GUIDELINES FOR CARBOHYDRATE CONSUMPTION IN TURKEY: ITS EFFECT ON FOOD-BASED DIETARY GUIDELINES



Healthy Pasta Meal
Scientific Consensus Conference
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Healthy Diet and Physical Activity

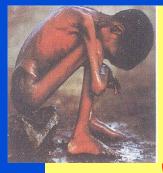
Healthy diets

(eating a wide variety of foods in adequate and balanced amounts),

regular and adequate physical activity
are major factors in the promotion and
maintenance of good health
throughout the entire life course.



Inadequate and unbalanced nutrition



Countries are now facing "DOUBLE BURDEN OF DISEASES" UNDER-NUTRITION AND OBESITY

- existing side-by-side
- within the same country
- within the same community
- and even within the same household.

OBESITY and NCD

OBESITY

Cardiovascular diseases

Stroke

Type II diabetes

Cancers

etc.

Diet, Nutrition and the Prevention of Chronic Diseases, WHO Tech Rep. No 916, 2003 Population nutrient intake goals

Nutrients	Goals/ day
Carbohydrate	55-75% E
Total fat	15-30% E
Protein	10-15% E
Saturated fat	< 10% E
Trans fat	<1% E
Sodium (salt)	< 2000 mg (< 5 g)
Added sugar	<10% E
Dietary fibre	> 25 g
Cholesterol	< 300 mg

This operace this is a collective view of an interestional group of experts and does not recover if represent the decisions on the standard by of the World Halfs Organization or of the Food and Agricultum Organization of the World Halfs of the World Halfs or of the Food and Agricultum Organization of the World Halfs of the World Halfs

WHO Technical Report Sc

916

DIET, NUTRITION AND THE PREVENTION OF CHRONIC DISEASES

Report of a Joint WHO/FAO Expert Consultation







World Health Organization

www.nature.com/ejcn

FAO/WHO Scientific Update on carbohydrates in human nutrition: conclusions

J Mann, JH Cummings, HN Englyst, T Key, S Liu, G Riccardi, C Summerbell, R Uauy, RM van Dam, B Venn, HH Vorster and M Wiseman

European Journal of Clinical Nutrition (2007) 61 (Suppl 1), S132-S137; doi:10.1038/sj.ejcn.1602943

Keywords: carbohydrates; human nutrition; chronic diseases; FAO; WHO; scientific update

WHO GLOBAL STRATEGY ON DIET and PHYSICAL ACTIVITY- 2004



GLOBAL STRATEGY ON DIET, PHYSICAL ACTIVITY AND HEALTH

In May 2004, the 57th World Health Assembly (WHA) endorsed the World Health Organization (WHO) Global Strategy on Diet, Physical Activity and Health. The Strategy was developed through a wide-ranging series of consultations with all concerned stakeholders in response to a request from Member States at World Health Assembly 2002 (Resolution WHA55.23).

The Strategy, together with the Resolution by which it was endorsed (WHA57.17), are contained in this document.



GLOBAL STRATEGY ON DIET,

efforts of many stakeholders, public and private, over several decades. A combination of sound and effective actions is needed at global, regional, national and local levels, with close monitoring and evaluation of their impact. The following paragraphs describe the responsibilities of those involved and provide recommendations deriving from the consultation process.

MEMBER STATES

- 35. The Global Strategy should foster the formulation and promotion of national policies, strategies and action plans to improve diet and encourage physical activity. National circumstances will determine priorities in the development of such instruments. Because of the great variations in and between different countries, regional bodies should collaborate in formulating regional strategies, which can provide considerable support to countries in implementing their national plans. For maximum effectiveness, countries should adopt the most comprehensive action plans possible.
- 36. The role of government is crucial in achieving lasting change in public health. Governments have a primary steering and stewardship role in initiating and developing the Strategy, ensuring that it is implemented and monitoring its impact in the long term.
- Governments are encouraged to build on existing structures and processes that already address aspects of diet, nutrition and physical activity. In

