



# FOODS AND SUPPLEMENTS IS THE FOCUS ON PREVENTION OR TREATMENT?

**Ines Banjari**, PhD, Assoc. Prof.

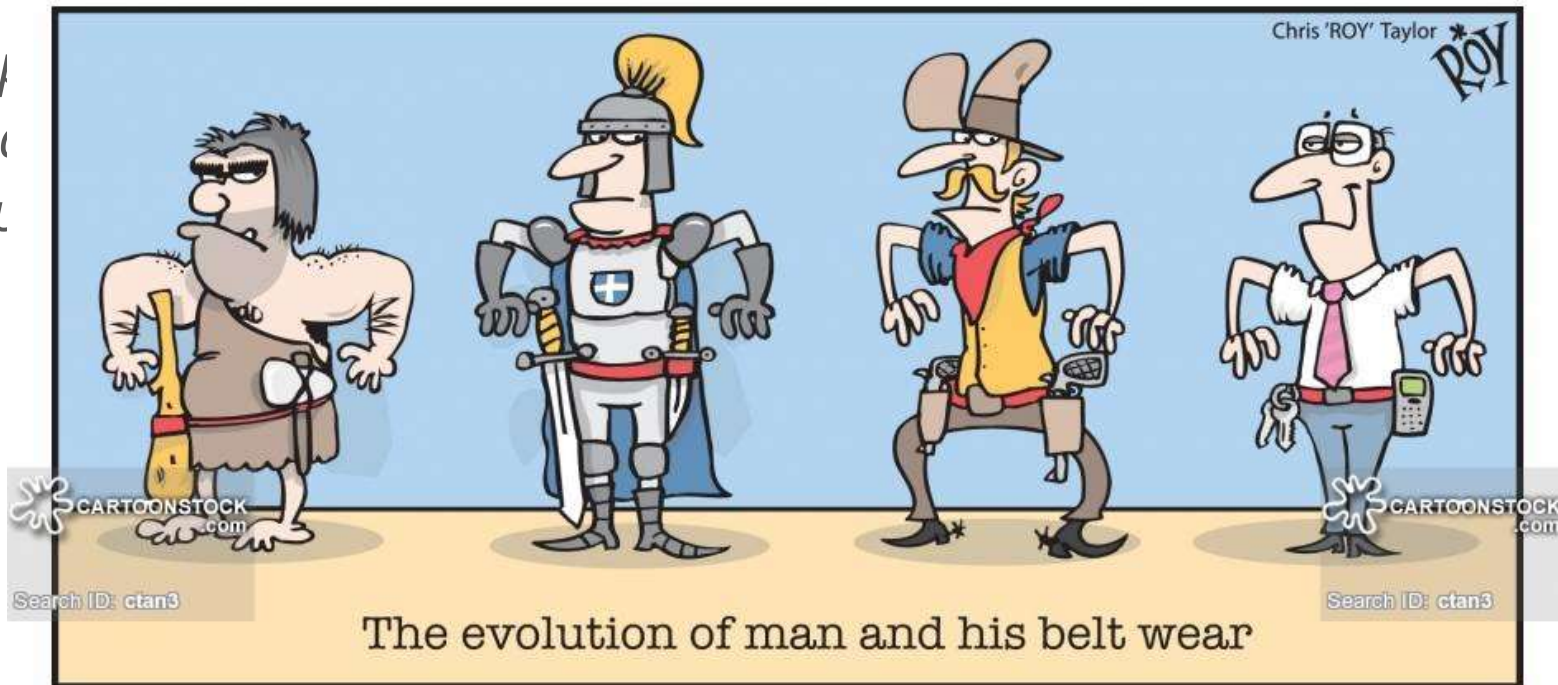
Head of the Department of Food and Nutrition Research

