CHEEP
cooking healthy european paths

Funded by the
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Webinar training contents:

- Introduction
- From Giudelines To Practice
- Principles Of Healthy Diet
- Dietary Advice And Practice
- Q & A

OBESITY

Dr Fabio Lauria
D.ssa Marika Dello Russo
Institute of Food Science
National Research Council Avellino

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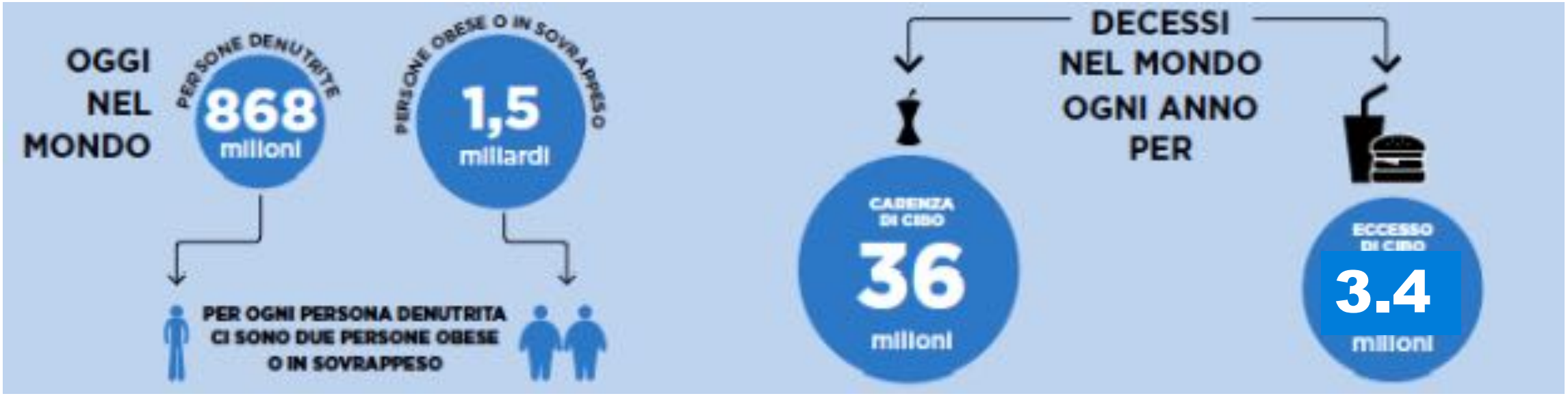
I paradossi dell'alimentazione



Fonte: Barilla centre

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Definizione di obesità

Category	BMI, kg/m^2
Underweight	<18.5
Healthy weight	18.5–24.9
Pre-obese state	25.0–29.9
Obesity grade I	30.0–34.9
Obesity grade II	35.0–39.9
Obesity grade III	≥40

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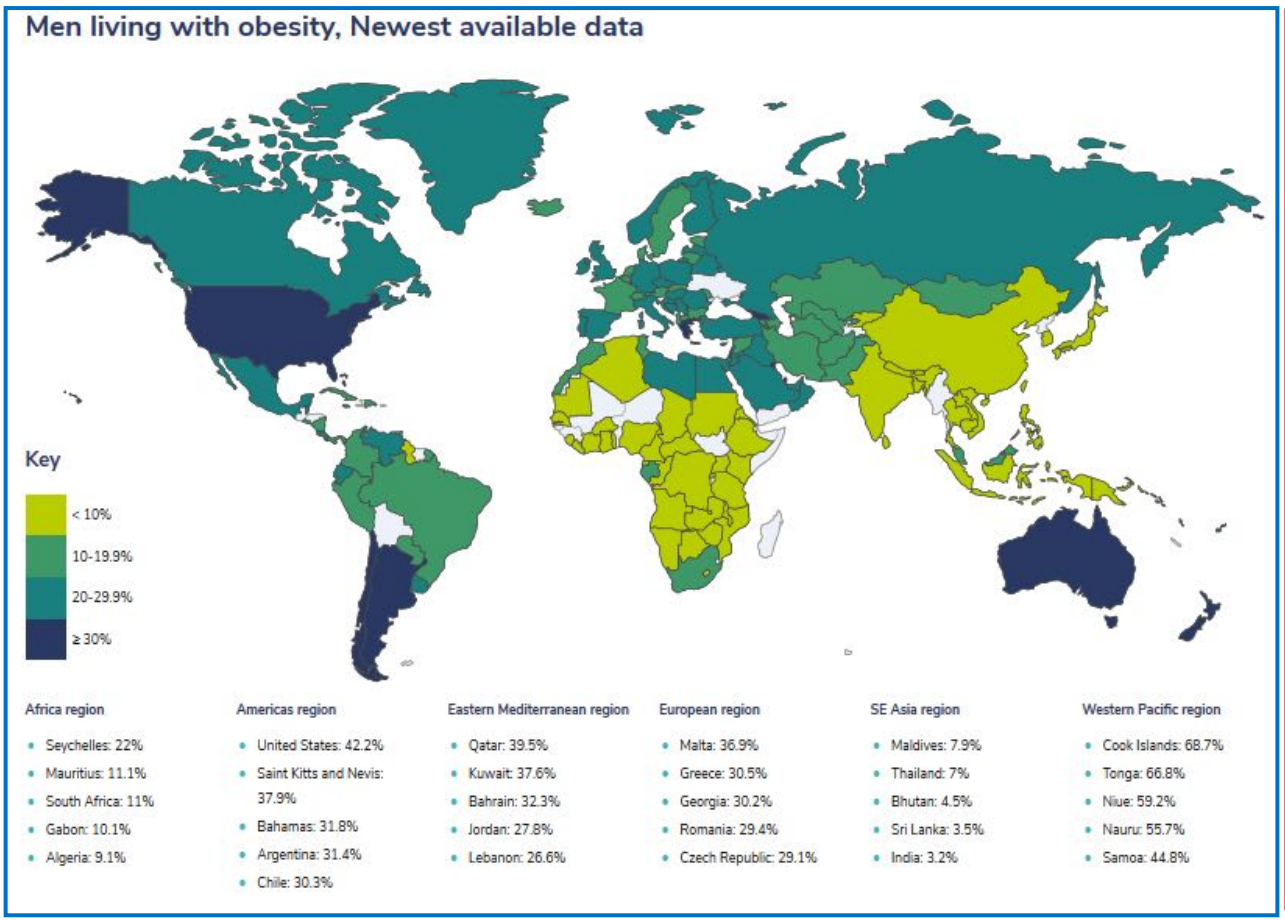
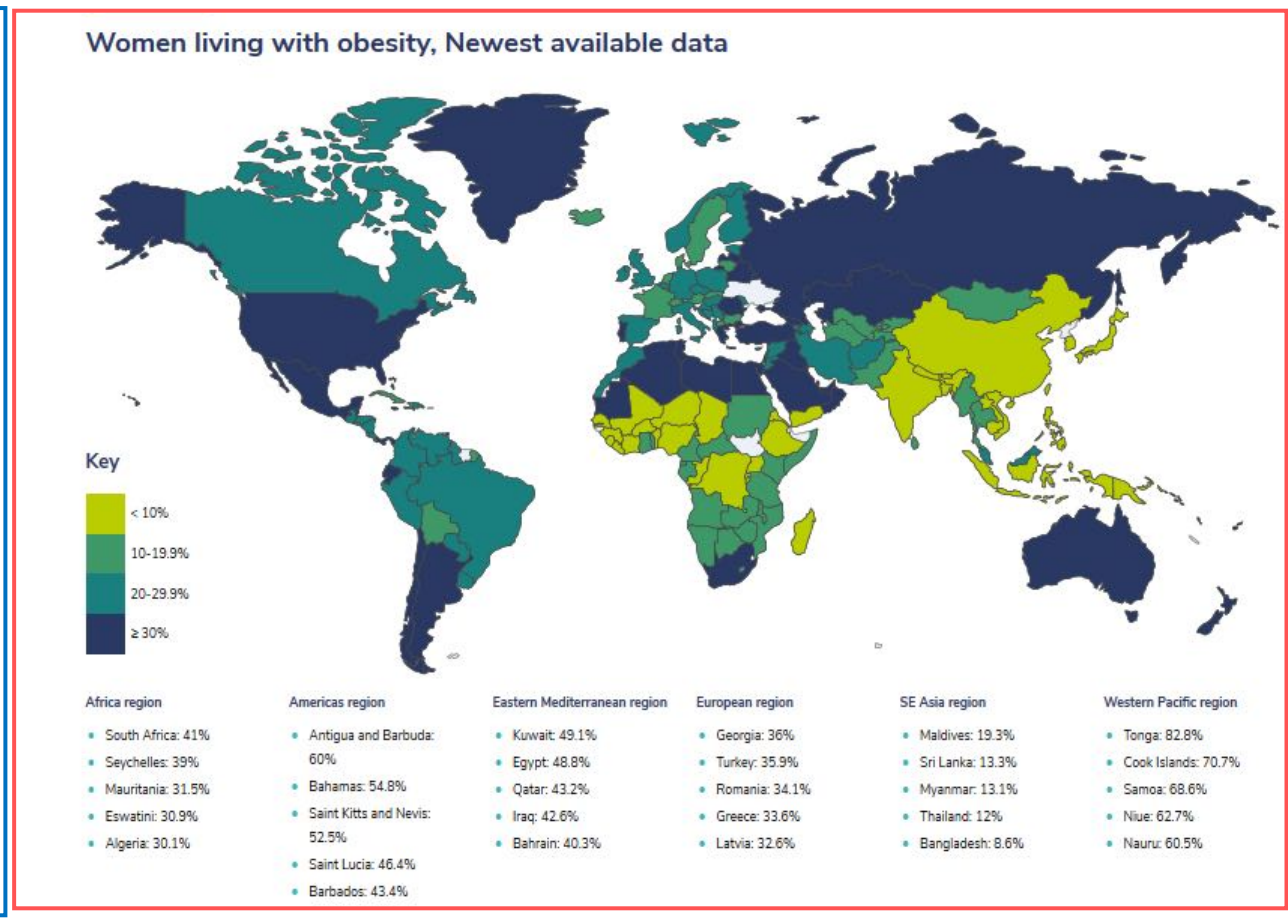
Prevalenza dell'obesità





https://data.worldobesity.org 2020

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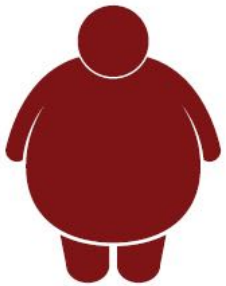
Prevalenza dell'obesità

over 50%
of people are
overweight or **obese**



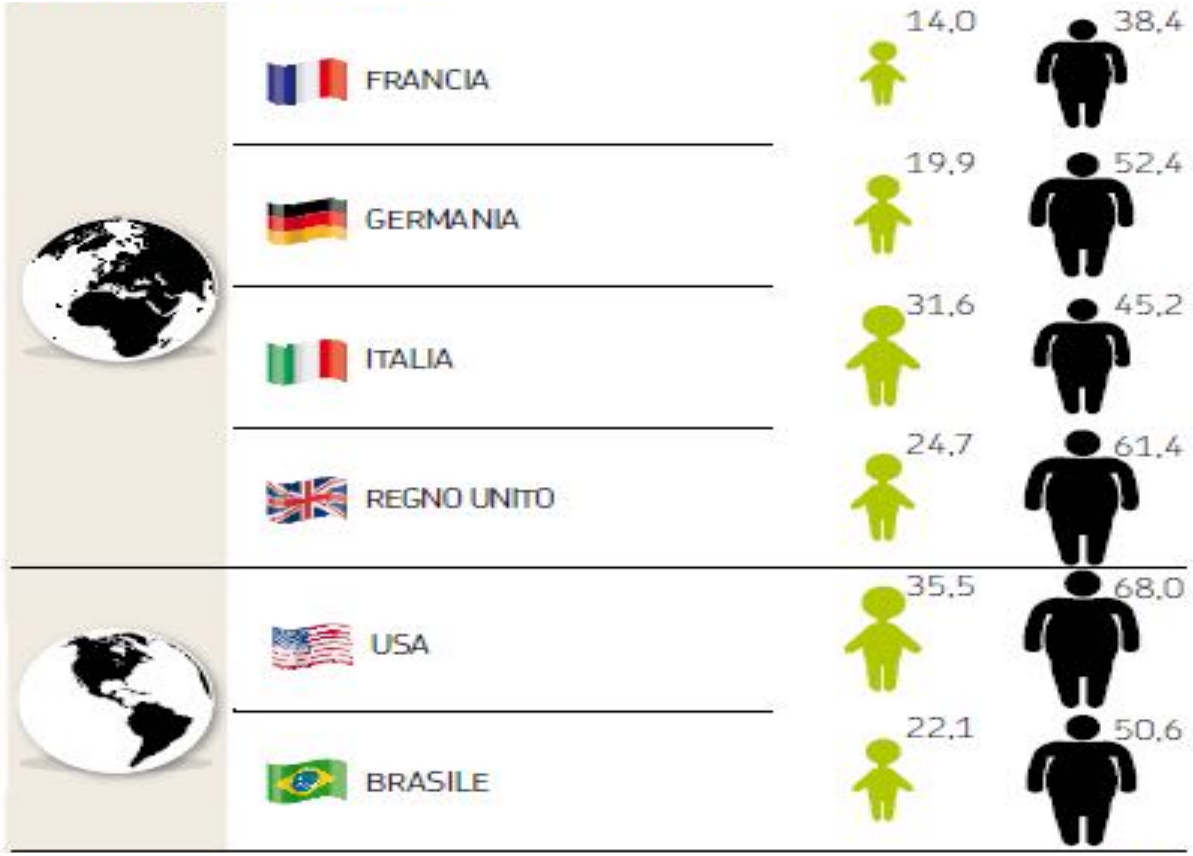
over 20%
of people are
obese

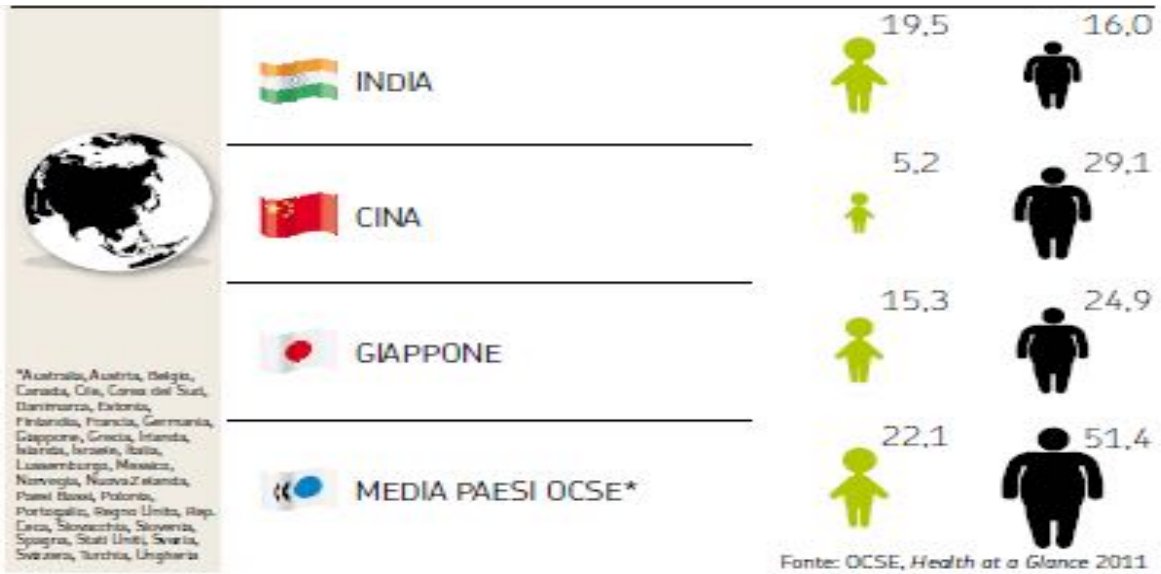
www.euro.who.int/obesity

© WHO 07/2013

World Health Organization
REGIONAL OFFICE FOR Europe

Obesità infantile





Fonte: Barilla centre

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Obesità infantile

In the WHO European Region

1 in 3
11-year-olds is

overweight
or
obese

www.euro.who.int/obesity
© WHO 03/2014

World Health Organization
REGIONAL OFFICE FOR Europe

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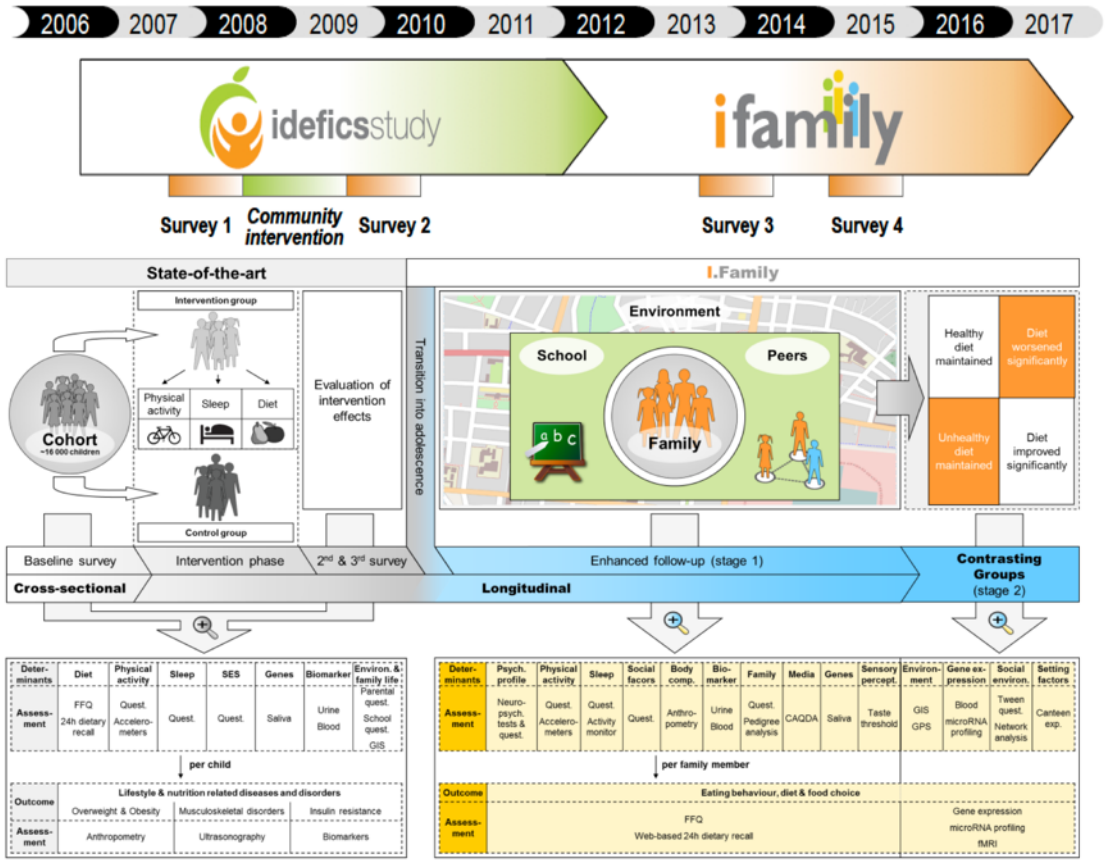
Studi IDEFICS/I.FAMILY



I.Family worked with eight child cohorts and communities in:

- Strovolos, Cyprus
- Ghent, Belgium
- Tallin, Estonia
- Bremen, Germany
- Pécs, Hungary
- Avellino, Italy
- Zaragoza, Spain
- Gothenburg, Sweden

Our thanks to all the children, families, schools and communities who took part!