- clude technical experts and representatives of government agencies, and have an independent chair to ensure that scientific evidence is interpreted without any conflict of interest.
- 38. Health ministries have an essential responsibility for coordinating and facilitating the contributions of other ministries and government agencies. Bodies whose contributions should be coordinated include ministries and government institutions responsible for policies on food, agriculture, youth, recreation, sports, education, commerce and industry, finance, transportation, media and communication, social affairs and environmental and urban planning.
- 39. National strategies, policies and action plans need broad support. Support should be provided by effective legislation, appropriate infrastructure, implementation programmes, adequate funding, monitoring and evaluation, and continuing research.
 - (i) National strategies on diet and physical activity. National strategies describe the measures to promote healthy diets and physical activity that are essential to prevent disease and promote health, including those that tackle all aspects of unbalanced diets, including undernutrition and overnutrition. National strategies should include specific goals, objectives, and actions, similar to those outlined in the Strategy. Of particular importance are the elements needed to implement the plan of action, including identification of necessary resources.

Goal: To promote and protect health by guiding the development of an enabling environment for sustainable actions at all levels.

www.who.int/dietphysicalactivity/en/

The Global Strategy has 4 main objectives

1

•Reduce risk factors for chronic diseases that stem from unhealthy diets and physical inactivity through public health actions.

2

 Increase awareness and understanding of the influences of diet and physical activity on health and the positive impact of preventive interventions.

The Global Strategy has 4 main objectives

 Develop, strengthen and implement global, regional, national policies and action plans to improve diets and increase physical activity that are sustainable, comprehensive and actively engage all sectors.

 Monitor science and promote research on diet and physical activity

3

The Global Strategy describes the responsabilities of those involved and provides recommendations for action to key stakeholders, including:

- Member states
- WHO
- International partners
- Civil society and nongovernmental organizations
- Private sector

SITUATION IN TURKEY and GUIDELINES



Some demographic and health indicators-Turkey

Total population, 2008 (million)	71.5
Population, urban, 2008 (%)	75.0
Population under 15 years, 2008 (%)	27.0
Population over 65 years, 2008 (%)	6.8*
Total fertility rate	2.15*
Life expectancy at birth, 2008 (years)	71.7
Male	69.3
Female	74.2

www.tuik.gov.tr; *TDHS, 2008

Major nutrition problems are;

- Protein-energy malnutrition (PEM)
- Micronutrient (vitamin & mineral) deficiencies
 - Iron deficiency anemia (IDA)
 - Vitamin A deficiency (VAD)
 - lodine deficiency disorders (IDD)
 - and others (vit. D, A, Folic acid, B12
 - tooth decays.....
- Diet-related chronic diseases
 - Obesity
 - Cardiovascular diseases
 - Diabetes, osteoporosis, some cancers etc.

Prevalence of Obesity in Adults (BMI: ≥30 kg/m2) (%)

Male: 11-22% Female: 23-35%	n	Age (year)	Male	Women
	681	+ 30	12.5	32.0
TEKHARF (2000)	2494	+30	11.3	32.6
TOHTA (1999-2000)	23888	Adult(<i>BMI: >25</i>)	40.0	50.0
TURDEP (1997-1998)	24778	+20	12.9	29.9
Turkey Obesity Profile (2000-5)	13788	+20	21.8	34.5
TOHS (1999-2000)	20119	+20	14.4	24.6
Yumuk et al. (2001)	12866	+20	14.1	32.4
TDHS (2003)		15-49	-	22.7
TOPS (2000-2005)	13788	+20	21.8	34.5
Delibaşı et al. 1999- 2000	13570	+18	7.8	22.1

Morbidity of NCDs (%)

Disease	%	Year	Source
Diabetes	7.2 8.4	1999; 2001	Satman et al. 1999; 2002;2004 Yumuk et al. 2005
Hypertension	29 31.8 M: %27.5 F:%36.1	1997-1998	Satman et al. 2002 Arıcı et al. 2005
Cancer incidence	49/100000 70/100000	2000 2003	GBD 2006

