

APERTIS VERBIS

a chiare lettere



Analisi critica delle Linee Guida
Americane sull'alimentazione:
tendenze e orientamenti

Marco Comoglio e Luca Monge

18 GIUGNO 2016

Bra (CN) - Pollenzo

Ma le Linee Guida nel mondo ...

The screenshot shows a web browser window with the following elements:

- Browser Tabs:** Dietary Guidelines from Ar..., Directory - HealthHub, Food for health - Dietary Guid..., Home | FAO | Food and A..., WeTransfer.
- Address Bar:** https://fnic.nal.usda.gov/professional-and-career-resources/ethnic-and-cultural-resources/dietary-guidelines-around-world
- Page Header:** USDA NAL United States Department of Agriculture National Agricultural Library. FOOD AND NUTRITION INFORMATION CENTER.
- Navigation Menu:** Home, About FNIC, News, Topics A-Z, Resource Lists, Databases, FAQs, Help, Contact Us.
- Breadcrumbs:** Professional and Career Resources > Ethnic and Cultural Resources >
- Main Content Area:**
 - Section Header:** Dietary Guidelines from Around the World
 - Item 1:** **Healthy Diet Pyramid, Singapore** (Singapore Government. Health Promotion Board). Guide to healthy eating issued by the Singapore Government.
 - Item 2:** **Canada's Food Guide to Healthy Eating** (Health Canada). The Food Guide translates the science of healthy eating into practical food patterns and is designed to help Canadians make wise food choices.
 - Item 3:** **Diet, Nutrition and the Prevention of Chronic Diseases: Report of a Joint WHO/FAO Expert Consultation (PDF | 722 KB)** (World Health Organization). This report reviews the burden of diet-related diseases around the world as well as regional food consumption patterns. It provides recommendations regarding the role of diet and physical activity in the prevention of disease.
 - Item 4:** **Finnish Nutrition Recommendations** (National Nutrition Council). Nutrition recommendations issued by the Finnish government with the goal of defining appropriate nutrient intakes consistent with good health for various population groups.
 - Item 5:** **Food Guidelines by Country** (Food and Agriculture Organization of the United Nations). Dietary guidelines and food guides collected by the Food and Agriculture Organization. Includes guides from countries in Africa, Asia and the Pacific, Latin America & the Caribbean, North America, the Near East and Europe. Some regional guides are also included.
 - Item 6:** **Dietary Guidelines for Adults in Greece (PDF | 170 KB)** (Supreme Scientific Health Council. Ministry of Health and Welfare). Discusses food-based dietary guidelines for Greeks and the scientific evidence for them.
 - Item 7:** **Dietary Guidelines for Australian Adults (PDF | 1 MB)** (National Health and Medical Research Council). Dietary guidelines issued by the Australian government and based on the principles of good nutrition, ecological sustainability and equity.
 - Item 8:** **Dietary Guidelines for Children and Adolescents in Australia (PDF | 1525 KB)** (National Health and Medical Research Council).
- Left Sidebar:**
 - Search FNIC:** Search box with 'Go' button. Links: Search all USDA, Advanced Search, Search Tips.
 - Browse By Subject:** Dietary Guidance, Lifecycle Nutrition, Diet and Disease, Food Composition, Food Safety, Weight and Obesity, Food Labeling, Dietary Supplements, Nutrition Assistance Programs, Surveys, Reports and Research, Professional and Career Resources.
- Right Sidebar:**
 - Ethnic and Cultural Resources:** Resource for Various Cultural and Ethnic Groups, Dietary Guidelines from Around the World.
 - Professional and Career Resources:** Art and Images, Academic Programs and Other Educational Opportunities, Associations and Foundations, Calendars and Conferences, Dietetic Associations, Online Learning, Ethnic and Cultural Resources, Food Dictionaries and Encyclopedias, Food Science and Technology, Food Service, Journals and Newsletters, Listservs and Blogs, Legislation and Policy, Nutrition Education, Software.

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Dietary Guidelines from Ar... Directory - HealthHub Directory - HealthHub Food for health - Dietary Guid... Home | FAO | Food and A... WeTransfer

www.healthhub.sg/directory

dietary guidelines in the world

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THE SINGAPORE HEALTHCARE DIRECTORY

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www.healthhub.sg/live-healthy/10/build_healthy_food_foundation

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LIVE HEALTHY

2014

[Home](#) > [Live Healthy](#)

Build a healthy food foundation

Friday, November 28, 2014

Eating a healthy diet will go a long way to make you feel better right now and keep you well into the future. Here are six simple strategies to spruce up your daily diet.



CONTRIBUTED BY

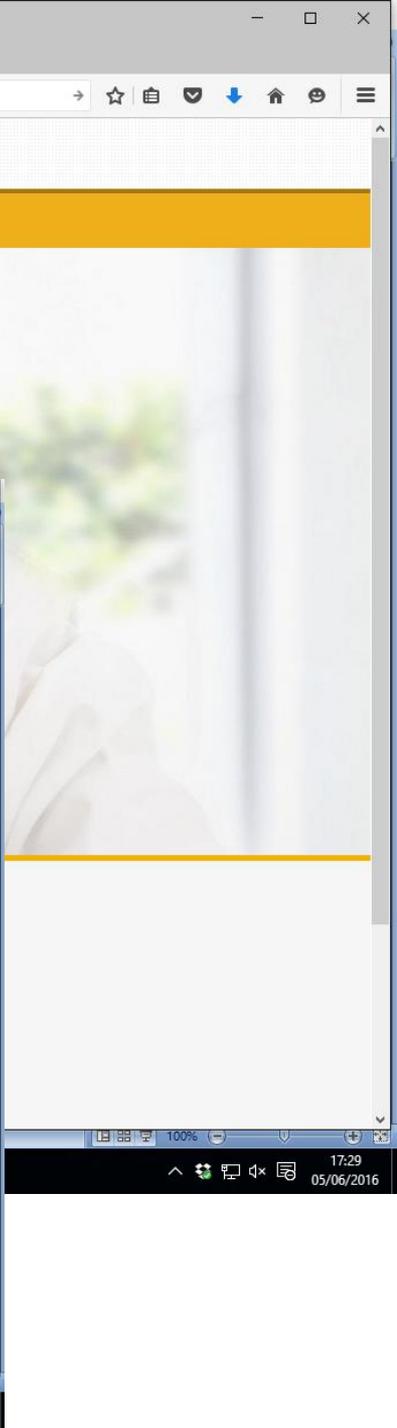


HEALTH PROMOTION BOARD

Healthy Eating Plan

You probably eat 3, 4 or more times each day. Sometimes you eat when you are hungry and, at other times just because you feel like it! Before you start on your next meal or snack, stop to think what your food choice will do to you. Will it nourish or punish your body?

Your habitual food choices can either promote your health or increase your risk for



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www.ravitsemusneuvottelukunta.fi/portal/en/nutrition+recommendations/

dietary guidelines in the world

Suomeksi På svenska In English



Finnish Nutrition Recommendations 2014

New nutrition recommendations take a comprehensive view on the diet

Helsinki 23.1.2014



The new nutrition recommendations by the National Nutrition

Nutrition recommendations

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www.ravitsemusneuvottelukunta.fi/portal/en/

dietary guidelines in the world

Suomeksi På svenska In English



- Nutrition recommendations
- Announcements and comments
- Contact
- National Nutrition Council



Eat lots of fruit and vegetables daily

2014



Nutrition is an important part of health

Nutrition and exercise are among the most important cornerstones of our health. A healthy diet and an adequate daily exercise regime promote health and reduce the risk of many non-contagious diseases, such as cardiac and pulmonary diseases, type 2 diabetes, osteoporosis and certain cancer types. Correct dietary choices also promote dental health.

Nutrition recommendations for:

The whole population Specific groups


 Health Canada Santé Canada




Health Canada
 www.hc-sc.gc.ca

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- Home > Food & Nutrition
- Canada's Food Guide**
- Background on the Food Guide
 - Choosing Foods
 - Educators & Communicators
 - Food Guide Basics
 - Get Your Copy
 - Maintaining Healthy Habits
 - My Food Guide
 - My Food Guide Servings Tracker
 - Take the Guided Tour
 - Using the Food Guide

- Explore...**
- Main Menu
 - Healthy Canadians
 - Media Room
 - Site Map

- Transparency**
- Regulatory Transparency and Openness
 - Completed Access to Information Requests
 - Proactive Disclosure

Food and Nutrition

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Eating Well with

Canada's Food Guide


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 [Food Guide for First Nations, Inuit and Métis](#)

- Quick Links**
- [Background on the Food Guide](#)
 - [Frequently Asked Questions](#)
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What's New

- [Eat Well and Be Active Educational Toolkit](#)
- [Ready-to-Use Presentation on Nutrition Labelling](#)
- [Canada's Food Guide Now Available in 10 Additional Languages](#)
- [Use of Food Guide Content in Labelling and Advertising](#)
- [Copyright Guidelines for Non-Commercial and Commercial Reproduction of Canada's Food Guide](#)

2011

GUIDELINES

ΚΑΤΕΥΘΥΝΤΗΡΙΕΣ ΟΔΗΓΙΕΣ

Dietary guidelines for adults in Greece*

1. INTRODUCTION

Food availability has shaped human history over the centuries, and nutritional deficiencies remain critical determinants of the nosological spectrum in many population groups of the developing world. In the developed countries, however, the face of malnutrition has changed. Known nutritional deficiencies persist in some segments

of the population and new deficiency syndromes continue to be discovered (e.g. folic acid in relation to neural tube defects). Most nutrition-related disorders, however, can be traced to nutritional excesses and qualitative aberrations which take their toll on the adult population through such common diseases as cardiovascular or cancers of several sites.

* Following a decision by the Supreme Scientific Health Council (SSHC), the Department of Hygiene and Epidemiology of the University of Athens Medical School undertook the development of dietary guidelines for Greeks, with reference at this stage to the nutritional needs of healthy adults. Distinguished scientists, from both Greece and abroad, contributed to the development of a draft document under the coordination of Antonia Trichopoulos, MD and Pagona Lagiou, MD. The scientists who were members of the SSHC at the time the guidelines were developed were:

- P. Bakopoulos, Director General, Division of Health Services, Ministry of Health and Welfare
- C. Basiaris, Division of Infectious Diseases, General Hospital of Rio, Patras
- J. Chatzis, Dean, University of Ioannina Medical School
- M. Dalakas, Professor, University of Athens Medical School
- G. Delidis, Dean, University of Crete Medical School
- P. Gargalianos, Director, Department of Internal Medicine, General Hospital "G. Gennimatas", Athens
- E. Kalokerinos, President, Hellenic Medical Association
- C. Karapanos, President, Hellenic Dental Association
- G. Kavadias, President, National Drug Administration
- A. Koutseliris, Dean, University of Athens Medical School
- J. Kremastinou, Professor, National School of Public Health
- M. Lazanas, Director, 2nd Department of Internal Medicine, "Tanio" General Hospital of Pireus
- N. Legakis, Professor, University of Athens Medical School (Vice-President of SSHC)
- G. Papoutsakis, Director General, Division of Public Health, Mini-

- T. Theocharidis, Professor, TUFTS University Medical School, Boston, USA
 - T. Dimitriou, Dean, University of Thrace Medical School
 - A. Tourkantonis, Dean, University of Thessaloniki Medical School
 - D. Trichopoulos, Professor, University of Athens Medical School (President of SSHC)
 - D. Vagionas, President, Hellenic Association of Pharmacists
- In addition to the SSHC members, the following Hellenic Medical Societies contributed to the finalization of the dietary guideline document:

- Hellenic Medical Society of Obesity
- Hellenic Cancer Society
- Hellenic Society of Chemotherapy
- Hellenic Society of Gastrointestinal Oncology
- Hellenic Society of Gerontology
- Hellenic Society of Endocrinology
- Hellenic Society of Health Promotion and Health Education
- Hellenic Society of Hygiene and Epidemiology
- Hellenic Society of Internal Medicine
- Hellenic Society of Internists-Oncologists
- Hellenic Society of Invasive Radiology
- Hellenic Society of Nutrition and Foods
- Hellenic Society of Oncology
- Hellenic Society of Pediatrics
- Hellenic Society of Preventive Medicine
- Hellenic Society of Psychiatry
- Hellenic Society of Public Health
- Hellenic Society of Research on Breast Cancer
- Hellenic Society of Social Pediatrics and Health Promotion

ARCHIVES OF HELLENIC MEDICINE 1999, 16(5):516-524
ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 1999, 16(5):516-524

Ministry of Health
and Welfare

Supreme Scientific Health Council

Η Ελληνική παράδοση στο επίτευχο πύλο

1999

Dietary Guidelines for Children and Adolescents in Australia

incorporating the

Infant Feeding Guidelines for Health Workers

Endorsed 10 April 2003



Dietary Guidelines for Australian Adults

Endorsed 10 April 2003



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www.fao.org/nutrition/nutrition-education/food-dietary-guidelines/en/

diary guidelines around the world

Food and Agriculture Organization of the United Nations

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Food-based dietary guidelines

Background Regions Resources Capacity development

Food-based dietary guidelines (also known as dietary guidelines) are intended to establish a basis for public food and nutrition, health and agricultural policies and nutrition education programmes to foster healthy eating habits and lifestyles. They provide advice on foods, food groups and dietary patterns to provide the required nutrients to the general public to promote overall health and prevent chronic diseases.



FAO assists Member Countries to develop, revise and implement food-based dietary guidelines and food guides in line with current scientific evidence. FAO also carries out periodic reviews on progress made in the development and use of dietary guidelines, tracking changes in their overall focus and orientation.

More than 100 countries worldwide have developed food-based dietary guidelines that are adapted to their nutrition situation, food availability, culinary cultures and eating habits. In addition countries publish food guides, often in the form of food pyramids and food plates, which are used for consumer education. [Read more](#)

Please note that individual country pages are only available in English.

Africa	Europe	Latin America and the Caribbean	Latest dietary guidelines
<ul style="list-style-type: none"> Benin Namibia Nigeria Seychelles South Africa 	<ul style="list-style-type: none"> Albania Austria Belgium Bosnia and Herzegovina Croatia Cyprus Denmark Estonia Finland France Georgia Germany Greece Hungary Iceland Ireland Israel Italy Latvia Malta Netherlands Norway Poland Portugal Romania Slovenia Spain Sweden Switzerland The former Yugoslav Republic of Macedonia 	<ul style="list-style-type: none"> Antigua and Barbuda Argentina Bahamas Barbados Belize Brazil Chile Costa Rica Cuba Dominica Dominican Republic El Salvador Grenada Guatemala Guinea Honduras Jamaica Mexico Panama Paraguay Saint Kitts and Nevis Saint Lucia Saint Vincent and the Grenadines Uruguay Venezuela 	<p>Find your way</p>  <ul style="list-style-type: none"> Find your way to eat greener, not too much and to be active (Swedish dietary guidelines). <p>Latest publications</p>  <ul style="list-style-type: none"> Plates, pyramids, planet. Developments in national health and sustainable dietary guidelines: a state of play assessment <p>Useful links</p>

dispositivo 5 di 68

23:29 10/06/2014

Food-based dietary guidelines

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- [Capacity development](#)

- Africa
- Asia and the Pacific
- Europe
- Latin America and the Caribbean
- Near East
- North America

Food-based dietary guidelines - Italy

Filter by country

- select -

Official name

Guidelines for healthy Italian food habits, 2003 (Italian: *Linee guida per una sana alimentazione italiana. Revisione 2003*).

Publication year

Italy published the third version of its dietary guidelines in 2003.

Process and stakeholders

The Italian National Research Institute on Food and Nutrition (INRAN, *Istituto Nazionale di Ricerca per gli Alimenti e la Nutrizione*), now called CRA-NUT, is the institution leading the development and revisions of the 'Guidelines for healthy Italian food habits' as one of its institutional tasks. The Italian dietary guidelines are based on the Italian recommended dietary allowances (RDAs) published in 1996 (LARN, *Livelli di Assunzione giornalieri Raccomandati di Energia e Nutrienti per la popolazione italiana*, edizione 1996). A new version of the RDAs will be published at the end of 2015 and the dietary guidelines will be revised accordingly.

Experts from a wide variety of Italian institutions including universities, research institutes and scientific societies are involved in each revision.

Intended audience

The guidelines are directed at the healthy general public. They do not include recommendations for infants and young children but they do include recommendations for all other age groups and for pregnant and lactating women.

Food guide

Italy does not use a food guide.

Messages

- Watch your weight and be active



English

Food-based dietary guidelines

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- Africa
- Asia and the Pacific
- Europe
- Latin America and the Caribbean
- Near East
- North America

Food-based dietary guidelines - Benin

Official name

Benin's dietary guidelines (French: *Guide alimentaire du Bénin*).

Publication year

The guidelines were published in 2015. They will be revised every 5 years.

Process and stakeholders

The 'Benin's dietary guidelines' were developed by a multisectorial group that included governmental agencies, academic institutions, international organizations and civil society. The guidelines are pending endorsement from the National Food and Nutrition Council.

Linear programming was used to determine, for each predefined food group, the optimal number and size of servings of commonly consumed foods.

