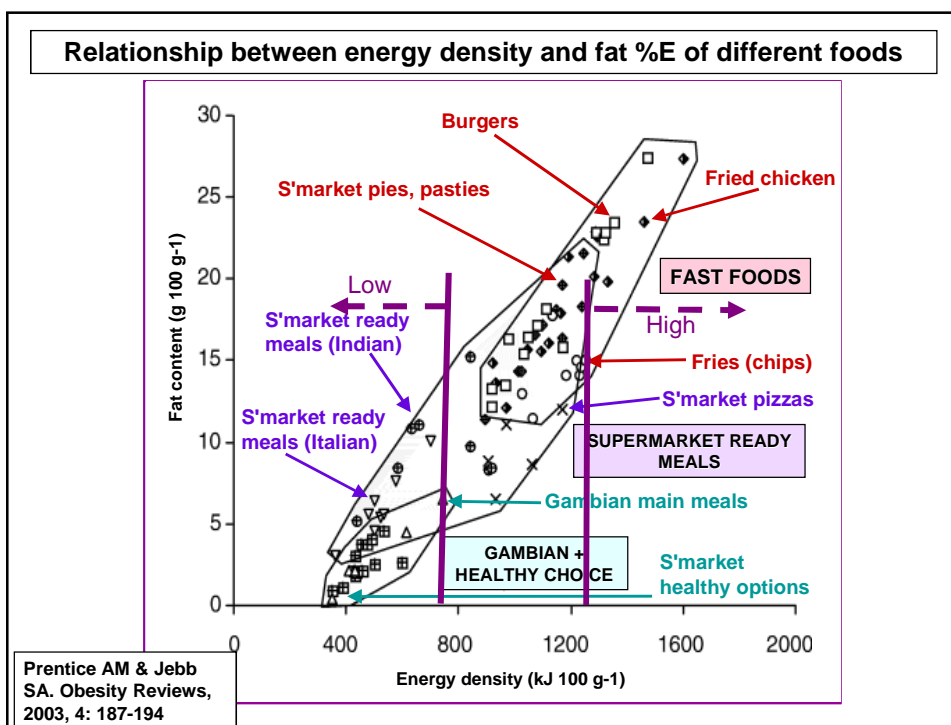
Valsta et al. Explaining the 25 year decline of serum cholesterol by dietary changes and the use of lipid lowering medication *Pub.Hlth.Nut.* 2010;13:932-935



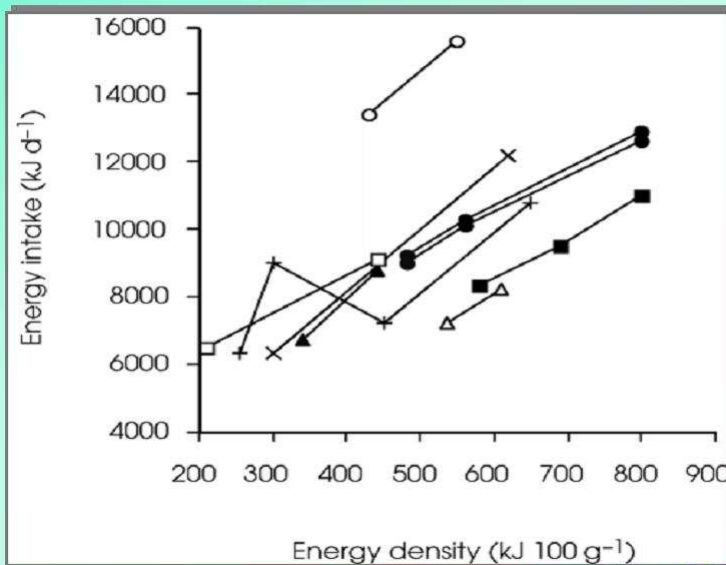


Summary of level of evidence on factors that might promote or protect against weight gain and obesity			
Evidence	Decreases risk	No relationship	Increases risk
Convincing	Regular physical activity. High dietary NSP (fibre) intake		High intake of energy-dense nutrient-poor foods. Sedentary lifestyles
Probable	Home & school environments that support healthy food choices for children **. Promoting linear growth Breastfeeding ** Associated evidence and expert opinion		Heavy marketing of energy-dense foods** and fast-food outlets. Adverse social and economic conditions (in developed countries, especially for women) Sugar-sweetened soft drinks and fruit juices
Possible	Low glycaemic index foods	Protein content of the diet	Large portion sizes High proportion of food prepared outside the home (western countries) "Rigid restraint / periodic disinhibition" eating patterns
Insufficient	Increasing eating frequency		Alcohol

Table taken from Diet, Nutrition and the Prevention of Chronic Diseases, WHO 2003, TRS 916.