Turkish Hypertension Prevalence Study. Hatemi et al. TOHTA Study, 2004 TURDEP Study, 2004

All Deaths from NCDs (%)

Diseases	%
Cardiovascular diseases(%)	47.7 E: 43.9; K: 52.3
Cancer (%)	13.1
Ischaemic heart diseases (%)	21.7
Cerebrovascular diseases (%)	15

Obesity in children and adolescents (%)

6-17 years

0-5 years

Overweight: 10.0-15.2 %

Obese: 1.6-16%

Sur et al. Prev Med 41(2):614-21,2005 Manios et al. Pediatr Int 47(2):159-66,2005

Manios et al. Lipid Health Dis 4:3:11,2004

Krassas et al. Pediatr Endoc Rev 1Suppl.3:460-4,2004

Arslan et al. Obesity Congress, 2004

Yabancı, PhD thesis, 2004

Keskin et al. EJCN 59:64-71,2005

Köksal et al. I World PHN Congress, 2006

Rakıcıoğlu et al. World PH Congress, 2006

ındak et al. Acta Pædiatrica, 95: 194-/198,2006

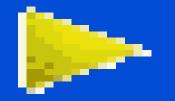
Reference /standard?

Stunted: 14.8%

Underweight: %13.3

Wasting: 3.7%

DIETARY INTAKE IN TURKEY



Food consumption surveys

1974- National

1984- 3 provinces, without health data

Result: 36 years dietary intake + health

26 years dietary intake ⊗

TURKEY NUTRITION and HEALTH SURVEY
(TNHS) 2010 ©

Factors Affecting Dietary Intake in Turkey

Dietary Intake Changes

Regions

Seasons

Socioeconomical status **Settlement**

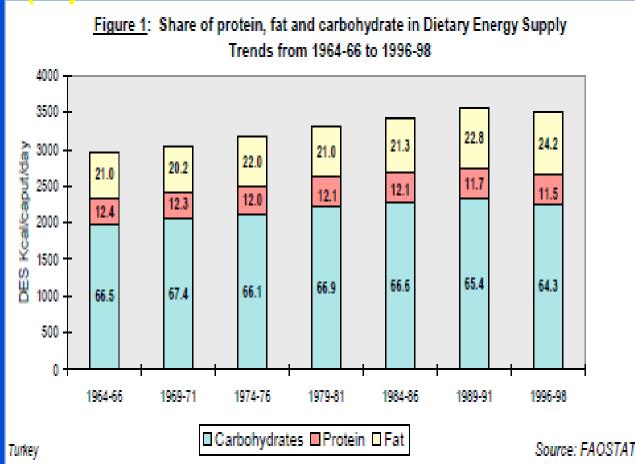
- ➤ Urban
- > Rural

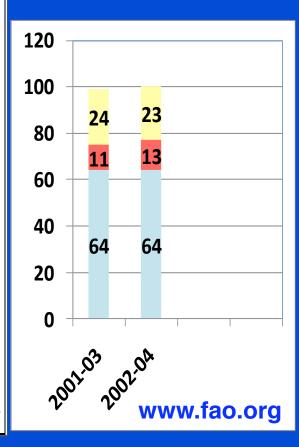
Population nutrient intake goals-Turkey

Nutrients	Goals/ day	TURKEY
Carbohydrate	55-75% E	55-60% E
Total fat	15-30% E	25-30% E
Protein	10-15% E	10-15% E
Saturated fat	<10% E	< 10% E
Trans fat	<1% E	< 1% E
Sodium (salt)	< 2000 mg (< 5 g)	< 2000 mg (< 5 g)
Added sugar	< 10% E	<10% E
Dietary fibre	> 25 g	25-30 g
Cholesterol	< 300 mg	< 300 mg