Funded by the EC, FP 7, Project No. 266044 - Building on ideficsstudy

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OPEN

International Journal of Obesity (2014) **38,** S99–S107
© 2014 Macmillan Publishers Limited All rights reserved 2046-2166/14
www.nature.com/ijo

ORIGINAL ARTICLE

Prevalence of overweight and obesity in European children below the age of 10

W Ahrens[1,2,10], I Pigeot[1,2,10], H Pohlabeln[1], S De Henauw[3], L Lissner[4], D Molnár[5], LA Moreno[6], M Tornaritis[7], T Veidebaum[8] and A Siani[9] on behalf of the IDEFICS consortium

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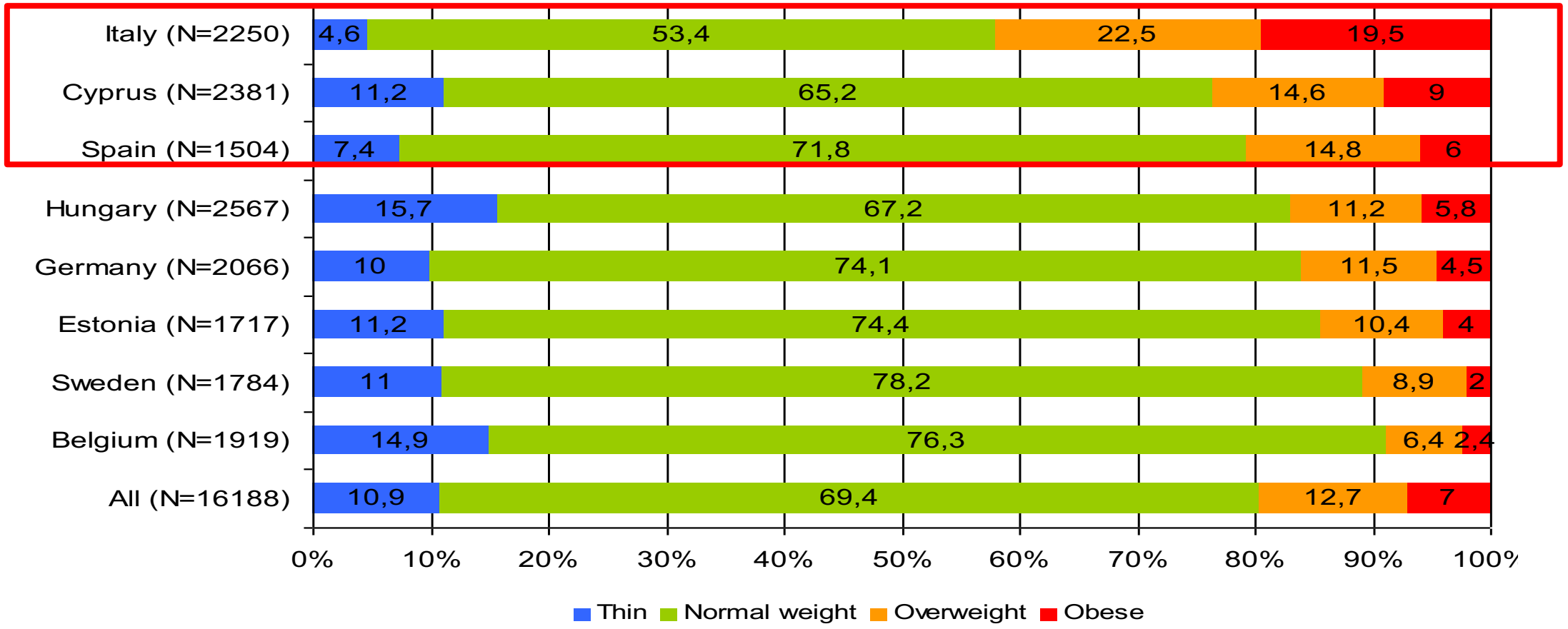
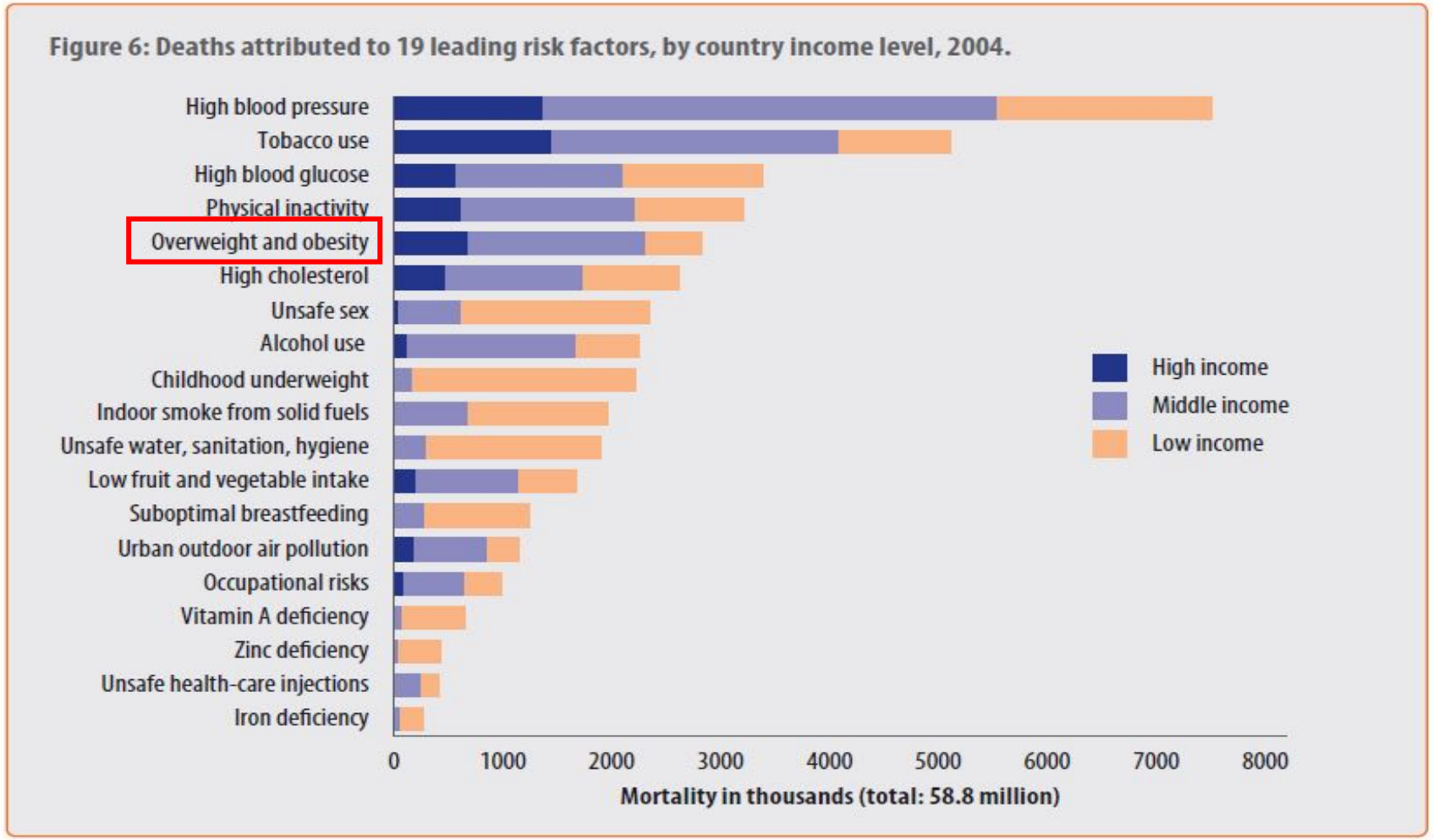
Distribution of BMI in the IDEFICS countries



(International (IOTF) Body Mass Index Cut-Offs for Thinness, Overweight and Obesity in Children)

Principali fattori di rischio per la salute



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E’ aumentata la quantità di cibo a disposizione nelle nostre case

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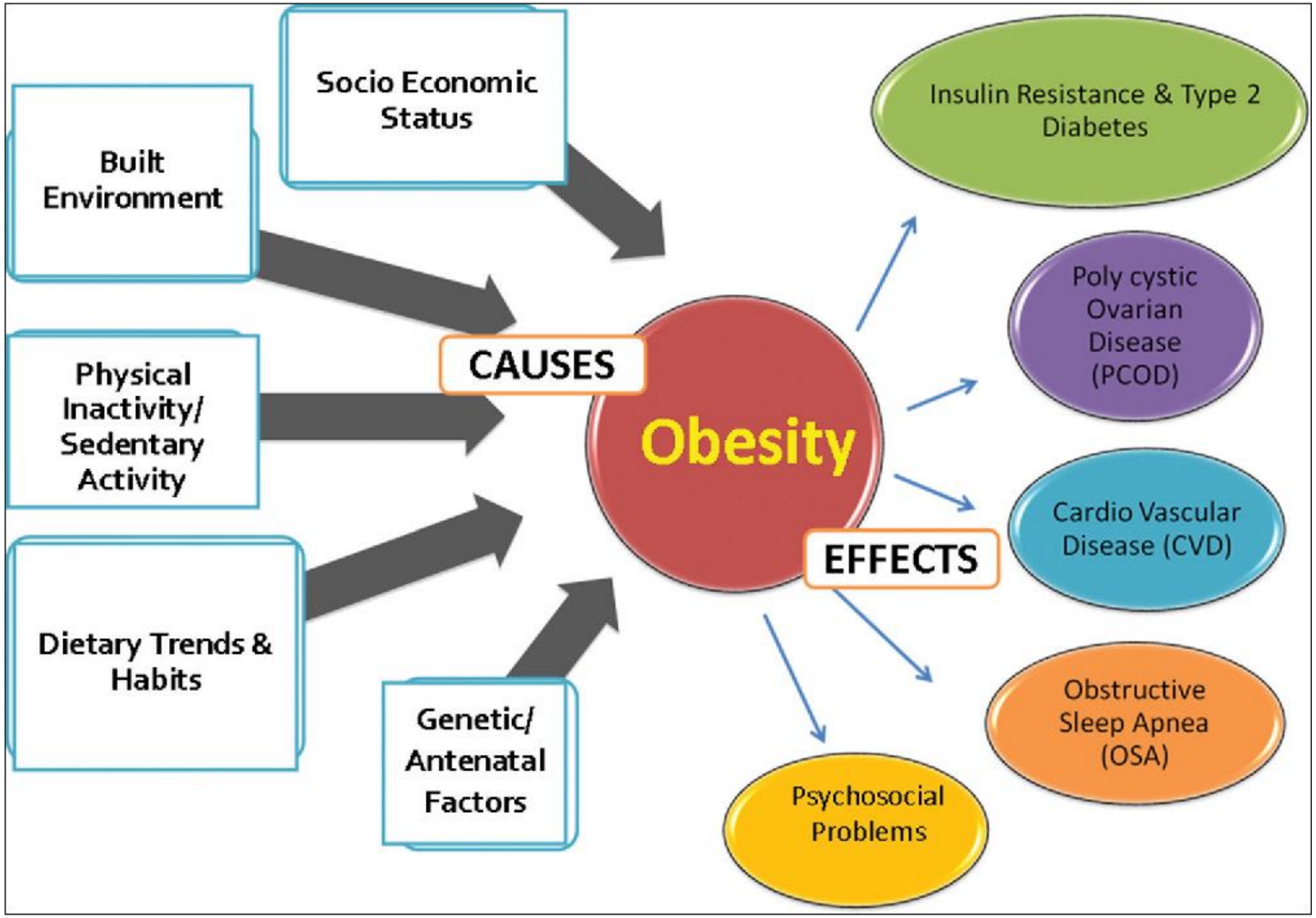

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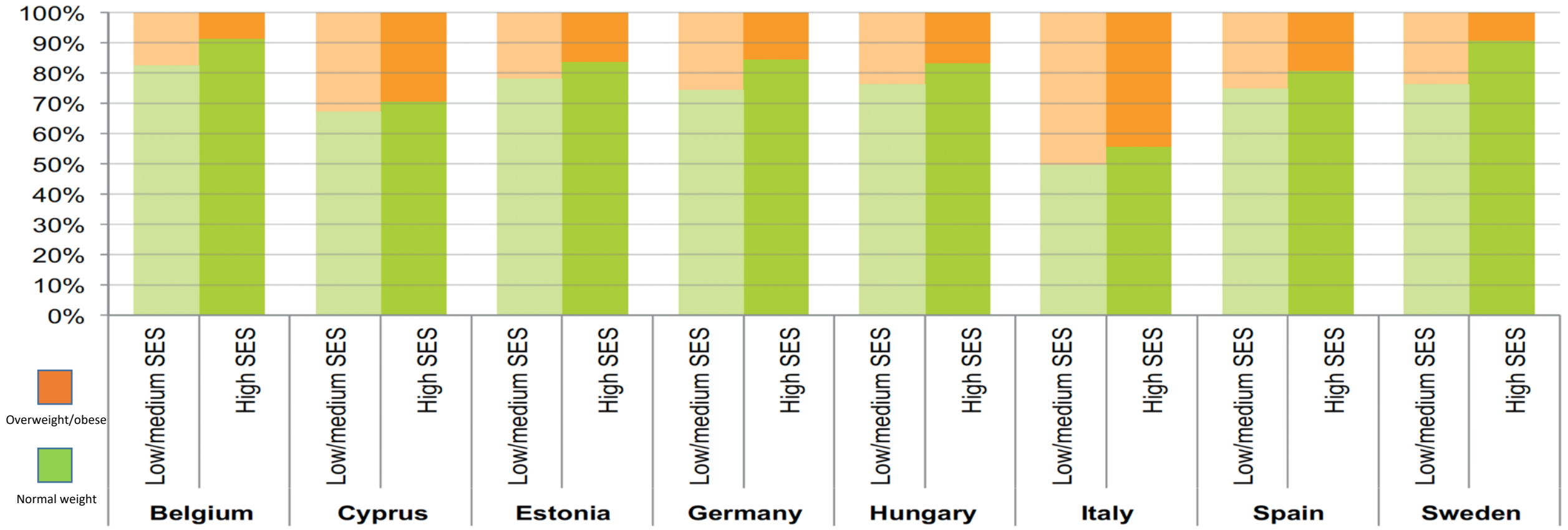
Categorie di peso in base al livello socioeconomico



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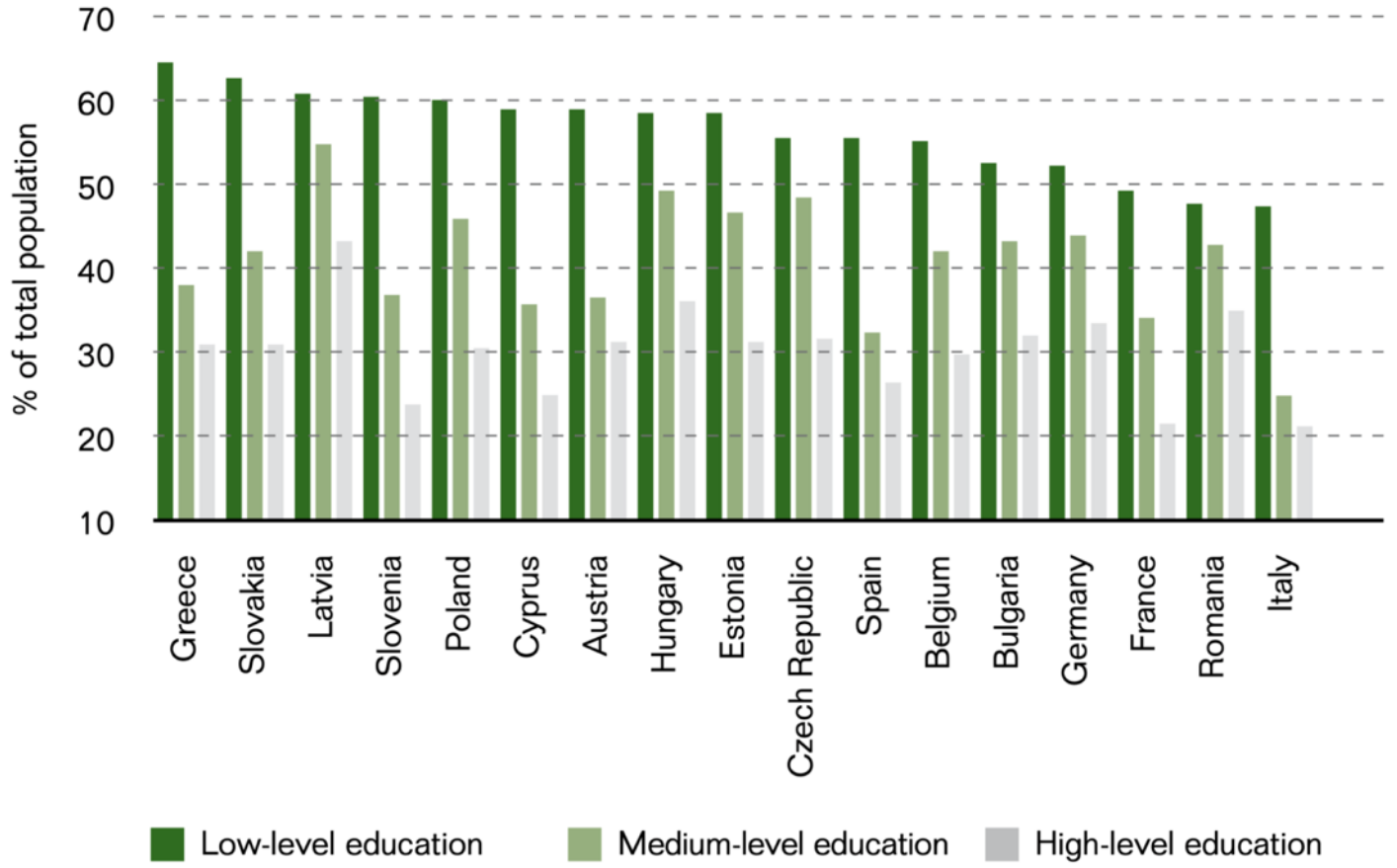
Overweight and obesity in women by educational level, 2009



