

language on the relationship between dietary patterns and cardiovascular disease (CVD), body weight/obesity, (T2DM), while Clinton presented language on the relationships between dietary patterns and 4 major cancers that account for half of the cancer incidence in the United States: lung cancer, prostate cancer in men, breast cancer in women, and colorectal cancer.

As Hu and Clinton outlined, and as committee members noted, there was a high degree of consistency across the evidence base when examining what dietary patterns were connected with lower or higher incidence of chronic disease. Among the 4 major cancers, evidence showed the strongest links between dietary patterns and colorectal cancer. More illuminating, however, was the fact that highly similar dietary patterns emerged in the draft recommendations for all 3 chronic diseases (CVD, body weight/obesity, and T2DM) (see **Table**). In summary, they are:

· A diet high in fruits, vegetables, and whole grains.

• A diet with regular amounts of fish, legumes, and low-fat dairy. Alcohol consumption in moderation was discussed in the draft statements on CVD and body weight only.

• A diet low in sugar-sweetened beverages, red and processed meats, refined grains, and saturated fats. The consensus in the draft statements emerged from a rigorous process

for all 3 chronic diseases. Hu said the process for CVD involved the Nutrition Evidence Library (NEL) Dietary Patterns Systematic Review Report, the highly publicized 2013 Guideline of the American Heart Association and the American College of Cardiology (AHA/ACC), and a review of 142 articles published since 2008, including 35 that appeared in 2 or more reviews. Hu noted that the articles reviewed included studies of the Mediterranean diet, the Dietary Approaches to Stop Hypertension (DASH), and vegetarian-style diets.¹

The review for the draft recommendations for dietary patterns to combat obesity also involved the NEL review, and a separate guideline published in 2013 for the treatment of obesity from AHA, ACC, and The Obesity Society (TOS). The literature review included 81 studies, including 3 that appeared in 2 or more reviews. Draft language in the body weight/obesity recommendation

includes a recommendation that overweight persons consult with a nutritionist or counselor to lose weight.

The draft language for the T2DM dietary pattern recommendation relied upon the NEL review, 1 comprehensive analysis, and 39 articles, including 13 that were in more than 1 review. Of note, Hu said that evidence for dietary patterns and T2DM is lacking in the pediatric population.

Hu noted that the 2013 AHA/ACC guidelines that informed both the CVD and body weight/obesity drafts relied largely on randomized clinical trials. To some degree, he said, minor inconsistencies between the draft statements across the different diseases reflect limits on what was included in clinical trials and studies available to the committee.

Definitions of dietary patterns or terms such as "Mediterranean diet" varied from study to study. Of note, evidence ratings for the CVD draft were strong. Evidence ratings were moderate for the dietary pattern portions of the body weight/obesity and T2DM statements, based on criteria Millen outlined, but the committee found strong evidence for its draft statement that weight loss is achieved through a balance of diet and exercise.

An important finding, Hu said, is that while there is consistency in the types of dietary patterns that reduce chronic disease, there is great variety in the individual foods that people can eat to achieve better health.

"People have been looking for the optimal diet," he said; however, "One size doesn't fit all.

This has important clinical and public health implications, he said, because it allows healthcare providers and nutritionists to adapt their recommendations to patient preferences, cultural needs, and the availability of local foods. Even within the scientific literature, authors "used different methods to achieve healthy dietary patterns," Hu said. DASH, the Mediterranean diet,

vegetarian patterns, and other methods received attention. Losing weight and reducing cardiovascular risk is possible, Hu said, "as long as the overall diet quality is high."

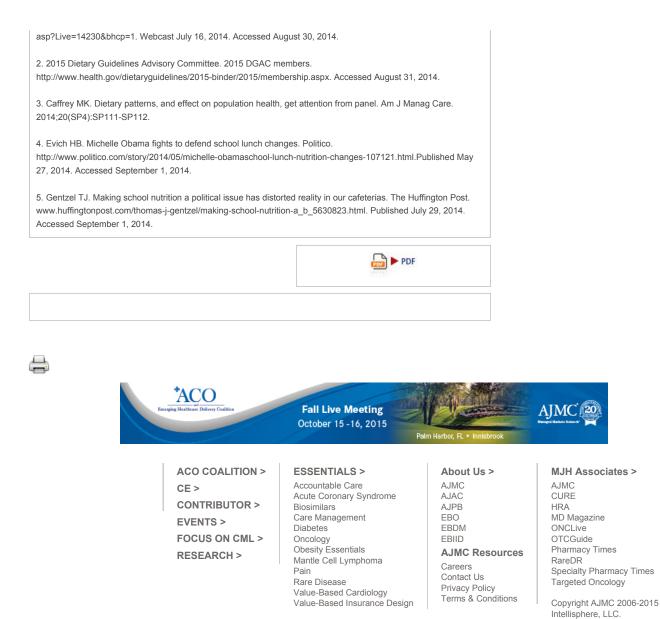
References

1. HHS. 2015 Dietary Guidelines Advisory Committee, Fourth Meeting, Day 1. http://videocast.nih.gov/summary

fifth segment of the Healthcare Reform Stakeholders Summit, Spring 2015 series. They acknowledged that the history of healthcare pricing has long been one of opacity, discussed its slow shift toward transparency, and recognized the difficulties facing the general public in making educated and informed healthcare purchasing decisions.

Cost-Effective Interventions to Fight Childhood Obesity

When evaluating the cost-effectiveness of 4 different interventions to prevent or reduce childhood obesity, researchers found that the benefit of these interventions surpassed the current clinical interventions to treat obesity.



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