Faculty of Food Technology Osijek

Josip Juraj Strossmayer University of Osijek

„Let food be thy medicine, and medicine be thy food.” Hippocrates

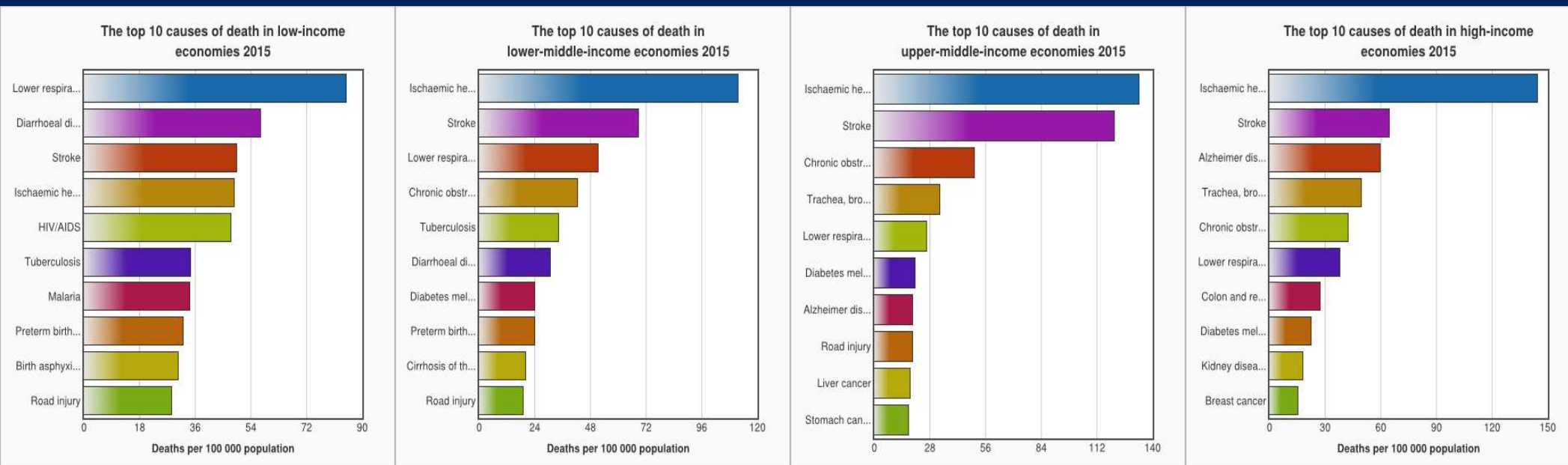
The  
con  
hu



yle  
ial

5;81:341-54.

# Global Mortality Perspective



Mortality attributable to cardiovascular diseases and carcinoma increased by striking **47%** in the global mortality, in comparison to the early 20th century

World Health Organization. The top 10 causes of death. January 2017.

## Gender Perspective

	Males (% of all male deaths)		Females (% of all female deaths)	
1	Heart disease	14.2%	Dementia and Alzheimer's disease	15.3%
2	Dementia and Alzheimer's disease	8.0%	Heart disease	8.8%
3	Lung cancer	6.5%	Stroke	7.5%
4	Chronic lower respiratory diseases	6.2%	Influenza and pneumonia	6.0%
5	Stroke	5.6%	Chronic lower respiratory diseases	6.0%
6	Influenza and pneumonia	5.1%	Lung cancer	5.1%
7	Prostate cancer	4.2%	Breast cancer	3.7%
8	Colorectal cancer	3.0%	Colorectal cancer	2.4%
9	Leukaemia and lymphomas	2.6%	Kidney disease and other diseases of the urinary system	1.9%
10	Cirrhosis and other liver disease	1.9%	Leukaemia and lymphomas	1.9%

- for males, heart disease was the cause of **1.8 times** as many deaths as the second leading cause of death
- for males and females, *4 of the 10 leading causes of death were cancers*
- if deaths from all forms of cancer were grouped together, cancer deaths would account for **24.8%** of all deaths in **females** and **30.0%** of all deaths in **males**