Intended audience

Benin's dietary guidelines are aimed at the healthy population 2 years and over, primarily in urban and semi-urban settings. They include separate food group recommendations (serving sizes) for different population groups disaggregated by gender: children 2-13 years, adolescents 14-18 years, adults 19 years and over and pregnant and lactating women.

Food guide

The graphical representation of the guidelines is a round traditional house with a thatch roof. Five food groups are displayed as wall layers in order of largest to smallest amounts: cereals/tubers; plant/animal-protein foods; vegetables; fruits; and dairy products (or high-Ca foods as substitutes). At the entrance there is a bottle of water, symbol of Beninese hospitality and a reminder that plenty of water should be drank throughout the day.

Filter by country

- select -

Food guide

Benin's food guide is a traditional African house.

Country resources**Downloadable materials**

- [Benin's dietary guidelines \(in French\)](#)

Links

- [Francophone Africa Research Group on the Double Burden of Malnutrition](#)

[Contact institution](#)



Qatar Dietary Guidelines (in Arabic: الدلائل الإرشادية للتغذية لدولة قطر).



Benin's food guide is a traditional African house.



El Plato del Bien Comer

Food-based dietary guidelines - Mexico



The food balance wheels

agoda.

29-64세 여성



The roly-poly guide for women



The green water mill.



Food-based dietary guidelines - Republic of Korea

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Global Strategy on Diet, Physical Activity and Health

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- Development of the Global Strategy
- Childhood overweight and obesity
- Documents and publications
- Related links

Diet, nutrition and the prevention of chronic diseases Report of the joint WHO/FAO expert consultation

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WHO Technical Report Series, No. 916 (TRS 916)

Download centre

These files are Adobe PDF files. You may need to download [Adobe Acrobat Reader](#) to view them.

ENGLISH

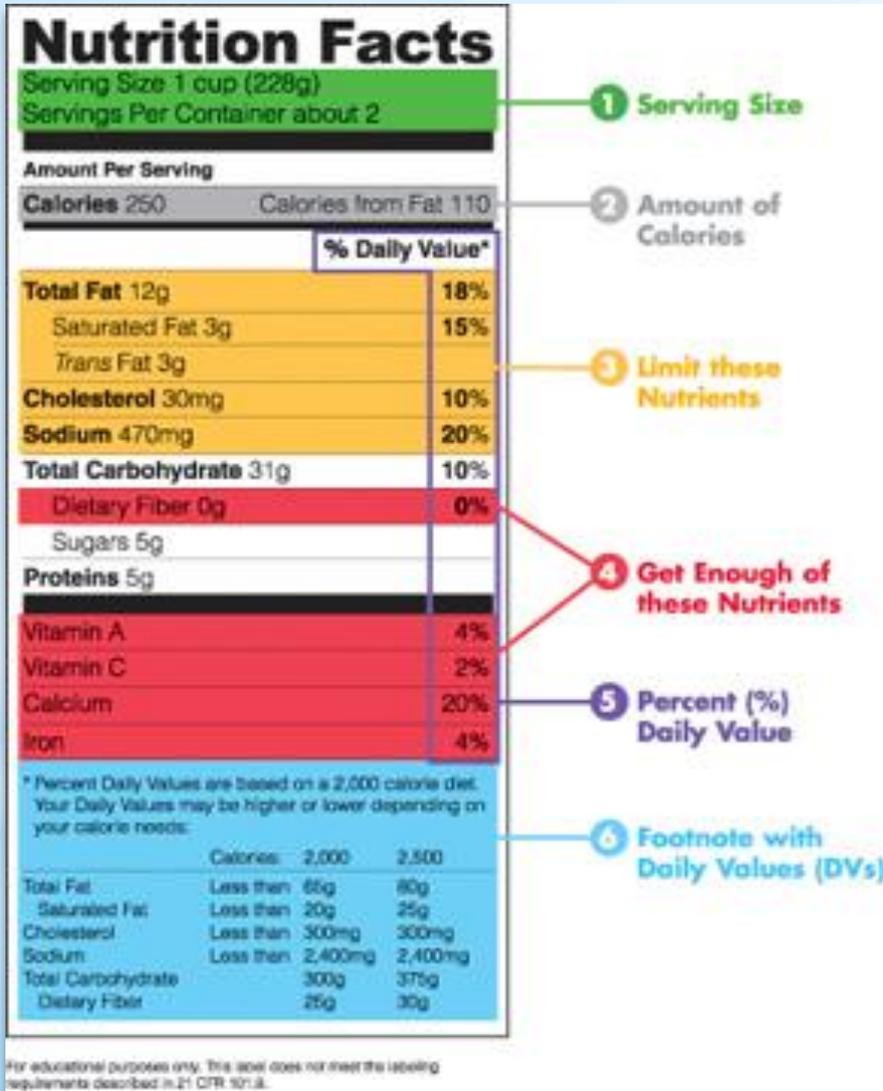
Option 1: download complete report

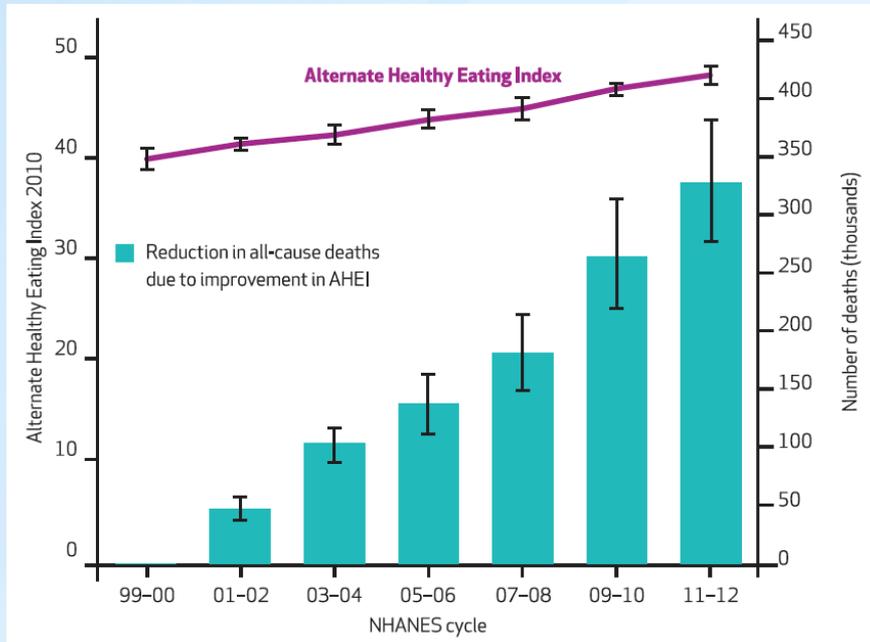
- [Diet, nutrition and the prevention of chronic diseases \[722KB\]](#)

Option 2: download PDFs per chapter

- [1 - Introduction pdf, 115kb](#)
- [2 - Background pdf, 91kb](#)
- [3 - Global and regional food consumption patterns and trends pdf, 225kb](#)
- [4 - Diet, nutrition and chronic diseases in context pdf, 159kb](#)
- [5.1 - Population nutrient intake goals for preventing diet-related chronic diseases pdf, 98kb](#)
- [5.2 - Recommendations for preventing excess weight gains and obesity pdf, 112kb](#)
- [5.3 - Recommendations for preventing diabetes pdf, 101kb](#)
- [5.4 - Recommendations for preventing cardiovascular diseases pdf, 122kb](#)
- [5.5 - Recommendations for preventing cancer pdf, 109kb](#)
- [5.6 - Recommendations for preventing dental diseases pdf, 152kb](#)

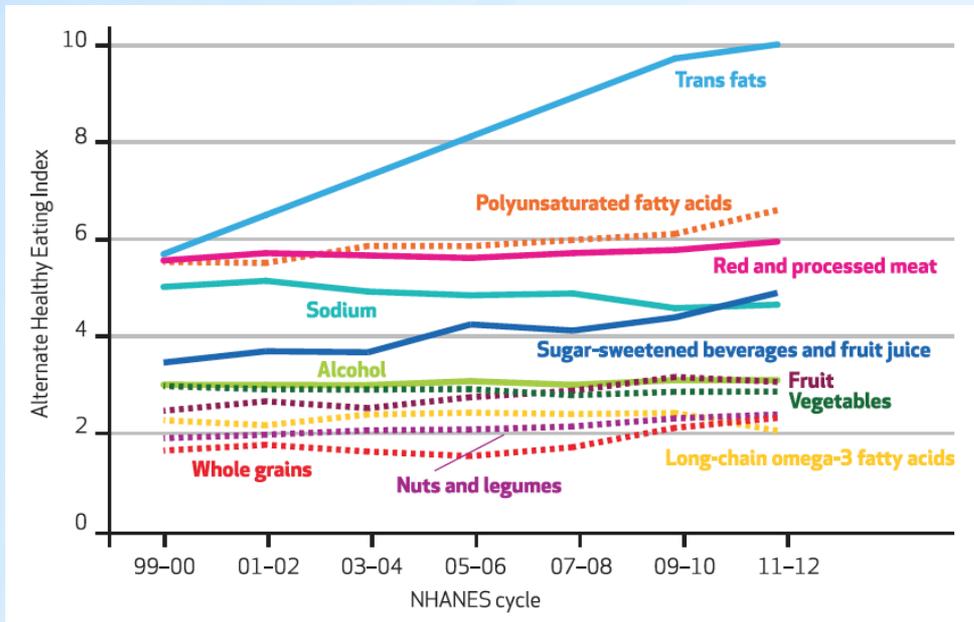
* L'alimentazione oggi negli USA





- * 33.885 adulti della **survey NHANES**, campione rappresentativo della popolazione americana adulta
- * Sette cicli dal 1999 al 2012, risposta nel 70-80% del campione
- * Valutazione delle tendenze temporali nella qualità della **dieta** e stima dell'impatto di queste tendenze sul peso **delle malattie croniche e della mortalità**
- * Analisi statistica considerando sottogruppi in base a **determinanti socioeconomici** definiti dal reddito, dal livello di istruzione, da razza/etnia e da BMI

* Qualità dell'alimentazione e malattie croniche negli USA



- * Indice AHEI (Alternate Healthy Eating Index) da 0 a 110 (dieta ideale), undici componenti con punteggio da 0 a 10.
- * A un elevato introito di frutta, verdure, cereali integrali, frutta secca a guscio, legumi, contenuto in omega 3, contenuto in grassi polinsaturi veniva assegnato un punteggio elevato.
- * A un elevato introito di grassi trans, bevande zuccherate, succhi di frutta, carni rosse e lavorate e sodio veniva assegnato un punteggio basso.
- * Per l'alcol al consumo moderato veniva assegnato il punteggio più alto, mentre per il consumo forte il punteggio più basso.

* Qualità dell'alimentazione e malattie croniche negli USA

	1999-2000	2001-02	2003-04	2005-06	2007-08	2009-10	2011-12
EDUCATION							
Less than high school	40.1	41.1	42.0	43.0	44.2	45.3	46.4
Graduated high school	39.1	40.5	40.6	42.2	42.8	44.0	46.2
Some college	40.0	41.3	42.7	44.0	44.6	46.3	47.2
Completed college	43.3	43.8	45.5	46.1	48.1	51.1	51.8
FAMILY POVERTY INCOME RATIO							
<1.30	41.0	41.4	42.9	44.2	44.7	45.6	46.9
1.30-3.49	40.2	41.5	43.0	43.4	45.6	46.5	48.4
≥3.50	41.4	42.4	43.0	44.7	45.1	48.1	48.9
RACE/ETHNICITY							
Non-Hispanic white	39.9	40.7	41.8	43.1	43.9	46.0	47.4
Non-Hispanic black	39.2	40.2	40.1	41.3	42.8	44.4	45.0
Mexican American	42.6	44.3	44.8	46.2	47.4	47.9	49.0
Other	40.2	41.5	44.4	44.5	46.3	47.7	49.3
BODY MASS INDEX							
<25.0	40.7	42.4	43.3	44.4	45.6	47.5	49.0
25.0-29.9	41.5	41.9	43.5	44.6	45.1	48.1	49.0
30.0-34.9	39.9	41.3	41.7	43.4	44.7	46.0	47.6
≥35.0	40.4	40.1	42.0	42.7	44.3	45.0	45.8

- * Dal 1999 al 2012 l'indice AHEI è aumentato da **39,9** a **48,2** (punteggio ideale = 110)
- * Utilizzando i dati relativi punteggi dell'indice per esiti di salute in due grandi coorti, abbiamo stimato che i miglioramenti nella qualità alimentare dal 1999 al 2012 hanno evitato **1,1 milioni di morti premature**.
- * Le differenze in termini di indice AHEI tra i **gruppi socioeconomici** persistevano o addirittura aumentavano

* Qualità dell'alimentazione e malattie croniche negli USA

	2001-02	2003-04	2005-06	2007-08	2009-10	2011-12
TOTAL MORTALITY						
Women	2.3%	3.1%	5.2%	6.0%	7.8%	9.0%
Men	0.6	1.4	1.8	2.5	3.7	4.4
Pooled	1.0	2.2	2.9	3.8	5.5	6.6
CARDIOVASCULAR DISEASE MORTALITY						
Women	5.0	6.7	11.0	12.6	16.2	18.5
Men	0.6	1.3	1.7	2.3	3.4	4.1
Pooled	1.2	3.0	3.8	5.3	8.0	9.8

	2001-02	2003-04	2005-06	2007-08	2009-10	2011-12
TYPE 2 DIABETES INCIDENT CASES						
Women	4.2	5.7	9.3	10.6	13.8	15.8
Men	1.2	2.6	3.3	4.6	6.6	7.9
Pooled	2.1	4.2	5.8	7.7	10.7	12.6

