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PRESIDENT ELECT
Brazil

Dr. Pekka Puska

Director

Noncommunicable Disease Prevention and Health Promotion
World Health Organization

Avenue Appia 20

CH Geneva 27

Switzerland

via e-mail ppuskap@who.int

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cc Dr Ricardo Uauy, Chairman

uauy@abello.dic.uchile.cl

cc Dr Gloria Gutman,

President, IAG

gutman@sfu.ca

RESPONSE TO THE DRAFT WHO/FAO DOCUMENT

SECRETARIAT

Simon Fraser University
Gerontology Research Centre
2800- 515 West Hastings Street
Vancouver, B.C.
Canada V6B 5K3

TEL: (604) 268-7972

FAX: (604) 291-5066

EMAIL: iag@sfu.ca

WEB: www.sfu.ca/iag

"DIET, NUTRITION AND THE PREVENTION OF CHRONIC DISEASES"(28.3.02)

The International Association of Gerontology (IAG) was pleased to participate in the meeting on the prevention of chronic diseases and nutrition on April 15, 2002 at the WHO offices in Geneva, Switzerland. The IAG is made up of national gerontological/geriatric organizations within 5 regions in the world with approximately 45,000 scientific/professional members. Just prior to the WHO meeting on nutrition, IAG auspiced the Valencia Forum and was actively involved in the Non-Governmental Forum and the UN Second World Assembly on Ageing. This response to the draft document has been prepared by John Gray PhD, Secretary General of IAG. It includes and elaborates on his comments made at the April 15, 2002 meeting regarding the draft.

The subject matter of the draft document is very important to older people throughout the world in part because many chronic diseases show an exponential increase in prevalence with increasing age. Many older people also suffer from multiple chronic diseases that can cause considerable suffering and challenges to independent functioning. The IAG is therefore very interested in the topic of preventing chronic diseases especially in relation to IAG's objectives of promoting research, education, policy and practices that will benefit older people.

This response does not address the science behind the recommendations. It is assumed that the expert committee appropriately weighed the evidence. Comments therefore relate more to scope, clarity and implementation issues, especially as the draft relates to older people.

As I mentioned at the meeting, in addition to a focus on gerontology, my background includes work in the area of chronic mental disorders including dementia, depression, and schizophrenia. In addition, my experience as a bureaucrat in a Ministry of Health makes it clear that issues which are obvious to scientists must be carefully spelled out to avoid policy decisions being taken on the basis of misunderstood implications.

The document is generally clear and concise. The following are suggestions:

1. Carefully define the scope of the Chronic Diseases (CD) under discussion early in the draft and put them in the context of other chronic diseases where there is no evidence of a link to diet. The title of the document suggests that it addresses all chronic diseases. The two page Preface does not mention that the scope of the document is limited to 6 chronic diseases. While page 4 paragraph 2 does mention the 6 conditions it does not say that the document is limited to their consideration. The paragraph reads: "Because of these changes in dietary and life style patterns, chronic NCDs - including obesity, diabetes mellitus, cardiovascular disease (CVD), hypertension and stroke and various forms of cancer - are increasingly significant causes of disability and premature death..." i.e. it sounds as if ALL NCDs are caused by dietary and life style changes. Alzheimer's, and schizophrenia, to name just two NCD which are chronic are not, as far as we know, the result of dietary or lifestyle problems. Policy people may misread the document to imply that all Non Communicable Diseases (NCD) are caused and "cured" by dietary and life style patterns whereas there is no scientific evidence that is the case.

Clarifying the scope of the document early on is an important point for a number of reasons:

- (a) The title "oversells" the document since there are many chronic diseases with very high disability rates (e.g. depression) that are not discussed; yet the title suggests it addresses all chronic diseases.
- b) If governments believe, because this report is not clear, that all or most chronic disease such as arthritis, dementia, depression or schizophrenia can be prevented by diet, not smoking and exercise, they may be tempted to reduce or not address treatment and care needs. This may be justified by blaming the victim for not exercising appropriate choice.

c) By not discussing other chronic diseases that have not as yet been shown to be definitely related to diet, the importance of these diseases, from a service and research resource perspective, may be underestimated by governments.