# Risk Factors

## Behavioural risk factors

Dietary risks

Tobacco smoke

Low physical activity

Alcohol & drug use

## Metabolic risk factors

High systolic blood pressure

High body mass index

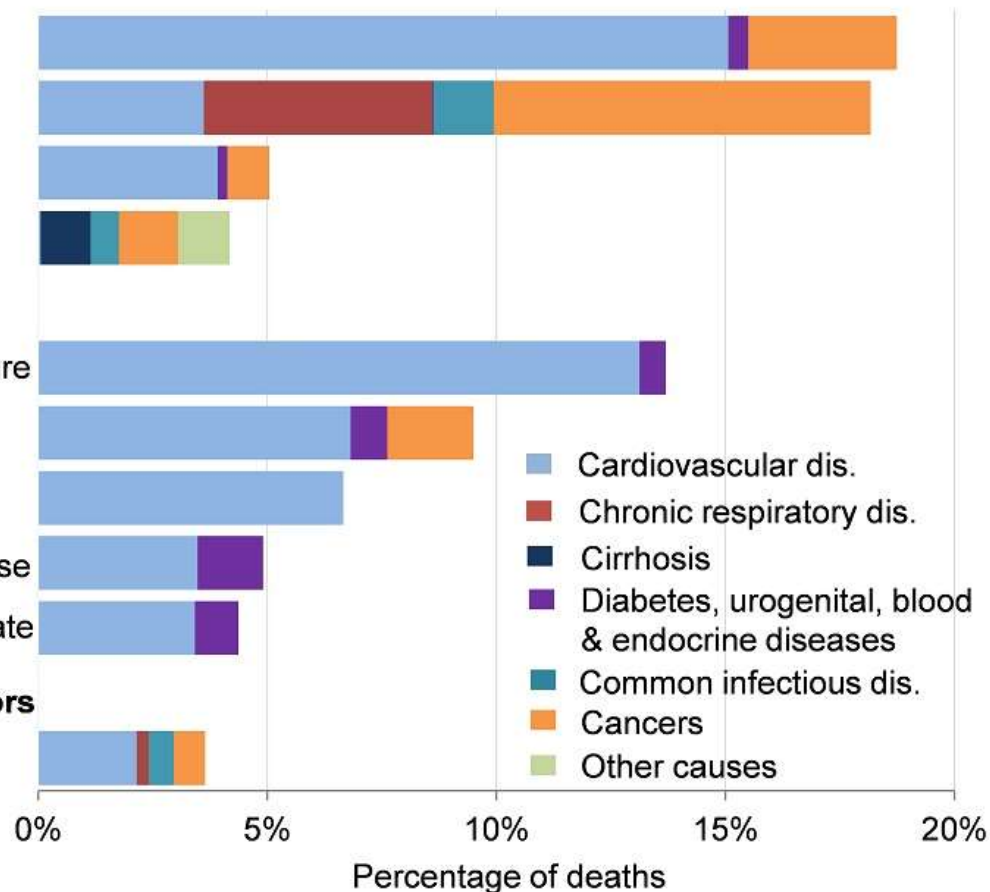
High total cholesterol

High fasting plasma glucose

Low glomerular filtration rate

## Environmental risk factors

Air pollution



Dietary risk factors and tobacco smoke account for almost 20% of all deaths

Hannah Ritchie and Max Roser (2018) - "Causes of Death". Published online at OurWorldInData.org. Retrieved from: <https://ourworldindata.org/causes-of-death>  
The Global Burden of Disease, 2015

# The Evolution of Our Diet

## Portion distortion



Food or food group	Value
	% of energy <sup>2</sup>
	1.6
	2.1
	3.2
	1.1
	2.6
	10.6
	3.5
	20.4
	23.9
	8.0
	7.8
	2.6
	0.1
	0.1
	18.6
	8.8
	6.6
	2.2
	17.6
	1.4
	72.1
	9.6 <sup>3</sup>