328,000

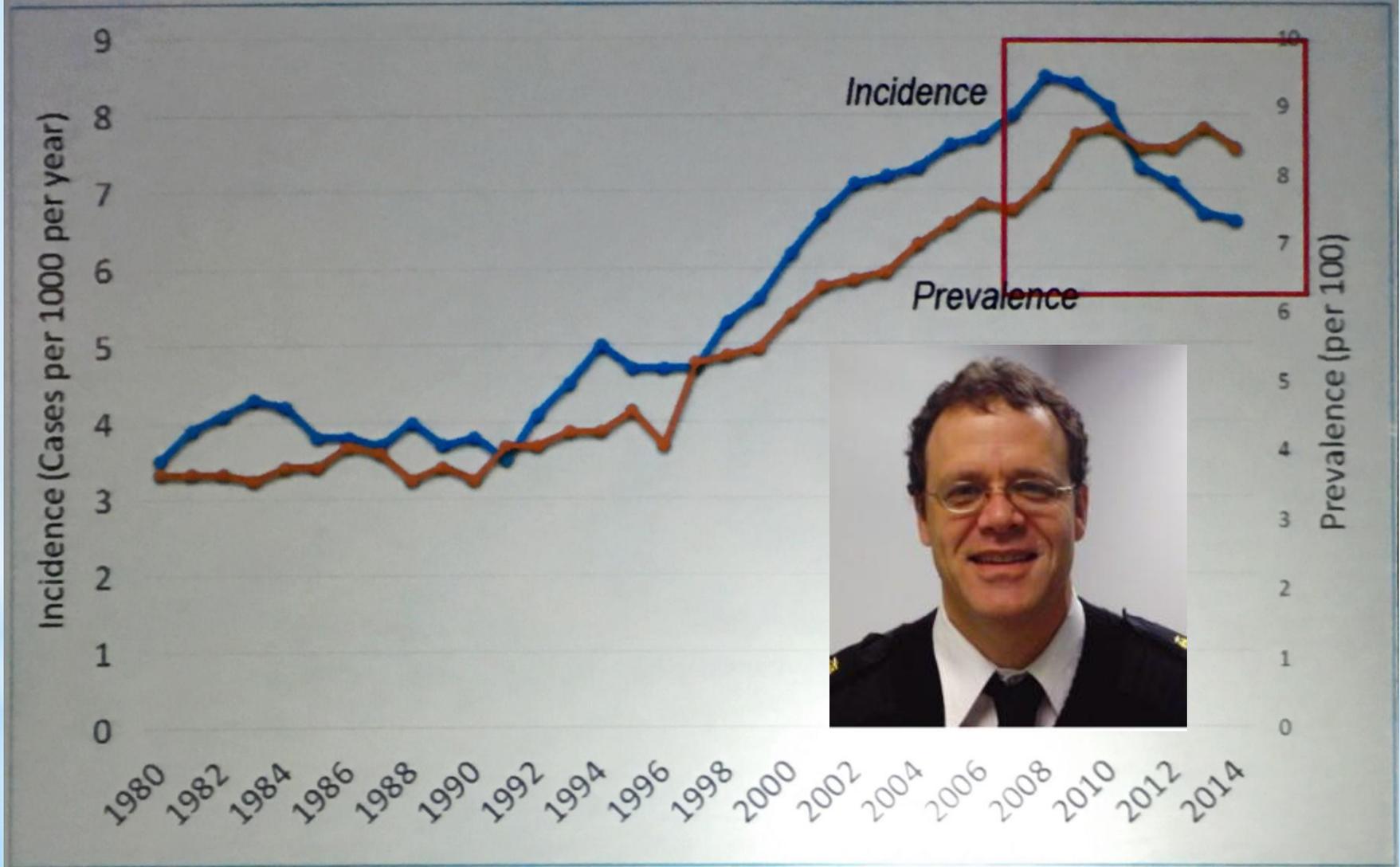
Fewer deaths

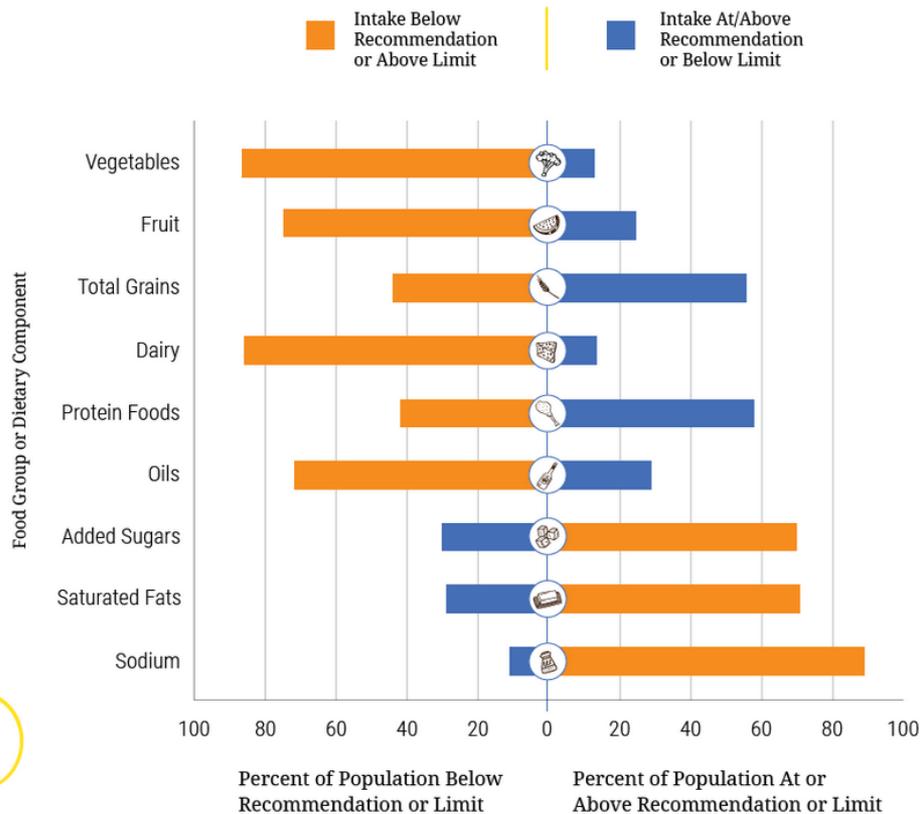
The difference in dietary quality between 1999-2000 and 2011-12 was responsible for 328,093 fewer all-cause deaths, accounting for 6.6 percent of total deaths in 2011-12.

- * Il miglioramento della qualità della dieta ha provocato:
 - ✓ 8,6% in meno di casi di malattie cardiovascolari,
 - ✓ 1,3% in meno casi di cancro,
 - ✓ 12,6% in meno casi di DMT2
- * Anche se il costante miglioramento della qualità alimentare ha probabilmente contribuito alla riduzione del peso delle malattie croniche dal 1999 al 2012, la qualità della dieta complessiva negli USA rimane scarsa.

* Qualità dell'alimentazione e malattie croniche negli USA

Trends in Incidence and Prevalence of Diagnosed Diabetes Among Adults Aged 20 to 79, United States, 1980 - 2014

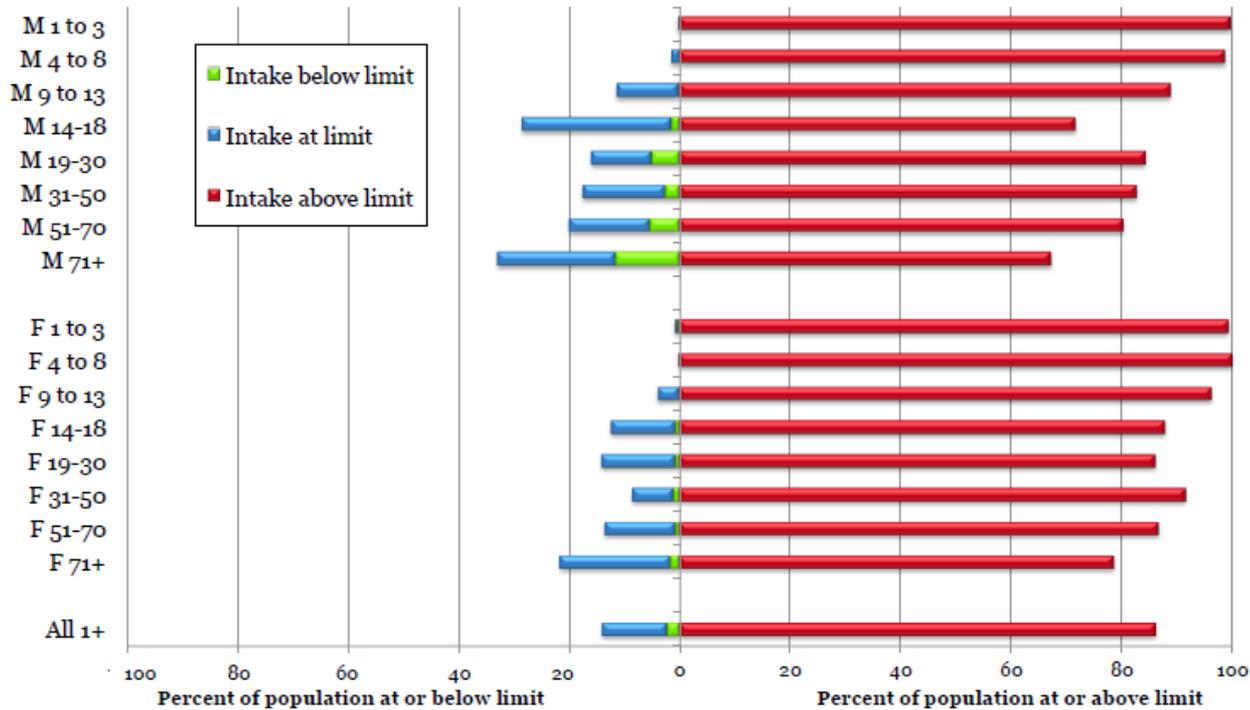




- * Assunzione di alimenti in relazione alle attuali raccomandazioni.
- * Fonte dei dati: What We Eat in America, NHANES 2007-2010 for average intakes by age-sex group. Healthy U.S.-Style Food Patterns, which vary based on age, sex, and activity level, for recommended intakes and limits.

* Le attuali abitudini alimentari in USA

Empty Calories*: Estimated percentage of persons below, at, or above limits

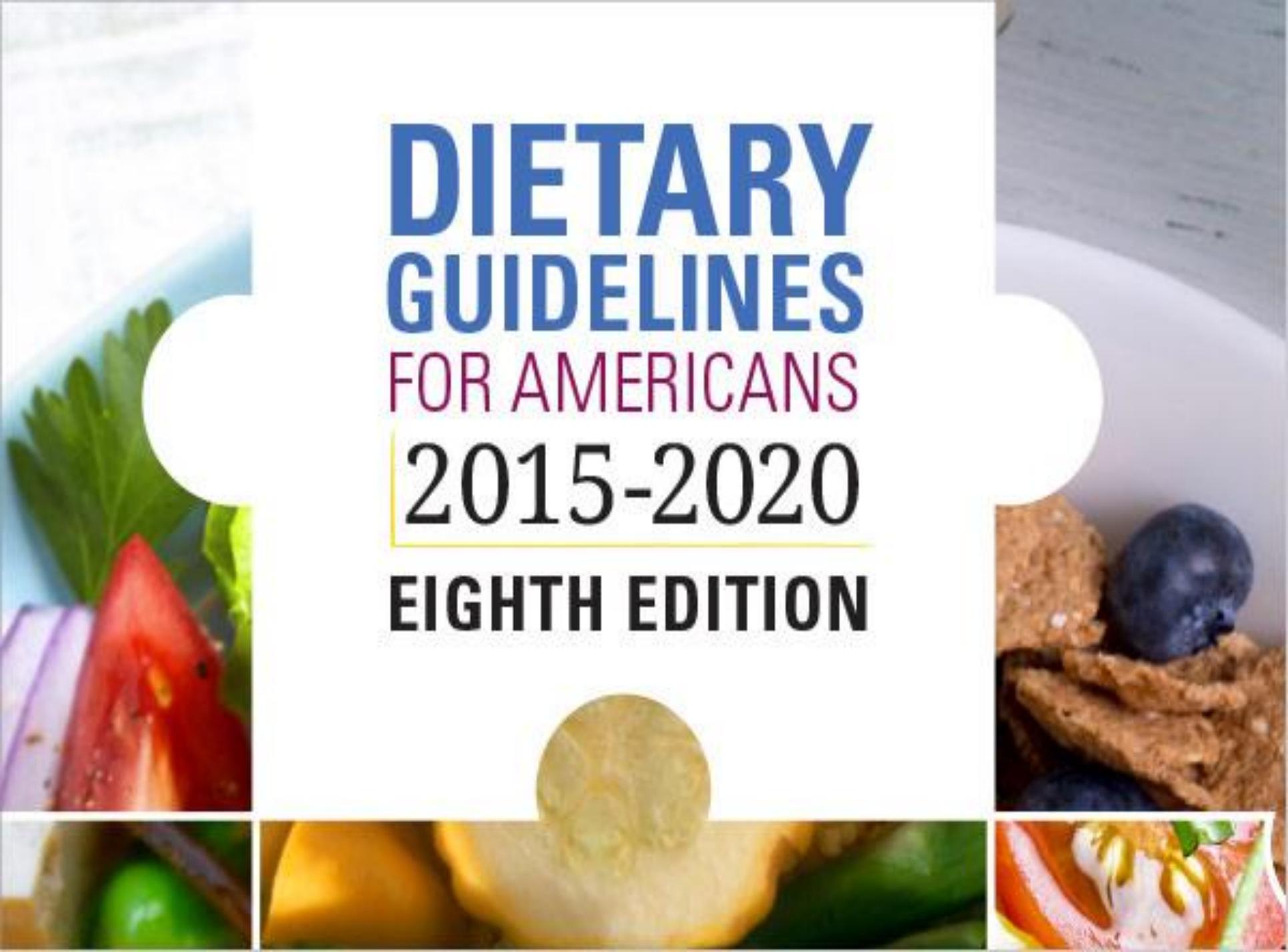


*Empty calories are the total of calories from solid fats + added sugars NHANES 2007-10

Food and Nutrient Intakes, and Health: Current Status and Trends

* Le attuali abitudini alimentari in USA

EMPTY CALORIES = grassi solidi + zuccheri aggiunti



**DIETARY
GUIDELINES**
FOR AMERICANS
2015-2020
EIGHTH EDITION

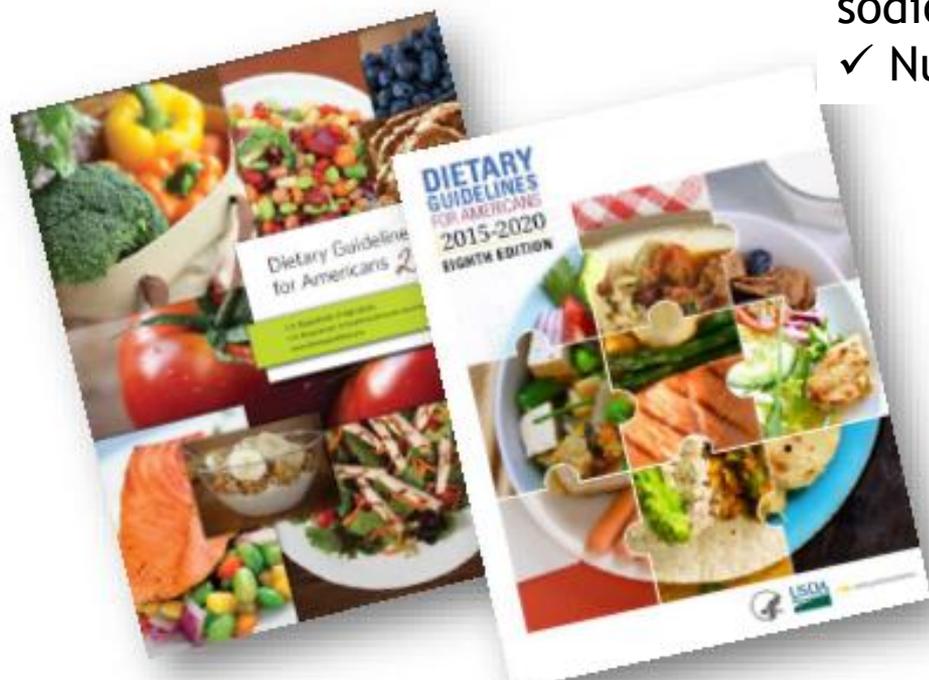
2015-2020 DIETARY GUIDELINES FOR AMERICANS

Cosa c'era di importante nelle edizioni precedenti

- ✓ Gli elementi di base di uno stile di vita sano

Cosa c'è di nuovo e di aggiornamento

- ✓ La scienza dietro modelli alimentari sani e outcome di salute.
- ✓ Aggiornamento su zuccheri aggiunti, sodio e colesterolo.
- ✓ Nuove informazioni sulla caffeina.



OBIETTIVO DELLE LINEE GUIDA AMERICANE

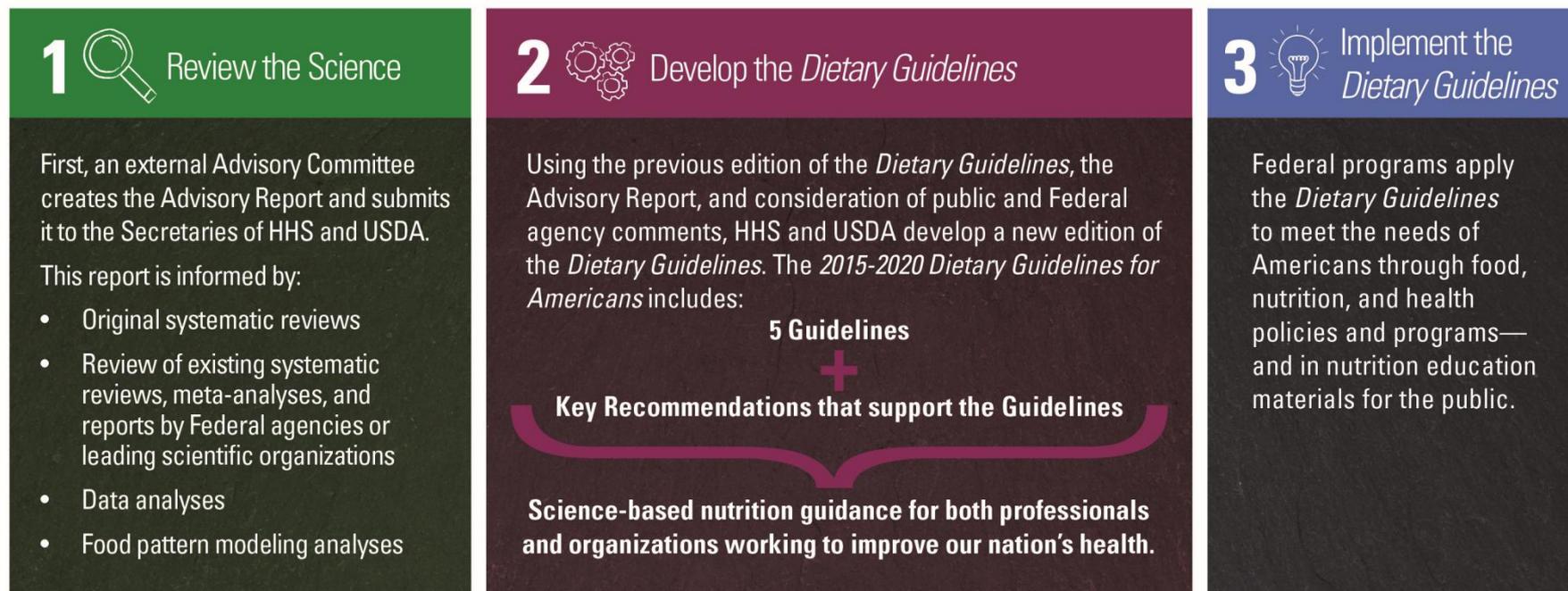


- ✓ Fornire raccomandazioni basate su prove di evidenza sulle componenti di una dieta sana e adeguata da un punto di vista nutrizionale.
- ✓ Focalizzare l'attenzione sulla prevenzione piuttosto che sulla cura delle malattie
- ✓ Informare sulle politiche e sui programmi alimentari e di gestione della salute

Figure I-3.

Science, Policy, Implementation: Developing the *2015-2020 Dietary Guidelines for Americans*

To develop each edition of the *Dietary Guidelines for Americans*, HHS and USDA collaborate during a 3-stage process.



