What should Australians be eating?

It has been suggested that adults aged 55 years and over and those with existing cardiovascular disease should take a “polypill” to reduce their risk of cardiovascular disease by more than 80%[1]. The polypill would contain a drug to reduce levels of low density lipoprotein, a mixture of drugs to lower blood pressure, folic acid (to reduce serum homocysteine) and aspirin (to reduce the risk of clotting). This radical idea, although having merit from a theoretical perspective, has been criticised because of potentially harmful side effects in some people and high cost.

Another group has recently suggested the “polymeal” as “ a more natural, safer, and probably tastier strategy to reduce cardiovascular disease by more than 75%”[2].

The data on which the meal is based are available in the published literature and considered of high quality in terms of “levels of evidence”. Evidence exists relating reduction in cardiovascular disease risk with each individual component of the diet. The combined effects of the diet were estimated using statistical modelling similar to the approach taken with the “polypill”.

The constituents of this “polymeal” are: wine, fish, dark chocolate, fruits, vegetables, garlic and almonds. The recommendation is the daily consumption of wine, dark chocolate, fruit and vegetables, fresh garlic and almonds and the consumption of fish four times per week. The reduction in cardiovascular disease risk is mediated through a reduction in blood pressure in the case of chocolate and fruit and vegetables. The effect of garlic and almonds is mediated through a lowering of total cholesterol levels.

One problem with the polymeal, as with the polypill, is cost. The cost of the polymeal might even exceed that of the polypill[2].

On a related issue, how important is the role of economics in the epidemic of obesity[3]? In the developed world food has become cheaper, but the type of food that has become cheap is food with high concentrations of fat and sugar. Obesity is a bigger problem in lower than higher socio-economic groups and it is poorer people that are more likely to eat cheap, calorie-dense foods.

The public health approach to this issue is one of education. The assumption is that people in lower socio-economic groups are making bad choices about food and they need to be educated to make better choices. One might argue that people don't know what is in the food that they are eating, but strict government regulation of food labelling makes this argument hard to sustain.

It is common to blame the individual for creating his/her own obesity. However, the first things that are reportedly not purchased because of cost are exactly the things recommended in the "polymeal", fresh fruit and vegetables and fish. The other factor in the equation is time. The preparation of meals from fresh ingredients not only costs money, it also takes time, another commodity in short supply in poorer households where adults are working long hours.

Instead of educating less advantaged groups about a healthy diet maybe governments should be subsidising that healthy diet. Maybe an economic rather than a public health approach to obesity would be more effective.

1.Wald NJ and Law MR A strategy to reduce cardiovascular disease by more than 80%. British Medical Journal 2003; 326:1419-23

2.Franco OH, Bonneux L, de Laet C, Peeters A, Steyerberg EW and Mackenbach JP The Polymeal: a more natural, safer, and probably tastier (than the Polypill) strategy to reduce cardiovascular disease by more than 75% British Medical Journal 2004; 329:1447-50

3. McCarthy M The economics of obesity Lancet 2004; 364:2169-70

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