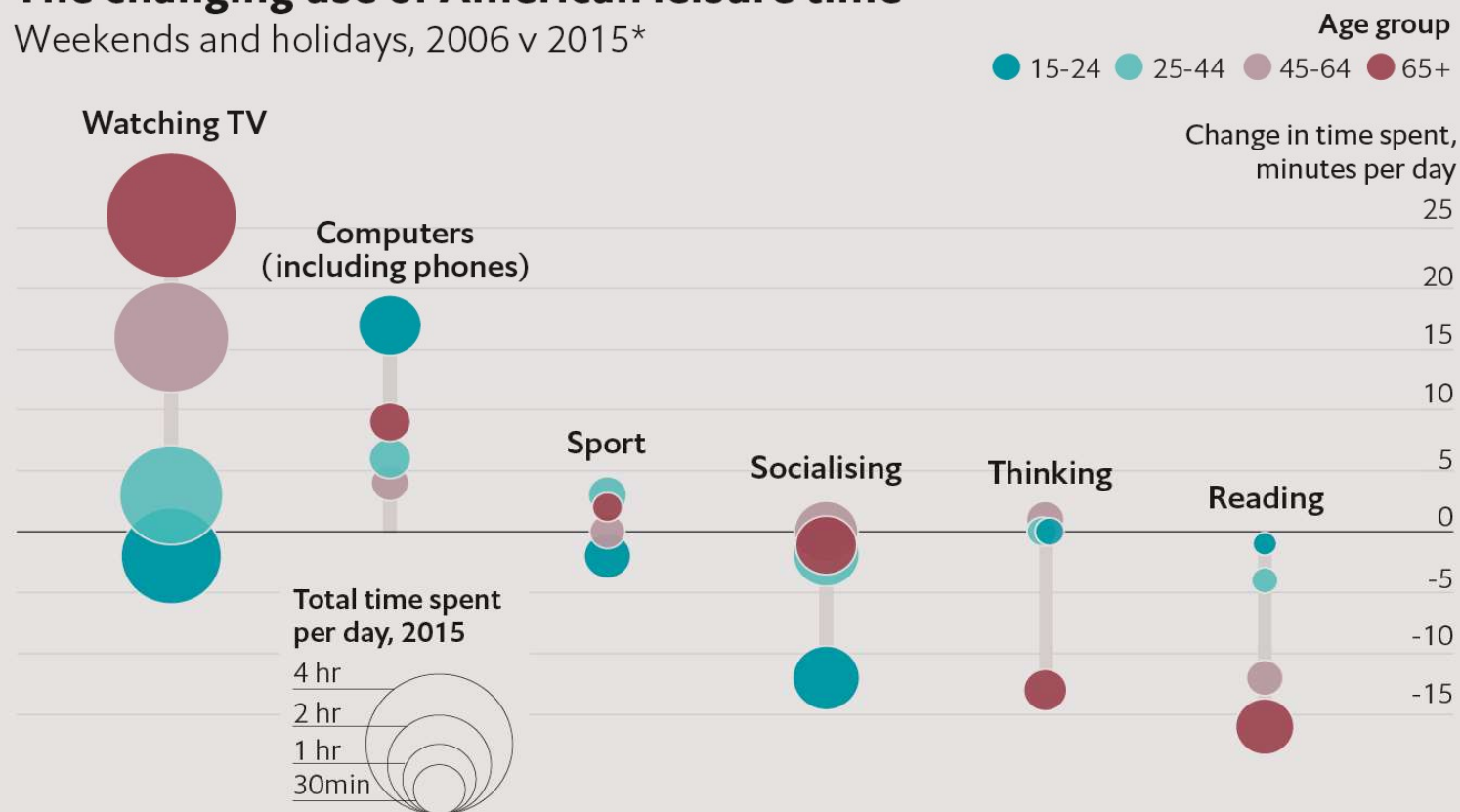
Cordain L et al. Am J Clin Nutr 2005;81:341-54.



# And What About Activity?

## The changing use of American leisure time

Weekends and holidays, 2006 v 2015\*




# What Kids Eat Around the World by Gregg Segal, photographer

TIME





# How Determined are People to Change Their Diet?

A top-down photograph of a rustic wooden surface. On the left, there are several fresh vegetables: a bunch of green beans, a small basket of red cherry tomatoes, a bunch of green basil leaves, and a small basket of apples (one red, one green). A dark wooden cutting board is placed on the right side of the image, featuring a white text overlay. The text reads: 'It is easier to change a man's religion than to change his diet.' followed by '— Margaret Mead'. In the bottom left corner of the image, there is a small white circular logo with the letters 'mnn' in black.

It is easier to  
change a man's  
religion than to  
change his diet.

— Margaret Mead

Studies consistently show that anywhere up to **60%** of people fail to change their lifestyle even after a major medical event (based on attrition rates in various intervention studies, rates can go up to 90% especially in long-term interventions).

