

Cut junk food, says NICE guidance on cardiovascular disease prevention

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Over 40 000 lives could be saved in the UK, and millions of people spared the suffering of living with the effects of heart disease and stroke, simply by producing healthier food states new NICE guidance published on 22 June.¹ The guidance calls for the food industry to further reduce the salt and saturated fats in the food it produces, building on the good work already started.

In the UK, over five million men and women are living with the devastating and disabling effects of cardiovascular disease—mainly heart disease and stroke. Over 40 000 people die from premature cardiovascular disease (CVD) each year.² However, premature CVD is largely preventable by making simple changes to diet, smoking and physical activity.³

This new guidance from NICE therefore focuses mainly on food production and its powerful influence on the nation's diet. This is the first time that all of the evidence has been brought together in one place on what works in improving food production, together with the figures showing how much health could be improved. The NICE recommendations are aimed at making small changes across the whole population, because these will actually translate into surprisingly large improvements in health overall.¹

The NICE guidance focuses on structural changes to the social environment: in other words, what government and industry can do to make it easier for people to make healthy choices, by producing food in a healthier way as standard,¹ which would improve the health of the whole nation. But this is not just about telling individuals to choose salad instead of fries; it is about making sure that the fries that many enjoy occasionally are as healthy as possible. That means making further reductions in the salt, trans-fats and saturated fats hidden in the food which we eat everyday.

The guidance recommendations therefore include:

- ▶ Speeding up the reduction in salt intake in the UK population, aiming for a maximum intake of 6 g per day per adult by 2015 and 3 g daily by 2025. The relationship between dietary salt intake and cardiovascular mortality is powerful and consistent.⁴ There is also clear evidence that substantial reductions in dietary salt levels are technically and politically feasible; this has already been successfully achieved in Japan and Finland. The USA is also now beginning to take action.⁵ Interestingly, most consumers simply do not notice any difference in taste, even if salt content is reduced by 5–10% per year; their taste buds simply adjust.^{1 5} A 3 g reduction in daily salt intake would prevent some

15 000–20 000 cardiovascular deaths each year in the UK.^{1 4}

- ▶ Encouraging manufacturers to substantially reduce hidden saturated fat in all food products (considering supportive legislation if necessary) and ensuring low-salt products and low-saturated-fat foods are sold more cheaply than their higher content equivalents. Where food is concerned, NICE therefore wants the healthy choice to be the easy choice. Furthermore, they want the healthy choice to be the less expensive, more attractive choice. Junk food is high in salt, saturated fat, sugar and calories. These additives make cheap bulk ingredients more palatable and thus much more profitable; hence the large sums spent on advertising processed food. However, most of the saturated fats could easily be replaced by healthier fats (such as polyunsaturates from sunflower seed oil or soybean oil; and monounsaturates such as olive oil). This simple substitution could save over 10 000 lives every year.^{1 6}
- ▶ Banning trans-fats. Trans-fats are produced industrially by partial hydrogenation of (cheap) vegetable oils to make them solid at room temperature. This increases the shelf-life of cakes and biscuits but at a high price, because trans-fats substantially increase the risk of CVD and are classified as toxic by the WHO.⁷ Countries such as Denmark and Austria have therefore successfully banned trans-fats.¹ Eliminating industrially produced trans-fats from processed food and take-aways would save over 5000 deaths every year in the UK.^{1 7}

ECONOMIC AND PUBLIC HEALTH ISSUES

Each year, CVD currently costs the UK over £30 billion. In the USA, CVD healthcare alone exceeds \$0.5 trillion annually.⁸ Taking action now will thus save billions of pounds or dollars every year.^{5–10} This becomes even more compelling during the current financial slowdown.

Furthermore, substantial benefits would be expected surprisingly rapidly. Large reductions in CVD mortality were seen in central Europe and the Baltic states just 2–3 years after diets became much healthier in the early 1990s. When communism fell, subsidies for meat and dairy fats stopped, making them more expensive. People started eating substantially more (healthy) vegetable oils and fruit.¹¹

PROTECTING CHILDREN

Each year, the UK food industry spends over £0.5 billion advertising junk food. Much of this

advertising is aimed at children, seeking to harness 'pester power'.^{1 12} The NICE recommendations therefore aim to promote and protect the health of children and young people, especially the most vulnerable and disadvantaged. Along with changes to food production, this guidance thus also calls for more action on regulating the way food is marketed to children (which includes advertising, promotion and product placement). This regulation should be based on a child's right to a healthy diet, in line with the Sydney Principles.¹² The principles state that any action to reduce marketing to children should: support their rights; afford them substantial protection; be statutory in nature; take a wide definition of commercial promotion; guarantee commercial-free childhood settings; include cross-border media; and be evaluated, monitored and enforced.^{1 12}

Further recommendations therefore include:

- ▶ Extending restrictions on TV advertising for foods high in saturated fats, salt and sugar to 09:00 to protect children; and
- ▶ Establishing the Food Standards Agency's front-of-pack traffic light labelling system as the national standard for food and drink products in England, and considering using legislation if needed.