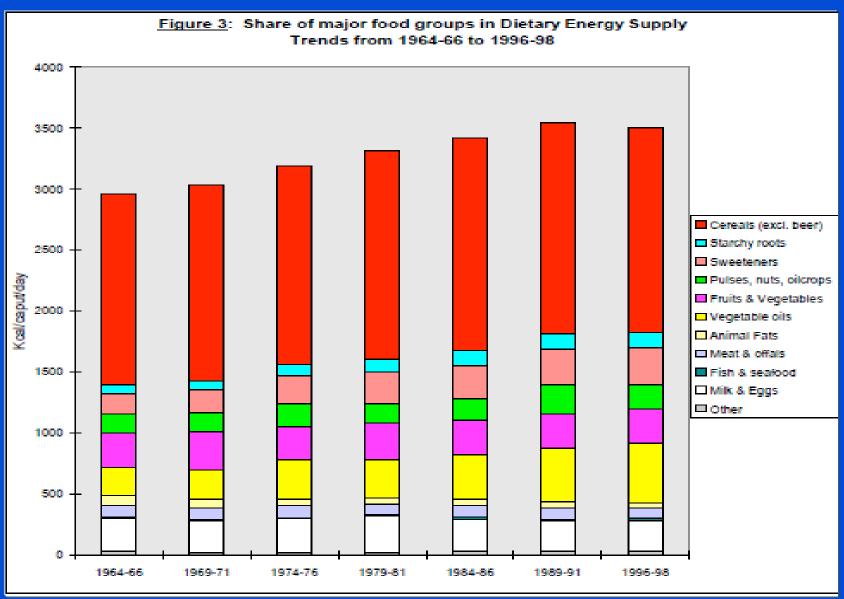
Distribution of CHO, protein and fat in total energy

(%)



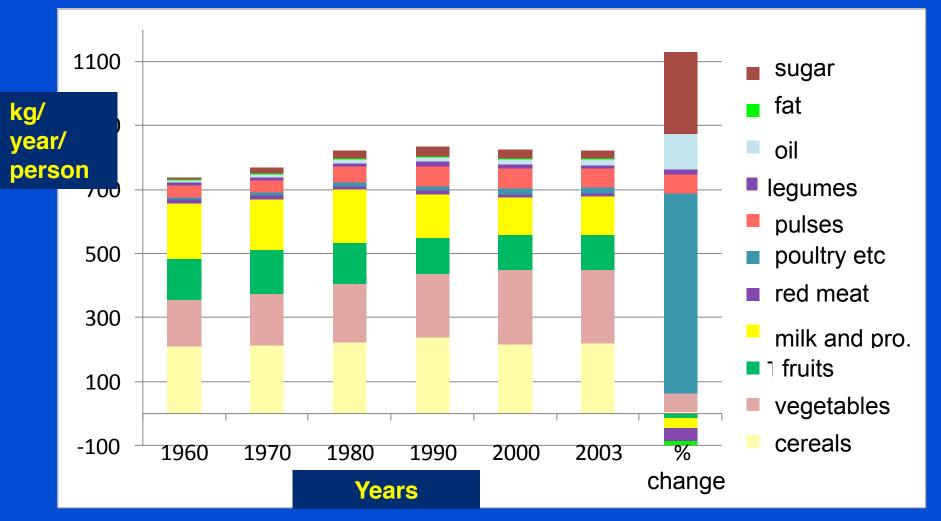


Pekcan G, Marchesich R. FAO- Nutrition Country Profile – Turkey, March 2001, FAO Rome.



Pekcan G, Marchesich R. FAO- Nutrition Country Profile - TURKEY, March 2001, FAO Rome.

