

**Comments on behalf of the International Diabetes Federation (IDF) on:**

**‘Diet, nutrition and  
the prevention  
of chronic diseases’**

**Joint WHO/FAO expert consultation  
On diet, nutrition and the  
Prevention of chronic disease**

The following comments are largely in relation to the ‘prevention of excess weight gain and obesity’ and the ‘prevention of diabetes’ sections (4.1 and 4.2) and Annexes 2 and 3.

Overall, the report in to be welcomed. Its contents benefited considerably from the discussions at the consultation and the re-working of the material originally submitted. The two most important points that need to be made relate first to the general orientation of the consultation and, second, to one particular paragraph in Annex 3 which, I feel, should be omitted.

- 1 General orientation To have a consultation and a resulting document relating almost exclusively to diet and nutrition is, in the context of obesity and diabetes, rather old fashioned. The point was made during the consultation that diet and physical activity are likely to be of equal importance in relation to the current epidemics of obesity and type 2 diabetes. The document mentions physical activity in several places (e.g. on page 14, acknowledging that it might ‘modify the result [of the diets people eat] for better or worse’). The whole orientation of the document, however, is that physical activity and other aspects of behaviour are relatively minor partners to nutrition in the aetiology of these disorders.

Future consultations would benefit by examining, more holistically, several aspects of (for want of a better word) ‘lifestyle’. Such an approach is probably more likely to reflect reality and would allow more careful scrutiny of any evidence relating to the interactions between these aspects of lifestyle.

Research has endeavoured, over the last half century or so, to identify *specific* dietary components which can be linked to the aetiology of obesity and type 2 diabetes. There is remarkably little to show for this effort. Table 3 on page 26 and Table 5 on page 30 acknowledge (quite correctly) that the only specific components of the diet to have ‘convincing’ or ‘probable’ links to obesity and diabetes are non-starch polysaccharides and saturated fats. The energy density of foods features in Table 3 and, indirectly through obesity, in Table 5. Its influence on both obesity and diabetes can only be judged, however, in relation to energy expenditure and, therefore, to physical activity. Is it not time to move away from the search for specific dietary components to a more holistic approach?

- 2 Specific criticism of paragraph 5 on page 24 of Annex 3 This paragraph reads as follows:

“Despite a great deal of research on nutritional factors in the aetiology of type 2 diabetes, the risk associated with various nutrition components is still not entirely clear. This makes it difficult to provide specific and evidence-based information to governments and public health authorities as to what is the appropriate action for the development of intervention strategies. This approach can also be expected to have a positive effect for prevention of other major noncommunicable diseases such as cardiovascular disease and hypertension.”

I have two objections to this paragraph. The first is that it does not make sense. Having read it several times I still cannot see how the last sentence fits in with the sense of the remainder.

More important, however, is that its negative, agnostic stance could be used as an excuse for inactivity. It may be that the lack of clarity between ‘various nutrition components’ and diabetes is because there is no link with any *specific* component apart from the two already identified in the tables mentioned above. Since it is impossible to prove a negative, we can research ‘until the cows come home’ and still things will not be ‘entirely clear’.

The paragraph must be deleted or, at the very least, substantially modified.

I have also the following, less important, comments:

- 1 The final document must have sequentially numbered pages and these must be listed on the contents page. This, I’m sure, does not need to be stressed. It was really very difficult to locate things in the document in the way this draft was presented.
- 2 On page 25 of the main text, ‘physician visits’ are grouped under ‘indirect costs’. These are a component of direct costs. Time taken off work in order to visit a physician may be a component of indirect costs but not the visits themselves.
- 3 Some fairly startling statements are made without supporting references. For example, ‘Among women, over half (53%) of all deaths can be directly or indirectly linked to their obesity.’.
- 4 The section on waist measurements (page 27) is useful. It would benefit from a definition of ‘waist’, perhaps as a footnote.
- 5 The ‘wider societal issues’ involved in the policy implications relevant to diabetes prevention are mentioned but very briefly (they get a short paragraph on page 24 of Annex 3. This underestimates their importance.

Rhys Williams (12/04/02)