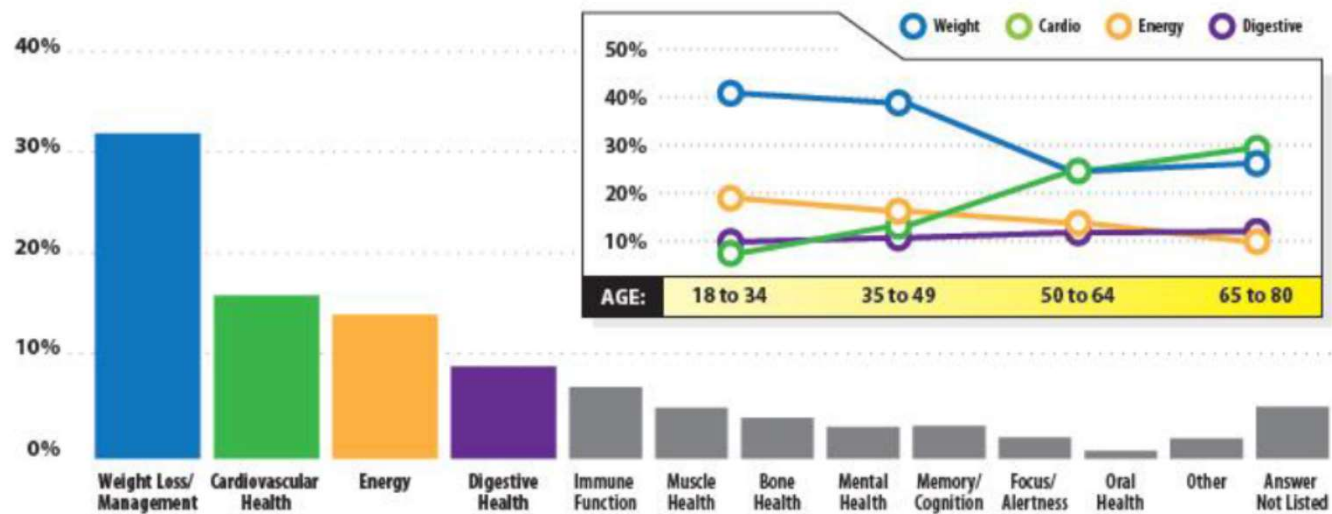
Prepared according to Jamison DT et al. *Disease Control Priorities in Developing Countries*. 2nd edition. Washington: The International Bank for Reconstruction and Development/The World Bank; 2006., Zhang X et al. *PLoS One*. 2017;12(5):e0176436., and World Cancer Research Fund International, 2018.

Zhang X et al. *PLoS One*. 2017;12(5):e0176436.  
European Commission Report on the EU-funded Research and Innovation in the field of ICT for Health, Wellbeing and Ageing. September, 2017.