World Health Organization
REGIONAL OFFICE FOR Europe

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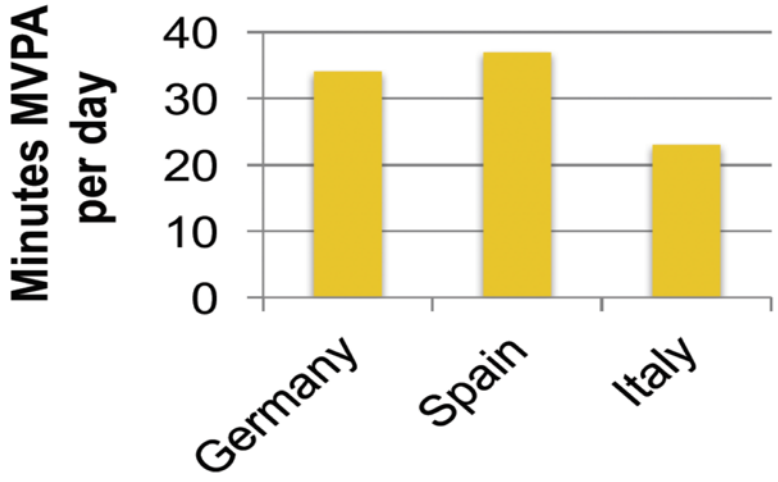
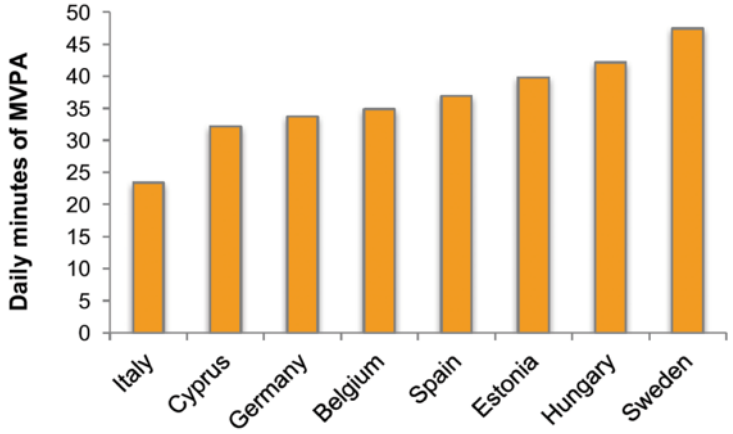
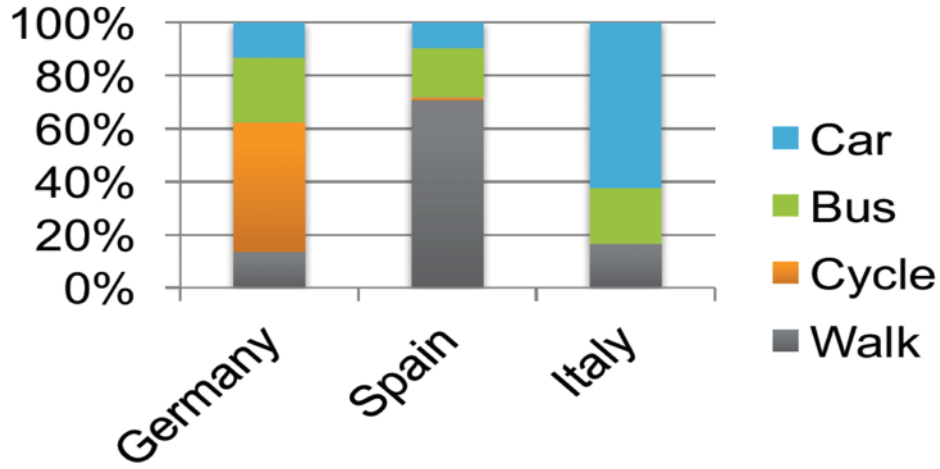
Attività fisica



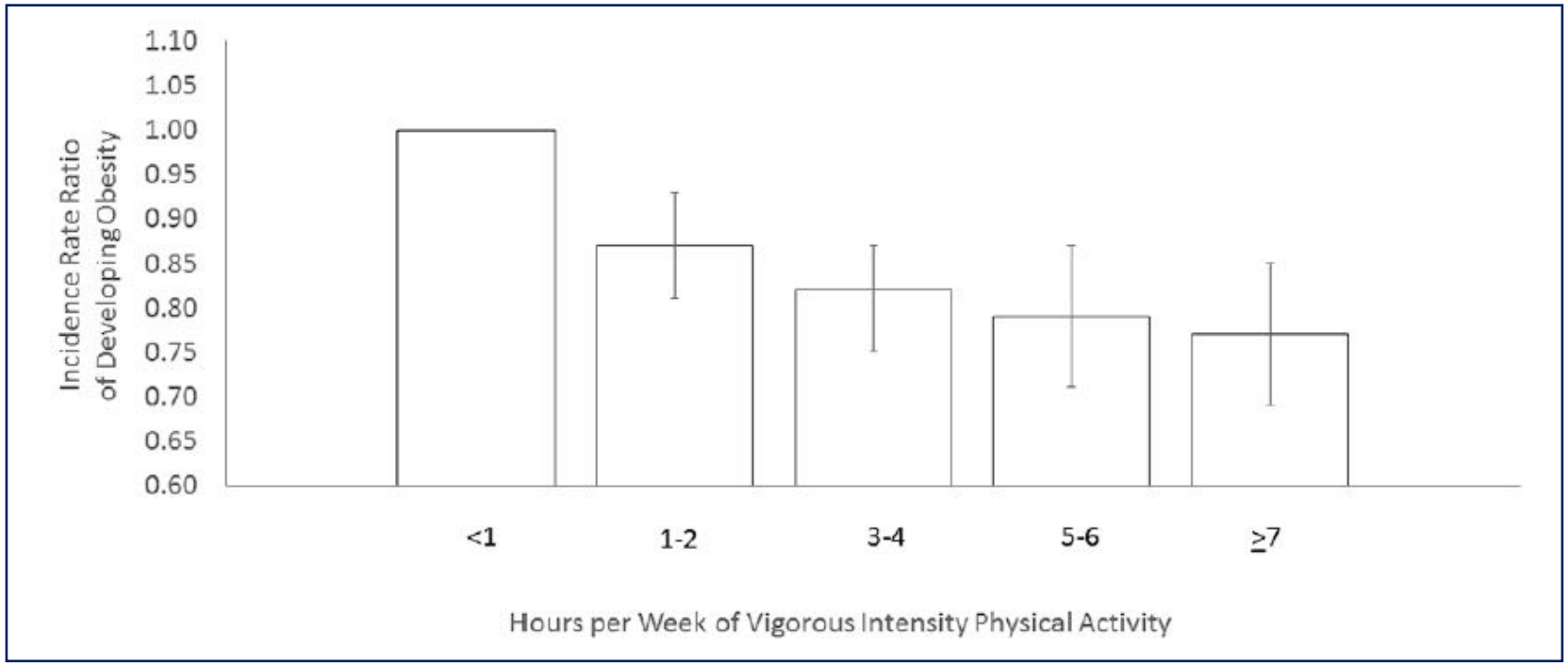




Med Sci Sports Exerc. 2019 June ; 51(6): 1262–1269. doi:10.1249/MSS.0000000000001938.

Physical Activity and the Prevention of Weight Gain in Adults: A Systematic Review

John M. Jakicic[1], Kenneth E. Powell[2], Wayne W. Campbell[3], Loretta DiPietro[4], Russell R. Pate[5], Linda S. Pescatello[6], Katherine A. Collins[1], Bonny Bloodgood[7], Katrina L. Piercy[8], and 2018 Physical Activity Guidelines Advisory Committee*



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Urbanizzazione e salute pubblica

- Urbanisation
  - Lifestyle changes
  - ➢ Increasing rate of western diseases

- Insufficient physical activity
  - Risk factor for 10% of non-communicable diseases
  - Mortality risk factor

www.supplychainquarterly.com/news/20130521-urbanization-will-drive-more-logistics-spending/

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Urbanizzazione e salute pubblica

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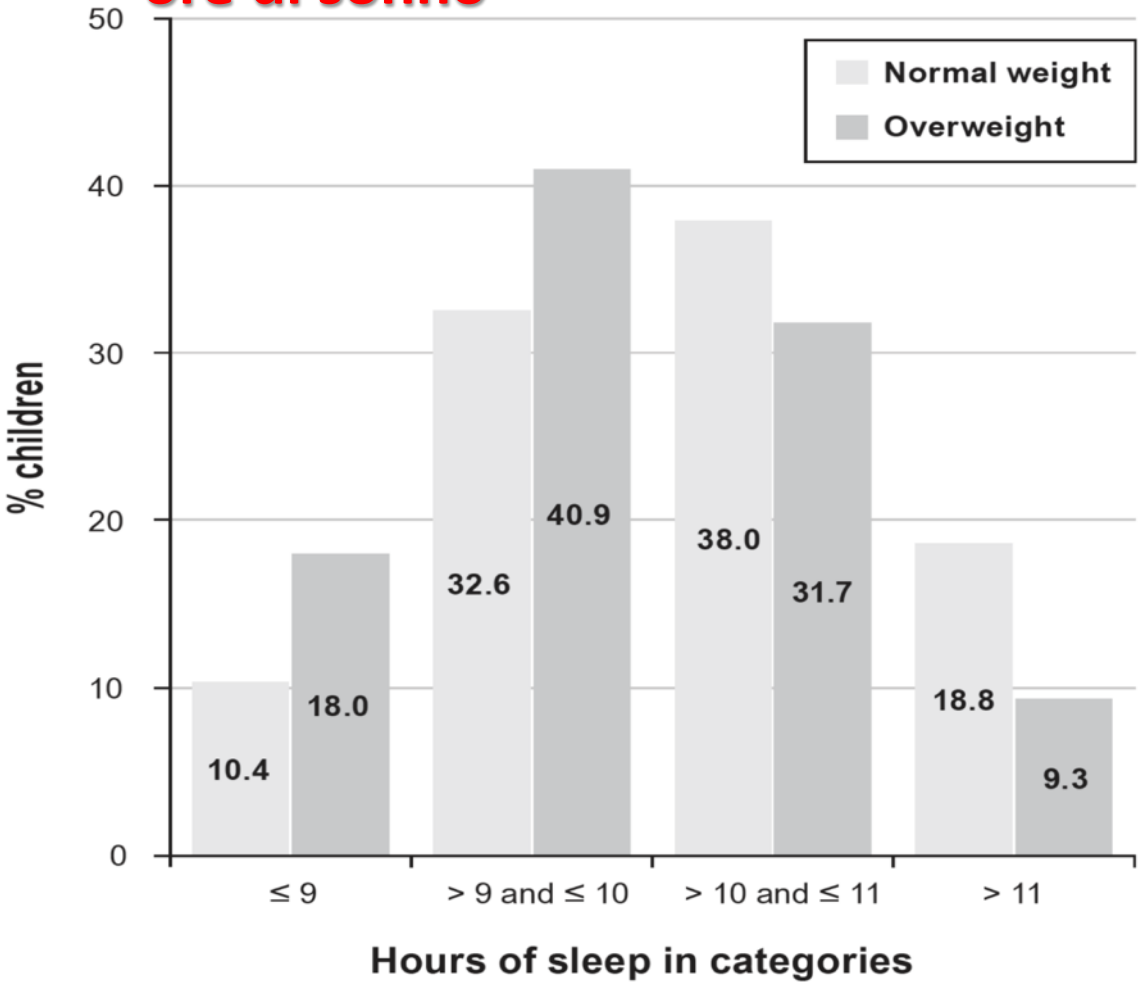
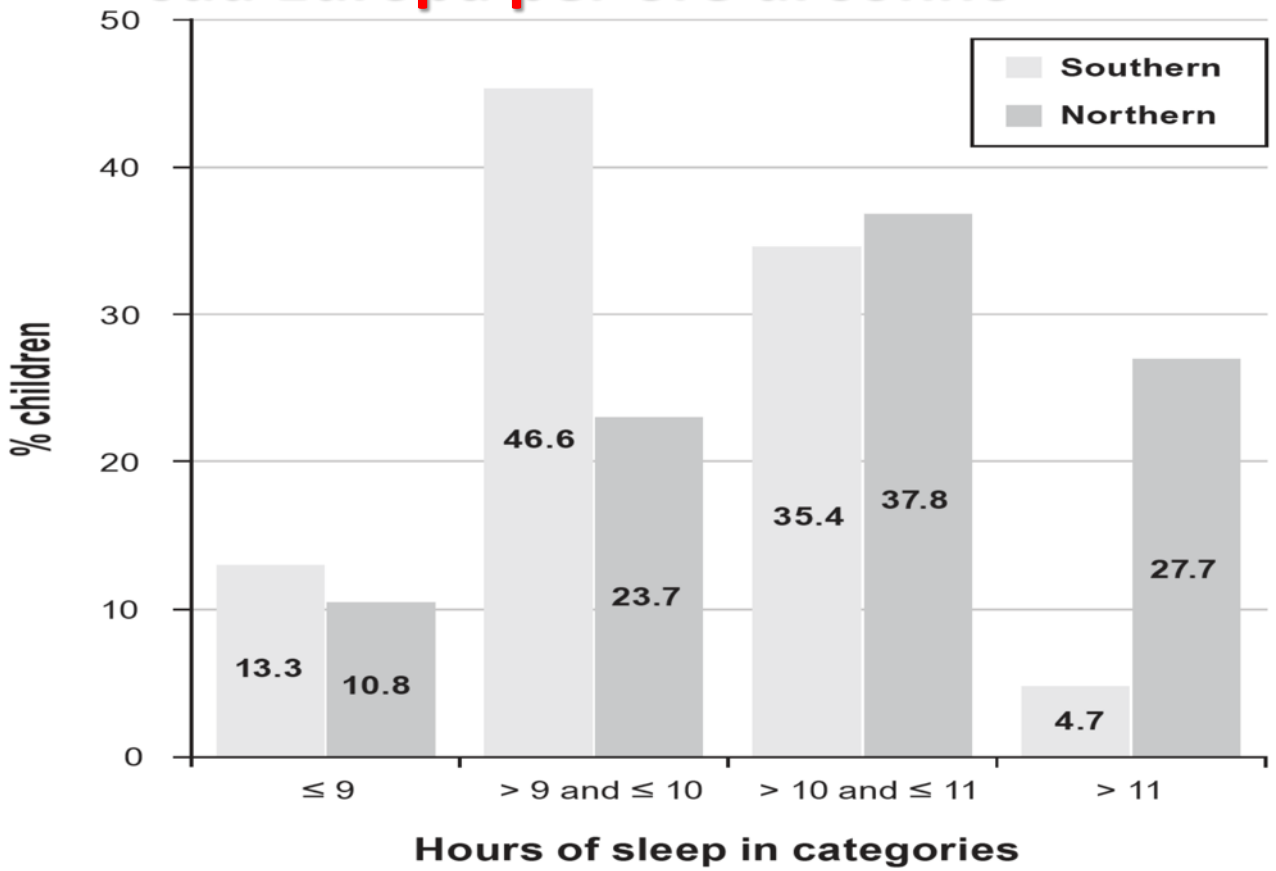
Percentuale di bambini NW e OW per ore di sonno



Percentuale di bambini dal nord e sud Europa per ore di sonno



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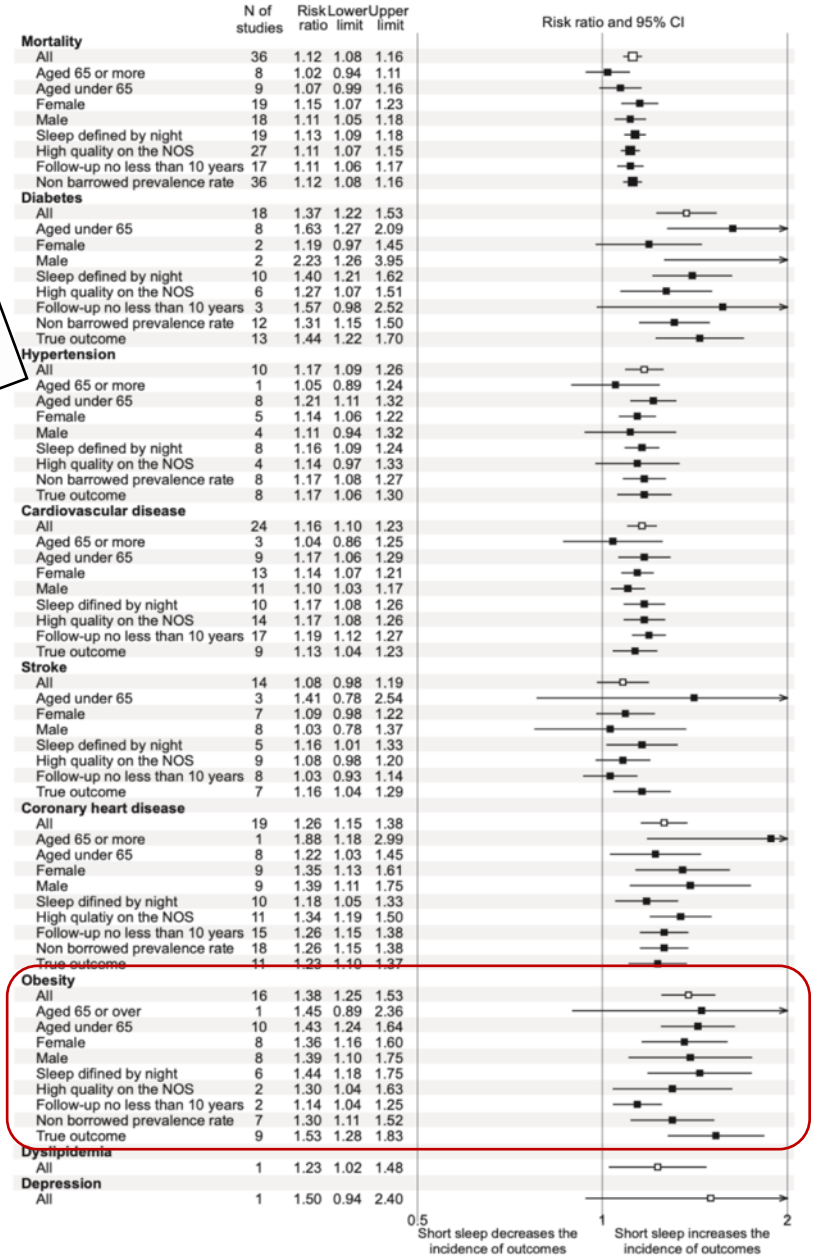
Review > Sleep Med. 2017 Apr;32:246-256. doi: 10.1016/j.sleep.2016.08.006. Epub 2016 Aug 26.