Lo sviluppo

- * US Dietary Guidelines for Americans pubblicate la prima volta nel 1980 sono aggiornate ogni 5 anni

1



Review the Science

First, an external Advisory Committee creates the Advisory Report and submits it to the Secretaries of HHS and USDA.

This report is informed by:

- Original systematic reviews
- Review of existing systematic reviews, meta-analyses, and reports by Federal agencies or leading scientific organizations
- Data analyses
- Food pattern modeling analyses

Report prodotto dal Dietary Guidelines Advisory Committee (11-15 esperti) utilizzando RS del Nutrition Evidence Library e di associazioni professionali (ad esempio AHA, ACC). Sottoposto a **HHS** (U.S. Department of Health & Human Services) e **USDA** (U. S. Departement of Agriculture)

Lo sviluppo

2



Develop the Dietary Guidelines



Using the previous edition of the *Dietary Guidelines*, the Advisory Report, and consideration of public and Federal agency comments, HHS and USDA develop a new edition of the *Dietary Guidelines*. The *2015-2020 Dietary Guidelines for Americans* includes:

Five Guidelines



**Key
Recommendations
that support the
Guidelines**



**Science-based nutrition
guidance for both
professionals and
organizations working to
improve our nation's
health.**

- * Recepimento dei commenti pubblici (29.000)
- * Revisione e pubblicazione del documento da parte delle agenzie nazionali della Salute e dell'Agricoltura



Using the previous edition of the *Dietary Guidelines*, the Advisory Report, and consideration of public and Federal agency comments, HHS and USDA develop a new edition of the *Dietary Guidelines*. The *2015-2020 Dietary Guidelines for Americans* includes:

Five Guidelines

+

Key Recommendations that support the Guidelines

=

Science-based nutrition guidance for both professionals and organizations working to improve our nation's health.

1 Follow a healthy eating pattern across the lifespan. All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.

→ Follow a healthy eating pattern over time to help support a healthy body weight and reduce the risk of chronic disease.

A healthy eating pattern includes:



2 Focus on variety, nutrient density, and amount. To meet nutrient needs within calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.

3 Limit calories from added sugars and saturated fats and reduce sodium intake. Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.

4 Shift to healthier food and beverage choices. Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.

5 Support healthy eating patterns for all. Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide, from home to school to work to communities.

A healthy eating pattern limits:



Lo sviluppo



The Guidelines

- 1 Follow a healthy eating pattern across the lifespan.** All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
- 2 Focus on variety, nutrient density, and amount.** To meet nutrient needs within calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.
- 3 Limit calories from added sugars and saturated fats and reduce sodium intake.** Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.
- 4 Shift to healthier food and beverage choices.** Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.
- 5 Support healthy eating patterns for all.** Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide, from home to school to work to communities.

Key Recommendations

The *Dietary Guidelines'* Key Recommendations for healthy eating patterns should be applied in their entirety, given the interconnected relationship that each dietary component can have with others.

Consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level.

A healthy eating pattern includes:⁽¹⁾

- A variety of vegetables from all of the subgroups—dark green, red and orange, legumes (beans and peas), starchy, and other
- Fruits, especially whole fruits
- Grains, at least half of which are whole grains
- Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages
- A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products
- Oils



2015-2020 Dietary Guidelines for Americans

Lo sviluppo

3

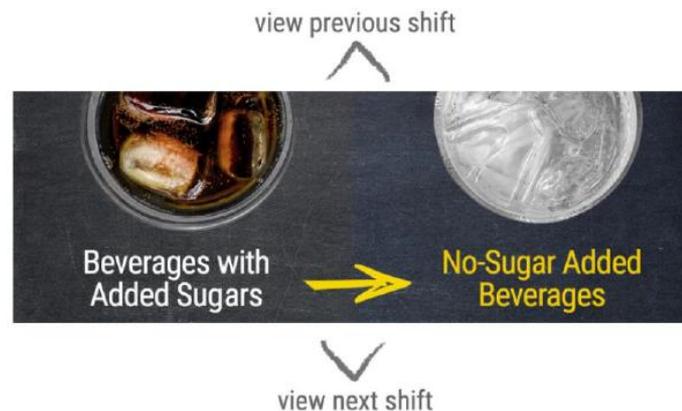


Implement the Dietary Guidelines



Federal programs apply the *Dietary Guidelines* to meet the needs of Americans through food, nutrition, and health policies and programs—and in nutrition education materials for the public.

EMPOWER PEOPLE TO MAKE HEALTHY SHIFTS



Lo sviluppo

3



Implement the Dietary Guidelines



Federal programs apply the *Dietary Guidelines* to meet the needs of Americans through food, nutrition, and health policies and programs—and in nutrition education materials for the public.



Modificato da Karen B. DeSalvo, MD, MPH, M.Sc., Acting Assistant Secretary for Health, HHS

Lo sviluppo

3



Implement the Dietary Guidelines



Federal programs apply the *Dietary Guidelines* to meet the needs of Americans through food, nutrition, and health policies and programs—and in nutrition education materials for the public.

HOME

SCHOOL

WORKSITE

COMMUNITY

FOOD RETAIL



- Cucinare
- Attività fisica di famiglia
- Limitare il tempo davanti alla televisione
- Pianificare i pasti



Lo sviluppo

3



Implement the Dietary Guidelines



Federal programs apply the *Dietary Guidelines* to meet the needs of Americans through food, nutrition, and health policies and programs—and in nutrition education materials for the public.

Example:



Lo sviluppo

3



Implement the Dietary Guidelines



Federal programs apply the *Dietary Guidelines* to meet the needs of Americans through food, nutrition, and health policies and programs—and in nutrition education materials for the public.

Example:



- Gioco attivo
- Spuntini sani
- Menu etichettato in caffetteria
- Sensibilizzare i genitori ai cambiamenti
- Programmi di attività fisica
- Educazione nutrizionale anche con school garden



View previous

Healthy meals and snacks



View next

Lo sviluppo

3



Implement the Dietary Guidelines



Federal programs apply the *Dietary Guidelines* to meet the needs of Americans through food, nutrition, and health policies and programs—and in nutrition education materials for the public.



Lo sviluppo

3



Implement the Dietary Guidelines

Federal programs apply the *Dietary Guidelines* to meet the needs of Americans through food, nutrition, and health policies and programs—and in nutrition education materials for the public.

HOME

SCHOOL

WORKSITE

COMMUNITY

FOOD RETAIL



- Pause attive
- Orario flessibile che consenta attività fisica
- Offrire ai meeting snack sani
- Meeting deambulanti
- Offrire programmi di salute e benessere, con opzioni per la consulenza nutrizionale

Lo sviluppo

3



Implement the Dietary Guidelines



Federal programs apply the *Dietary Guidelines* to meet the needs of Americans through food, nutrition, and health policies and programs—and in nutrition education materials for the public.



Lo sviluppo

3



Implement the Dietary Guidelines



Federal programs apply the *Dietary Guidelines* to meet the needs of Americans through food, nutrition, and health policies and programs—and in nutrition education materials for the public.

HOME

SCHOOL

WORKSITE

COMMUNITY

FOOD RETAIL



- Orti comunitari
- Mercati degli agricoltori
- Banche alimentari
- Case di riposo

Lo sviluppo

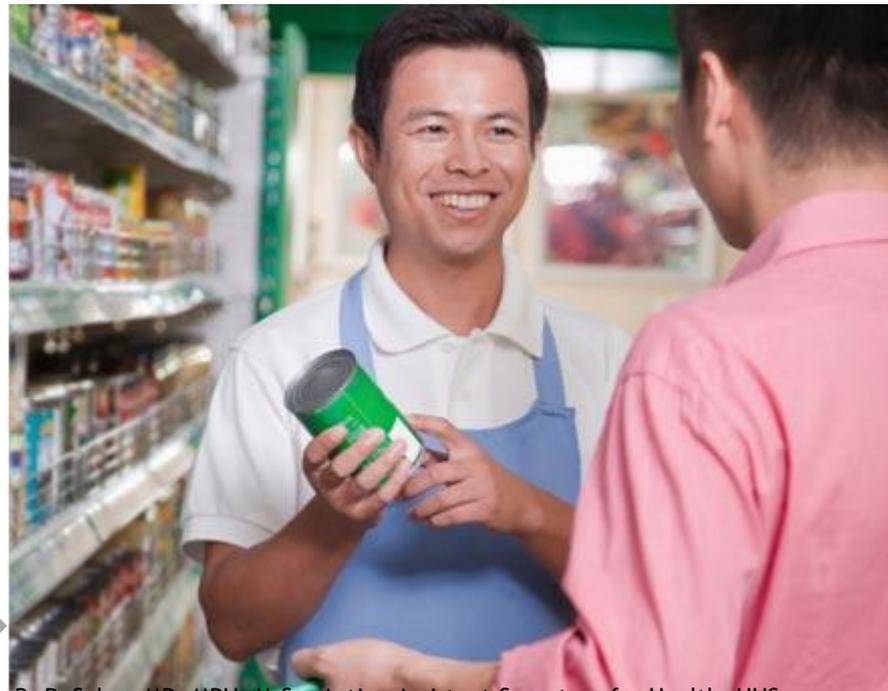
3



Implement the Dietary Guidelines



Federal programs apply the *Dietary Guidelines* to meet the needs of Americans through food, nutrition, and health policies and programs—and in nutrition education materials for the public.



Lo sviluppo

3



Implement the Dietary Guidelines



Federal programs apply the *Dietary Guidelines* to meet the needs of Americans through food, nutrition, and health policies and programs—and in nutrition education materials for the public.

HOME

SCHOOL

WORKSITE

COMMUNITY

FOOD RETAIL



- Sensibilizzare i consumatori di fare cambiamenti sani
- Accesso a scelte salutari
- Accesso a scelte alimentari sane

DIETARY GUIDELINES FOR AMERICANS

evolution over time

	1980	1985	1990	1995	2000	2005	2010	2015
Fruits & Vegetables 	Eat a variety of foods, including fruits and vegetables		Eat 2-4 servings of fruit and 3-5 servings of vegetables daily			Eat 2 cups of fruit and 2½ cups of vegetables daily		
Grains 	Eat a variety of foods, including whole-grain and enriched breads, cereals, and grain products		Eat 6+ servings of breads, cereals, rice, and pasta per day. Have several servings of whole-grain breads and cereals daily. One serving is about ½ cup of cooked pasta or rice, 1 slice of bread, or 1 oz of dry cereal			Eat 6 servings (6 oz-eq) of breads, cereals, rice, and pasta per day. At least half of the servings should be whole grains		

Note: recommendations based on a 2,000-calorie diet.

Modificato da Liebman B - Center for Science in the Public Interest



Figure 1-1. Cup- & Ounce-Equivalents

Within a food group, foods can come in many forms and are not created equal in terms of what counts as a cup or an ounce. Some foods are more concentrated, and some are more airy or contain more water. Cup- and ounce-equivalents identify the amounts of foods from each food group with similar nutritional content. In addition, portion sizes do not always align with one cup-equivalent or one ounce-equivalent. See examples below for variability.

Vegetables 	Fruits 	Grains 	Dairy 	Protein 
 <p>1/2 cup portion of green beans is equal to 1/2 cup-equivalent vegetables</p>	 <p>1/2 cup portion of strawberries is equal to 1/2 cup-equivalent fruit</p>	 <p>1 slice of bread is equal to 1 ounce-equivalent grains</p>	 <p>6 ounce portion of fat-free yogurt is equal to 3/4 cup-equivalent dairy</p>	 <p>1 large egg is equal to 1 ounce-equivalent protein foods</p>
 <p>1 cup portion of raw spinach is equal to 1/2 cup-equivalent vegetables</p>	 <p>3/4 cup portion of 100% orange juice is equal to 3/4 cup-equivalent fruit</p>	 <p>1/2 cup portion of cooked brown rice is equal to 1 ounce-equivalent grains</p>	 <p>1 1/2 ounces portion of cheddar cheese is equal to 1 cup-equivalent dairy</p>	 <p>2 tablespoons of peanut butter is equal to 2 ounce-equivalents protein foods</p>
	 <p>1/4 cup portion of raisins is equal to 1/2 cup-equivalent fruit</p>			 <p>1 ounce portion of walnuts is equal to 2 ounce-equivalents protein foods</p>
				 <p>1/2 cup portion of black beans is equal to 2 ounce-equivalents protein foods</p>  <p>4 ounce portion of pork is equal to 4 ounce-equivalents protein foods</p>

DIETARY GUIDELINES FOR AMERICANS

evolution over time

	1980	1985	1990	1995	2000	2005	2010	2015
Protein Foods 		To avoid too much fat, saturated fat, and cholesterol, choose lean meat, fish, poultry, dry beans, and peas as protein sources	Eat about 6 oz of meats, poultry, fish, dry beans and peas, eggs, and nuts per day. Trim fat from meat	Eat about 6 oz of fish, shellfish, lean poultry, other lean meats, beans, or nuts daily. Limit intake of high-fat processed meats		Eat 5.5 oz of protein foods, including lean meats, poultry, fish, eggs, nuts, or dry beans daily		Teen boys and men should eat less of meat, poultry, and eggs

Note: recommendations based on a 2,000-calorie diet.

Modificato da Liebman B - Center for Science in the Public Interest

DIETARY GUIDELINES FOR AMERICANS

evolution over time

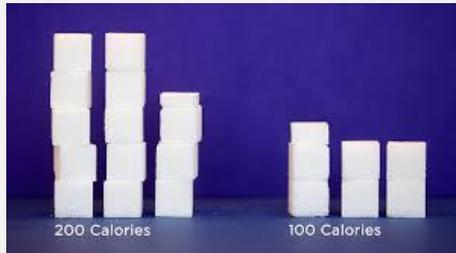
	1980	1985	1990	1995	2000	2005	2010	2015
Saturated Fat 	Avoid too much saturated fat		Choose a diet low in saturated fat			Consume <10% of calories from saturated fatty acids Replace with mono- and polyunsaturated fatty acids		
Cholesterol 	Avoid too much cholesterol		Choose a diet low in cholesterol			Consume <300 mg of cholesterol per day		Eat as little as possible

DIETARY GUIDELINES FOR AMERICANS

evolution over time

	1980	1985	1990	1995	2000	2005	2010	2015
Sodium 	Avoid too much sodium		Choose a diet low in sodium		Choose and prepare foods with less salt	Consume <2,300 mg of sodium per day <1,500 mg for people with increased risk		
Added Sugars 	Avoid too much sugar		Choose a diet moderate in sugars			Choose and prepare foods and beverages with little added sugars or caloric sweeteners	Reduce intake of added sugars	Consume <10% of calories from added sugars

Dietro i titoli:
contenuti chiave dei Dietary Guidelines for Americans 2015-2020



Gli Zuccheri aggiunti

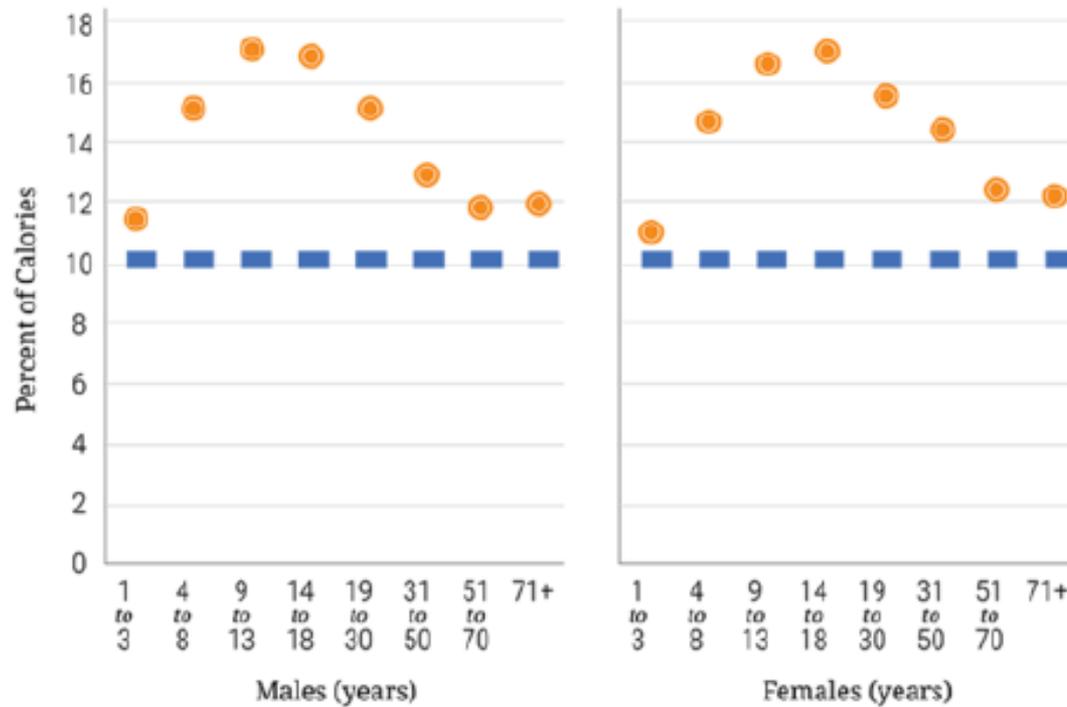
- ✓ Esiste una forte evidenza da studi di coorte prospettici, ma anche da RCT che i modelli alimentari con **una più bassa assunzione di zuccheri aggiunti sono associati a un rischio ridotto di malattie CV** negli adulti.
- ✓ Una moderata evidenza indica che questi modelli alimentari sono associati a un minor rischio di **obesità, DMT2 e alcuni tipi di cancro** negli adulti