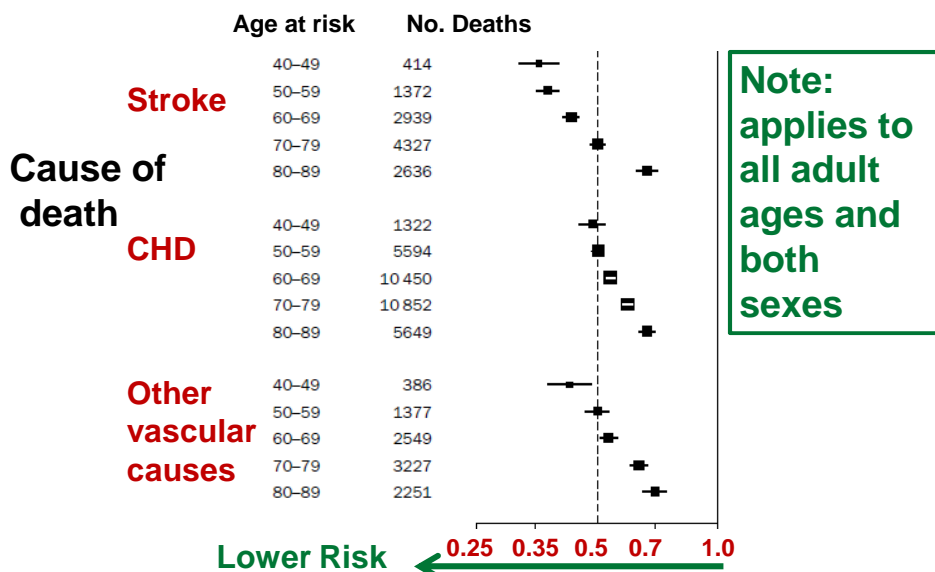


Covert manipulation of energy density: effects on intake

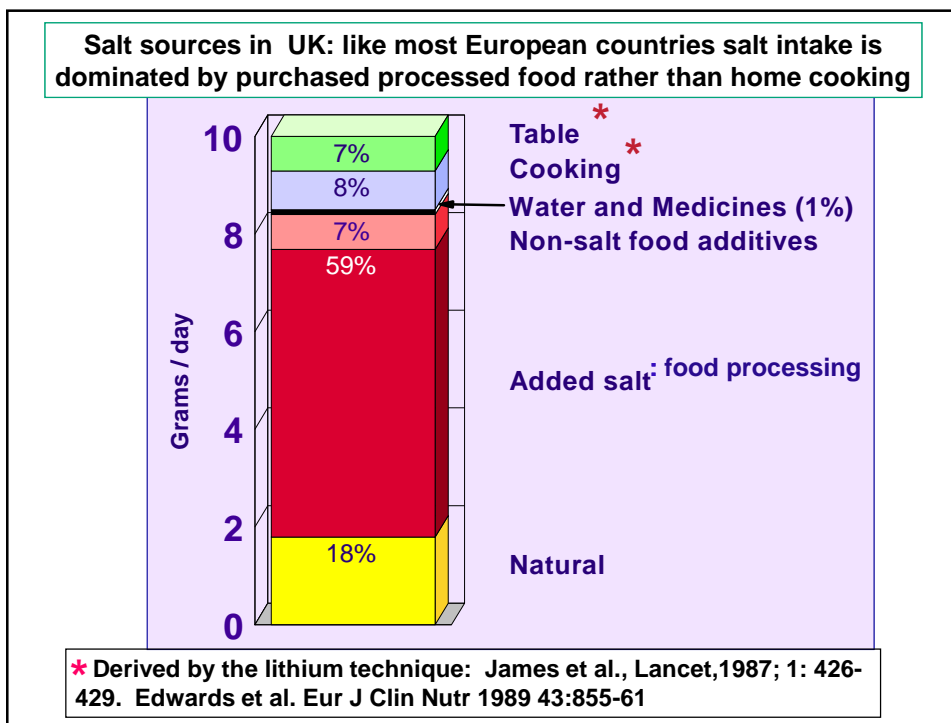