Short sleep duration and health outcomes: a systematic review, meta-analysis, and meta-regression

Osamu Itani [1], Maki Jike [2], Norio Watanabe [3], Yoshitaka Kaneita [1]



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THE LARGEST LAST SUPPER

Wansink & Wansink, IJO 2010

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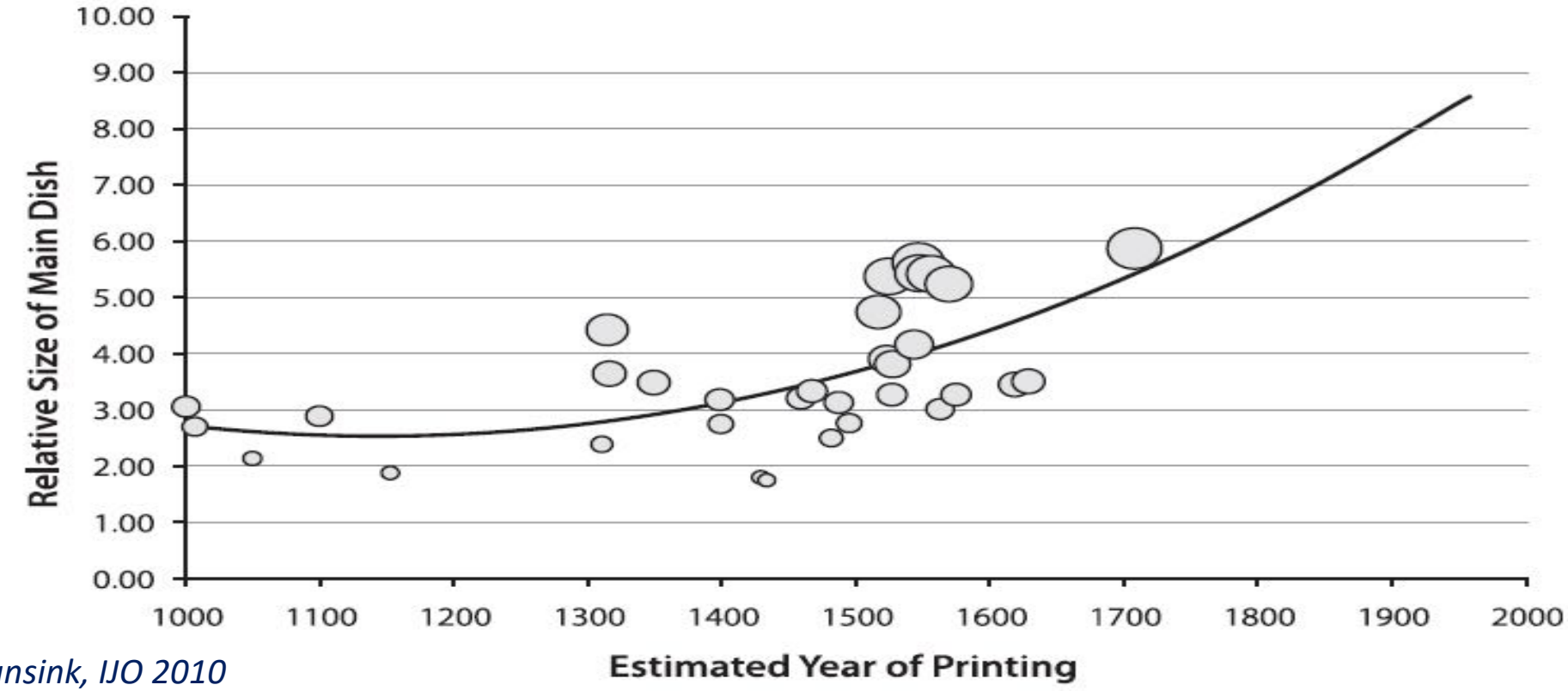
Relative size of the main dish in depictions of the Last Supper across centuries



Wansink & Wansink, IJO 2010

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La genetica…

Modificare la nostra natura non è possibile anche se i recentissimi progressi compiuti dalla genetica hanno permesso di valutare le influenze della dieta sul nostro DNA e correlare il nostro DNA a differenti risposte agli alimenti che mangiamo.

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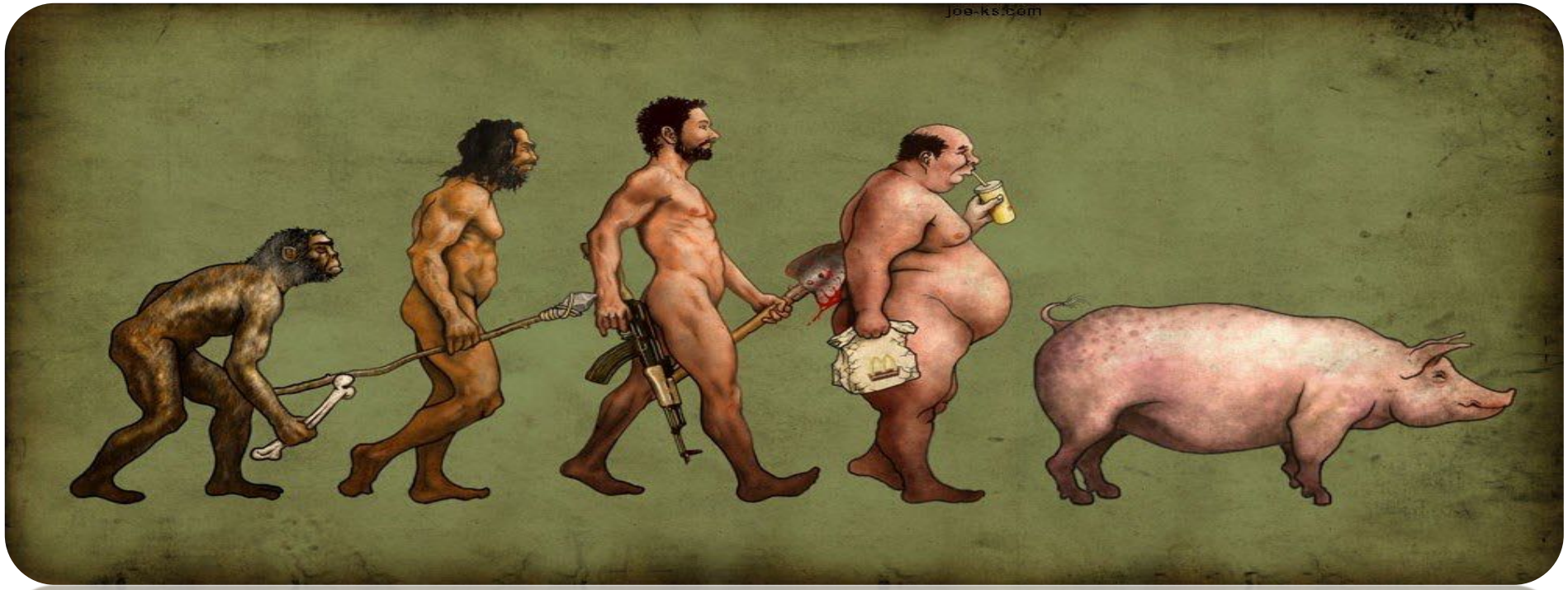
La dieta influenza il genoma



Lo scontro del nostro “antico genoma” con le qualità nutrizionali di alimenti di “recente” introduzione può costituire una delle basi dell’esplosione di obesità, diabete, dislipidemie, malattie cardiovascolari.

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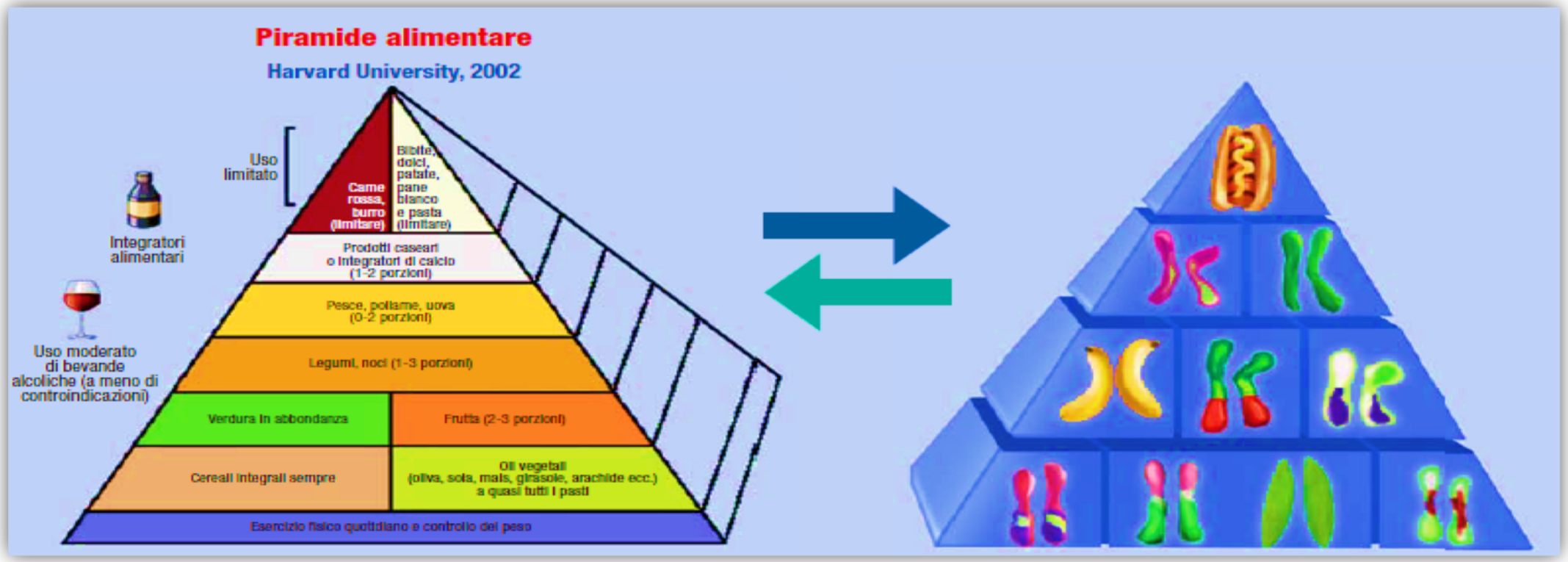
Possono i nostri geni insegnarci una nutrizione personalizzata?



Il passaggio da una piramide alimentare che suggerisce una corretta nutrizione ad una piramide che adegua la nutrizione al make up genetico individuale è l'obiettivo della nutrizione personalizzata

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Nutrizione personalizzata?

TEMPI LUNGHI A CAUSA

- dell'enorme complessità del "sistema uomo" e delle sue numerose variazioni genetiche individuali.
- della difficile comprensione della complessa interazione tra genetica e fattori ambientali
- dei problemi etici legati a questi temi

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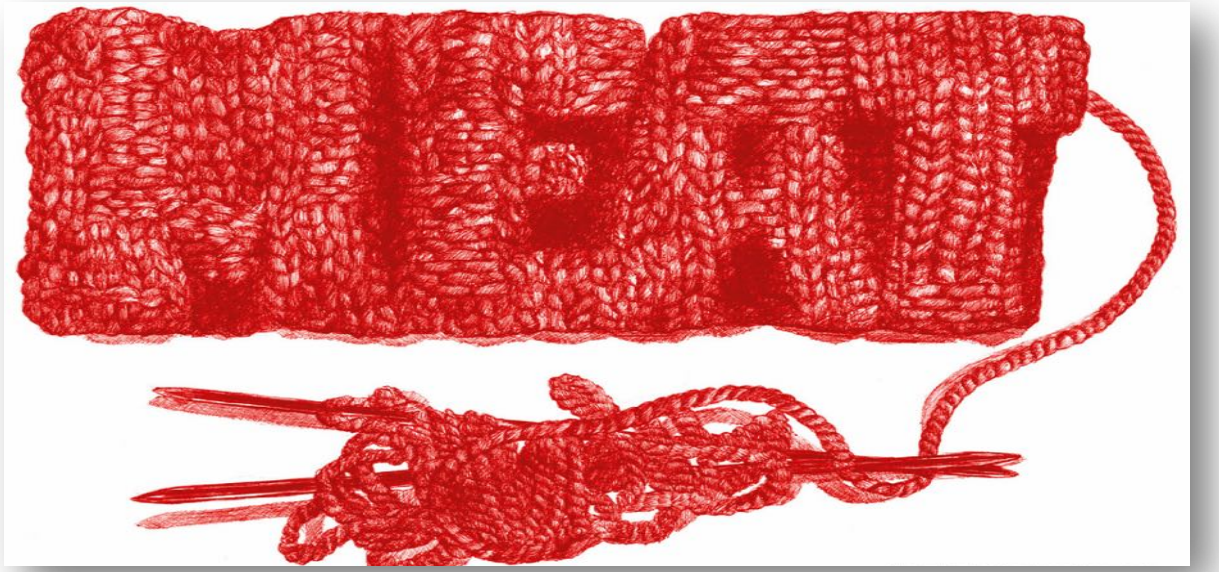
La scienza per il cibo



- Cuochi professionisti in ristoranti di alto livello rispettano la chimica ma anche la biologia quando usano l'enzima **trans-glutaminasi** detta colla di carne.
- **La tapioca maltodestrina** permette di trasformare qualsiasi sostanza grassa (burro di arachidi, olio di oliva o cioccolato) in una polvere senza alterarne il gusto.
- Il **sodio citrato** unito aggiunto a una tazzina riscaldata di birra permette a qualsiasi tipo di formaggio a essere fuso in un ricco, cremoso intruglio senza grumi.

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Il cibo del futuro

Nel 2013, in una conferenza stampa, a Londra, è stato servito un hamburger coltivato in un laboratorio

Ottenuto da cellule staminali bovine e arricchito con succo di barbabietola per la colorazione, briciole di pane, caramello e zafferano come esaltatori del gusto, è costato US $ 330.000

- Il progetto **Stance4Health** cercherà, grazie all'adozione di un'**alimentazione personalizzata** basata sull'uso di tecnologie mobili intelligenti e di produzioni alimentari su misura, di migliorare la nostra salute, e in particolare l'attività del **microbiota intestinale**.

- Questi nuovi strumenti consentiranno l'adozione di modelli dietetici salutari, gradevoli e sostenibili, basati sulla **Dieta Mediterranea**.

Stance4Health è stato finanziato dall'Unione Europea nell'ambito del programma ricerca e innovazione Horizon 2020 - Grant Agreement n. 816303.

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LA DIETA MEDITERRANEA

Patrimonio del passato e risorsa per il futuro

Funded by the
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How come the Mediterraneans seem to LIVE LONGER than the rest of us?

Could it be the CLIMATE?

FUNNILY ENOUGH, it's probably what they put in their sandwiches.

