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() on Thursday, June 13, 2002 at 23:34:15

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Scope_of_Activities: The Pennington Biomedical Research Center is a research campus of Louisiana State University. Its research focus is on Nutrition, Preventive Medicine and Health. Research on obesity is one of 4 major themes. This encompasses the whole range from gene discovery through animal behavior studies to clinical investigations, pharmaceutical trials and human behavioral intervention studies for the prevention and treatment of obesity. With 24 faculty, 22 federal grants from NIH, USDA and Department of Defense on obesity, The Pennington Center is the largest Obesity Research Center in the USA. Of the 65 faculty, many are internationally recognized for their work in the Obesity field. Further information is available from the web page (www.pbrc.edu).

Mandate_of_the_Organization: To promote healthier lives through research and education in nutrition and preventive medicine

for the prevention and treatment of hypertension and are one of the Centers funded by NIH in the Diabetes Prevention Program. We are also a site for the Centers of Obesity Research and Excellence (CORE) program for education of health care professionals in the treatment and prevention of obesity.

Sources_of_Funding: Fiscal year 2001-2002. State \$9million, Federal agencies (NIH, USDA, ARS, DOD) \$15million; Grants and contracts from Private industry \$7million, Private Foundations \$2million.

Note: Of the funding from private industry, approximately 90% comes from pharmaceutical and 10% from nutraceuticals and food industries.

Comments: We have reviewed the draft report of the joint WHO/FAO consultation together with the two consultation documents on Diet, Nutrition and the Prevention of Weight Gain and Obesity and the Prevention of Type 2 Diabetes (Swinburn, Caterson et al 2002; Steyn, Mann et al 2002) that formed the basis for the recommendations on Obesity and Type 2 Diabetes. We would respectfully submit the following comments on the WHO/FAO report and ask that they be considered by the technical committee in revising the report before its official publication. We will limit our response to those aspects of the report relating to Obesity and Type II diabetes.

1. Like all members of the research and health care communities, we welcome the recognition in this report of the implications of the current epidemic of obesity and its contributions to other chronic diseases such as diabetes and cardiovascular disease. We endorse the report's recognition that the current prevalence of overweight and obesity has already reached unprecedented levels. We share the concern on the rising prevalence of childhood obesity and the emergence of type 2 diabetes in children and adolescents, and we have an active program of research into ways of preventing and treating childhood obesity.

2. Reduction in the incidence and levels of obesity is the single most important action that could be taken to lower the global levels of type 2 diabetes, hypertension, cardiovascular disease and other co-morbidities. We consider that this should have been more strongly emphasized within the report (for example in Section 3.4) even though there are no universally successful ways of achieving this at this time. While recognizing that the report is aimed at the global population, considerable confusion is created by the intermingling of population-based recommendations with recommendations to

and it is important that the recommendations for individuals should be given greater emphasis. We also urge caution in recommending an optimum BMI for an individual at the lower end of the normal range (18.5 to 25). This may be appropriate in certain parts of the world but it presents potential problems of undernutrition in parts of the developed world. Moreover, it is not clear at this time that weight reduction of the obese to the levels consistent with the normal BMI range is medically beneficial. Thus we recommend that the recommendations on BMI be modified, made more realistic and made to reflect the global diversity. We do however agree with the third goal of reducing obesity by limiting weight gain d!

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uring adult life. This is a laudable recommendation for the prevention of the development of obesity. Finally, there are population differences in % fat for a given BMI and suggestions that Asians are at higher risk for diabetes at any given BMI than Western populations.

3. The waist circumference cut into two groupings that is listed in the Disease Specific recommendations also ignores population differences. Asians, for example, may attain the same level of risk at smaller girths than Caucasians. Thus we recommend more consideration be given to this proposal.

4. The application of population averages to guide individual recommendations is problematic, particularly in the light of our understanding of gene environment interactions. For example, it is true that sodium increases blood pressure in salt sensitive people but there is no need for individuals who are not salt sensitive to restrict their salt. We know also that low fat diets actually make cholesterol worse in some people even though the mean cholesterol in a population may decrease on these diets. There is no recognition within the report of these problems.

5. Sweeping recommendations are made in the WHO/FAO report to civil society, national governments, international agencies, the private sector and industry in relation to the environment, the food supply and for fiscal policies to promote healthier lifestyles and healthier diets. These in the main reflect ideas that may or may not be successful in achieving their goals. For the majority of these there is no data to support the effectiveness of the proposed action and in many, what evidence is available from research studies has not shown any significant effects on BMI of the population studied despite successful interventions. We refer here to paragraph 4.3 of the consultation document (Srinivasan, Caterson, et al., 2002) in relation to school based interventions

negative health consequences of sugar is dental caries, not obesity. At this time, research on environmental approaches for the prevention of weight gain is just beginning. There is a clear need for this type of research, but the area is still in the infancy stage of development and it is premature to make global recommendations. These observations identify the urgency for research and trials into these proposed strategies. They do not, at this stage, have the strength and support of evidence that would indicate any efficacy in preventing o!