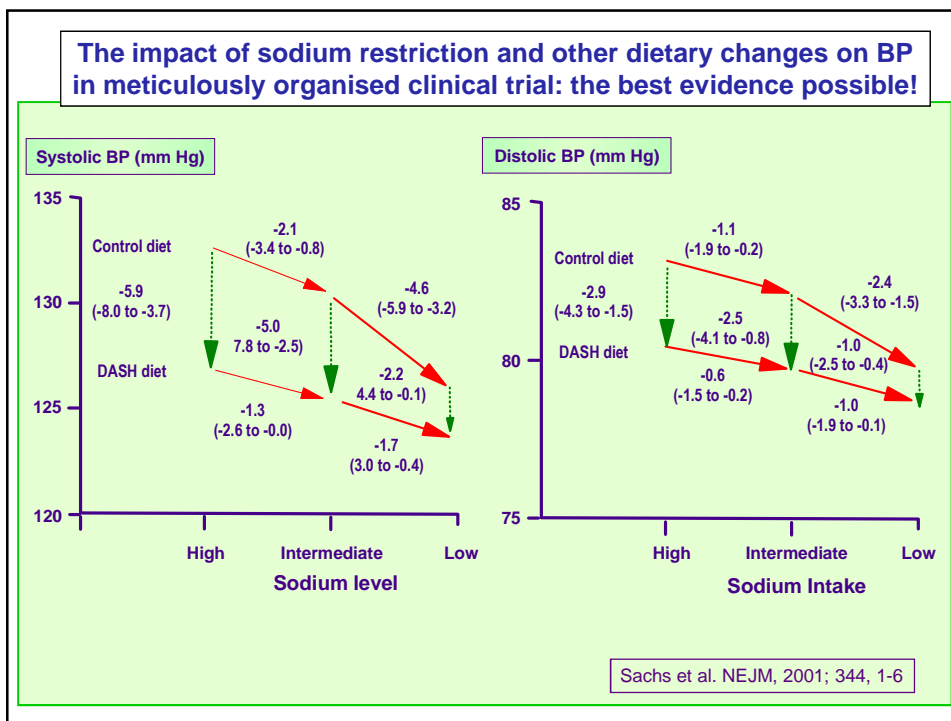


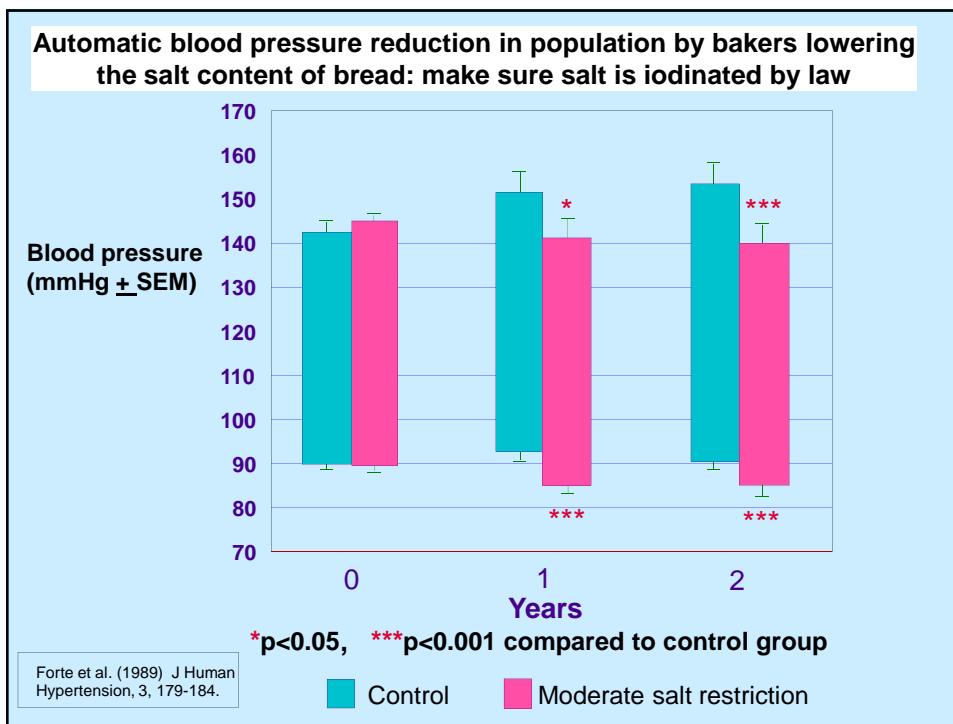
Prentice AM & Jebb SA. Obesity Reviews, 2003, 4: 187-194