HBS-food consumption per year (kg/person)



HBS- Intakes per year (kg/person)

Food	1960	1970	1980	1990	2000	2003	Change (%)
Cereals	209	211	222	237	216	218	4.1
Vegetabl	145	163	182	200	233	231	58.9
Fruits	127	138	129	111	108	108	-15.3
Milk, pro.	175	157	167	136	117	122	-30
Red meat	14	13	9	13	11	9	-40.6
Poultry	5	8	12	13	17	19	626
Pulses	37	39	51	62	63	58	57

HBS- Intakes per year (kg/person)

Food	1960	1970	1980	1990	2000	2003	Change (%)
Legumes	9	8	8	14	13	11	17
Oil	8	10	14	16	18	17	110
Fat	3	3	3	2	2	3	-21
Sugar	7	19	24	31	28	25	258
DAILY							
Energy kcal	2881	3097	3281	3539	3387	3328	15.5
Protein g	90.8	90.5	95.6	102.4	97.4	96.1	5.8
Fat g	67.7	70.2	83.9	0.88	92.6	91.2	34.7

Intake depending on SES-Ankara, 2005

	Low n: 576	Middle n: 646	High n: 405	Total n: 1627
Energy (kcal)	2186	2162	2312	2208
Protein (g)	75.4	76.8	89.6	79.6
Plant (g)	61.8	55.7	50.9	56.1
Fat (g)	72.2	77.9	0.88	78.5
CHO (g)	300.4	279.8	279.3	286.7
Fibre (g)	30.1	25.9	27.8	27.8

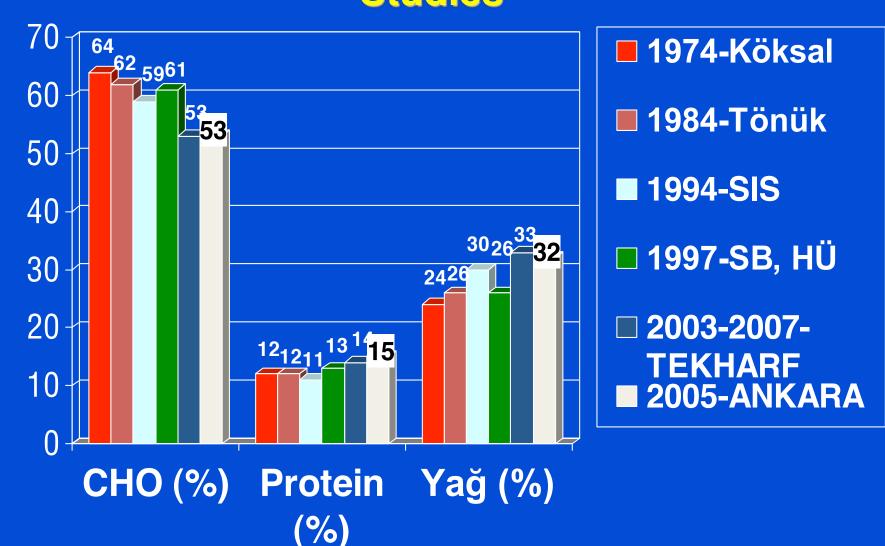
Pekcan, Köksal, Küçükerdönmez, Özel. Household food wastage in Turkey, FAO, 2006

Food Intake Depending on SES-(g/day) Ankara, 2005

	Low n: 576	Middle n: 646	High n: 405	Total n: 1627
Milk, yogurt	108	139	176	138
Cheese	42	48	52	47
Red meat	33	51	74	51
Poultry, fish	35	37	64	43
Eggs	30	35	32	33
Legumes	46	33	36	38
Vegetables	475	426	515	465
Fruits	330	425	382	382
Bread	230	198	180	204
Cereals	98	100	111	102
Fat, oils	30	26	30	28
Sugar	24	25	30	26

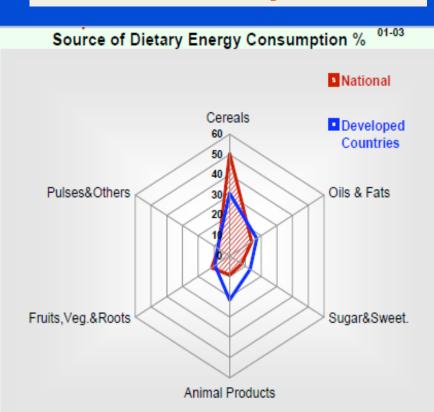
Pekcan, Köksal, Küçükerdönmez, Özel. Household food wastage in Turkey, FAO, 2006

