The nutritional transition currently occurring in Asia is one facet of a more general demographic/nutritional/epidemiological transition that accompanies development and urbanization. The nutritional transition is marked by a shift away from relatively monotonous diets of varying nutritional quality toward an industrialized diet that is usually more varied, includes more preprocessed food, more food of animal origin, more added sugar and fat, and often more alcohol. This is accompanied by shift in the structure of occupations and leisure toward reduced physical activity, and leads to a rapid increase in the numbers of overweight and obese. The accompanying epidemiological transition is marked by a shift away from endemic deficiency and infectious diseases toward chronic diseases such as obesity, adult-onset diabetes, hypertension, stroke, hyperlipidaemia, coronary heart disease, and cancer. Obesity is now a major public health problem in Asia. Obesity is a problem of the urban poor as well as the rich, and the urban poor have the added predisposing factors associated with low birthweight. Costs of chronic disease are estimated for China and Sri Lanka. The current and projected costs of these diseases are estimated in terms of lost work output due to mortality and health care costs. In China in 1995, diet-related chronic diseases accounted for 41.6 percent of all deaths and 22.5 percent of all hospital expenditures. The economic costs for this diet-related component are estimated as 2.1 percent of gross domestic product. Diet-related chronic disease is projected to increase to 52.0 percent of all deaths in China by 2025. At that time, dietary factors (principally overweight) will account for an increased share of chronic disease, and childhood factors will decline in significance. In Sri Lanka, diet-related chronic diseases currently account for 18.3 percent of all deaths and 10.2 percent of public hospital expenditures (but 16.7 percent of all hospital expenditures). The current loss attributable to diet-related chronic disease is estimated as 0.3 percent of GDP. In 2025, chronic diseases are expected to account for 20.9 percent of all deaths. Currently, dietary factors account for 10-20 percent of these chronic diseases. By 2025, dietary factors (particularly overweight) will increase in importance to account for 18-40 percent of chronic disease, and the importance of low birthweight as a predisposing factor will increase. Few program and policy options to address these issues have been undertaken in Asia. Agricultural policy is important, and the relatively cheap availability of vegetable oil may have had dramatic (adverse) dietary effects in Asia. Price policy has considerable potential, in particular the pricing of oils. Promoting a traditional diet has been quite helpful in holding down fat intake and obesity in Korea. Health promotion efforts in Mauritius succeeded in reversing several adverse trends contributing to coronary heart disease. Thailand has successfully used mass media for other health promotion efforts and is moving to pilot schemes in the area of chronic disease. And Singapore has been the leader in the region in exercise promotion and weight control in schools.
The Nutritional Transition and Diet-Related Chronic Diseases in Asia: Implications for Prevention. Chapter. Full-text available. This paper explores the unique nutrition transition shifts in diet and activity patterns from the period termed the receding famine pattern to one dominated by nutrition-related noncommunicable diseases (NR-NCDs). The paper examines the speed and timing of these changes; unique components, such as the issue of finding both under- and over-nutrition in the same household; potential exacerbating biological relationships that contribute to differences in the rates of change; and political issues. Diet, nutrition and the prevention of chronic diseases. Report of a Joint WHO/FAO Expert Consultation. World Health Organization Geneva 2003. WHO Library Cataloguing-in-Publication Data. 5. Population nutrient intake goals for preventing diet-related chronic diseases 5.1 Overall goals 5.1.1 Background 5.1.2 Strength of evidence 5.1.3 A summary of population nutrient intake goals References. 54 54 54 54 55 59. iii. The chronic diseases considered in this report are those that are related to diet and nutrition and present the greatest public health burden, either in terms of direct cost to society and government, or in terms of disability-adjusted life years (DALys). These include obesity, diabetes, cardio-vascular diseases, cancer, osteoporosis and dental diseases. Indeed, diet-related chronic diseases - such as obesity, diabetes, cardiovascular disease, cancer, dental disease, and osteoporosis - are the most common cause of death in the world and present a great burden for society. How can improvements in terms of diet and physical activity help us reduce the risk of these chronic diseases? In what is known as the “nutritional transition”, traditional plant-based diets including foods such as cereals and potatoes are increasingly being replaced by diets that are richer in added sugars and animal fats. This transition, combined with a general trend towards a more sedentary lifestyle, is an underlying factor in the risk of developing chronic diseases. More