This "over-inclusion " problem could be addressed by adding in the title prior to 'chronic, 'some'. Changing titles at this stage may not be easy, therefore this issue needs to be addressed early in the preface and in some detail in the background. For example, in the Preface, at the end of the first paragraph add

"This report, as with the current report, does not address the significant number of NCDs that have not been shown to be related to diet or nutrition (e.g. Alzheimers, schizophrenia, certain forms of cancer)."

2. In the Background more clarification of chronic diseases that are in and out of the scope of the paper is suggested. Specifically, two points need to be made
 - a) Despite considerable scientific research no definitive link has been found between diet and a number of significant chronic diseases. (e.g. arthritis, depression, Alzheimer's, schizophrenia).
 - b) These diseases also have high disability rates especially for some age groups such as the elderly with arthritis and dementia. In fact, mental disorders as a group have the third highest Disability Adjusted Life Years. Depression is ahead of many physical conditions including diabetes.
3. In the Background, and even maybe one sentence in the Preface, it needs to be stated that there are means other than diet and nutrition that are important in the prevention of NCD but despite promise these are not discussed in this document. Low dose aspirin and cholesterol lowering drugs for the primary prevention of heart attacks, vitamin or mineral supplements for cancer prevention, fluoridation of water for dental disease and non-steroidal anti inflammatory drugs in the prevention of Alzheimer's, are examples. Again, the reason for making this point is that while the experts who worked on the report know the scope of "diet and nutrition" and that these are not the only prevention strategies, and that combined strategies may be most effective, government policy decision-makers may not.
4. In Background, on the Global Burden of Disease (page 5) regarding the increasing numbers of people with chronic diseases, the impression is left that this is the result of bad dietary and lifestyle habits. No mention is made of the rapid increases in the population of older people which itself would account in part for the increases in chronic diseases since most of these diseases have much higher rates in elderly people. The effects of age on the prevalence of these diseases needs a short discussion and, if data is available, on partialling age out in relation to the effects of diet. This would be helpful for policy makers and scientists.
5. Following the discussion of risk factors in these 6 NCDs, the implication seems to be that by dealing with the risk factors primary prevention can be achieved. The draft limits medical interventions to people already affected. However, just as medical approaches

(e.g. vaccination, fluoridation,) in the primary prevention of some diseases they need at least a mention as a contribution to the prevention of NCDs.

6. For the implementation of the recommendations the special needs of the elderly need to be taken into account. In particular, reference to training professionals such as gerontologists, physicians and nurses, as well as care staff, need to be strengthened to address the material covered in the document. In addition, efforts directed directly to older person and their families through different media, sensitive to their learning, cultural and gender needs is important for implementing guidelines.
7. The term "civil society" (page 45) is not a usual English term and will be unfamiliar and confusing to many who read the document. The document needs to define the term.
8. The document does discuss chronic disease in relation to older people (e.g. page 16). It is suggested that a short discussion on the implications for a person at different life stages of NCDs be developed. The elderly, for example, are more likely to suffer incapacity in functioning from a particular chronic disease than younger persons because they often have multiple NCDs and have less physiological reserves.

As was mentioned at the meeting the IAG wants to assist in any way it can in the furtherance of this important work by the WHO/FAO. For example, when the guidelines are available we can make their availability known to member organizations through our newsletter and other means. The World Congress on Gerontology to be held in Rio de Janeiro in 2005, and the four Regional Gerontology Congresses to be held in 2003 would be ideal sites to convene workshops and presentations on these topics which are very important to older people and those involved in research, policy and education on diet, nutrition and chronic diseases and older people.

I very much enjoyed participating in the workshop on nutrition and in meeting the other participants. Thank you for inviting the IAG.

Yours sincerely

John E. Gray Ph.D.
Secretary General IAG
jegrays@shaw.ca