1974, 1984, 1994, 1997 and TEKHARF Studies

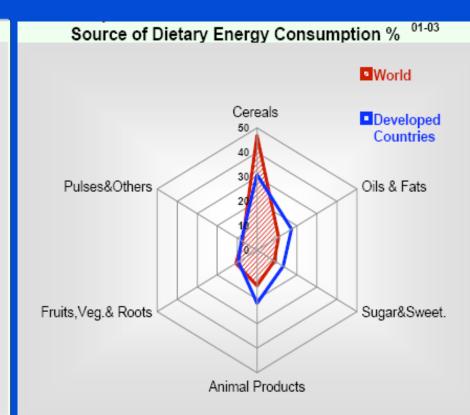


Source of Dietary Energy Consumption

Turkey



World

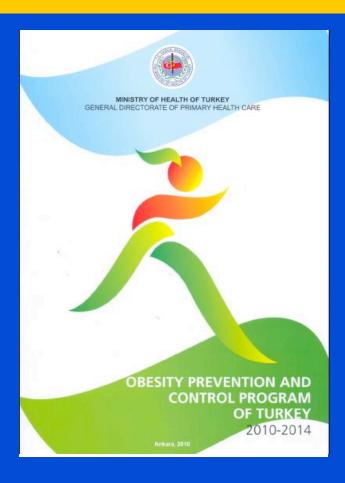


Turkey prepared;

- "The National Food and Nutrition Action Plan - 2003"
 - Food-based dietary guideline- 2004

"The National Obesity Prevention Program of Turkey (2010 - 2014)"

The National Obesity Prevention Program of Turkey (2010 - 2014)



www.beslenme.saglik.gov.tr

TARGETS AND STRATEGIES FOR OBESITY PREVENTION (1)

A. ESTABISHMENT OF OBESITY PREVENTION AND CONTROL PROGRAM: MANAGEMENT AND DEVELOPMENT OF POLICY

- 1. Supplying political will and determination at national and local level and putting into application
- 2. Financial arrangements in the management of obesity
- To determine the current situation at the national and local level and to <u>support the researches</u> that are going to be done

TARGETS AND STRATEGIES FOR PREVENTION OF OBESITY (2)

B. ACTIONS FOR OBESITY PREVENTION

- 1. To inform and make the society conscious about obesity, adequate and balanced diet and physical activity
- 2. To gain the habit of adequate and balanced diet and regular physical activity for obesity prevention in schools
- 3. Actions for workplaces
- 4. Providing cooperation with food industry
- 5. Supporting adequate and balanced nutrition and active life in media news and advertisements
- 6. <u>Encouragement of physical activity</u> and improvement of <u>environmental factors</u>

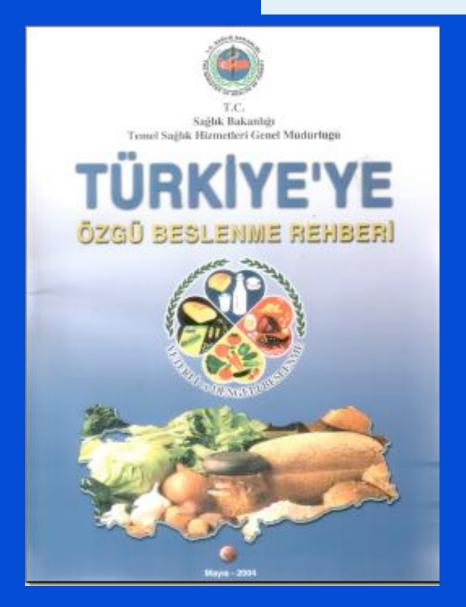
TARGETS AND STRATEGIES FOR PREVENTION OF OBESITY (3)