# However...



## Most Desired Health Benefits From Food

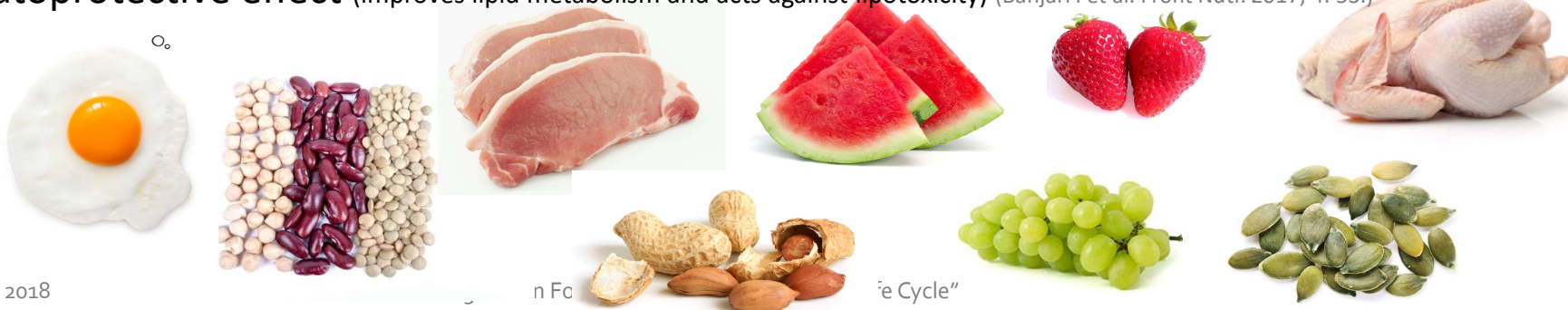


# Omega-3 Fatty Acids

- oxidative stress damages phospholipids in cell membranes → changed neuronal activity
- the most important is the ratio between *omega-6 and omega-3 FA* (e.g. for the secondary prevention of CVDs ratio 4/1 is related to **70% lower risk** of all-cause mortality Simopoulos AP. Biomed Pharmacother. 2002;56(8):365-79.)
- *dietary omega-3 FA sources*: fatty fish, salmon, cod, sardines, mackerel, olive oil
- supplementation with omega-3 FA (2 ml/kg) has *anti-inflammatory effect, lowers brain edema and neuronal apoptosis, and improves neurologic functions* after a traumatic brain injury (TBI) (Chen X et al. J Neuroinflammation. 2017;14(1):143.)
- intake of omega-3 FA, especially DHA (*EPA is more important for the heart*) on a cellular level reduces negative effects of free radicals and inflammation, has key role in the maintenance of cell membranes, interneuronal communication and cognition (Swanson D et al. Adv Nutr 2012;3(1):1–7.), and *can diminish the negative effects of a diet rich in simple CHO* (Agrawal R, Gomez-Pinilla F. J Physiol. 2012;590(10):2485-99.) → *high consumption of simple CHO lowers cognitive abilities, deregulates signaling activity of insulin via molecules involved in the energy metabolism and synaptic plasticity, while presence of DHA establishes metabolic homeostasis*
- *omega-3 FA deficiency reduces recovery after a TBI* compared to adequate omega-3 FA status → slower recovery from motor impairments, higher anxiety and cognitive deficiency

# Vascular Function

- Insulin acts as a vasodilator! High consumption of simple CHO (especially Fru) in combination with omega-3 FA deficiency negatively affects cognitive functions (learning and memory impairments; observable changes in the ratio between omega-6/omega-3 FA in cell membranes) → lower cerebral vascular flow, i.e. negative neuroplasticity (Agrawal R, Gomez-Pinilla F. J Physiol. 2012;590(10):2485-99.)
- vasoprotective effect of **foods rich in nitrates** – healthy subjects who consumed 500 mL of beetroot juice had lower blood pressure; prevention of endothelial dysfunction and lower thrombocyte activity after acute ischaemic insult (Webb AJ et al. Hypertension 2008;51(3):784-90.)
- improved cerebral perfusion (especially in the frontal lobe) was achieved in people ≥70 yr old after introducing nitrate-rich foods (Presley TD et al. Nitric Oxide. 2011;24(1):34-42.)
- biosynthesis of Nitric Oxide from **L-Arginine**
- black chokeberry** juice/extracts also has vasoprotective effect (used to treat hypertension) but also glucose lowering, hepatoprotective effect (improves lipid metabolism and acts against lipotoxicity) (Banjari I et al. Front Nutr. 2017; 4: 53.)