Immagin tratte dal depliant pubblicitario di un olio di oliva "spalmabile" in vendita in Gran Bretagna

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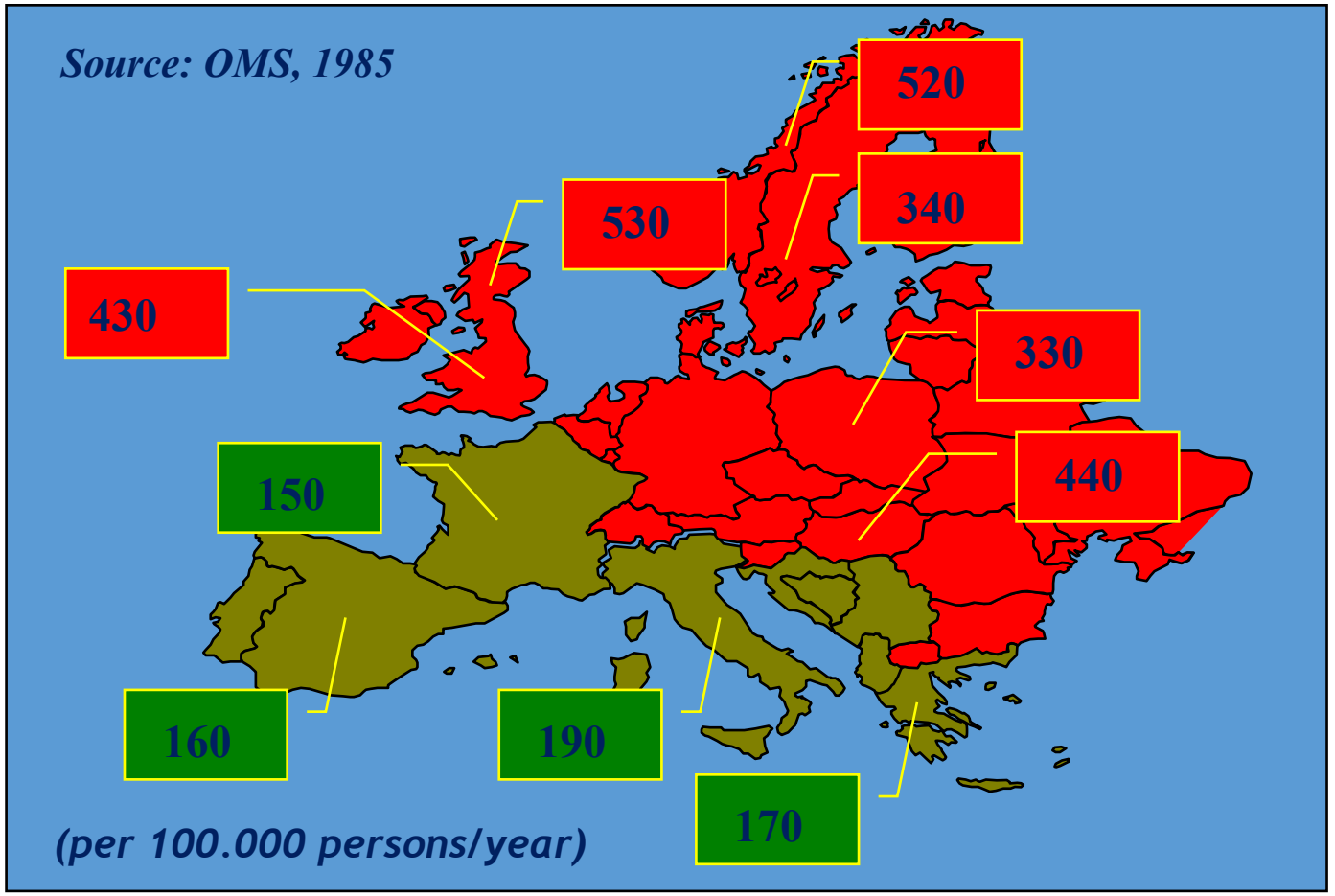
Mortalita' per malattie cardiovascolari in Europa



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Dieta mediterranea e malattie cronico-degenerative

La dieta mediterranea può avere effetti favorevoli nella prevenzione delle seguenti condizioni patologiche:

- **obesità**
- **diabete**
- **iperlipidemia**
- **ipertensione**
- **aterosclerosi**
- **alcuni tipi di tumori**

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Dieta mediterranea

**Il termine "dieta Mediterranea"
tradizionalmente si riferisce a modelli dietetici popolari
tipici di alcuni paesi mediterranei all'inizio degli anni '60,
come Creta, Grecia, Italia meridionale, Nord Africa, Medio
Oriente, Spagna**

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Ma cosa hanno in comune, da un punto di vista alimentare, tutti i paesi che si affacciano sul bacino del Mediterraneo ?

La dieta mediterranea

Oltre all'olio d'oliva, l'assunzione giornaliera includeva:

- ✓ **elevato consumo di cereali, frutta, noci, verdure e legumi**
- ✓ **basso consumo di latticini, carne e prodotti a base di carne**
- ✓ **l'assunzione di pesce e frutti di mare dipendeva dalla vicinanza al mare**
- ✓ **moderata assunzione di alcol, principalmente sotto forma di vino durante i pasti**

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Why to “buy“ the Mediterranean Diet?

- ❑ Healthy dietary habits;
- ❑ Variety of colours;
- ❑ Healthy snacks;
- ❑ Tasteful recipes;
- ❑ Eco-sustainability;
- ❑ Strong imprinting

or why to “SELL“ it?

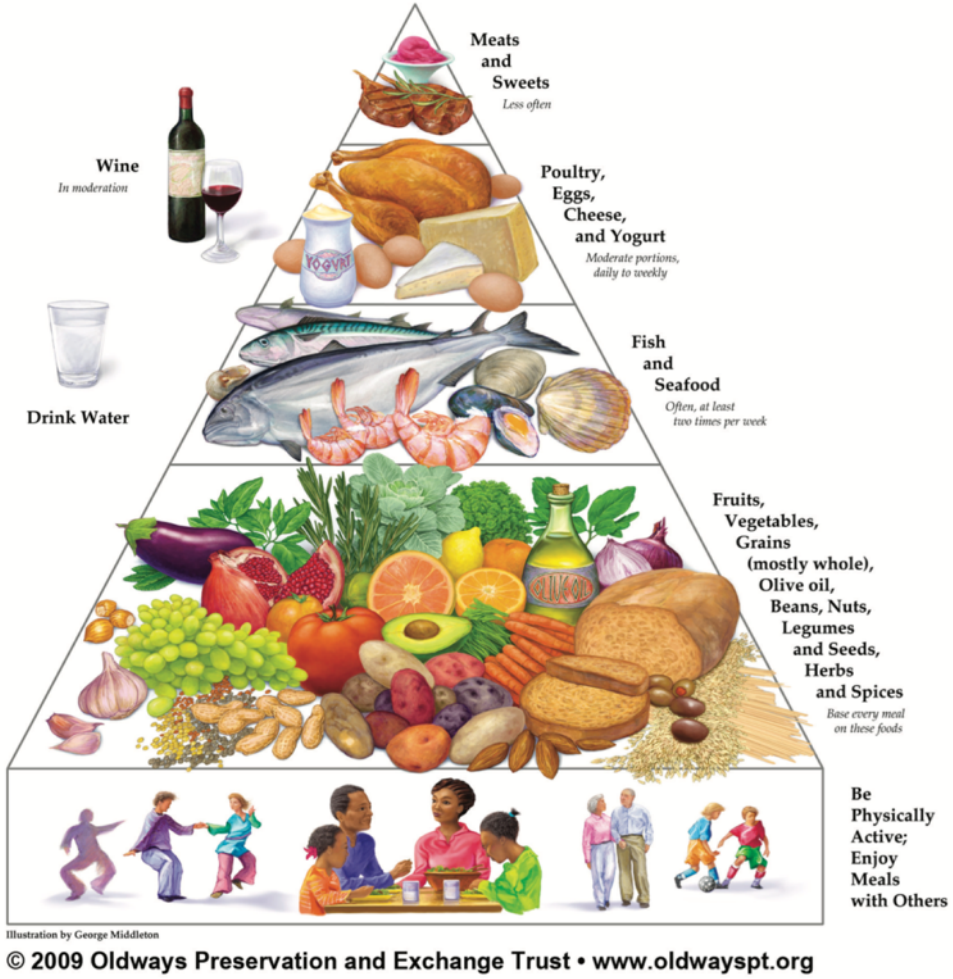
Funded by the Erasmus+ Programme of the European Union

Piramide alimentare della dieta mediterranea

Once a week

2-3 times/week

daily



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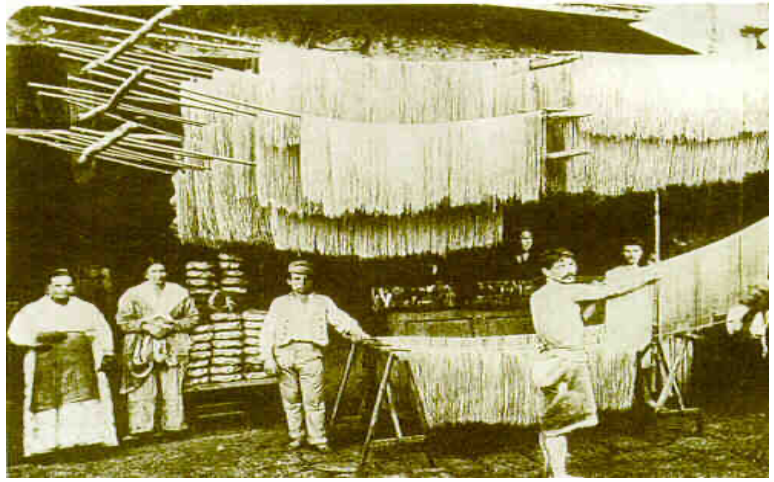
How the Mediterranean diet has changed



ieri…

….e oggi

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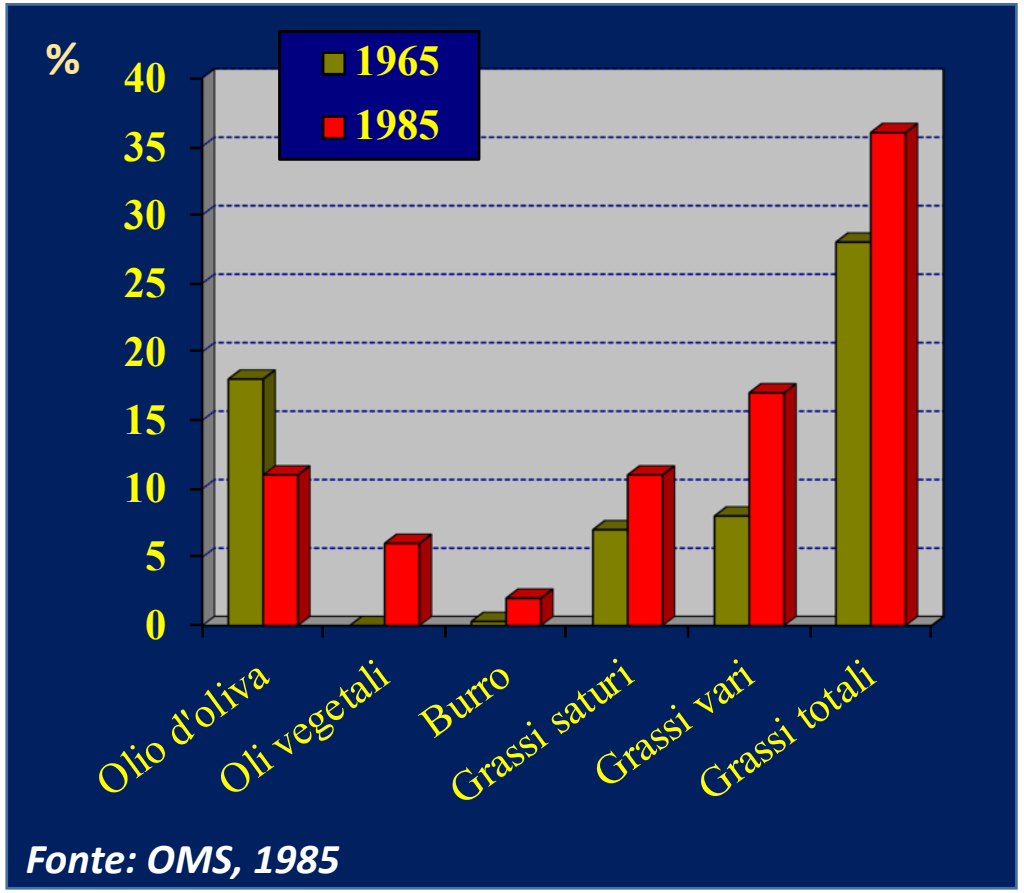
Variazioni del contenuto in grassi nella dieta dell'Italia meridionale



Fonte: OMS, 1985

Negli ultimi 20 anni, nell'Italia Meridionale, abbiamo assistito ad un aumento della quantità di grassi assunti con la dieta.

A questa variazione QUANTITATIVA è stata associata anche una variazione QUALITATIVA con riduzione del consumo di olio di oliva e aumento di grassi saturi e di altri grassi vegetali.

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Nutrition, Metabolism & Cardiovascular Diseases (2009) 19, 153–155

available at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/nmcd

ELSEVIER

Nutrition, Metabolism & Cardiovascular Diseases

EDITORIAL COMMENT

Demosthenes B. Panagiotakos*
Antonia-Leda Matalas

Back to the ancient diet: A matter of urgency for Southern Mediterranean countries

Nutrition, Metabolism & Cardiovascular Diseases (2014) 24, 216–219

Available online at www.sciencedirect.com

Nutrition, Metabolism & Cardiovascular Diseases

journal homepage: www.elsevier.com/locate/nmcd

ELSEVIER

VIEWPOINT

Back to the future: The Mediterranean diet paradigm

A. Naska [a,*], A. Trichopoulou [b]

CrossMark

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The Journal of Nutrition
Nutritional Epidemiology

Adherence Rates to the Mediterranean Diet Are Low in a Representative Sample of Greek Children and Adolescents[1,2]

Meropi D. Kontogianni,[3] Nikoletta Vidra,[3] Anastasia-Eleni Farmaki,[3] Stella Koinaki,[3] Katerina Belogianni,[3] Stavroula Sofrona,[4] Flora Magkanari,[4] and Mary Yannakoulia[3]*

[3]Department of Nutrition and Dietetics, Harokopio University, 17671 Athens, Greece and [4]"Aristeides Daskalopoulos" Foundation, 15125 Athens, Greece

Abstract

Data from studies in pediatric samples exploring adherence to the Mediterranean diet are scarce. The aim of the present work was to explore adherence to a Mediterranean diet pattern in a representative sample of Greek children and adolescents. The study sample ($n = 1305$, 3–18 y) was representative of the Greek pediatric population in terms of sex and age. Information on participants' sociodemographic, anthropometric, and lifestyle characteristics were collected through telephone interviews. Adherence to the Mediterranean diet guidelines for adults and to the general dietary guidelines for children was evaluated using KIDMED scores: the higher the score, the more favorable the dietary pattern. The Goldberg cut-off limits for the ratio of energy intake:basal metabolic rate were used to evaluate dietary underreporting and children were accordingly classified as low energy reporters (LER) or non-LER. Only 11.3% of children and 8.3% of adolescents had an optimal KIDMED score (≥8). In adolescents, partial correlation analysis revealed a negative weak association between KIDMED and BMI ($r = -0.092$; $P = 0.031$), which remained significant in the non-LER subgroup ($r = -0.137$, $P = 0.011$). Multiple regression analysis revealed that higher KIDMED scores were associated, in non-LER children, with less time spent on sedentary activities ($P = 0.002$) and higher paternal education ($P = 0.050$), whereas in adolescents, with younger age ($P = 0.001$), less time spent on sedentary activities ($P = 0.015$), higher maternal education ($P = 0.014$), and higher eating frequency ($P = 0.041$). In conclusion, low adherence rates to the Mediterranean diet were observed in Greek children and adolescents; this evidence needs to be further explored regarding its impact on health and disease. J. Nutr. 138: 1951–1956, 2008.

Funded by the Erasmus+ Programme of the European Union

Contents lists available at ScienceDirect

Atherosclerosis

journal homepage: www.elsevier.com/locate/atherosclerosis

Very high childhood obesity prevalence and low adherence rates to the Mediterranean diet in Greek children: The GRECO study

Paul Farajian[a], Grigoris Risvas[a], Konstantina Karasouli[a], Georgios D. Pounis[a], Christina M. Kastorini[b], Demosthenes B. Panagiotakos[b], Antonis Zampelas[a,*]

[a] Unit of Human Nutrition, Department of Food Science and Technology, Agricultural University of Athens, Iera Odos 75, 11855 Athens, Greece
[b] Department of Science of Dietetics - Nutrition, Harokopio University, El. Venizelou 70, 17671 Athens, Greece

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Keywords:
Children
Obesity
Greece
Mediterranean diet
Underweight
Risk factor

ABSTRACT

Objective: In order to provide estimates of overweight and obesity among Greek schoolchildren, and the adherence rates to the Mediterranean diet (MD), a nationwide survey was performed among fifth and sixth grade students aged 10–12 years old.
Methods: A stratified sampling in 10 regions of the country was applied to voluntarily enroll a representative sample of 4786 children. Children were weighed and measured and completed a semi-quantitative food frequency questionnaire with a supplementary section for the assessment of dietary aspects and physical activity levels. Additionally, the KIDMED index was used to evaluate the degree of adherence to the MD.
Results: According to the IOTF cut-offs, overweight (OW) and obesity (OB) prevalence among boys was 29.9% and 12.9%, while in girls 29.2% and 10.6%, respectively. Only 4.3% of the children had an optimal KIDMED score. KIDMED score did not differ between boys and girls and no differences were detected between normal weight and OW and OB children. However, children from semi-urban or rural regions had higher score. Furthermore, children with higher KIDMED score reported following a healthier diet

Conclusion: The prevalence of childhood obesity in Greece is the highest ever reported together with low adherence rates to the dietary patterns of the MD. Current findings suggest an increased risk for even higher rates of obesity in adolescence and adulthood in the near future. Taking into account that children are also abandoning the traditional cardio-protective MD, the increased risk for future adverse health consequences seems evident.

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Using food frequency-based Mediterranean Diet Score…

Nutrition, Metabolism & Cardiovascular Diseases (2014) 24, 205–213

Available online at www.sciencedirect.com

SciVerse ScienceDirect

journal homepage: www.elsevier.com/locate/nmcd

Nutrition, Metabolism & Cardiovascular Diseases

Mediterranean diet, overweight and body composition in children from eight European countries: Cross-sectional and prospective results from the IDEFICS study

G. Tognon [a,*,1], A. Hebestreit [b,1], A. Lanfer [b,1], L.A. Moreno [c,1], V. Pala [d,1], A. Siani [e,1], M. Tornaritis [f,1], S. De Henauw [g,1], T. Veidebaum [h,1], D. Molnár [i,1], W. Ahrens [b,j,1], L. Lissner [a,1]

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Adherence to a Mediterranean-like diet by a food frequency-based Mediterranean Diet Score (fMDS)

Food frequency-based Mediterranean Diet Score (fMDS)

One point was given for intakes higher than the median relative frequency for (1) vegetables and legumes, (2) fruit and nuts, (3) cereals or (4) fish and one point if intakes were below the median for: (5) dairy and (6) meat products.

The final fMDS added up to a maximum of 6 points.

High adherence levels to a Mediterranean-like dietary pattern: fMDS > 3

Table 1 Percent of subjects with high/low intakes of each food item included in the fMDS, high fMDS levels (>3) and between countries differences in fMDS.