VESTED INTERESTS VERSUS PUBLIC HEALTH

Junk food manufacturers and distributors are keen to avoid regulation, because 'nanny state' legislation can be very effective. Laws supporting clean water, sanitation, seatbelts, industrial pollution control and smokefree public spaces have together saved millions of lives. Conversely, the sad history of tobacco control demonstrates that 'voluntary' agreements do not work; they simply postpone effective remedies. Clear scientific evidence tying smoking to lung cancer was published in 1952, but ruthless tobacco industry manoeuvres delayed a UK advertising ban until 2003, and smoke-free legislation until 2007. Brownell has highlighted similar activities by cynical elements within the food industry.¹³

The question for the new UK governments is therefore very clear: will they protect consumers or the junk food industry?

CONCLUSIONS

In conclusion, NICE wants to see the next generation growing up largely free from potentially avoidable conditions such

as heart disease stroke and diabetes, which currently have a devastating impact on both developed and developing societies.

The NICE guidance summarises the growing scientific evidence on how to virtually eliminate these preventable conditions. The guidance provides detailed, evidence-based advice on how the UK Government and the food industry should take action to prevent huge numbers of unnecessary deaths and illnesses caused by junk food. This begins by prioritising healthier food for children and young people. These surprisingly simple actions could save tens of thousands of lives in the UK, with correspondingly larger gains in Europe and the USA.

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REFERENCES

1. *Prevention of Cardiovascular Disease at Population Level*. National Institute of Health and Clinical Excellence, 2010. <http://guidance.nice.org.uk/PH25/>.
2. *Heartstats Coronary Heart Disease Statistics 2010 Edition*. British Heart Foundation London, 2010. <http://www.heartstats.org/>.
3. **Capewell S**, O'Flaherty M. What explains declining coronary mortality? Lessons and warnings. *Heart* 2008;**94**:1105–8.
4. **Strazzullo P**, D'Elia L, Kandala N, *et al*. Salt intake, stroke, and cardiovascular disease: meta-analysis of prospective studies. *BMJ* 2009;**339**:b4567.
5. **Frieden TR**, Briss PA. We can reduce dietary sodium, save money, and save lives. *Ann Intern Med* 2010;**152**:526–7.
6. **Mozaffarian D**, Stampfer MJ. Removing industrial trans fat from foods. *BMJ* 2010;**340**:c1826.
7. **Mozaffarian D**, Micha R, Wallace S. Effects on coronary heart disease of increasing polyunsaturated fat in place of saturated fat: a systematic review and meta-analysis of randomized controlled trials. *PLoS Med* 2010;**7**:e1000252.
8. **American Heart Association Statistics Committee**. Disease and stroke statistics—2010 update: a report from the American Heart Association. *Circulation* 2009. <http://circ.ahajournals.org/cgi/content/short/CIRCULATIONAHA.109.192667>.
9. **Trust for America's Health**. Prevention for a healthier America: investments in disease prevention yield significant savings, stronger communities [online]. 2008. <http://www.healthamericans.org/reports/prevention08/Prevention08.pdf>.
10. **Catford J**. Advancing the 'science of delivery' of health promotion: not just the 'science of discovery.' *Health Promot Int* 2009;**24**:1–5.
11. **Zatonski WA**, Willett W. Changes in dietary fat and declining coronary heart disease in Poland: population based study. *BMJ* 2005;**331**:187–9.
12. **Swinburn B**, Sacks G, Lobstein T, *et al*. The 'Sydney principles' for reducing the commercial promotion of foods and beverages to children. *Public Health Nutr* 2007;**11**:881–6.
13. **Brownell KD**, Warner KE. The perils of ignoring history: big tobacco played dirty and millions died. How similar is big food? *Milbank Q* 2009;**87**:259–94.