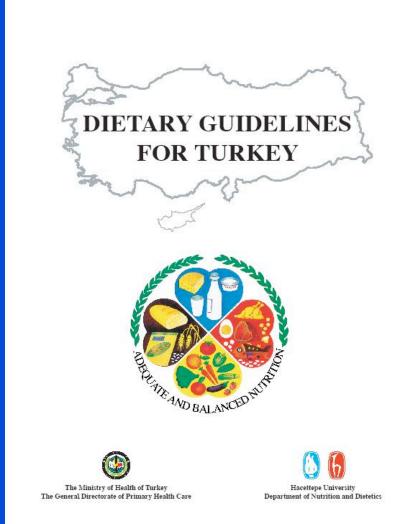
C. PRECAUTIONS FOR DIAGNOSIS AND TREATMENT OF OBESITY IN HEALTH INSTITUTIONS

D. MONITORING AND ASSESSMENT

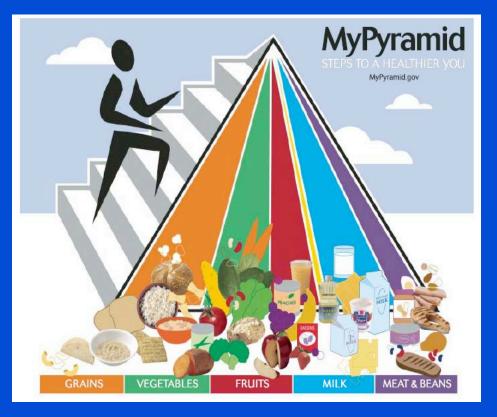
Increasing Awareness and Knowledge

Year: 2004









Food groups (4 groups)

Milk and milk products

Meat and meat products, eggs, legumes

Fruits and vegetables

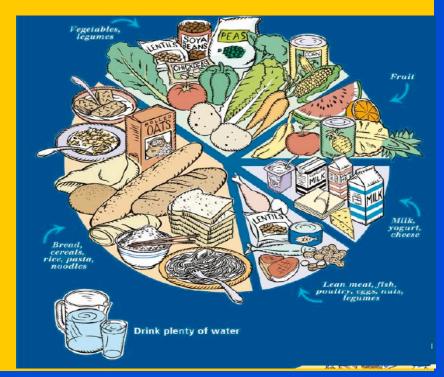
Bread and other cereals

FOOD GROUPS





EACH MEAL





MILK and MILK PRODUCTS

MILK and MILK PRODUCTS

- Milk
- Yogurt
- Cheese
- and / or other alternatives



MEAT and MEAT PRODUCTS, EGGS and LEGUMES

MEAT and MEAT PRODUCTS, EGGS and LEGUMES

- Red meat
- Chicken, turkey and fish
 - Eggs
- Legumes (dry beans, lentils, chickpeas etc.)
 - Seeds (nuts, walnuts, almonds etc.)
 - and / or other alternatives



FRUITS and VEGETABLES







RECOMMENDATION

Eat at least five portions/servings

 (at least 400 g) of a variety of non-starchy vegetables and of fruits every day.

Variety;

Red - orange, green, yellow, white and purple, including tomato-based products and allium vegetables such as garlic.





BREAD and CEREALS





Bread

Rice

Pasta, noodles, couscous

Bulgur (cracked wheat) and others

Preferably wholegrain

BREAD and CEREALS





Energy

Complex carbohydrates, fiber (wholegrain)

Protein (plant origin)

Iron, magnesium, folate

Low fat content

Fats

A) VisibleB) Invisible (in foods)

Saturated (SFA) %7-10 **Butter** Lard **Margarine Dairy products Meat and** products

(MUFA)

9/010-12

OLIVE OIL

Canola

(rape-seed)

Peanut oil

Polyunsaturated (PUFA) %10 <u>n-6</u> Linoleić a. Corn <u>α-linolenic</u> Soybean **Fish Sunflower** Fish oil **Safflower** Walnut **Cottonseed**

Food-Based Dietary Guidelines (1)