Survey centre in:	Sweden (*N* = 1744)	Italy (*N* = 2200)	Germany (*N* = 1979)	Spain (*N* = 1460)	Hungary (*N* = 2486)	Belgium (*N* = 1820)	Estonia (*N* = 1644)	Cyprus (*N* = 1637)
Percent of subjects with high intakes[a] of:								
Vegetables	81.2	28.6	64.7	40.5	51.7	68.6	48.1	37.9
Fruit and nuts	73.4	57.5	49.3	67.7	52.3	51.2	62.4	65.2
Cereals	74.2	50.2	47.1	49.7	51.3	44.9	63.1	49.1
Fish	68.4	75.3	34.0	82.2	30.2	49.1	47.1	39.0
Percent of subjects with low intakes[b] of:								
Dairy products	61.1	47.0	49.6	72.0	50.7	44.8	55.8	52.8
Meat products	11.6	11.8	6.7	12.8	6.0	16.4	34.5	24.7
Proportion of children with a high adherence to the Mediterranean diet[d]:								
% fMDS > 3	56.7	37.5	35.1	31.8	32.2	32.7	26.3	24.2
Difference (95% CI) with fMDS in Sweden[c]								
fMDS	(4.2) (Ref.)	−0.68 (−0.58; −0.47)	−0.70 (−0.60; −0.49)	−0.80 (−0.68; −0.56)	−0.81 (−0.71; −0.61)	−0.85 (−0.74; −0.63)	−1.03 (−0.92; −0.81)	−1.16 (−1.03; −0.90)

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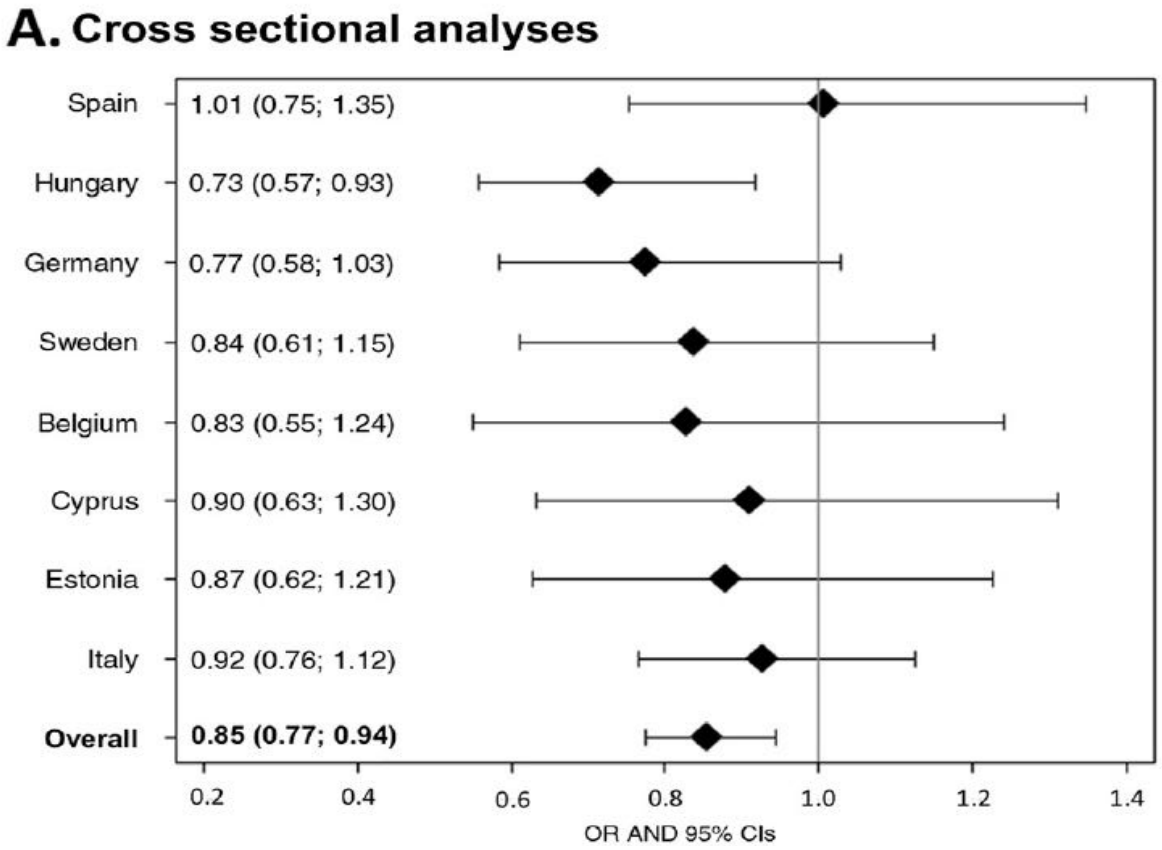
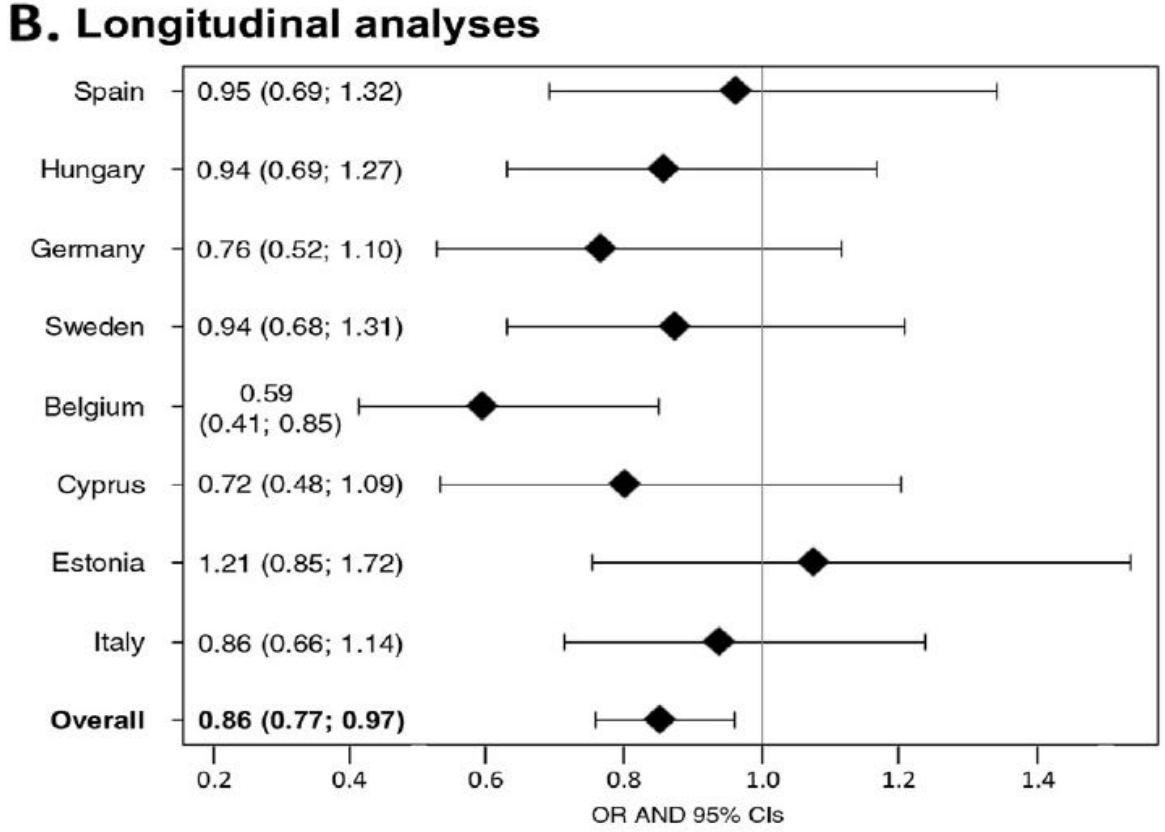
Country-specific and combined association of high fMDS levels (>3) with overweight/obesity





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The healthy diets

Dalla teoria alla pratica

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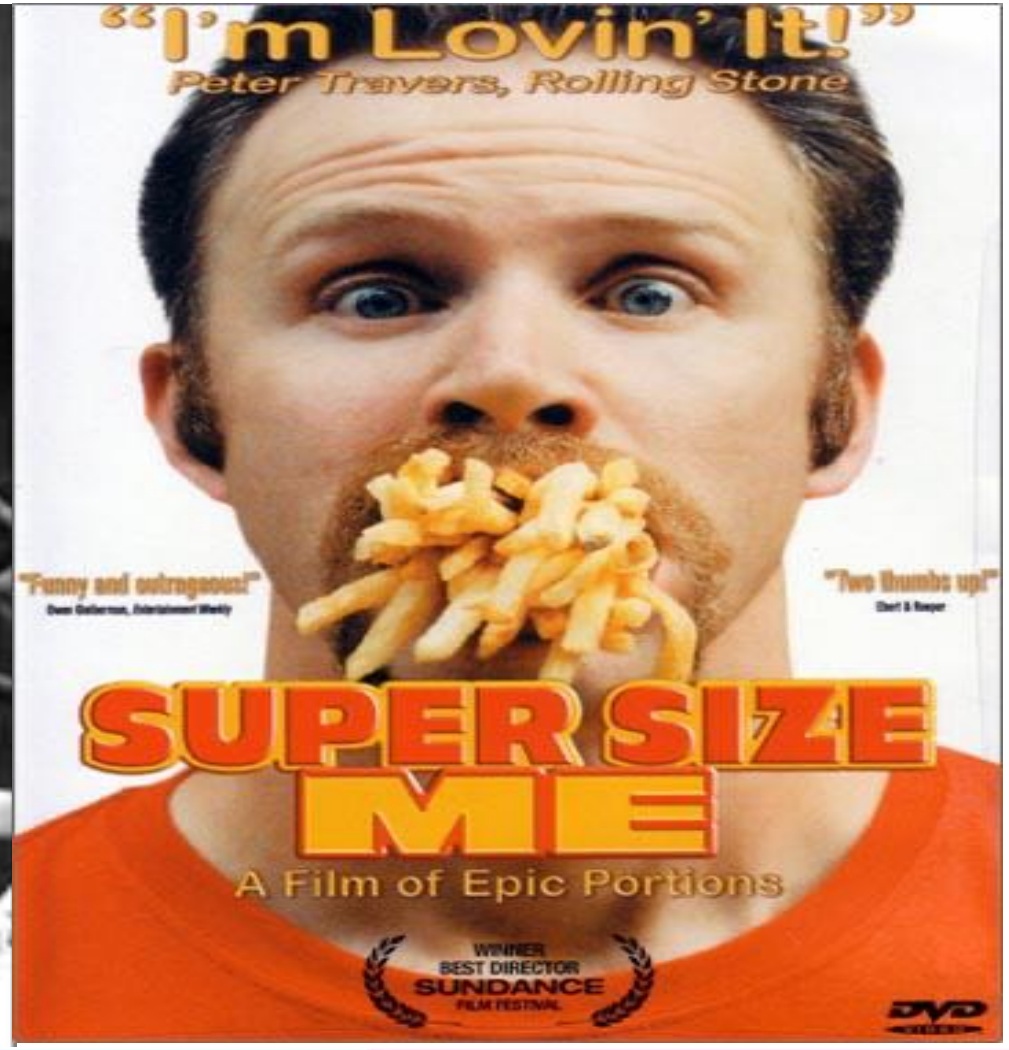
Ieri …

e oggi!



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Comportamento alimentare

Caratteristiche del pasto

Religione

Caratteristiche sensoriali

Pubblicità e marketing

Meccanismi fisiologici

Ambiente socio-culturale

Fattori psicologici

Ambiente familiare

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Comportamento alimentare

MECCANISMI INNATI

Preferenza dolce e salato

Rigetto per sapori aspri e amari

Neofobia

ESPERIENZA PERSONALE E INTERAZIONE SOCIALE

Frequenza di esposizione ad un alimento

Associazioni cibo – situazione

INTERAZIONE SOCIALE

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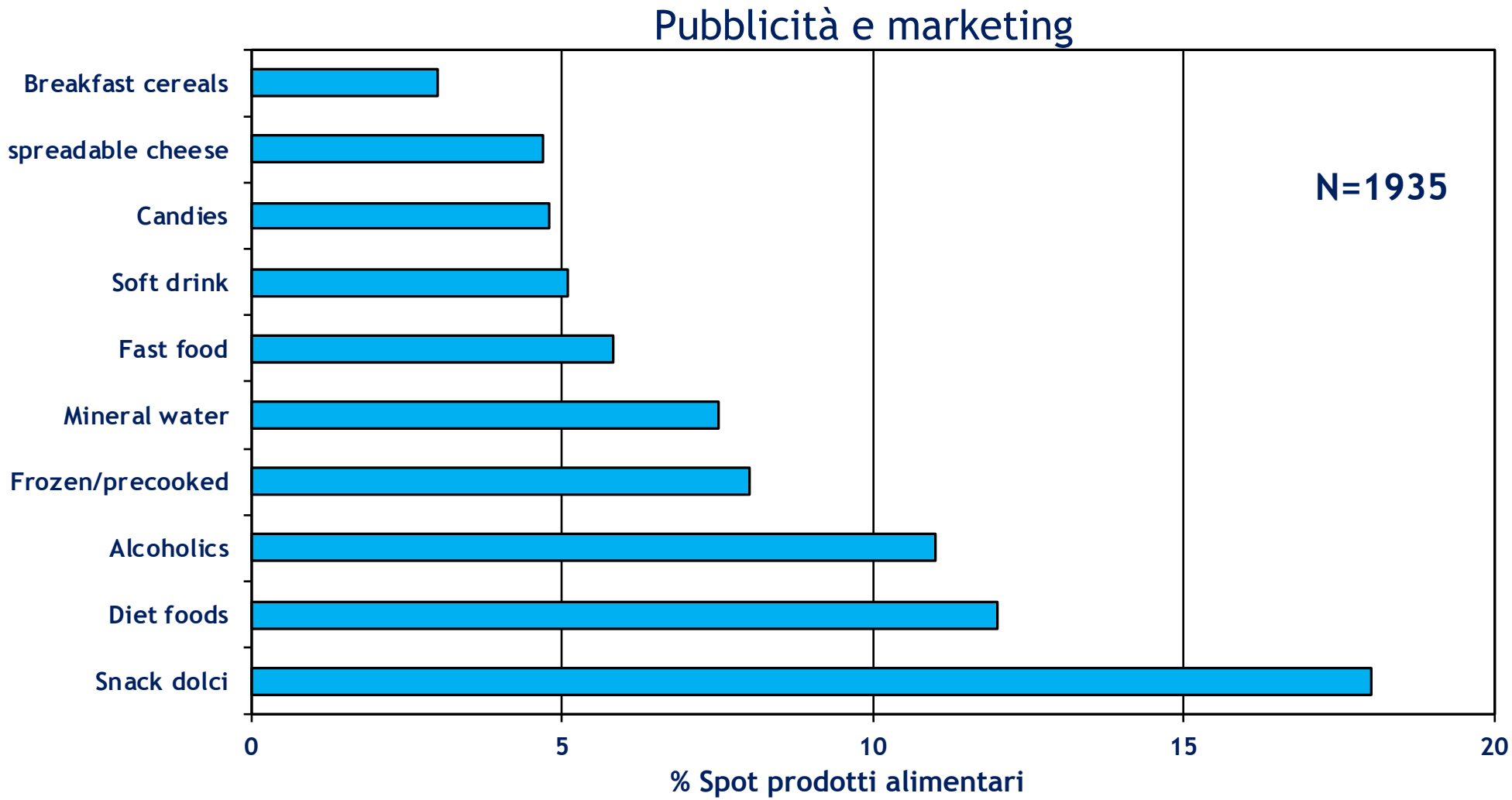
Comportamento alimentare: interazione sociale



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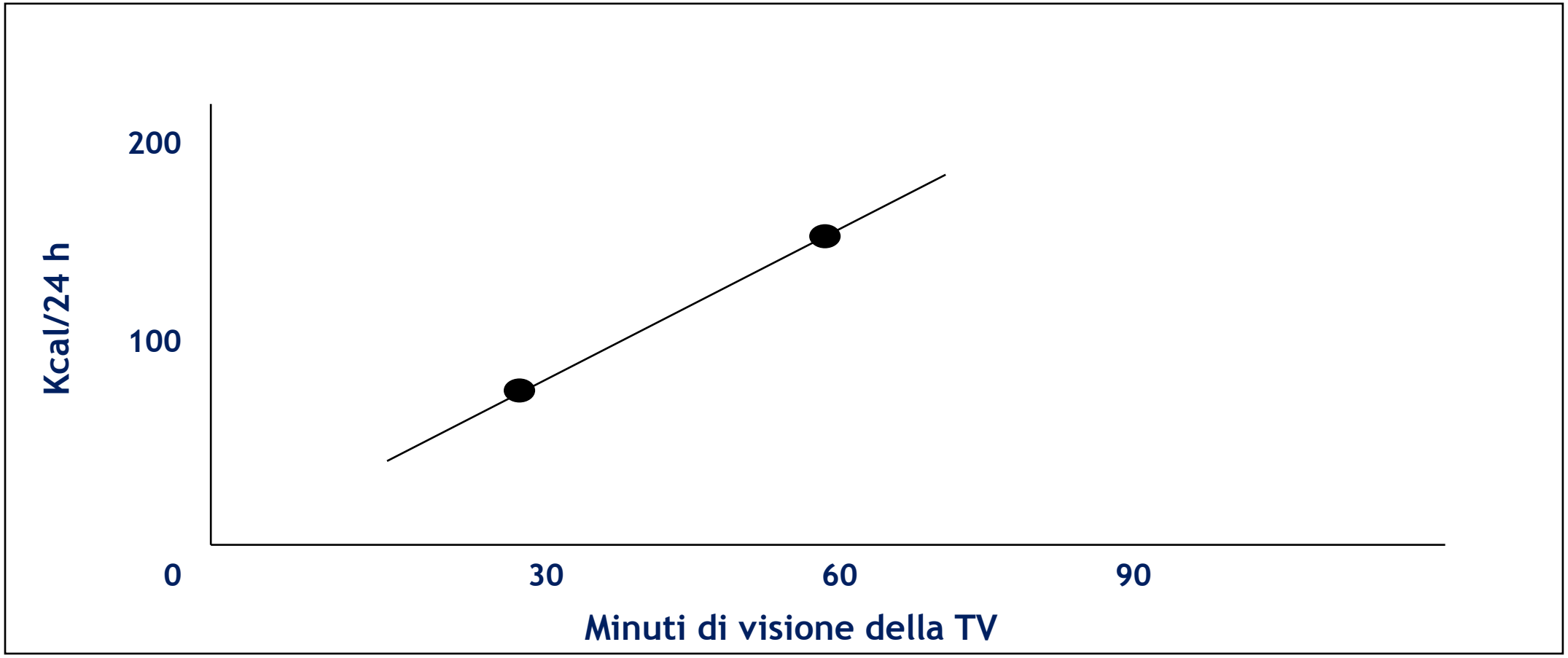
Comportamento alimentare: interazione sociale

"Food marketing intentionally targets children who are too young to distinguish advertising from truth and induces them to eat high-calorie, low-nutrient (but highly profitable) "junk" foods"