Prospective Collaboration: Blood pressure lowering by 20mmHg.: marked effects on cardiovascular deaths



Age-specific relevance of usual blood pressure to vascular mortality: a meta-analysis of individual data for one million adults in 61 prospective studies .Lancet 2002;360:1903-13

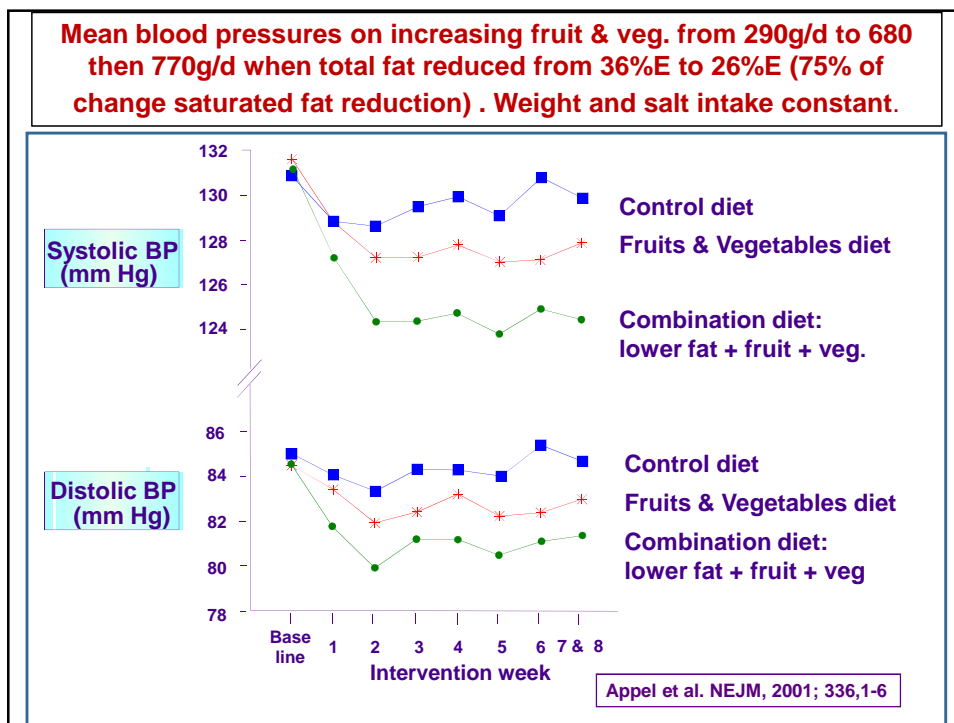
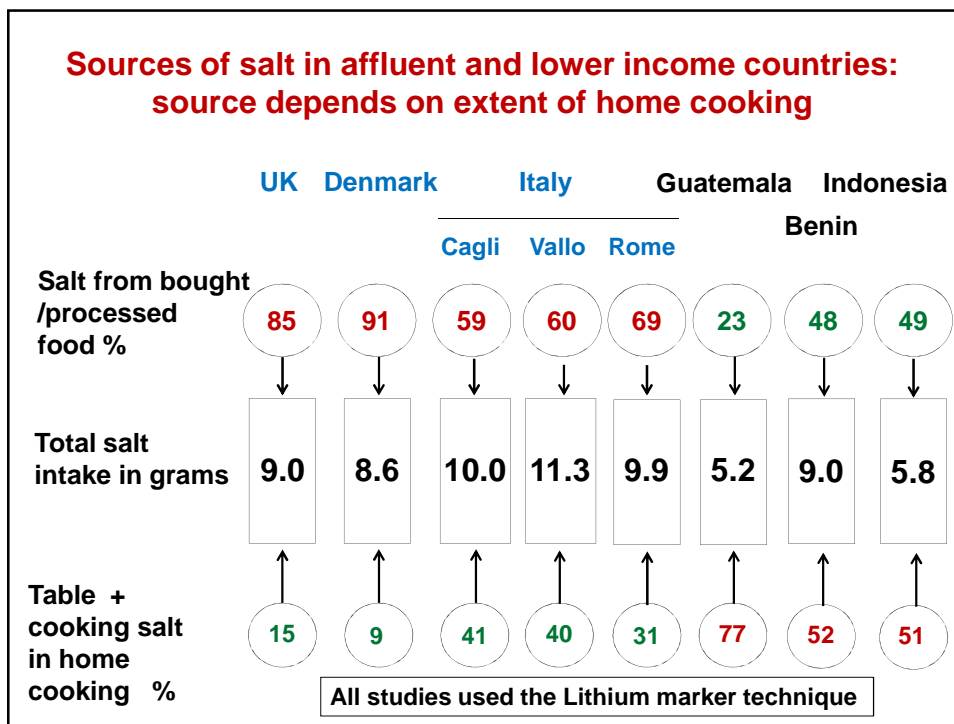