■ Recommended Maximum Limit

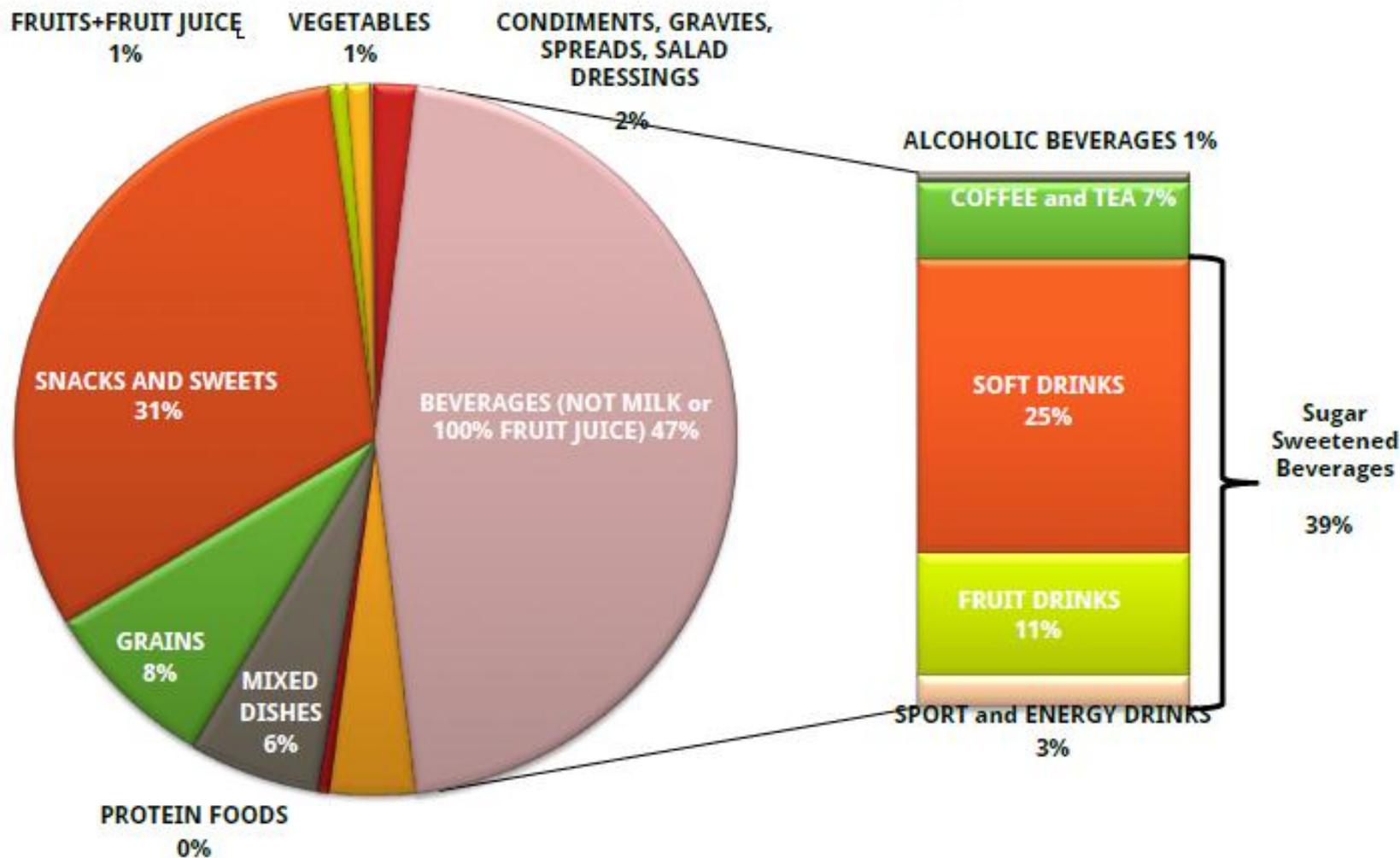
● Average Intake



Added Sugars



Food sources of added sugars: Percent from major food categories



Dietro i titoli:
contenuti chiave dei Dietary Guidelines for Americans 2015-2020

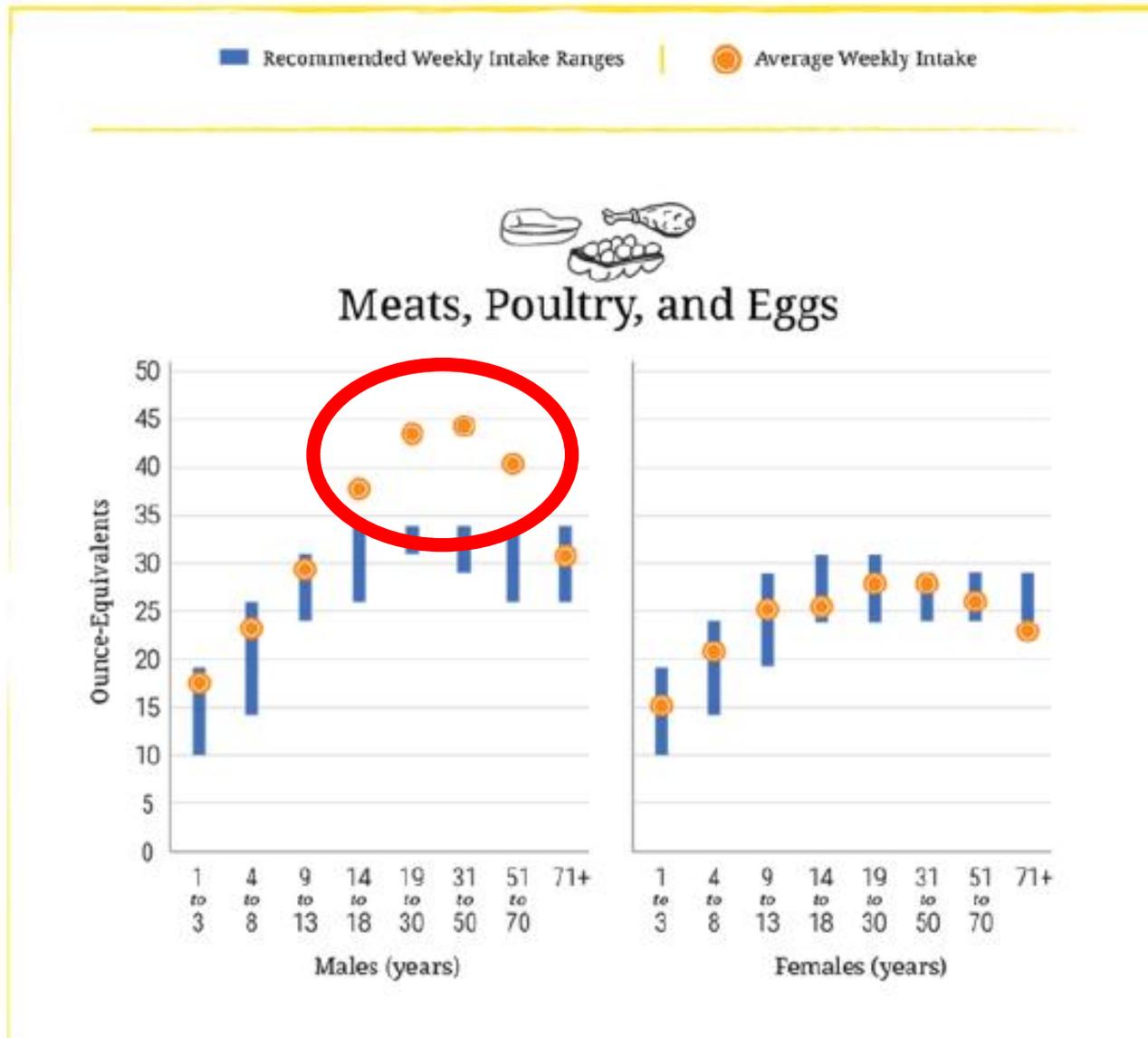


La carne

- ✓ Esiste una forte evidenza da studi di coorte prospettici, ma anche da RCT, che i modelli alimentari con **una più bassa assunzione di carni (carni rosse e di pollame processed) sono associati** negli adulti a un **minor rischio di malattie CV.**
- ✓ Una evidenza moderata indica che questi modelli alimentari sono associati negli adulti a un minor rischio di **obesità, DMT2 e alcuni tipi di cancro.**
- ✓ Alcune persone, soprattutto **gli adolescenti e gli uomini adulti**, devono ridurre l'assunzione complessiva di alimenti proteici, diminuendo l'apporto di carne, pollame, uova, e aumentare la quantità di verdure o di altri gruppi di alimenti poco consumati abitualmente.

Figure 2-6.

Average Protein Foods Subgroup Intakes in Ounce-Equivalents per Week by Age-Sex Groups, Compared to Ranges of Recommended Intake



Dietro i titoli:
contenuti chiave dei Dietary Guidelines for Americans 2015-2020



Il Colesterolo

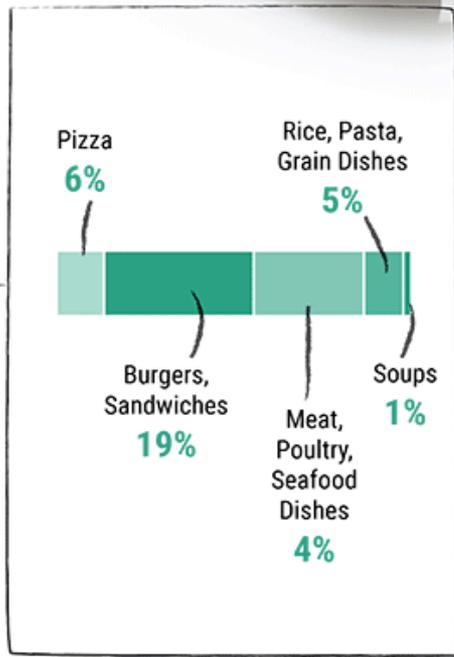
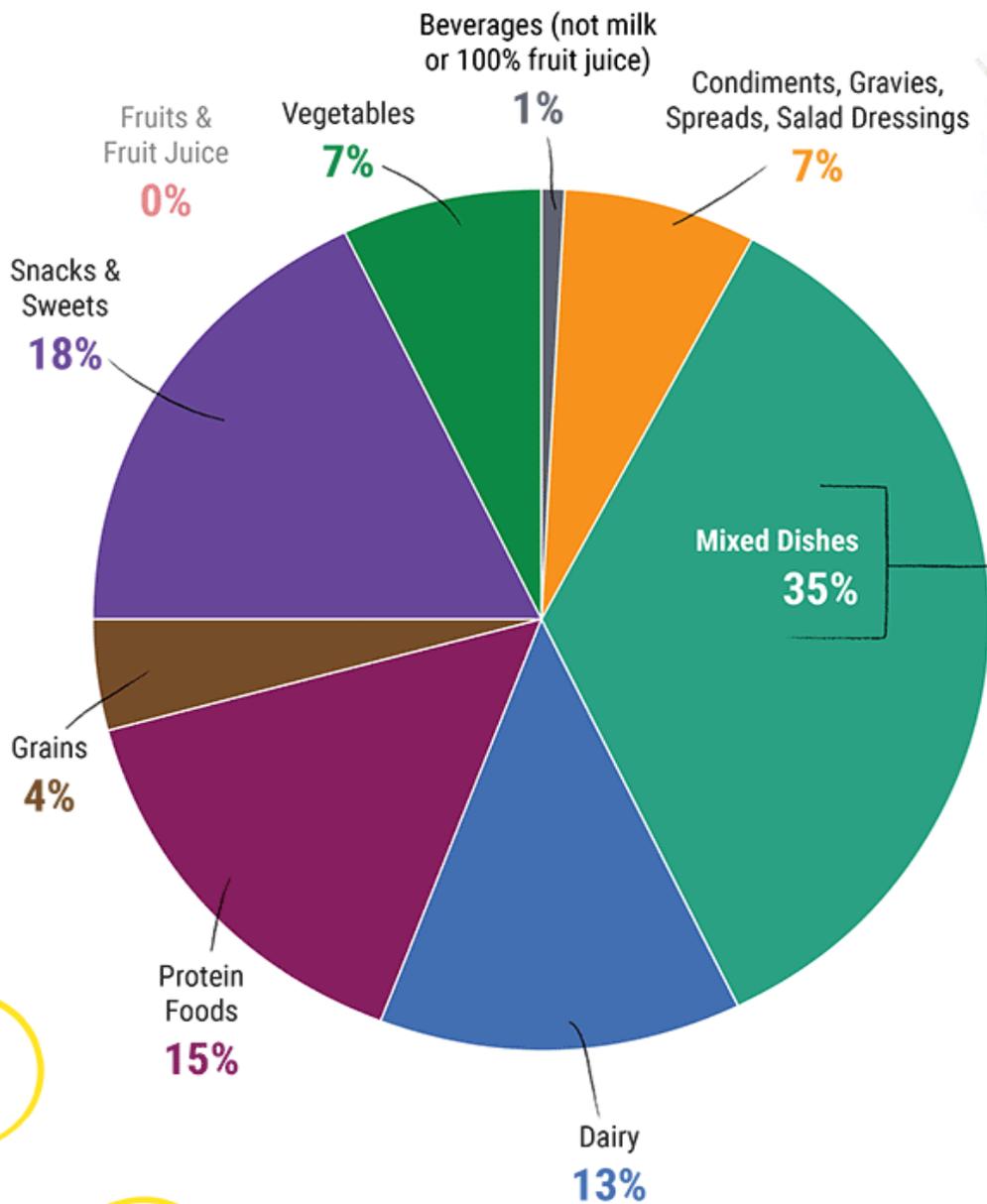
La raccomandazione chiave del 2010 di ridurre il consumo di colesterolo alimentare a 300mg/die non è inclusa in queste raccomandazioni, ma **questo cambiamento non indica che il colesterolo alimentare non sia importante** da considerare nella costruzione di un sano comportamento alimentare. Come raccomandato dallo IOM (Institute of Medicine) bisognerebbe **consumare la minor quantità possibile di colesterolo** nell'ambito di un modello alimentare sano.

Dietro i titoli:
contenuti chiave dei Dietary Guidelines for Americans 2015-2020



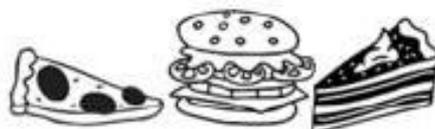
I Grassi Saturi

- ✓ L'assunzione di grassi saturi deve essere limitata a meno del **10% delle calorie/die sostituendoli con grassi insaturi** e mantenendo la quantità totale dei grassi alimentari dei fabbisogni adatti all'età.
- ✓ Forti evidenze mostrano che la sostituzione dei grassi saturi con i grassi polinsaturi è associata a un **ridotto rischio di eventi CV (infarto)** e morti correlate a eventi CVD.
- ✓ Negli USA le principali fonti alimentari di grassi saturi comprendono piatti misti contenenti formaggio, carne, o entrambi, come **hamburger, panini, e tacos; pizza; piatti a base di riso, pasta, cereali; e piatti a base di carne, pollame e frutti di mare.**

