Letter to the Editor

Hopes towards 'healthy heating': are we being realistic?

SIR, In their contribution on 'UK attitudes, beliefs and barriers to increasing fruit and vegetable consumption', Cox *et al.*[1] emphasized that 'public health efforts require stronger and broader health messages that incorporate consumer awareness of low present consumption'.

Several questions arise. What more does the public need to know in order to act? To what extent are people, in general, aware of the insufficiencies and imbalances in their daily diets? Should they acquire sufficient information, would it lead to any improvements in their dietary habits–in brief, would greater understanding really evoke meaningful changes toward the consumption of a 'prudent' diet? Not least of questions, do health professionals, with their advanced knowledge, in their individual responses, set examples?

The messages of 'don't overeat, eat less fat, but eat more plant foods, especially vegetables and fruit', have been publicized for a generation from the time of 'Dietary Goals'[2]. Furthermore, they have been emphasized in numerous subsequent recommendations[3,4], such as the clear message of Bingham[4]–double the consumption of vegetables and increase the consumption of fruit, bread and potatoes by at least a half. Yet, as has been revealed from many reviews and surveys[5,6], near negligible positive changes in diet have resulted. To exemplify the current situation in the USA, in a recent national enquiry involving 12,000 people concerning into their nutrition knowledge and beliefs, 83% of respondents believed that eating the right kind of foods can reduce their chances of developing major diseases[6]. Over 50% mentioned cancer and 60% mentioned heart disease. Eating more fibre, fruit and vegetables, and reducing fat intake were identified by respondents as being helpful to reduce the risk of cancer. However, when respondents were asked how many servings of fruits and vegetables should be consumed daily, only 7% reported the recommended 5 or more, with over 60% reporting 2 or fewer.

The main conclusion reached by Cox *et al.*[1] is that many, perhaps most, of the public are unaware just how low their current consumption of vegetables and fruit is. Scottish consumers were cited as being complacent about their consumption, which, at 2.4 portions day^{-1}, is half the recommended level[7]. In an intervention study, on a series Cox *et al.*[8] showed that fruit and vegetable intake increased from a mean of 3.3 portions daily at baseline to 5.2 portions at 8 weeks; moreover, the intake was 4.5 portions at 6 months and 4.6 portions at 12 months. However, the series of subjects responding were selected as those 'contemplating increasing their consumption'.

Regarding disappointment over the lack of changes occurring in the general population, certainly, as pointed out by many[1,9], the cost of a 'prudent' diet is higher than that of an everyday diet, and hence will preclude or hinder changes being made by those wanting to do so but who are in low socioeconomic circumstances. Those in higher income brackets are known to eat more vegetables and fruit than the poor[10].

Pragmatically, perhaps the most important question in the present issue concerns those who *do* have the requisite understanding, principally health workers, in the widest sense–do they really demonstrate what can be done? Doctors, dietitians, nutritionists, nurses, and so on, do they and their families tend to eat in the manner recommended? Equally important, do they have a higher level of physical activity, and do they set examples respecting the restriction of smoking practice and excessive alcohol consumption? In most situations, especially respecting nutritional habits, the evidence in this regard is meagre. It is sobering to note that in a recent enquiry made in Massachusetts on the role of the physician in health promotion, it was revealed that physicians are now less attentive to patients' diets than in the past, attributable in part, in their opinion, to 'the lack of valid and consistent data to support many official dietary recommendations'[11], In many countries, doctors have led the way in their almost giving up smoking; for example, in Australia, only 9% of male and 4% of female doctors smoke[12]; yet, ironically, in the USA, doctors, with medical students, rank among the highest in alcohol consumption[13]. The self same questions could be raised concerning the dietary and other health practices of members of editorial boards of nutritionally related journals, and, indeed, of their various contributors.

There is no doubt of course of the magnitude of the benefits that result from making changes. There is the superior health of vegetarians[14], Seventh Day Adventists[15], and Mediterranean populations[16]. As to the benefits from altering other health components, it is known that greater physical activity in women can greatly reduce their risk of breast cancer[17], and also their total mortality rate[18]. Non-smokers compared with smokers enjoy 20 years more of expectation of life[19]. As to alcohol consumption, when non-consumers are compared with the general population, one study has reported a reduction of about 20–30% in the risk of all cancers, and a decrease of about 20% in total mortality[21].

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In the *Lancet's* 'Hard sell for health'[20], while it was acknowledged that 'it is a common experience that even when people are fully aware of the risks that their indulgences incur, many carry on regardless', it was emphasized that health deserves to be marketed with verve and commitment. It was urged, among other things that health centres should be sited where the public congregate, such as supermarkets and sports centres. Public officials should seek the advice of public relations experts, advertising specialists and retailers. People may then consider that 'if the state cares so much for them, perhaps they should do something about caring for their health themselves'. Others have emphasized the need for more vigorous strategies[22].

Millennia ago, Confucius wrote, 'the essence of knowledge is, having acquired it, to apply it'. Most still have a long way to go, regarding listening, responding and acting[23]. Obesity is increasing in all populations[24], and in many countries smoking practice and alcohol consumption are increasing among young adults[25]. On the one hand, there is the situation that expectation of life in both First and Third World populations has never been longer. On the other hand, in the absence of 'hard sell for health' endeavours, the likelihood of large-scale compliance with urges to adopt 'healthy living' practice, so as to lengthen our years of 'wellness', would seem remote.

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