Dietary interventions in a Chinese Steel & Iron Factory: huge effects of salt reduction on stroke rates independent of blood pressure drug treatment

Dietary intervention	BP ↓ mmHg	Stroke Mortality ↓	Stroke Morbidity ↓
Reduce salt & fat intake, Modest alcohol drinking Smoking cessation	5.3/2.9	74.3%	54.7%

Chen J, Wu X & Gu D. Hypertension and cardiovascular diseases intervention in the capital steel and iron company and Beijing Fangshan community. Obesity Reviews 2008, 9 (Suppl1) 141-144

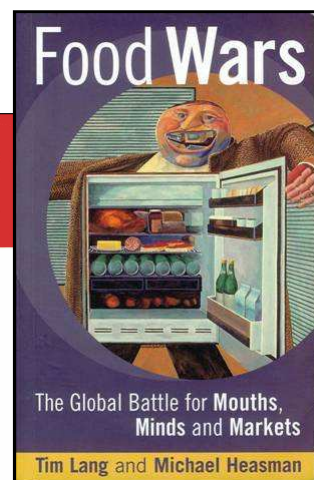


The keys to success in the tobacco, alcohol & food business: the same applies to obesity and chronic disease prevention with interventions to control tobacco, alcohol and food.

- **Marketing**

- **Price**

- **Availability**



2011 High Level Meeting on
Prevention and Control of Non-communicable Diseases

General Assembly | United Nations | New York | 19-20 September 2011



34 heads of state attended compared with 25 at the HIV/AIDS meeting in 2001

133 country delegations spoke at the plenary sessions, which had to be extended to accommodate the unexpected interest.

The huge Economic costs of Cardiovascular Diseases

Summary EHN report .2011:page 9

"The economics of the problem are staggering: cardiovascular disease is estimated to have cost the European Union over 192 billion euro in 2006, including almost 110 billion euros on healthcare and 82 billion euros in lost productivity and informal care costs"

World Health Organisation; World Economic Forum From Burden to "Best Buys": Reducing the Economic Impact of Non-Communicable Diseases in Low- and Middle-Income Countries

Table 1: Economic Burden of NCDs, 2011-2025 (trillions of US\$ in 2008)

Country income group	Diabetes	Cardiovascular diseases	Respiratory diseases	Cancer	Total
Upper middle	0.31	2.52	1.09	1.20	5.12
Lower middle	0.09	1.07	0.44	0.26	1.85
Low income	0.02	0.17	0.06	0.05	0.31
Total of low and middle	0.42	3.76	1.59	1.51	7.28

Urgent need for action now: Europe needs to wake up to EU + governments' essential role in prevention

- **Cardiovascular deaths - biggest % deaths in Europe**
- **Food and physical inactivity key + smoking**
- **Bad diets + poor transport/urban design based on wrong policy making for 50 years in Europe**
- **>4.3 million adults die from CVDs in Europe**
- **20 year difference in life expectancy across Europe- the major contributor is cardiovascular disease!**
- **Growing inequalities in the occurrence and outcome of CVDs between countries and populations**
- **10 times more disability from CVD in Europe than even premature deaths < 75 years!**
- **Largely preventable**
- **Major role for all sectors - more important than health Ministries - role of EU + governments underestimated**
- **Not primarily an issue of individual responsibility!**