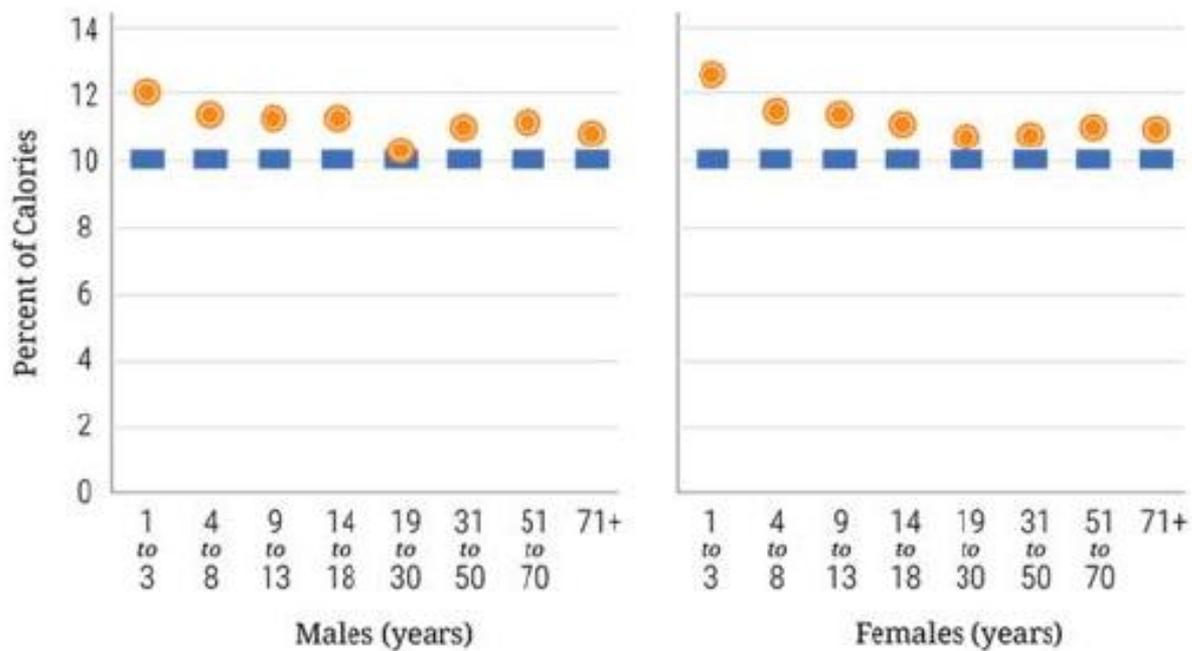


■ Recommended Maximum Limit

● Average Intake



Saturated Fats



Dietro i titoli:
contenuti chiave dei Dietary Guidelines for Americans 2015-2020



Il Sodio

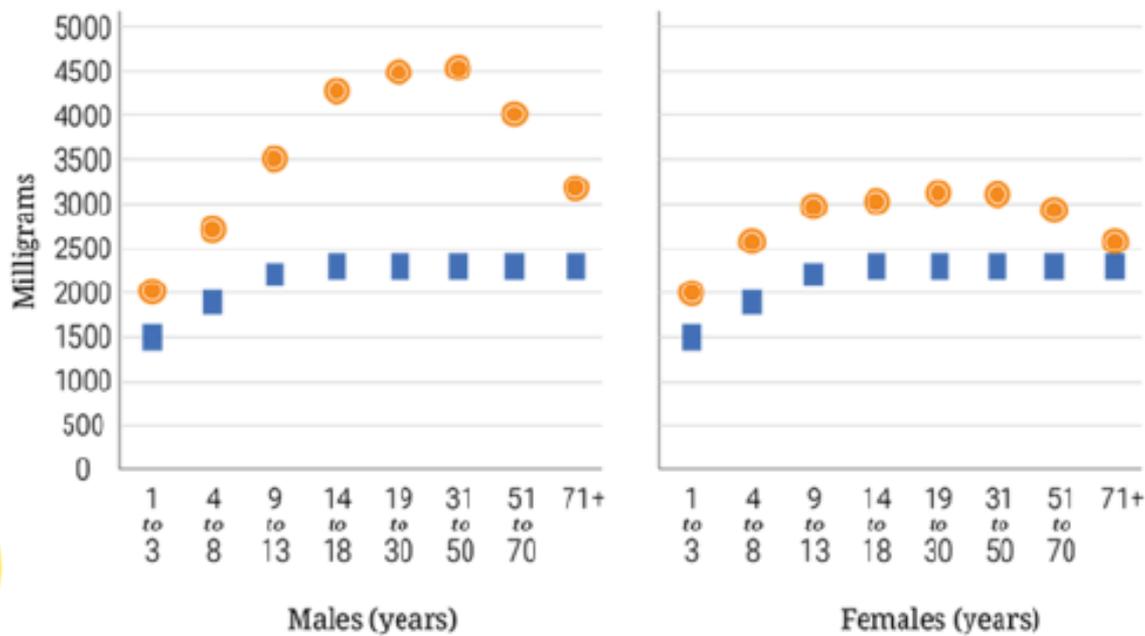
- ✓ La raccomandazione per **adulti e bambini dai 14 anni di età** è di limitare l'assunzione di sodio a meno **di 2300 mg/die** si basa su prove che dimostrano una relazione lineare dose-risposta tra maggiore assunzione di sodio e aumento della pressione arteriosa negli adulti
- ✓ **Adulti con pre- e ipertensione arteriosa** potrebbero beneficiarne con riduzione della pressione arteriosa. Per questi individui, un'ulteriore **riduzione a 1500 mg/die** può comportare una maggiore riduzione della pressione arteriosa.

■ Recommended Maximum Limit (UL)

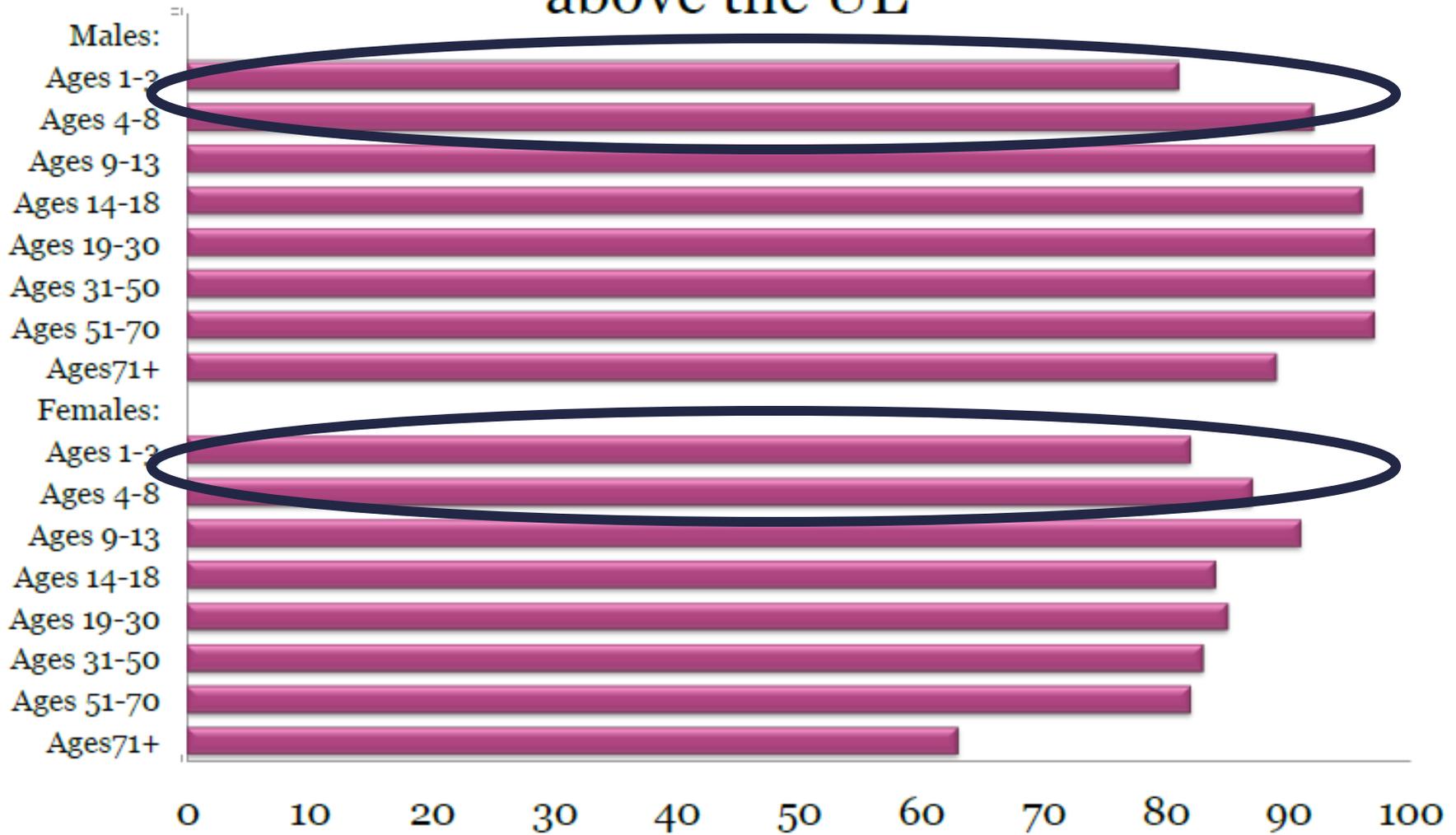
○ Average Intake



Sodium



Sodium: Percent of age/sex group with usual intakes above the UL



Dietro i titoli:
contenuti chiave dei Dietary Guidelines for Americans 2015-2020



La Caffeina

Gran parte delle prove disponibili sulla caffeina si concentrano sul consumo di caffè.

- ✓ Da tre a cinque tazze di 8 oz (240 ml) di caffè al giorno possono essere incluse in un modello alimentare sano.
- ✓ Tuttavia negli individui che non consumano caffè con caffeina o altre bevande contenenti caffeina, non appare indicato inserire questo alimento nel modello alimentare.

Dietro i titoli:
contenuti chiave dei Dietary Guidelines for Americans 2015-2020

La Caffeina



Dietro i titoli:
contenuti chiave dei Dietary Guidelines for Americans 2015-2020



L'alcol

L'alcol dovrebbe essere consumato **con moderazione**
un bicchiere al giorno per le donne
due bicchieri al giorno per gli uomini
e solo da adulti con età legale per bere.

Per coloro che scelgono di bere, il consumo moderato di alcol deve essere **incluso nel conteggio calorico**.

Le Dietary Guidelines **non raccomandano** di iniziare a bere a coloro che non bevono alcolici.

L'alcol **non è un componente** dei modelli USDA Food.



* I segni del
cambiamento

- * Seguire un modello di sana alimentazione nel corso **di tutta la vita**, ad un livello calorico adeguato per raggiungere e mantenere un giusto peso corporeo, cercando l'equilibrio tra i nutrienti, e con il fine di **ridurre il rischio delle malattie croniche**.
- * Fare attenzione densità calorica e quantità dei nutrienti, ma anche a **qualità e varietà dei cibi**.
- * Passare a scelte alimentari più sane, considerando le **preferenze culturali e personali** per rendere questi cambiamenti più facili da realizzare e mantenere.
- * Favorire abitudini alimentari sane per tutti. **Ognuno ha un ruolo** nel contribuire a creare e sostenere abitudini alimentari sane in diversi contesti, casa, scuola, lavoro, comunità.

* La filosofia di fondo

**DIETARY
GUIDELINES
FOR AMERICANS
2015-2020**

* Le linee guida 2015 consigliano tre diete, contenenti tutti i nutrienti necessari, senza esagerare con le calorie (**2000 Kcal/die**). C'è una **dieta sana** ma tipicamente **americana**, la nostra **dieta mediterranea** e, di nuova introduzione, la **dieta vegetariana**.
Diversi modelli alimentari sani per i gusti e la fantasia di tutti, anche se qualcuno obietta che vi siano evidenze solide sull'efficacia di queste diete nel prevenire il DMT2, l'obesità e la malattia CV.

* **Tre diete per la salute!**

**DIETARY
GUIDELINES
FOR AMERICANS
2015-2020**

- * 2,5 tazze di verdura al giorno, 2 tazze di frutta, 6 once (30gr) di grano, 3 tazze di prodotti lattiero-caseari e 5,5 once di proteine
- * Nel caso delle verdure, si consiglia il consumo settimanale di 5 tazze di verdure ricche di amido, come le patate e piselli, 5,5 tazze di verdure rosse e arancio, come pomodori e carote, e 1,5 tazze di verdure verde scuro
- * Almeno la metà dei cereali dovrebbe essere integrale, come il pane integrale al posto del pane bianco o riso integrale al posto del riso bianco
- * La maggior parte dei prodotti lattiero-caseari dovrebbero essere ridotti di grassi o senza grassi

*The healthy American diet

**DIETARY
GUIDELINES
FOR AMERICANS
2015-2020**

A Day's Worth of Food

The diets used in the DASH and OmniHeart studies trim blood pressure and LDL ("bad") cholesterol. Here's a hybrid of the two OmniHeart diets—one higher in protein and one higher in unsaturated fat—that also lowered triglycerides. We used the **Wild Card** (see below) for protein (the salmon), but you can use it for more oil or carbs if you prefer.

This version is for someone who needs only 2,100 calories a day. We added a few extra servings of fruits and vegetables. Extra salad greens can't hurt!



BREAKFAST

Fruit	2 servings	1 banana, 1 melon wedge
Low-fat Dairy	1	1 cup milk
Grains	2	1 cup bran cereal

LUNCH & AFTERNOON SNACK

Fish, Poultry, & Meat	1 serving	4 oz. chicken
Vegetables	6	4 cups greens, 1 cup raw veggies
Oils & Fats	1	1 Tbs. oil (in 2 Tbs. salad dressing)
Fruit	2	1 orange, ¼ cup dried fruit
Legumes & Nuts	1	¼ cup almonds
Grains	2	2 oz. baguette



DINNER & EVENING SNACK

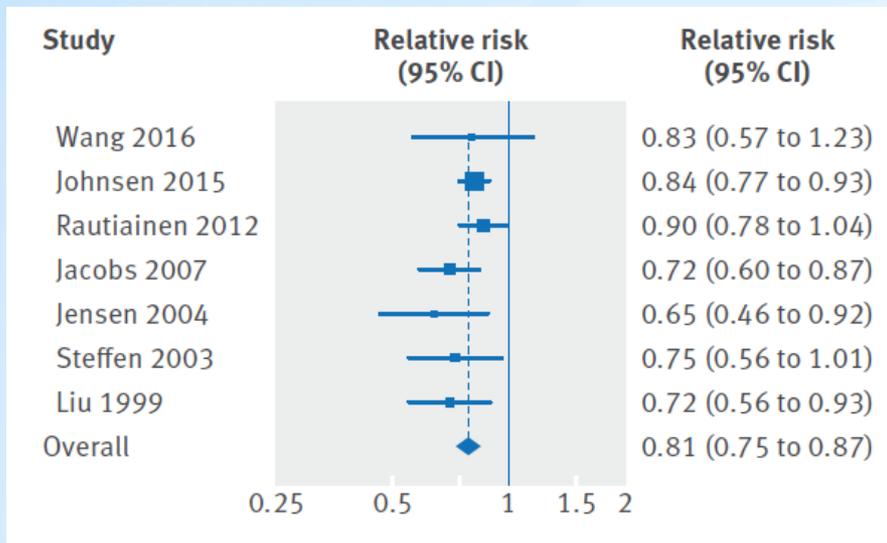
Fish, Poultry, & Meat	1 serving	4 oz. salmon— Wild Card
Vegetables	3	1 cup broccoli, ½ cup carrots
Legumes & Nuts	1	½ cup bean salad
Oils & Fats	1	½ Tbs. oil (in bean salad), ½ Tbs. oil (in broccoli & carrots)
Low-fat Dairy	1	1 cup plain yogurt
Fruit	1	½ cup berries
Desserts & Sweets:	2	2 small cookies



- * Dopo che le linee guida del 2005 puntarono il dito sui grassi trans, la FDA richiese ai produttori di alimenti di indicare il contenuto di grassi trans sull'etichetta. Questa azione ha fatto crollare l'uso dei grassi trans nei prodotti dei fast food.
- * Le nuove linee guida consigliano la riduzione di cereali raffinati e di aumentare i cereali integrali. Inoltre consigliano di ridurre la quantità di zucchero aggiunto alla dieta, particolarmente dannoso nelle diete per bambini.
- * Se l'effetto fosse analogo a quello sui grassi saturi nel 2005, la riduzione di zucchero e l'aumento di cereali integrali avrebbe un impatto positivo sulla salute!

* Ricadute positive

**DIETARY
GUIDELINES
FOR AMERICANS
2015-2020**



Forest plot per il consumo di cereali integrali (per 90 g/die) e rischio di CHD

- * Metanalisi di 45 studi.
- * Un elevato consumo di cereali integrali è associato a un minore rischio di malattia coronarica, malattie cardiovascolari, cancro, e mortalità per tutte le cause, così come per mortalità per malattie respiratorie, malattie infettive, diabete, e tutti le cause non cardiovascolari e non tumorali
Le riduzioni di rischio sono stati osservate fino a un apporto di 210-225 g/die (7-7 e1/2 porzioni/die) e per pane integrale, cereali integrali a colazione, e aggiunta di crusca.
- * I risultati di questo studio supportano fortemente le raccomandazioni dietetiche che indicano la necessità di aumentare l'assunzione di cibi integrali nella popolazione generale per ridurre il rischio di malattie croniche e la mortalità prematura.