HEALTHY DIET and PHYSICAL ACTIVITY



Eat variety of foods

Increase intake of fresh fruits and vegetables



Eat whole-grain bread, cereals, legumes



Consume low fat dairy products

Reduce fat intake (saturated — unsaturated)

Increase fibre intake (Eat whole cereals, fruits and vegetables)



Maintain body weight in normal limits





Increase physical activity

Food-Based Dietary Guidelines (2)



HEALTHY DIET and PHYSICAL ACTIVITY

Do not skip meals Breakfast is important



Avoid intake of alcohol and reduce caffeine intake



Reduce salt intake
Use iodized salt



Choose foods low in sugar Reduce sugar containing beverages

Drink enough water

Maintain food safety

Breastfeeding and complemantary feeding





TYPICAL TURKISH DIET

Percentage of daily energy

- 44% from bread
- 58 % bread and other cereals

Pekcan G, Karaagaoglu N. State of nutrition in Turkey. Nutrition and Health 2000; 14: 41–54.

Pekcan G (Turkey) and Marchesich R (ESNA-FAO). FAO. Nutrition Country Profiles – Turkey (2001). www.fao.org/es/ESN/ncp/tur-turmap.pdf

Turkish Diet

- Wheat is a staple food for Turkey.
- Mainly consumed as;
 - bread







- bulgur
- rice







pasta, homemade noodles (called şehriye)









A Typical Meal – Food groups

































Homemade pasta with meat-MANTI











HOMEMADE NOODLES (ERIŞTE)













CONCLUSION

Carbohydrates are the principal energy source in the diet.

Carbohydrates (complex) in adequate amounts are part of healthy diets.

Pasta meals are good source of complex carbohydrates. Preferably prepared by whole grains.

Pasta is liked by many people and children.





CONCLUSION

COOKING PRINCIPLES (Guideline for Turkey)

Cook pasta like rice (pilaf).

Do not drain and rinse underwater.

Add enough water. After it is cooked add some cold water and olive oil. Wait for a while.

Do not fry butter on it.

Prepare with meat, vegetables, legumes and nuts.

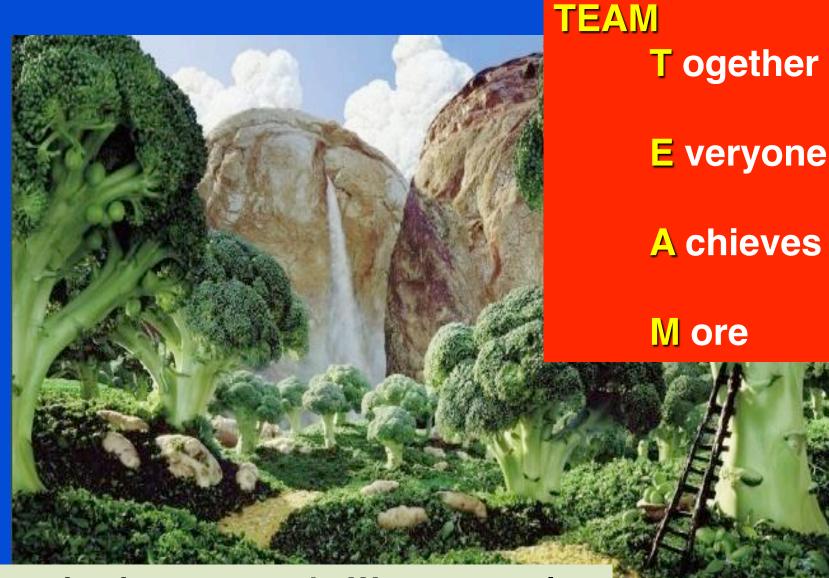
Serve with salad and/or yogurt.

Make the pasta meal adequate and balanced.

Enjoy what you eat.



- Only one type of food/food group could not meet the needs.
- No single food is inherently good or bad.
- Foods besides nutrients, contain bioactive molecules (phytochemicals)



Knowing is not enough; We must apply. Wishing isnot enough; We must do.

Goethe

Thanks