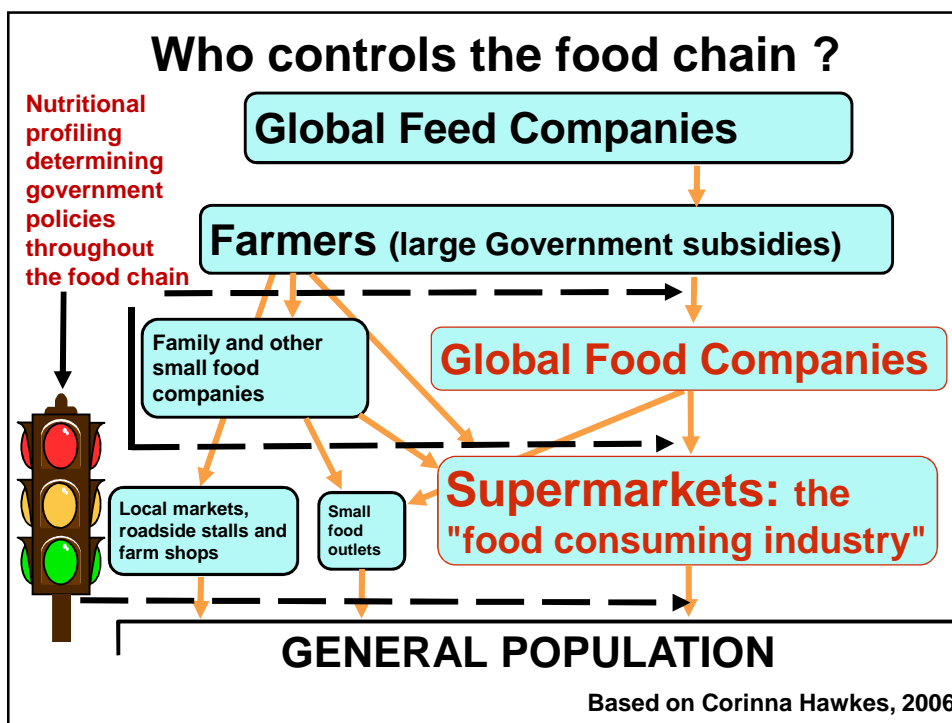
Profitable Interventions in Adults and Children

	Target	Data	DALYs Saved	Cost A \$mill	Cost
1. 10%Tax Junk Food/Drinks	Adults	4	559,000	18.00	Save
2. Traffic Light Labelling	Adults	5	45,100	81.00	Save
3. Reduce Junk Advertise: kids	0-14 yrs.	2	37,000	0.13	Save
4. School Educ. Limit TV viewing	8-10 yrs.	3	8,600	27.70	Save
5. School food, PA multi interv.	6 yrs.	3	8,000	40.00	Save
6. Educate reduce sugar drinks	7-11 yrs.	3	5,300	3.30	Save
7. Family target Obese Kids	Obese 10-11 yrs.	1	2,700	11.00	Save
8. Targeted kids at school	OW/Obese 7-10 yrs.	3	270	0.56	Save

Gortmaker SL, Swinburn BA, Levy D, Carter R, Mabry PL, Finegood DL, Huang T, Marsh T, Moodie ML. Changing the future of obesity: science, policy, and action. Lancet 2011; 387: 838-847. August 27th

Food tax developments

- **Trans fats:** Denmark bans in 2003 . Now also Austria & Switzerland
- **Sugar :** Finland introduced taxes on sugared products such as soft drinks , ice cream and confectionary by EUR 0.75 per kilo product. Also Denmark & France
- **HFSS:** Sept. 1, 2011. Hungarians pay a 10 forint (€ 0.37) tax on foods with high fat, sugar and salt content; also increased taxes on soft drinks and alcohol. Denmark taxes chocolate, confectionary , ice-cream, soft drinks
- **Saturated fats:** October 1st 2011. Denmark taxes all foods containing >2.3% saturated fat by 16 kroner(€ 2.15) /kg saturated fat with e.g. 250g butter price increases by 14.1%; some margarines by 21%; one litre olive oil increased cost is 7.1%.



The three global killers: action needed on tobacco, alcohol, and foods high in fat/sugar and salt

1. **Health education/media campaigns** alone proven to be **useless**. However, they help acceptance of more radical changes
2. **Targeting individual responsibility** the **least effective** measure
3. **Crucial social determinants** of health
4. **Tax policies, marketing bans/ restrictions** and **limiting access** to all three killers most effective
5. **Poor benefit most** from strategic government measures
6. **Explicit equity measures needed** to counter regressive effects on the poor
7. **Specific measures save money**; generate revenue
8. **Accessing Prime Ministers/Presidents + Treasury critical** : must use economic arguments for action
9. Health services demands reflect failure of policies in other government + EU departments/DGs