* **Integrale è bello!**

VIEWPOINT

The Revised Nutrition Facts Label A Step Forward and More Room for Improvement

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jama.com

As the obesity epidemic continues unabated in the United States, costing more than \$100 billion per year in health care expenditures,¹ a public health crisis is unfolding that warrants careful reevaluation of existing policies to combat obesity and related chronic diseases. Recently, the US Food and Drug Administration (FDA) announced the first major amendment of the Nutrition Facts Label in more than 2 decades, to be implemented in the next 2 to 3 years, to reflect the evolving evidence related to dietary factors and risk of chronic diseases. The collective changes update the list of nutrients that are required or permitted to be declared, provide reference Daily Values based on current dietary recommendations or consensus reports, adjust serving sizes and labeling requirements for certain package sizes, and revise the overall format and appearance of the label for enhanced interpretability.²

The Nutrition Facts label was introduced in May 1993 with the passage of the Nutrition Labeling and Education Act of 1990 and has become an iconic feature on food packaging. The label provides point-of-purchase nutrition information in a standardized format to help guide consumers' food and beverage choices. All packaged food items regulated by the FDA—everything from breads and cereals to canned and frozen foods, snacks, desserts, and beverages—are required to display information on the label pertaining to serving size, number of servings, total energy, and a selection of nutrients based on their role in chronic disease etiology or nutrient deficiency: energy from fat, total fat, saturated fat, cholesterol, sodium, carbohydrates, dietary fiber, sugar, protein, vitamin A, vitamin C, calcium, iron, and, most recently, trans fat. With more than 6% of US adults reporting that they use the Nutrition Facts panel when deciding to purchase food, these labels have great visibility and potential to be important tools for public education and policy.³

Prior to the current ruling, the only amendment to the original label was the addition of a required line for trans fat content, implemented in 2006 in response to substantial evidence linking intake of trans fat to adverse cardiometabolic health. This provided a strong incentive for manufacturers to eliminate trans fat; together with city- and state-level regulatory action limiting trans fat use in restaurants it has been largely eliminated from the US food supply. The FDA recently announced removing trans fat from the "generally regarded as safe" category setting a 2018 deadline for the US food industry to eliminate it from all products. The substantial reduction in trans fat intake, from 4.6 to 1.3 g/d,⁴ accounted for about half of the improvement in US diet quality since 2000 and is likely a major factor contributing to improvements in blood lipid levels⁵ and a decline in type 2 diabetes in the United States.⁶

The new changes will further align the label with current dietary guidelines.⁷ One important change is the ad-

dition of a line indicating "added sugar" content. The Daily Value (%DV) for added sugar is 10% of calories, representing a limit of 50 g (roughly 12 teaspoons) of added sugar for a 2000-calorie diet (Figure). Although intake in recent years in the United States has exceeded this recommendation, we estimate that individuals at a sugar limit for the day (the 2015-2020 Dietary Guideline limiting added sugars alone account for 11% of total energy intake) would consume 11% of their calories from added sugar. This is a significant improvement over the current situation, in which the average American consumes 17% of their calories from added sugar.⁸ The new labeling requirement also includes a line for "Total Sugars" and "Includes Added Sugars" (Figure). This information is helpful for consumers to understand the total sugar content of a product and to make choices that align with their health goals.

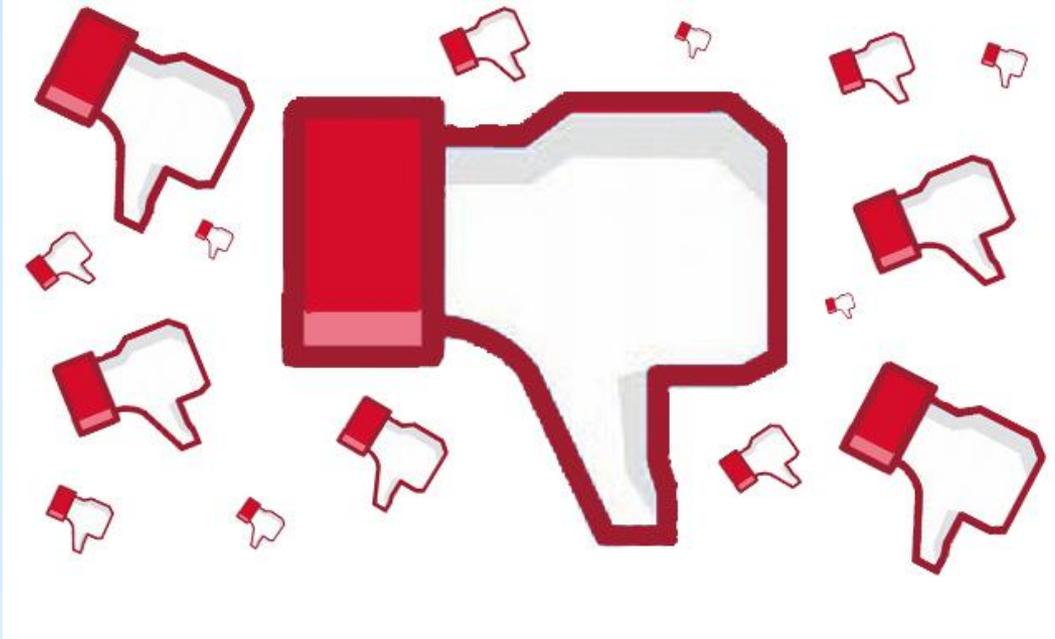
The new labeling requirement also includes a line for "Total Sugars" and "Includes Added Sugars" (Figure). This information is helpful for consumers to understand the total sugar content of a product and to make choices that align with their health goals. The new labeling requirement also includes a line for "Total Sugars" and "Includes Added Sugars" (Figure). This information is helpful for consumers to understand the total sugar content of a product and to make choices that align with their health goals.

In addition to high quality evidence that supports the removal of trans fat from the diet, the new labeling requirement also includes a line for "Total Sugars" and "Includes Added Sugars" (Figure). This information is helpful for consumers to understand the total sugar content of a product and to make choices that align with their health goals.

Figure. The Revised Nutrition Facts Label



Side-by-side comparison of the original nutrition label (left) and new label (right). From the FDA website and Final Rule.²



*Le critiche



Experts Say Lobbying Skewed the U.S. Dietary Guidelines

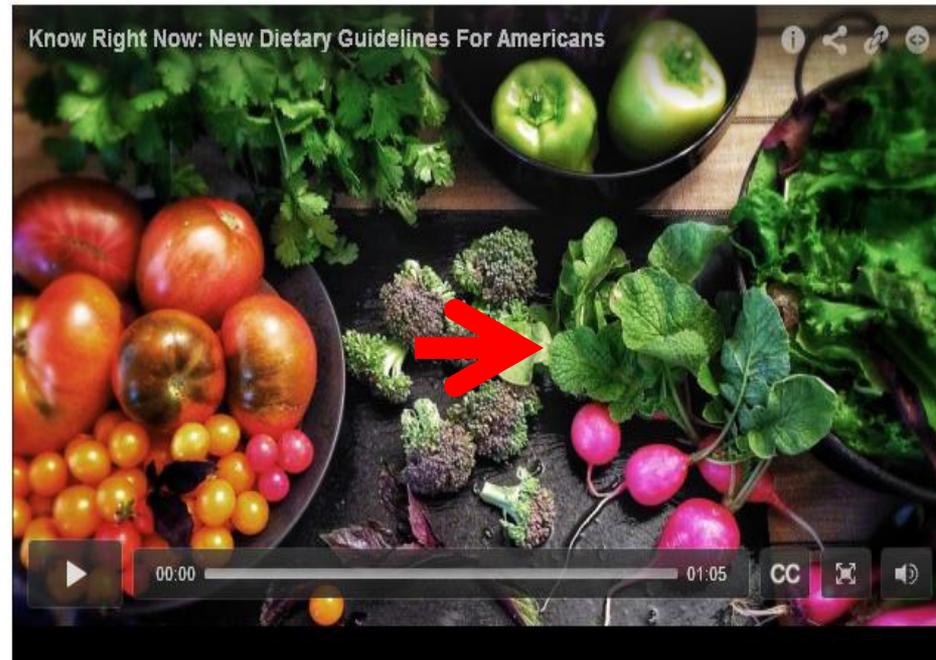
HEALTH DIET/NUTRITION

Experts Say Lobbying Skewed the U.S. Dietary Guidelines

Markham Heid @markhamh | Jan. 8, 2016



Leading experts debate the role that science—and politics—played in the new 2015 Dietary Guidelines



These Are the New Diverse Emojis Coming to Facebook Messenger



Snapchat Adds a Marilyn Monroe Filter for Your Perfect Bombshell Selfie



Blac Chyna and Rob Kardashian Get Their Own 'E!' Series



Ken Starr Resigns as Chancellor at Baylor as 'a Matter of Conscience'

- * “ Le nuove linee guida, piuttosto che sulle revisioni sistematiche dell’USDA, sono basate soprattutto su quelle di associazioni di professionisti, come l’American Heart Association e l’American College of Cardiology, che sono supportate da aziende alimentari e farmaceutiche.”
- * “ ... i membri del comitato revisore, inoltre, non sono tenuti a elencare i loro potenziali conflitti di interesse, sugli articoli della letteratura selezionati “ad hoc”, senza seguire alcun criterio sistematico d’identificazione, selezione e valutazione degli studi considerati.”



* I condizionamenti del mercato



WASHINGTON, March 11, 2013 /PRNewswire/ -- Oil roasted salted peanuts are now certified heart-healthy by the American Heart Association as a part of an overall healthy eating

Who influences what goes on your plate?



In 2014, the top 25 food industry advertisers spent \$14.9 billion advertising* their products

Source: Ad Age. 200 Leading National Advertisers 2015.

*Spending on measured and unmeasured advertising by 25 top food industry advertisers



CENTER FOR
Science IN THE
Public Interest

December 2015



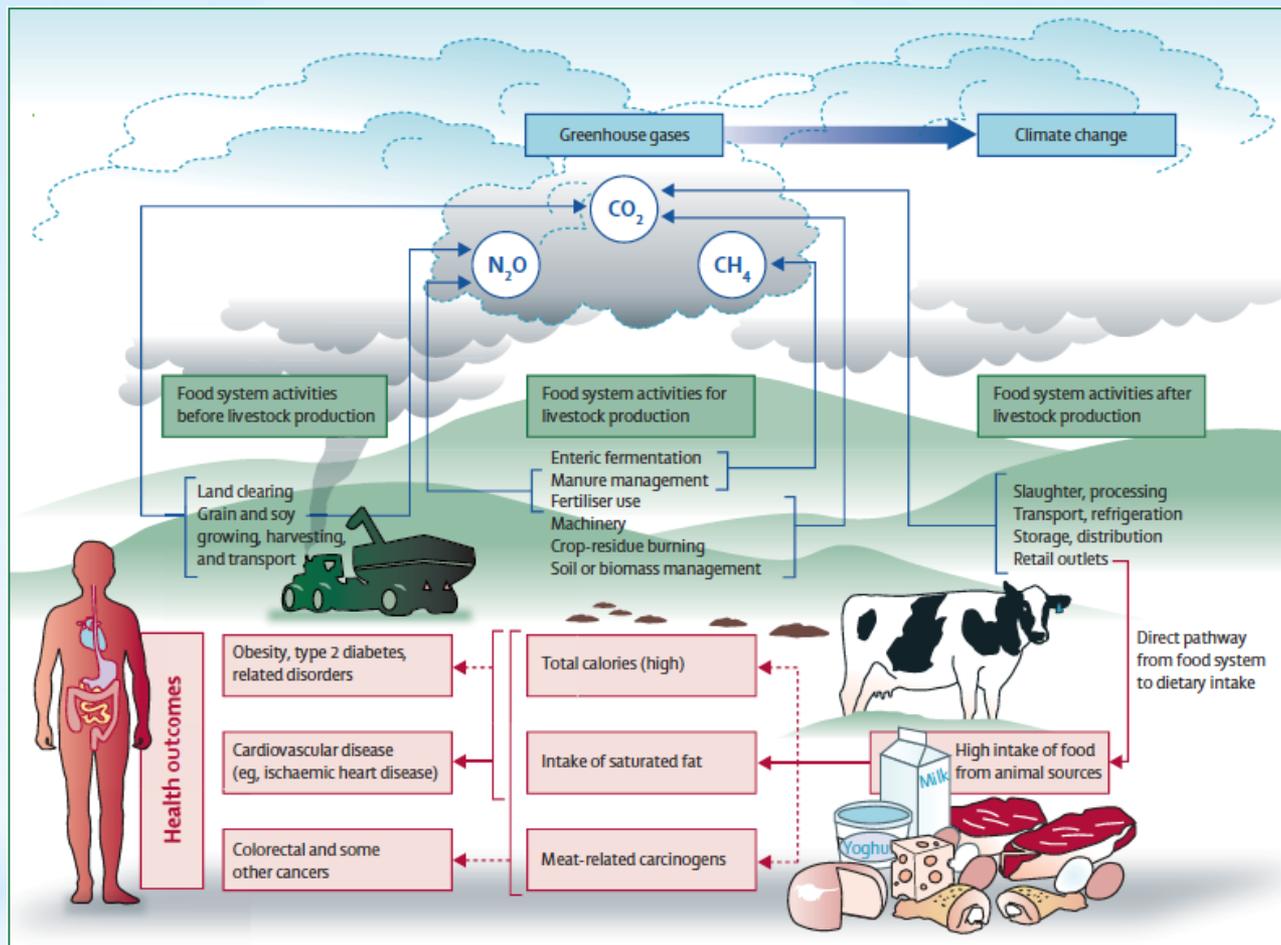
* Il problema della
carne

- * Nessuna patologia è causata soltanto dal consumo di carne rossa
- * Tuttavia gli epidemiologi concordano sul fatto che gli individui che seguono diete ricche di proteine animali, soprattutto carni rosse e lavorate, hanno un maggior rischio di sviluppare patologie come **diabete, malattie CV, obesità e cancro**
- * Tra i **tumori**, il rischio aumenta soprattutto per quelli **dell'apparato gastro-intestinale, come il cancro al colon-retto e allo stomaco**, ma anche per alcuni tumori "ormone-dipendenti" come quello al **seno, alla prostata e all'endometrio**
- * **l'International Agency for Research on Cancer (IARC)**, un'agenzia dell'OMS che valuta e classifica le prove di cancerogenicità delle sostanze, ha definito:
 - ✓ la **carne rossa** come probabilmente cancerogena (classe 2A)
 - ✓ la **carne rossa lavorata (insaccati e salumi)** come sicuramente cancerogena (classe 1)

International Agency for Research on Cancer



AGRICOLTURA 10-12% del totale delle GHGE



* Emissioni di GAS EFFETTO SERRA

DEFORESTAZIONE e CAMBIO DI USO DEI TERRENI 6-17% del totale delle GHGE

- * Uno degli aspetti più controversi dell'Advisory report è stato il consiglio di **considerare per la prima volta sia l'impatto ambientale che quello sulla salute dei cibi** che mangiamo! E di raccomandare un minor consumo di carne rossa e lavorata per una migliore salute e impatto ambientale.
- * Le pressioni dell'industria alimentare, come quelle di 70 rappresentanti del GOP e di 30 senatori repubblicani del Congresso, hanno indotto i Segretari USDA Tom Vilsack e HHS Sylvia Mathews Burwell a **cancellare queste raccomandazioni dalle linee guida.**



*** Un'occasione mancata!**

To Your Health

Why Republicans hate the new dietary guidelines. It's about meat.

By Ariana Eunjung Cha June 25, 2015



Most Read

1 Texas teacher had sex with her 8th grade English student 'on almost a daily basis,' police say



2 'He mutilated my child,' says father who attacked grinning serial killer in court



3 Former mentor UCLA gunman targeted had helped him graduate

4 This 'ancient city' below the sea wasn't built by humans



5 Ugly, bloody scenes in San Jose as protesters attack Trump supporters outside rally



Our Online Games

Play right from this page



Meat Processing & product

Top Contributors, 2015-2016

(Move your cursor over the chart to see dollar amounts.)

Contributor	Amount
Tyson Foods	\$146,022
Premio Foods	\$115,400
Boar's Head Provisions	\$96,900
Smithfield Foods	\$68,923
Johnsonville Sausage	\$68,400
Rosens Diversified	\$53,700
Sugar Creek Packing	\$34,100
American Foods Group	\$33,700
JTM Provisions	\$27,600
Valley Proteins	\$27,200
Seaboard Corp	\$26,250
American Meat Institute	\$20,625
Morrison Meat Packers	\$15,400

Contributions to:

- Democrats ■
- Republicans ■
- Liberal Groups ■
- Conservative Groups ■

Livestock industries

Top Contributors, 2015-2016

(Move your cursor over the chart to see dollar amounts.)

Contributor	Amount
National Cattlemen's Beef Assn	\$616,550
Oil, Mining, Ranching	\$200,000
National Pork Producers Council	\$195,200
Harris Farms	\$68,125
Livestock Marketing Assn	\$65,500
Two Rivers Ranch	\$50,000
Continental Grain	\$49,675
Flat Creek Ranch	\$49,400
Texas & Southwestern Cattle Raisers	\$47,500
Texas Cattle Feeders Assn	\$40,050
Golden Age Farm	\$35,100
Wall Ranch	\$33,100

Diretta a Secretary of Agriculture Tom Vilsack (Secretary of Agriculture) e ad 1 altro/a

Hands Off My Hot Dog: Inject Common Sense in 2015 Dietary Guidelines



Meat Institute Washington, DC



Hot dog, sausage, bacon and salami lovers throughout the land stand together as Americans in favor of a balanced diet that includes meat and poultry of all kinds. We stand together as people who value personal choice and reject taxes on foods that elite academics deem unhealthy. We assert ourselves as intelligent, free thinking people capable of making decisions that are best for our families' nutrition needs, traditions and personal budgets.

PETIZIONE CHIUSA

2.524 sostenitori

Mancano ancora 2.476 firme per raggiungere 5.000

Condividi su Facebook

Aggiungi un messaggio personale (facoltativo)



Tom Vilsack, Sylvia Burwell: Hands Off My Hot Dog: Inject Common...