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r reversing the obesity trend. We strongly recommend that the FAO/WHO report should emphasize the need for research and for pilot studies in these areas and refrain from making strong recommendations that are not based upon evidence.

6. The increasing levels of obesity in children and adolescents are alarming and rightly recognized in the WHO/FAO report. However, there are aspects of the report which could be strengthened in relation to this population. Several reports have shown that breast-feeding is a factor that may reduce, not only the risk of heart disease, but also the risk of obesity and Type 2 diabetes development (Liese et al., 2001; Dietz 2001, von Kries et al 1999). Longer durations of breast-feeding may offer greater protective effects. This should be included under Infancy and childhood on page 18 and the evidence should be listed as “convincing” in Table 3. There is no discussion that calcium may play a role (Davies et al., 2000; Zemel 2002). There is also no specific discussion of the increase in Type 2 diabetes among adolescents under Adolescence, page 18. In general, pages 24-50 do not address the specific needs of children and adolescents concerning nutrition and physical activity to p!

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revent chronic disease. Some recommendations are suitable for all ages but many are only applicable to adults. There is no discussion of reducing sedentary behaviors such as TV and computer games in children, although there is adequate research suggesting that reduced physical activity promotes obesity in children; and that reducing TV and computer game use reduces weight gain in children.

7. One major omission is the absence of any mention of "dietary patterns". One of the most important findings of the DASH study was that dietary patterns can produce disease risk reduction that individual nutrient changes cannot.

8. Prevention of chronic diseases depends on more effective approaches involving diet and physical activity. In addition, the burden of the current obesity epidemic is of such

Since this is, to say the least a most unrealistic goal, the emphasis should again be on appropriate education such that an individual may make an informed choice.

10. We recognize that no single initiative will be appropriate for all populations and that a combination of behavioral, environmental, medical, political, agricultural and socioeconomic initiatives may be necessary to reduce the current epidemic of obesity. This illustrates the difficulty in making generic recommendations that will be appropriate for all populations. We note that the report's recommendations are intended to be further adapted and tailored to local and national diets and populations but this is not prominently emphasized.

11. We share with WHO/FAO the goal of improving the diet for all peoples and applaud the call for greater access to fruits and vegetables that is necessary in many parts of the world. However, the food industry, from farm to retail sales, provides a major part of the gross domestic product of many nations. Governments, NGO's, WHO and consumer groups should work in collaboration with the food industry to promote policies favoring sound nutritional goals rather than promote punitive initiatives that will inevitably be resisted by industry and consumers alike. The report includes no incentives to encourage food companies to provide more healthy products and promote healthy eating. For example, encouraging vending machines in schools and workplaces to stock healthy choices seems more appropriate than advocating an outright ban on vending machines in public spaces.

The evidence does not justify pressuring food manufacturers to produce "healthier" food.

In the West we live in a free market economy. The reason that high fat foods are popular is not due to a conspiracy of the food industry but because this reflects the public's preference at this time. Only education will convince the public to eat more fruit and vegetables while avoiding fats and calorically dense food. Proposals that recommend a managed economy for food supply rather than a free market economy in the name of reducing obesity and its associated ills have no chance of success.

As researchers and clinicians working actively in the obesity field, we applaud the decision of WHO/FAO to focus on obesity as a major global health problem. However, it is important that the report should be based on sound research and evidence from relevant studies and that society, governments and industries should not be encouraged to embark upon costly changes that may be ineffective. The wide range of ideas for action that are proposed reflect the many diverse opinions of those involved in developing this report.

We encourage WHO/FAO to welcome these ideas and concepts but recommend that they

Liese AD, Hirsch T, von Mutius E, Keil U, Leupold W, Weiland SK. Inverse association of overweight and breast feeding in 9 to 10-y-old children in Germany. *Int. J. Obes Rel Metab Disord.* 25: 1644-1650, 2001.

Steyn NP, Mann J, Bennett PH, Temple N et al. The scientific basis for diet, nutrition and prevention of Type 2 diabetes. Joint WHO/FAO expert consultation on diet, nutrition and the prevention of chronic diseases. Geneva, Switzerland Jan 28th-Feb 1st 2002

Swinburn B, Caterson I, Seidell J, Dietz W and James P. The scientific basis for diet, nutrition and prevention of excess weight gain and obesity. Joint WHO/FAO expert consultation on diet, nutrition and the prevention of chronic diseases. Geneva, Switzerland Jan 28th-Feb 1st 2002

Von Kreis R, Koletzko B, Sauerwald T et al. Breast feeding and obesity: cross sectional study. *Brit. Med. J.* 319: 147-150, 1999.

WHO Technical Report 894: Obesity: Preventing and Managing the Global Epidemic. WHO Geneva 2000

Zemel MB. Regulation of adiposity and obesity risk by dietary calcium: mechanisms and implications. *J. Am. Coll. Nutr.* 21: 146S-151S, 2002

This response has been reviewed and approved by the following faculty:

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