Communicating the Message

10 Key Facts

1. Nutrition science is evolving. As the knowledge base grows, recommendations (based on the available evidence) must change also. This is one of the challenges faced when communicating nutrition messages. Information about nutrition comes from different sources including the media. It is vital that these messages are consistent and based on peer-reviewed, scientific evidence. State-registered dietitians (SRD), registered nutritionists (RNutr.) and registered public health nutritionists (RPHNutr.) have a key role to play in providing such evidence-based, consistent messages. Registration in Nutrition is offered by the Nutrition Society to its members.

2. The Food Standards Agency (FSA) spends approximately six million pounds per year on nutrition research. This helps the FSA establish priorities for action and the best methods to overcome barriers. Top line messages such as the need to increase fruit and vegetables, are clear. Scientists now need to work together to agree and prioritise sub-messages to help communicate nutrition messages effectively.

3. Obesity in Britain has trebled in the last 20 years and now affects 1 in 5 women and 1 in 6 men. No one group or individual alone can tackle this problem. All stakeholders including Government, industry, schools, employers, parents, media and individuals need to take some responsibility and work towards effective solutions. Scientists have an important role, framing the debate on obesity and underpinning it with a sound evidence base.

4. Nutrition vulnerability exists within many groups in the population of Britain. A gap exists between national and local surveillance and there is no clear measure of nutritional health in local public health surveillance. More is needed to deliver local ownership of the problem and solutions need to be locally driven. If health and social services do not provide a lead for the public on nutrition and health issues, others will fill the void. Nutrition communication is the responsibility of all health professionals but nutrition education is lacking in the medical professions.

5. Cardiovascular disease is the leading cause of premature death in the UK, accounting for 73,000 deaths in 2000 amongst people aged less than 75. The BNF is currently working on a task force report on emerging factors that influence CVD including inflammation, coagulation and endothelium-derived factors, in addition to the role that oxidative stress, maternal nutrition and homocysteine play in CVD risk. The report will be published in 2003. New research on the prevention and treatment of CVD is published daily. However, no one study should be examined alone but in the context of the existing body of evidence.

6. Folate is a B vitamin with an important role to play in DNA replication and repair. Recent debate on folic acid fortification of flour has highlighted gaps in our knowledge, including bioaccessibility and genetic interactions. It is important to understand mechanisms by which diseases develop and how diet can intervene.

7. Plant polyphenols have been shown to be anti-oxidants in vitro and some have in vivo antioxidant activity at high intakes. However, their effectiveness at nutritionally relevant intakes appears low. This suggests that any possible anti-cancer and anti-CHD effects of polyphenols highlighted by epidemiology, may be due to non-antioxidant mechanisms. Some polyphenols could produce adverse reactions at high intakes. It is important for scientists to understand the mechanisms by which components of the diet confer health benefits, otherwise nutritional advice will remain speculative.
8. New evidence is emerging on diet:gene interactions, particularly with regard to cancer risk. Gene:gene interactions are also becoming apparent. Polymorphisms in key genes interact with food components to modify the risks of common diseases. However, since there are many polymorphisms and limited quantitative information on which dietary strategies are most beneficial for which genotype, it will be some time before there is an adequate evidence base for genetically targeted advice to the public.

9. There is an increasing interest in nutrition among the public. However, the sources of information the public consult are varied and often conflicting. Registration of dietitians and nutritionists helps ensure that qualified individuals can be identified by the media and members of the public, as reliable messengers of nutrition advice.

10. It is imperative that evidence-based messages are communicated to the public. However, as nutrition is an evolving science, it will be necessary for the message to move forward with the evidence base. The challenge is to consider emerging research in context, to prioritise nutrition messages and ensure their consistency to avoid confusing the public.

Brigid McKeith, Nutrition Scientist

Notes: This is a summary of the findings from the BNF seminar on conference on Nutrition: Communicating the Message, which was held on 30th May 2002. The speakers were Dr Judy Buttriss (BNF), Ms Suzi Leather (Food Standards Agency), Dr Susan Jebb (MRC Human Nutrition Research), Mr Rick Wilson (BDA), Dr Colette Kelly (BNF), Dr Paul Finglass (Institute of Food Research), Dr Garry Duthie (Rowett Research Institute) and Prof. John Mathers (Nutrition Society). Dr Chris Seal (Nutrition Society) chaired the morning session and Prof. Robert Pickard (Director-General BNF) chaired the afternoon session.

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