Pubblica su Facebook

Invia un messaggio di Facebook

Invia un email agli amici

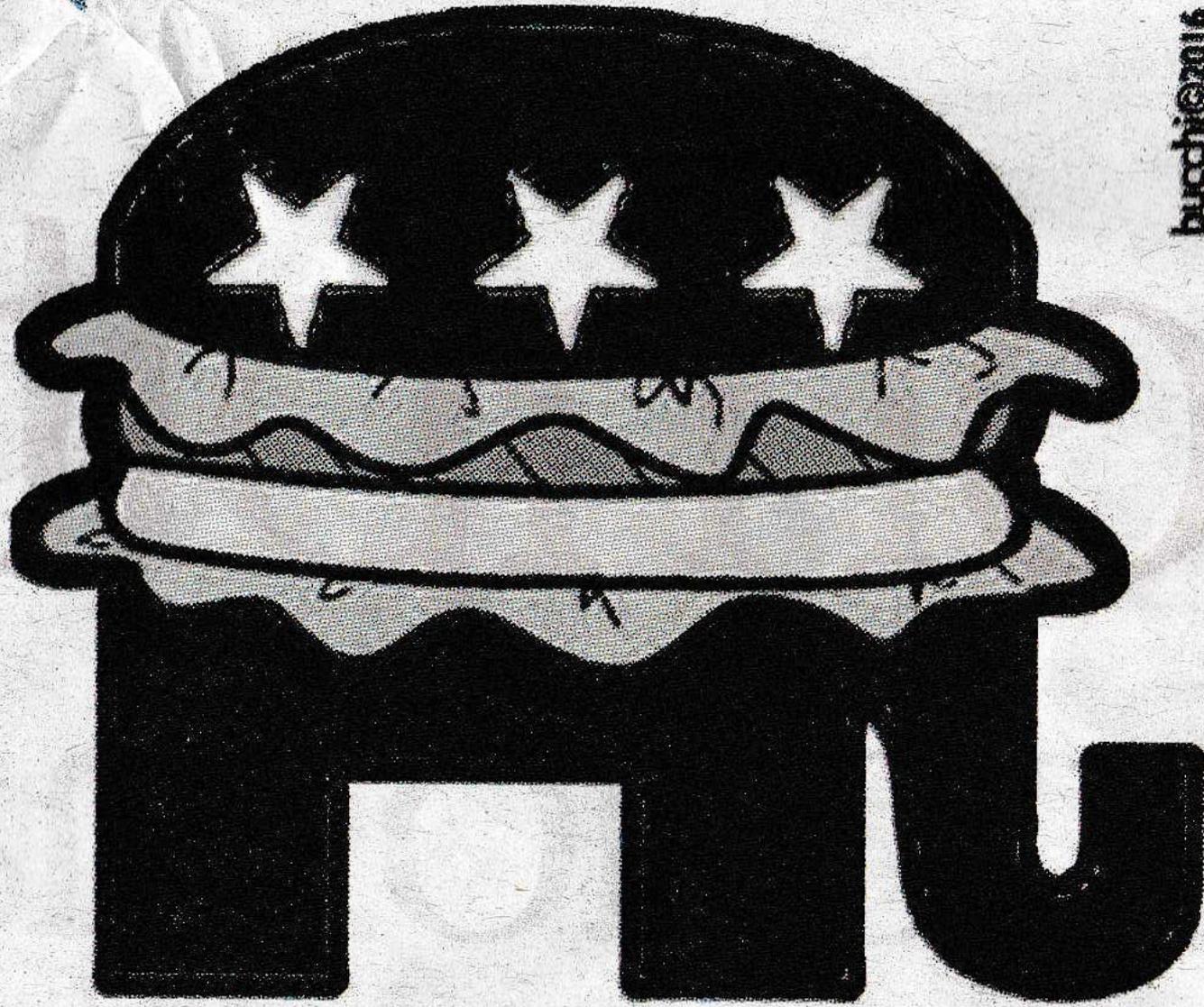
Twitta ai tuoi follower

Copy link

Incorpora questa petizione

BUCCHI

Da la Repubblica, 26 febbraio 2016



bucchi©2016

Lo Spuntino di Trump

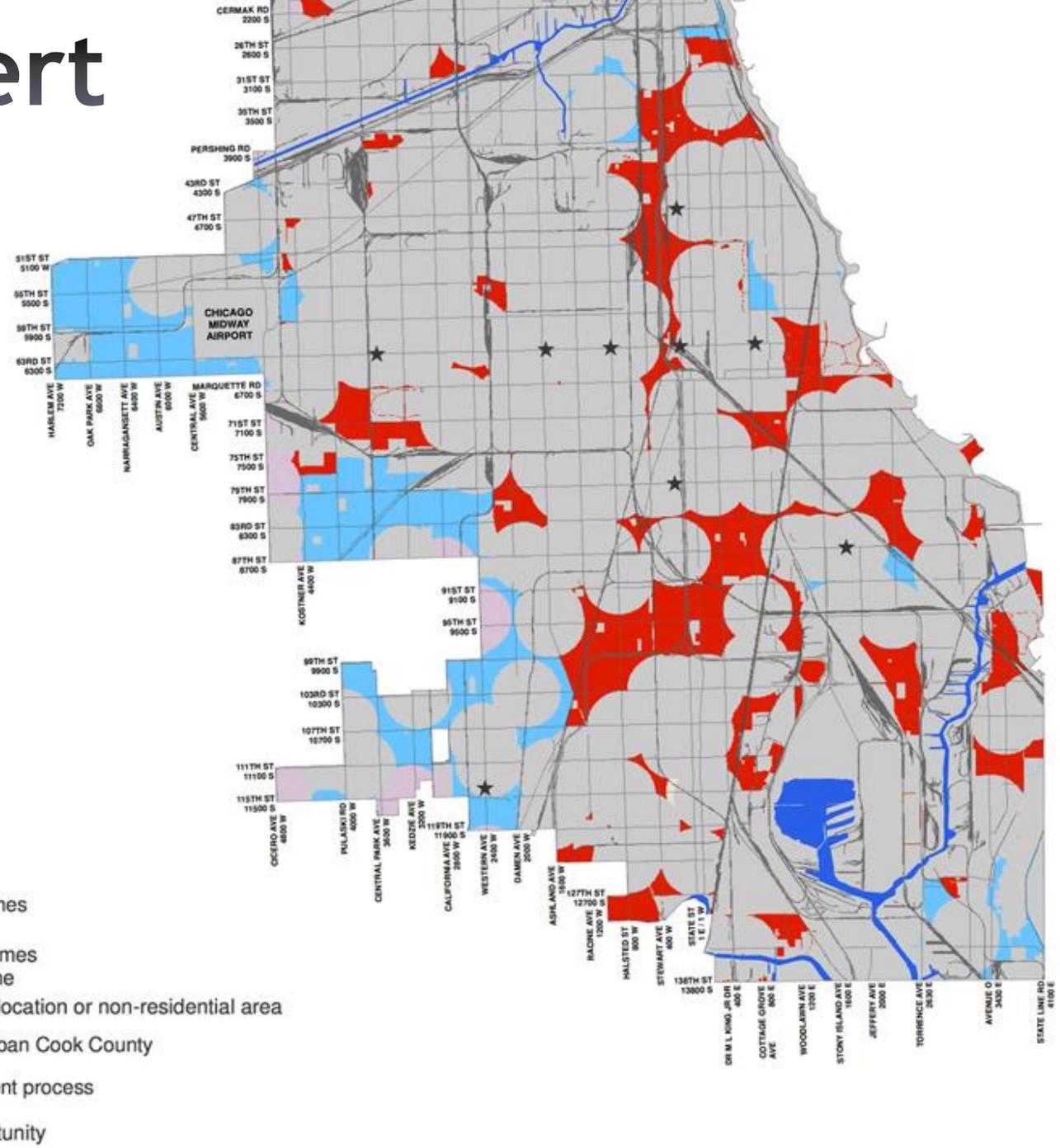
The background features a light blue gradient with a series of concentric, semi-transparent circles centered in the upper half of the frame. A small, bright yellow dot is positioned at the center of these circles.

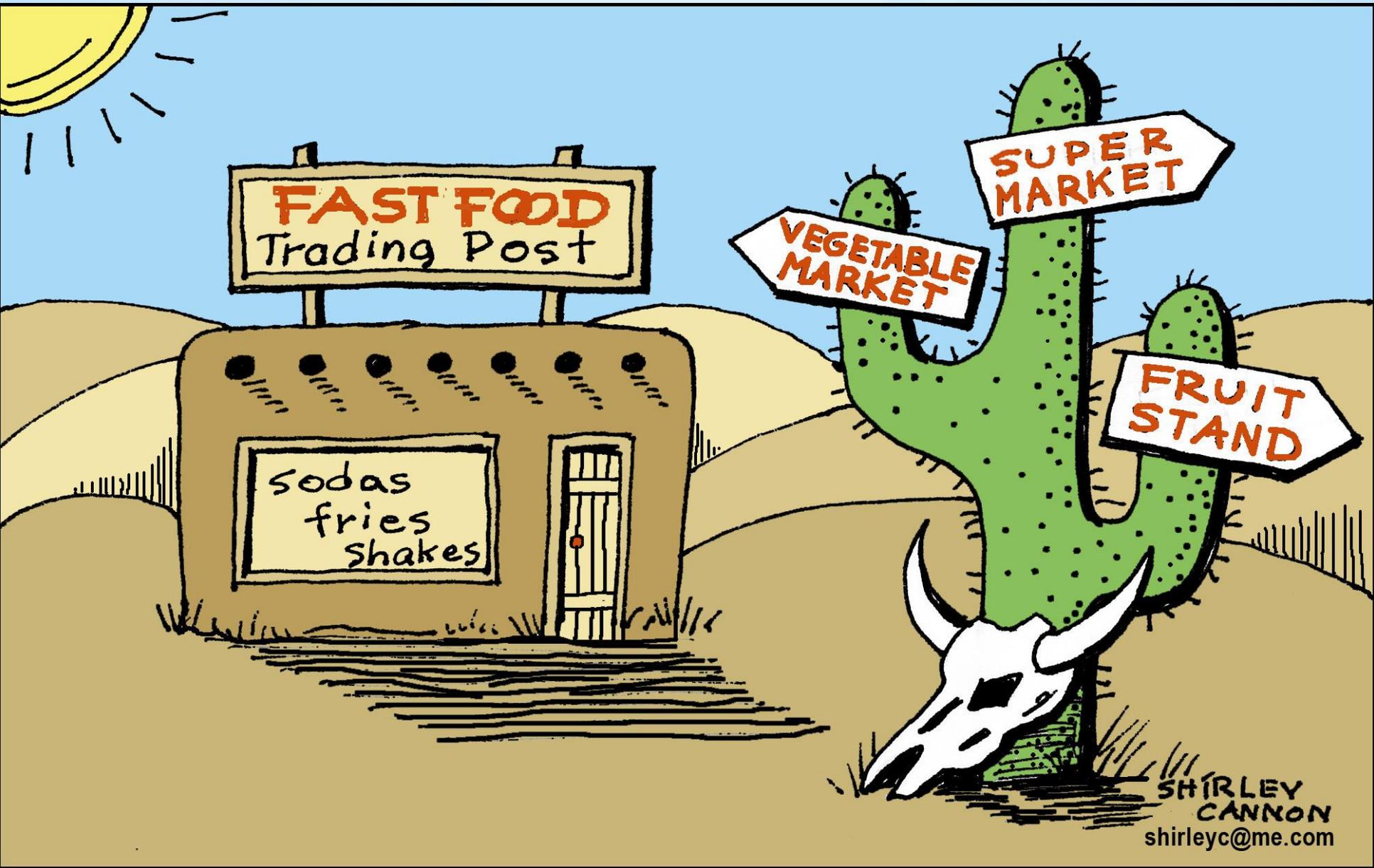
***Oltre le linee guida**

* Food desert

Parti del paese (solitamente periferie urbane e piccole cittadine rurali) senza accesso a cibi freschi e sani - quali frutta, ortaggi, pesce fresco. Invece di supermarket, mercati e rivenditori ortofrutticoli, queste comunità sono servite solo da ristoranti fast food e discount.

USDA





FAST FOOD
Trading Post

sodas
fries
shakes

**VEGETABLE
MARKET**

**SUPER
MARKET**

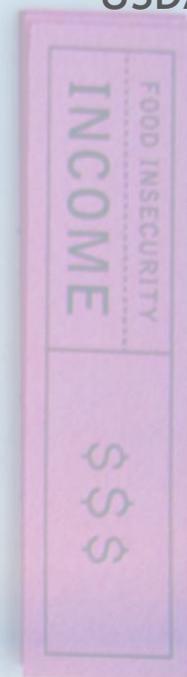
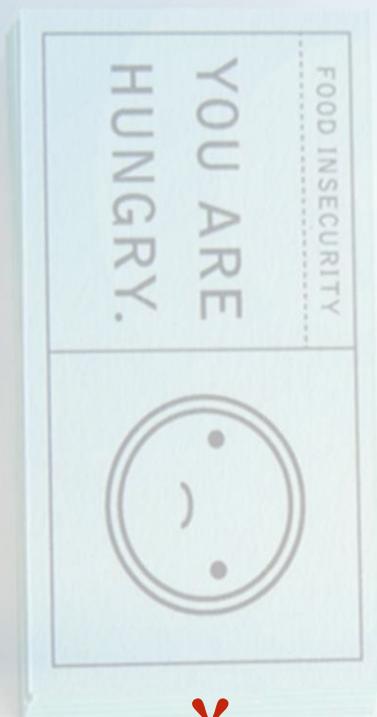
**FRUIT
STAND**

SHIRLEY
CANNON
shirleyc@me.com

Condizione in cui, per limitata disponibilità economica, viene a mancare un **accesso continuativo a cibo “adeguato”**.

Food insecurity non significa che il nucleo familiare non abbia accesso a rivenditori di prodotti freschi, viva in un *food desert* o non abbia tempo di cucinare / fare la spesa. Si riferisce unicamente alla mancanza di accesso al cibo su base economica.

USDA



*Food insecurity

14% degli americani

CANNED RAVIOLI IN TOMATO + MEAT SAUCE	
200 CALORIES 4 HEALTHY POINTS	\$ 2.00

CELERY STICKS + PEANUT BUTTER	
150 CALORIES 6 HEALTHY POINTS	\$ 2.00

INSTANT RAMEN	
300 CALORIES 1 HEALTHY POINT	\$ 1.00

APPLE	
100 CALORIES 5 HEALTHY POINTS	\$ 1.00

MIXED GREENS WITH APPLES + BERRIES	
300 CALORIES 9 HEALTHY POINTS	\$ 6.00

TOMATO + MOZZARELLA SANDWICH	
700 CALORIES 8 HEALTHY POINTS	\$ 7.00

CHICKEN CAESAR WRAP	
600 CALORIES 7 HEALTHY POINTS	\$ 5.00

MILK CHOCOLATE CANDY BAR	
200 CALORIES 2 HEALTHY POINTS	\$ 1.00

POTATO CHIPS	
150 CALORIES 3 HEALTHY POINTS	\$ 1.00

- * Studi ampi con chiari outcome primari, con protocolli preregistrati, a lungo termine, di non inferiorità (con risultati possibilmente negativi!).
 - ✓ E' meglio avere molte buone scelte alimentari che una sola.
 - ✓ Vi sono troppe false credenze, derivate da associazioni epidemiologiche, sugli effetti benefici dei cibi.

<i>ID no.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>No. of claims</i>	<i>Treatment(s)</i>	<i>Reference</i>
1	0	1	3	Vit E, beta-carotene	<i>NEJM</i> 1994; 330 : 1029–1035
2	0	3	4	Hormone Replacement Ther.	<i>JAMA</i> 2003; 289 : 2651–2662, 2663–2672, 2673–2684
3	0	1	2	Vit E, beta-carotene	<i>JNCI</i> 2005; 97 : 481–488
4	0	0	3	Vit E	<i>JAMA</i> 2005; 293 : 1338–1347
5	0	0	3	Low Fat	<i>JAMA</i> . 2006; 295 : 655–666
6	0	0	3	Vit D, Calcium	<i>NEJM</i> 2006; 354 : 669–683
7	0	0	2	Folic acid, Vit B6, B12	<i>NEJM</i> 2006; 354 : 2764–2772
8	0	0	2	Low Fat	<i>JAMA</i> 2007; 298 : 289–298
9	0	0	12	Vit C, Vit E, beta-carotene	<i>Arch Intern Med</i> 2007; 167 : 1610–1618
10	0	0	12	Vit C, Vit E	<i>JAMA</i> 2008; 300 : 2123–2133
11	0	0	3	Vit E, Selenium	<i>JAMA</i> 2009; 301 : 39–51
12	0	0	3	HRT + Vitamins	<i>JAMA</i> 2002; 288 : 2431–2440
Totals	0	5	52		

* **Abbiamo bisogno di RCT in nutrizione!**

The background features a series of concentric, semi-transparent circles in shades of light blue and white, centered on the page. A bright, glowing white circle is at the very center, creating a soft, radial gradient effect.

***Grazie per
l'attenzione**