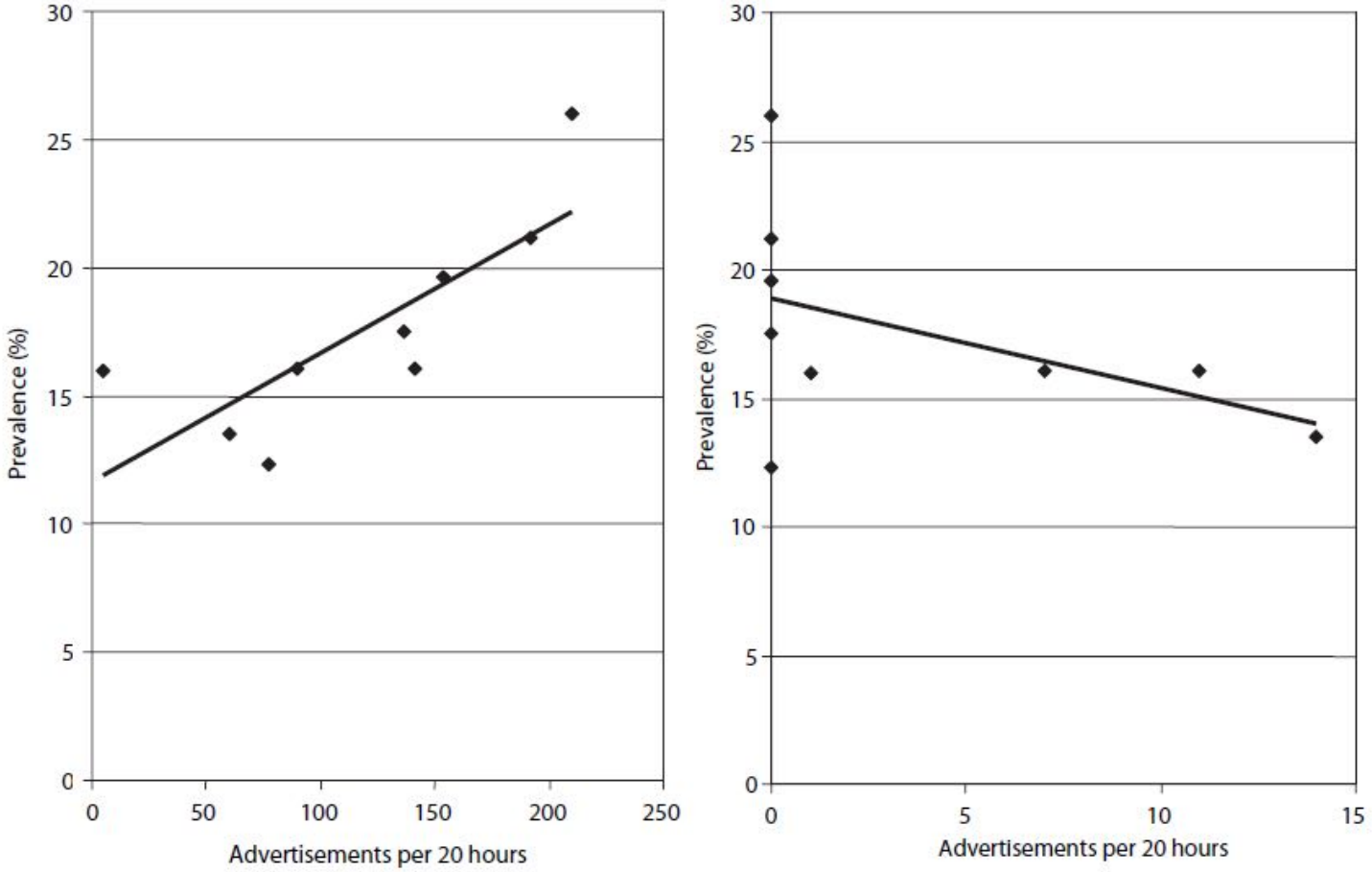
Institute of Medicine

Influenza della tv sulle abitudini alimentari dei bambini



Wiecha et al., Arch Pediatr Adolesc Med. 2006

Associazione tra prevalenza di bambini in sovrappeso e numero di pubblicità per alimenti dolci o grassi e per cibi sani



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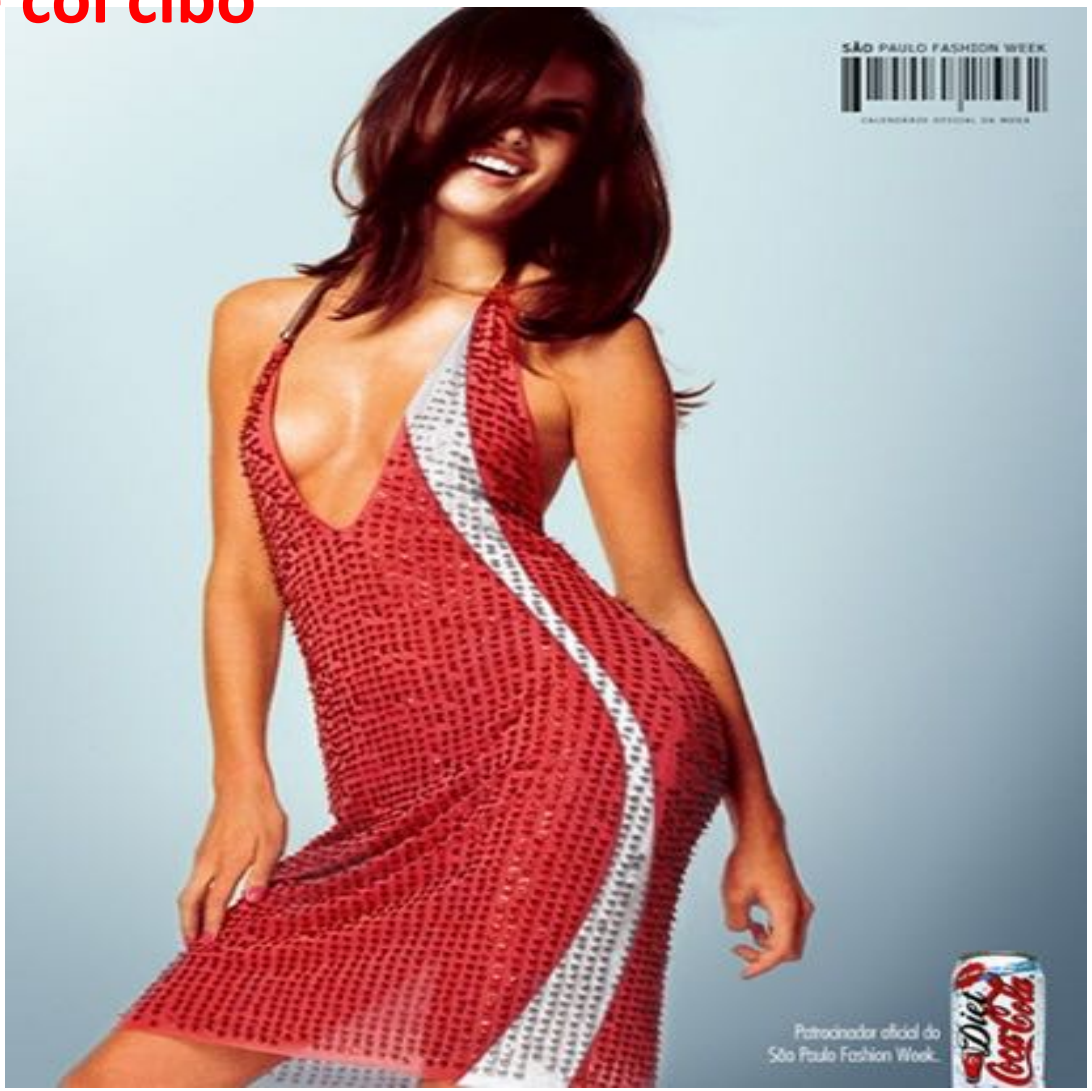
Comportamento alimentare: comunicare col cibo



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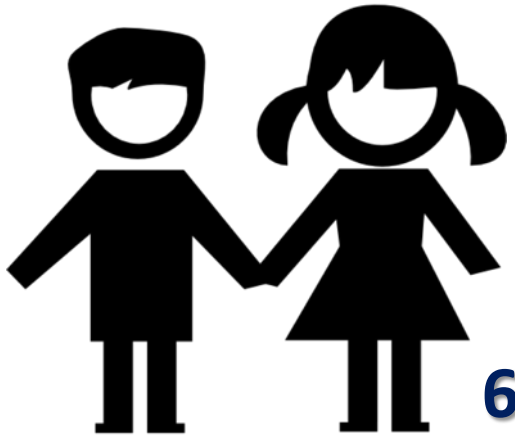
Internet e smartphone

1.2 milioni
al mese



6–11 anni

63
min/mese
su un sito

visitano aziende alimentari pubblicizzate attraverso i siti dei giochi

ebook.ecog-obesity.eu

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Food marketing

Programmi di promozione della salute

ebook.ecog-obesity.eu

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Fattori che possono promuovere o proteggere dal sovrappeso o aumento di peso

Evidence	Decreases risk	No relationship	Increases risk
Convincing	Regular physical activity High dietary NSP/fibre intake		Sedentary lifestyles High intake of energy dense foods*
Probable	Home and school environments that support healthy food choices for children Breastfeeding		Heavy marketing of energy dense foods* and fast food outlets Adverse social and economic conditions (developed countries, especially for women) High sugar drinks
Possible	Low Glycemic 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	Increased eating frequency		Alcohol

Swinburn et al. Public Health Nutrition 2004

efsa
European Food Safety Authority

EFSA Journal 2010; 8(3):1460

SCIENTIFIC OPINION

Scientific Opinion on establishing Food-Based Dietary Guidelines[1]

EFSA Panel on Dietetic Products, Nutrition, and Allergies (NDA)[2, 3]

European Food Safety Authority (EFSA), Parma, Italy

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I modelli alimentari variano tra i paesi europei

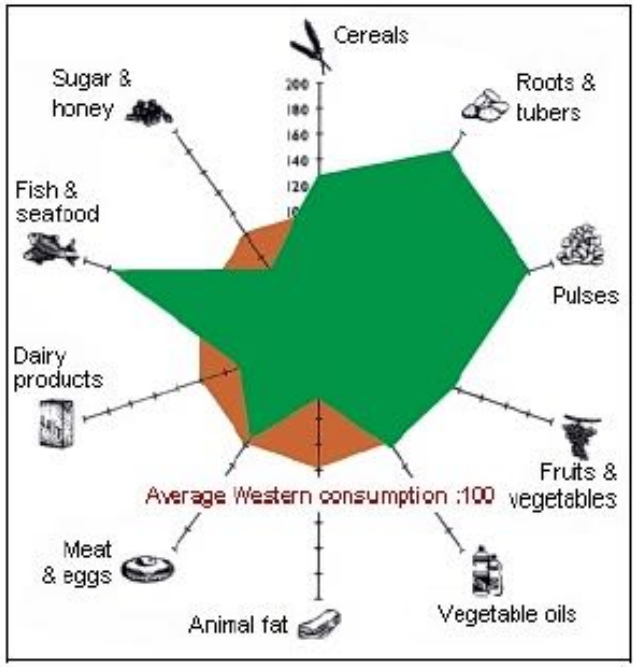

Figure 1: The Portuguese food pattern.[1]

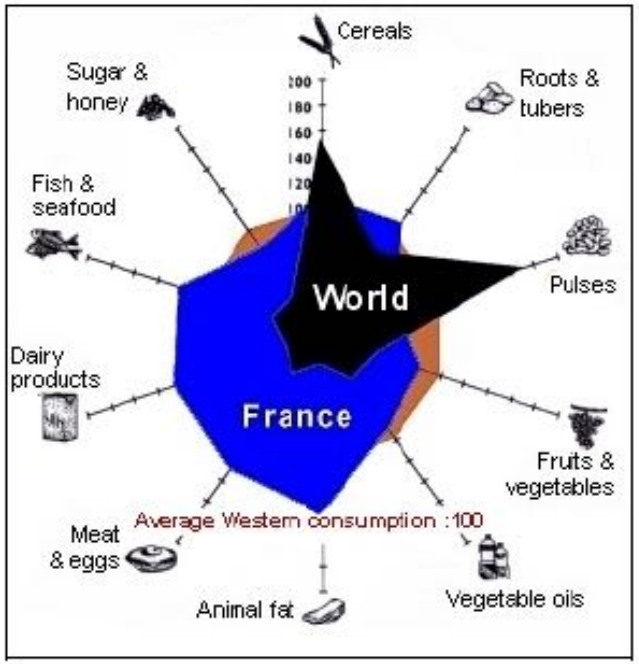

Figure 2: The French food consumption pattern.[1]

[1] Average availability of various food groups by country are expressed as the deviation (%) from the overall availability; the circle corresponds with the average availability in Western countries (=100%).

EFSA Journal 2010

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Bilancia i nutrienti e mantieni il peso

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Più è meglio

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Meno è meglio

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Sai quanto sale è nascosto nel cibo che mangi?

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Quanto sale da…?

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Quanto sale da...?

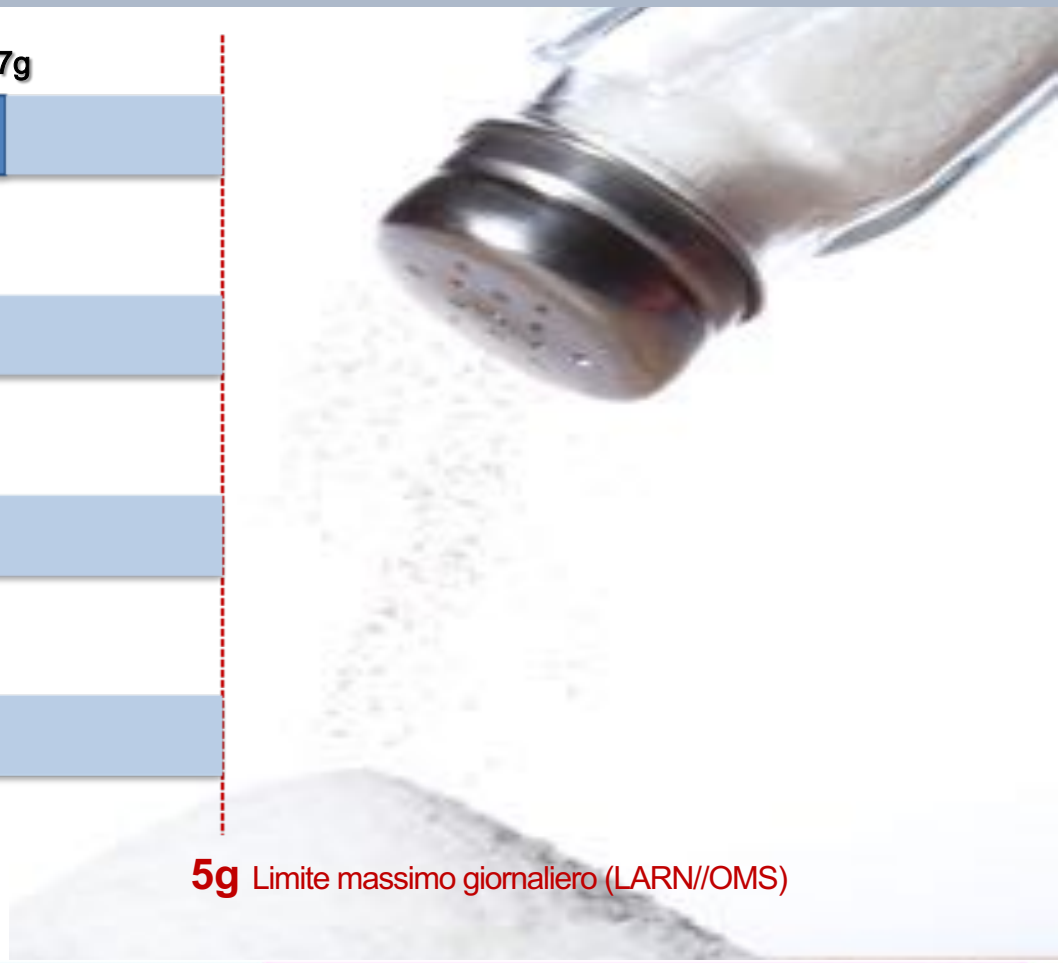
CONTENUTO DI SALE IN 4 CENE TIPICHE

Prosciutto e mozzarella — 3,7g

Bastoncini di pesce con piselli e purè — 2,2g

Vitello con verdure grigliate — 0,6g

Trancio di salmone con insalata — 0,4g



5g Limite massimo giornaliero (LARN//OMS)

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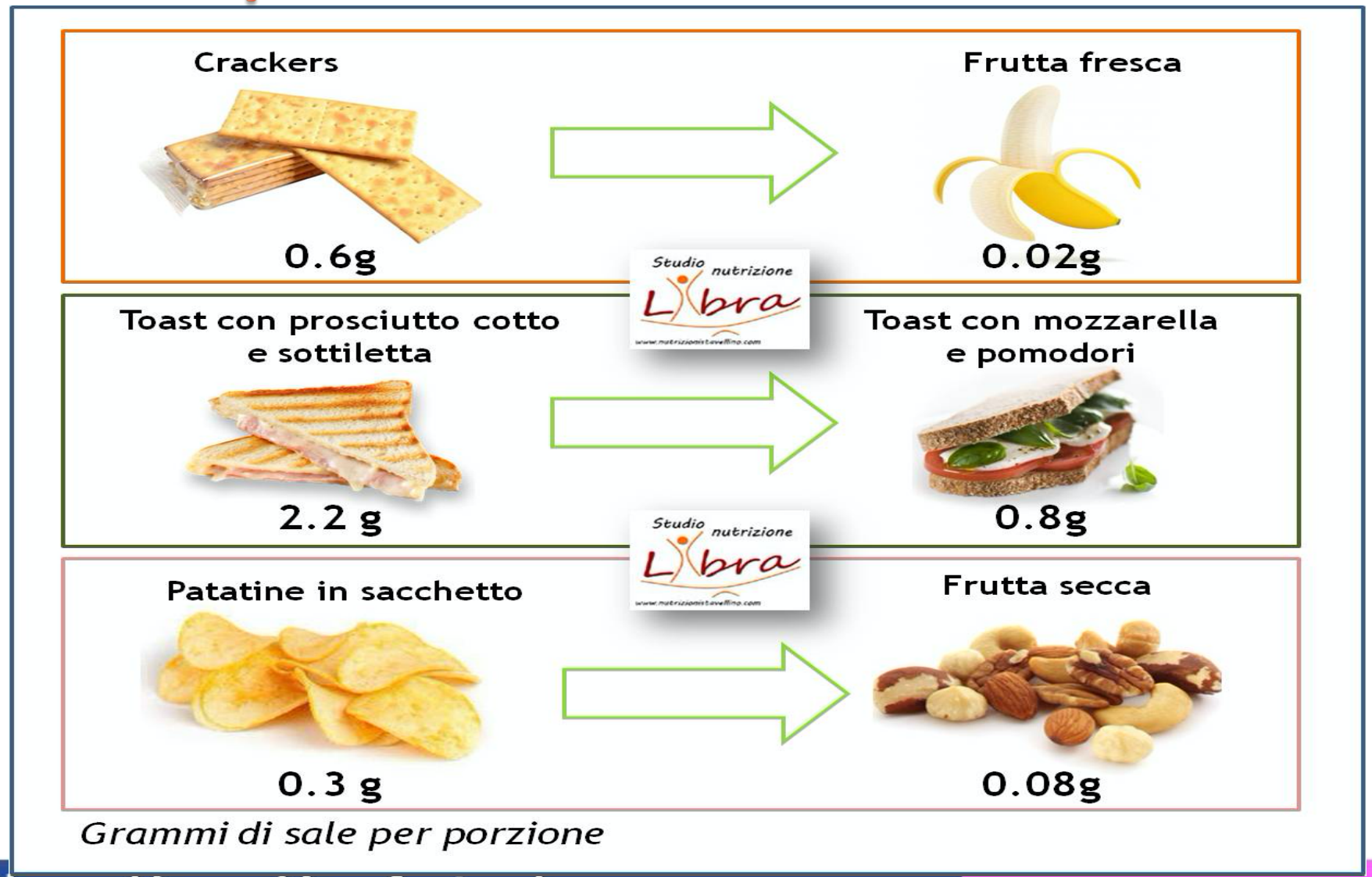
Meno sale? Si può!



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Come ridurre il sale

Sostituire il sale con peperoncino, agrumi, erbe aromatiche, aglio, pepe nero e spezie

Ridurre salse come salsa di soia, ketchup e altri condimenti che possono contenere molto sale nascosto

Quando possibile, acquistare cibi freschi, piuttosto che stagionati, salati, affumicati e altri prodotti lavorati

Mangiare più frutta e verdura

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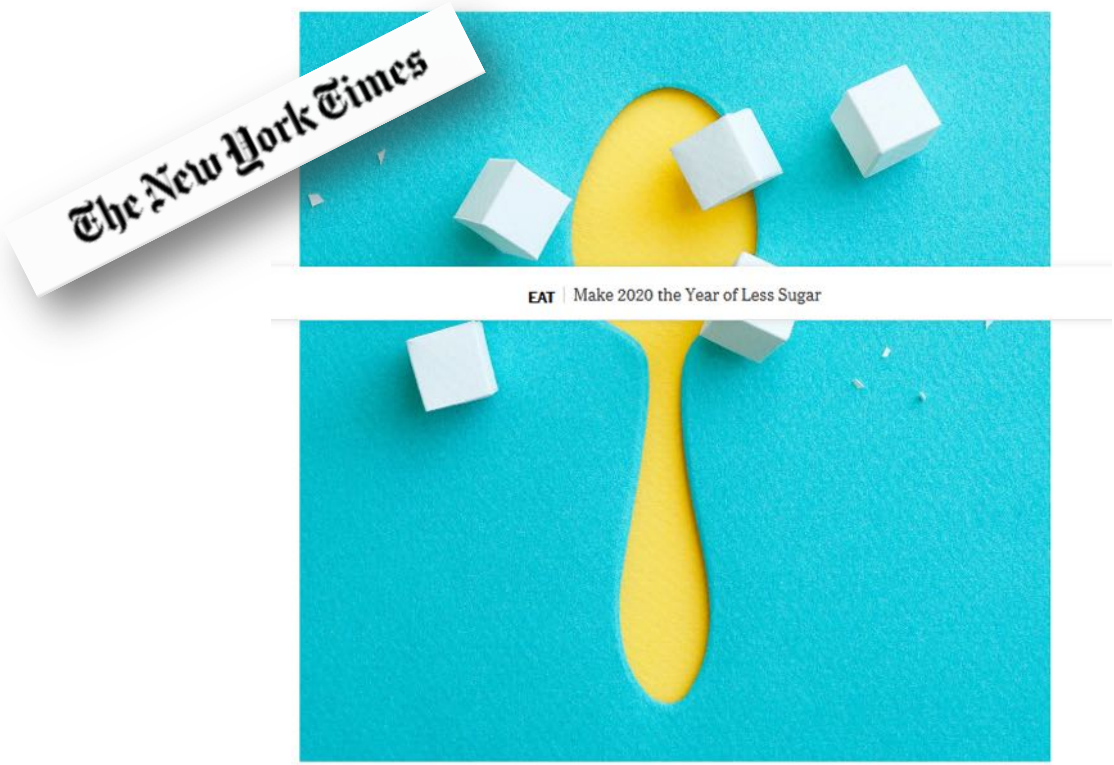
Make 2020 the Year of Less Sugar

One of the best things you can do for your health is to cut back on foods with added sugar. Our 7-Day Sugar Challenge will show you how.



Reina Takahashi

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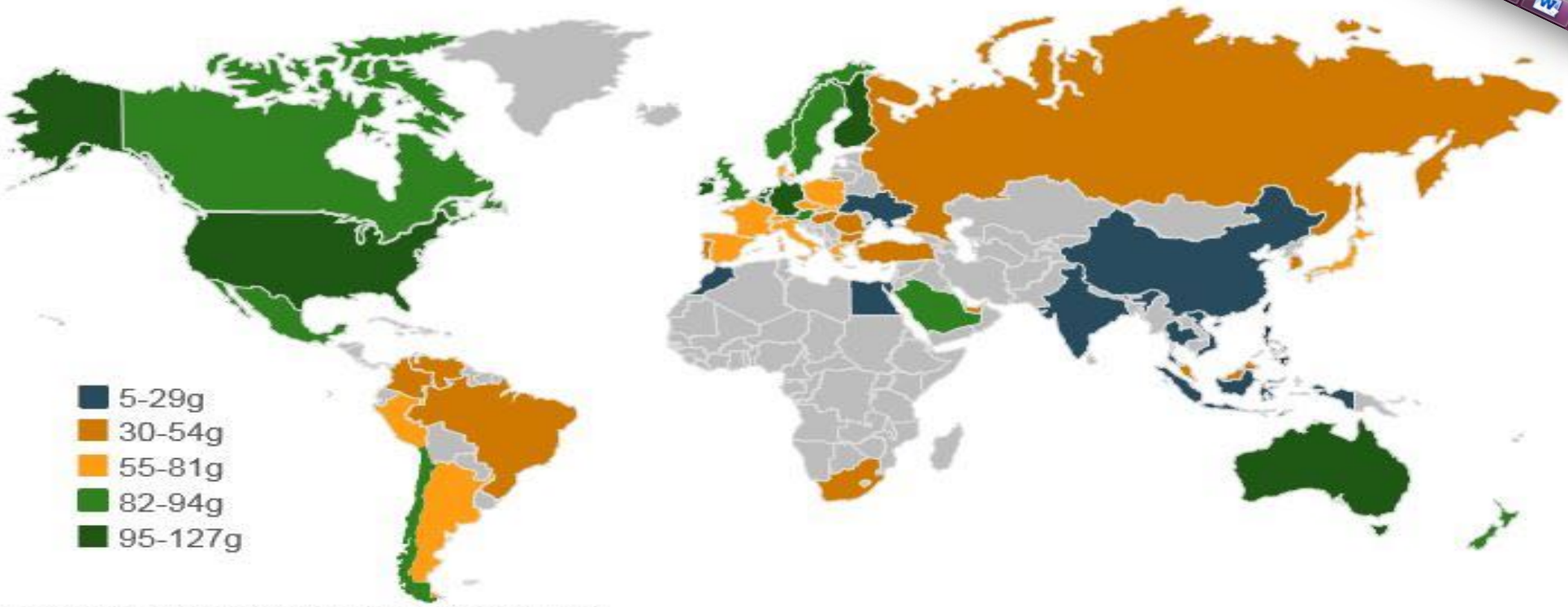
Sugar purchased, per capita consumption in 2015



Source: Euromonitor International Global Consumer Trends Survey 2016

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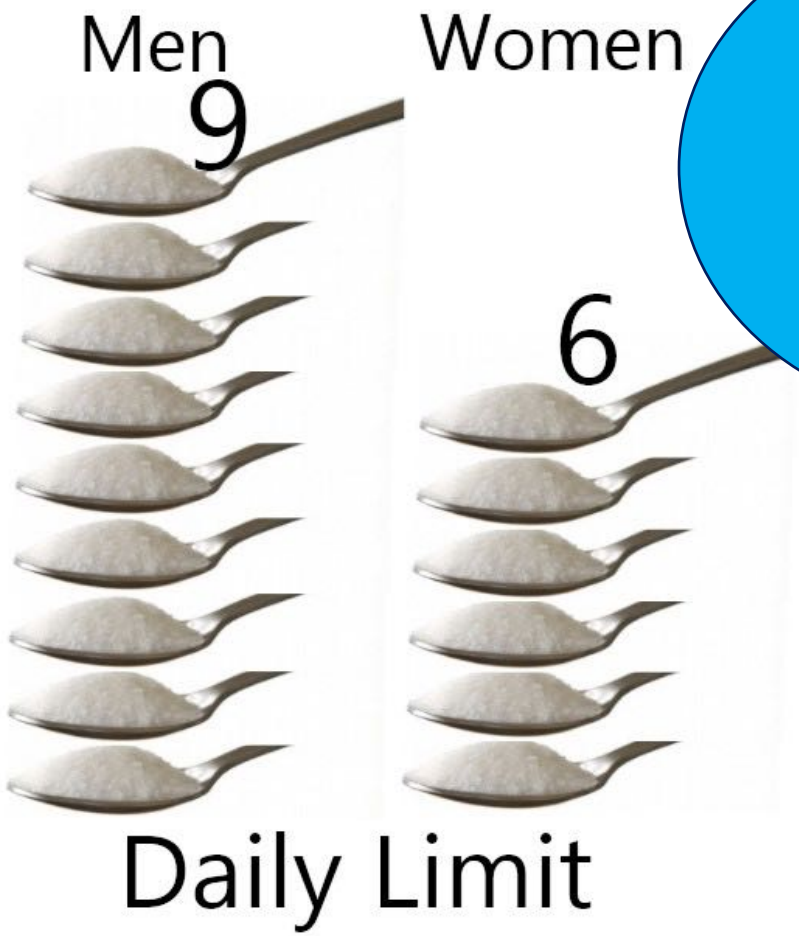
Le raccomandazioni internazionali



10%

delle calorie giornaliere

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Le raccomandazioni italiane

Modera il consumo di alimenti e bevande dolci nella giornata

Limita il consumo di zuccheri riducendo il numero di cucchiaini che aggiungi alle bevande

Non ridurre il consumo di frutta o latte

Preferisci tra gli alimenti dolci, i prodotti da forno con meno grasso e zucchero e più amido

Limita il più possibile il consumo di bevande zuccherate

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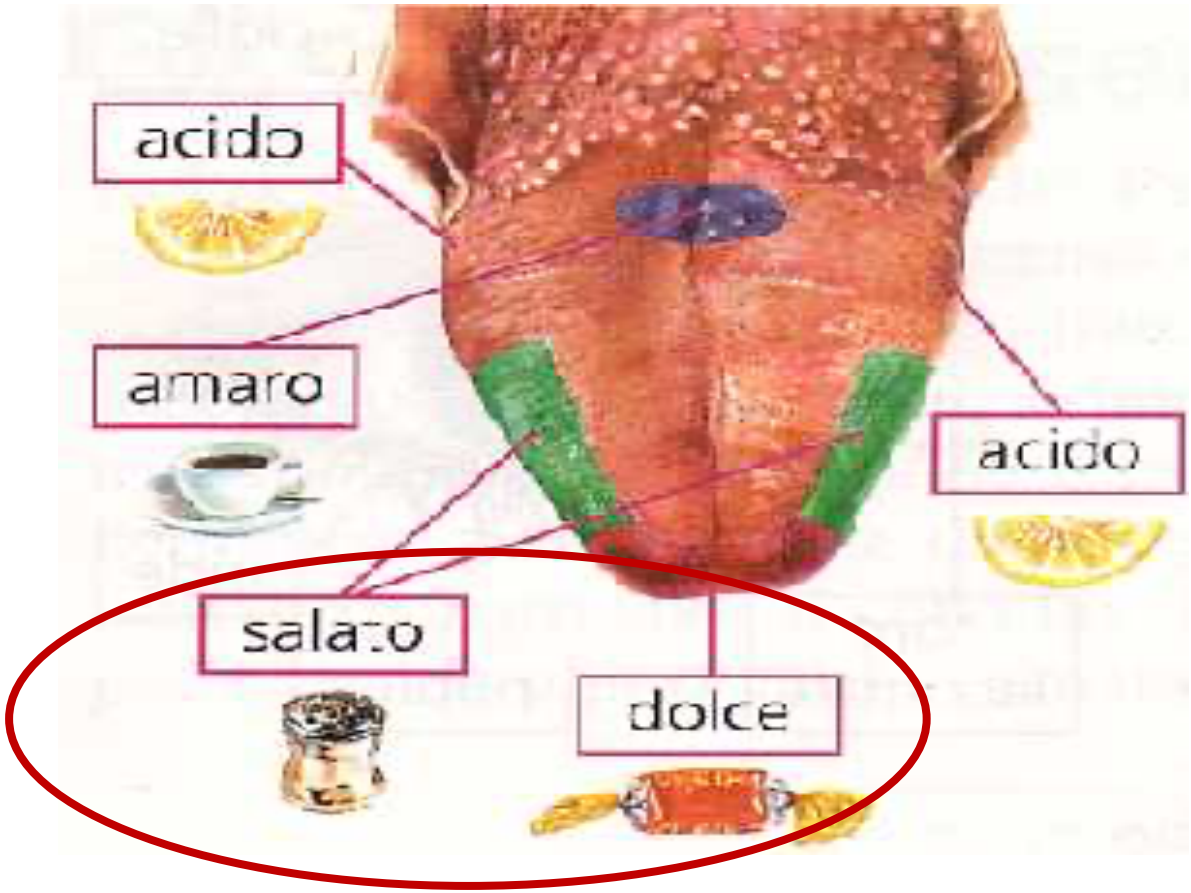
Sale e zucchero: una coppia perfetta



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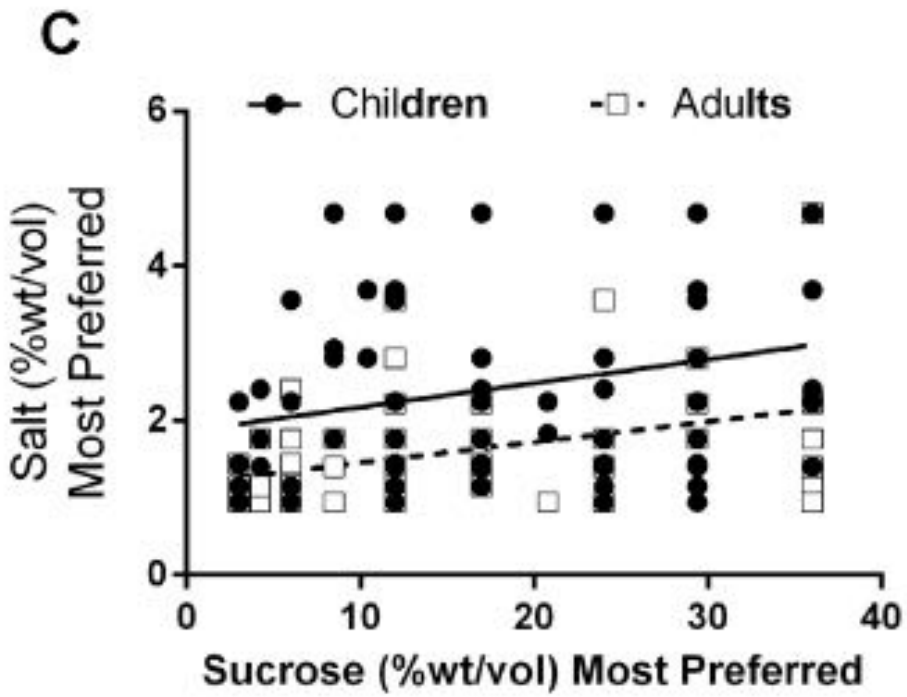
Associazione tra intake di sale e zucchero in bambini e adulti



Mennella JA, Plosone 2014

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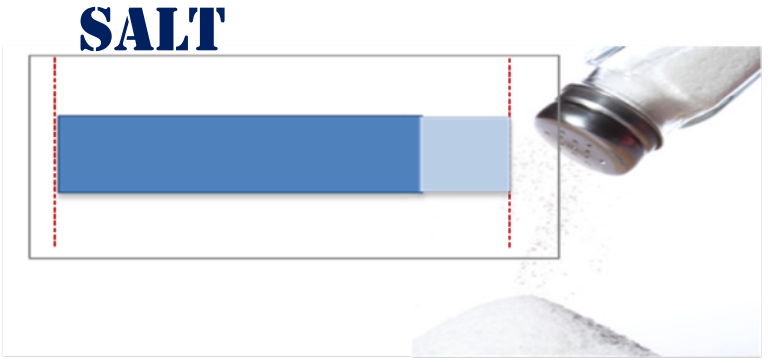
Sale e zucchero: una coppia perfetta



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Scegli la varietà, la sicurezza e la sostenibilità

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Diete sostenibili

culturally, socially and economically sustainable.

Sustainable healthy diet guiding principles, FAO 2019

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Ruolo dello chef

Migliorare qualità del cibo

Rendere piacevoli e gustose le pietanze rispettando le linee guida alimentari

Preparare pasti sani e nutrizionalmente equilibrati

Diffondere il concetto che dieta sana non è rinuncia

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“LA SALUTE È UNA CONDIZIONE DI BENESSERE FISICO, PSICHICO E SOCIALE E IMPLICA L’ASSENZA DI MALATTIA”