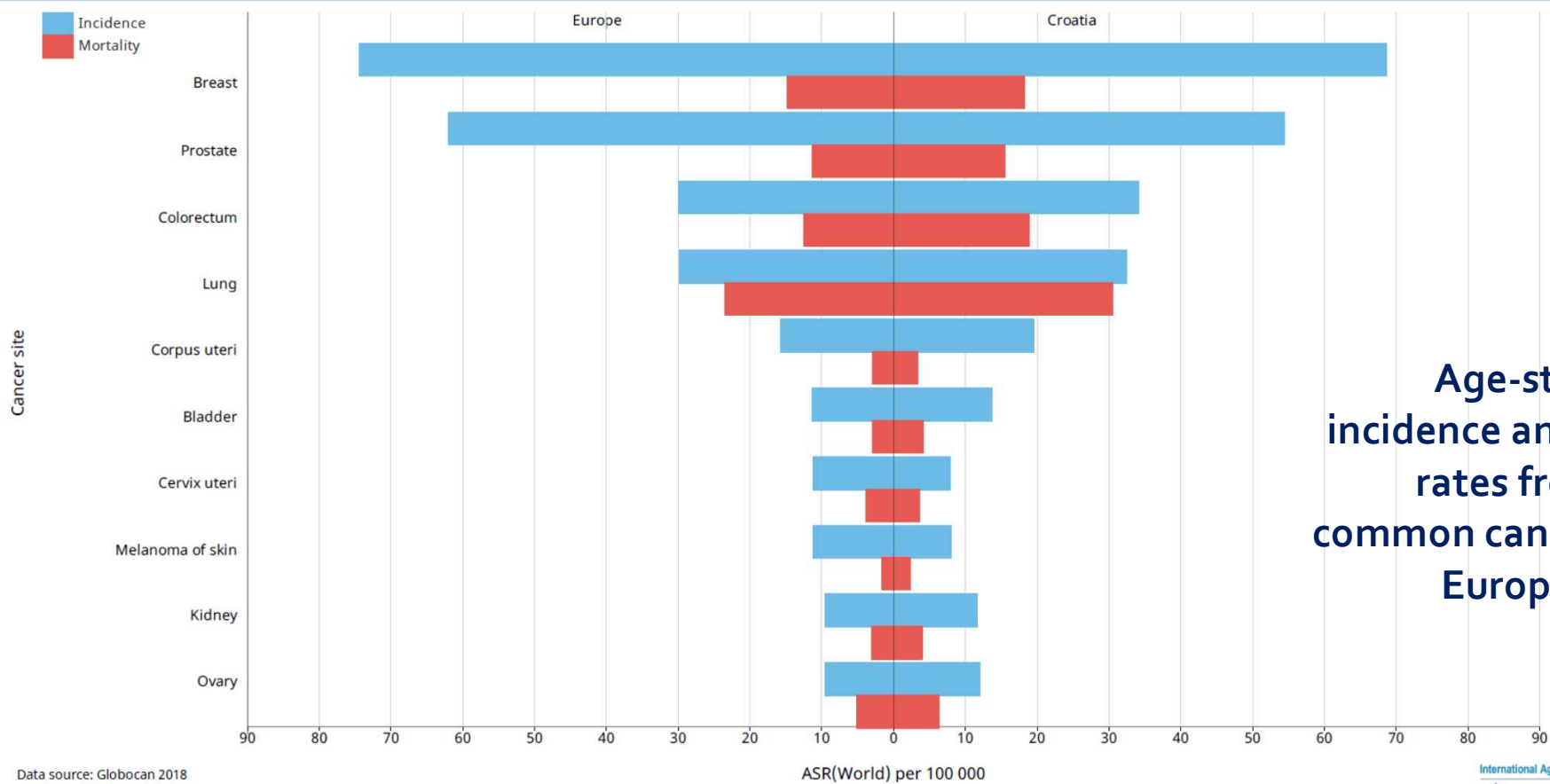
November 13–16, 2018

n Fo

"e Cycle"



# Race for Life



Age-standardized  
incidence and mortality  
rates from 10 most  
common cancers in 2018  
Europe vs Croatia

## Supplements in the Primary Prevention

- nutrients concentrated in variety of supplements **were not show to be effective** in the primary prevention of CVDs, various cancers or all-cause mortality
- in the prevention of CRC a variety of supplements are often recommended, from omega-3 FA, vitamin D, folic acid to vitamin B<sub>6</sub> → so far the only clear strong positive effect was found for Ca supplementation (**22% lower risk**, especially for distal CC and at Ca intake of >700 mg/day)
- the VITAL research (Vitamin D and Omega-3 Trial) conducted in the U.S. with median 5.3 yr follow-up on 25.871 adult males and females (80% response rate) analysed the effect of supplementation with vitamin D (2000 IU) and omega-3 FA (1 g/day) in comparison to placebo on the primary prevention of invasive cancers and CVDs → **no proof**
- vitamin D didn't show to be effective even in people with low serum levels of 25(OH)D (<20 ng/ml at baseline); however, *post hoc* analysis might reveal new findings for some specific groups (e.g. women)

Teixeria MC et al. *World J Gastroenterol* 2014;20(41):15060–9./ Guallar E et al. *Ann Intern Med* 2013;159(12):850-1.  
Fortmann SP et al. *Ann Intern Med* 2013;159(12):824-34./ Banjari I. *Med Pregl* 2014;67(5-6):261-3.  
Manson JE et al. The VITAL Research Group. *NEJM* November 10, 2018

November 13–16, 2018

2<sup>nd</sup> International Congress on Food Safety and Quality „Food Life Cycle“



The NEW ENGLAND  
JOURNAL of MEDICINE

ORIGINAL ARTICLE

Vitamin D Supplements and Prevention  
of Cancer and Cardiovascular Disease

# The Biggest Trends in Food, Nutrition and Health



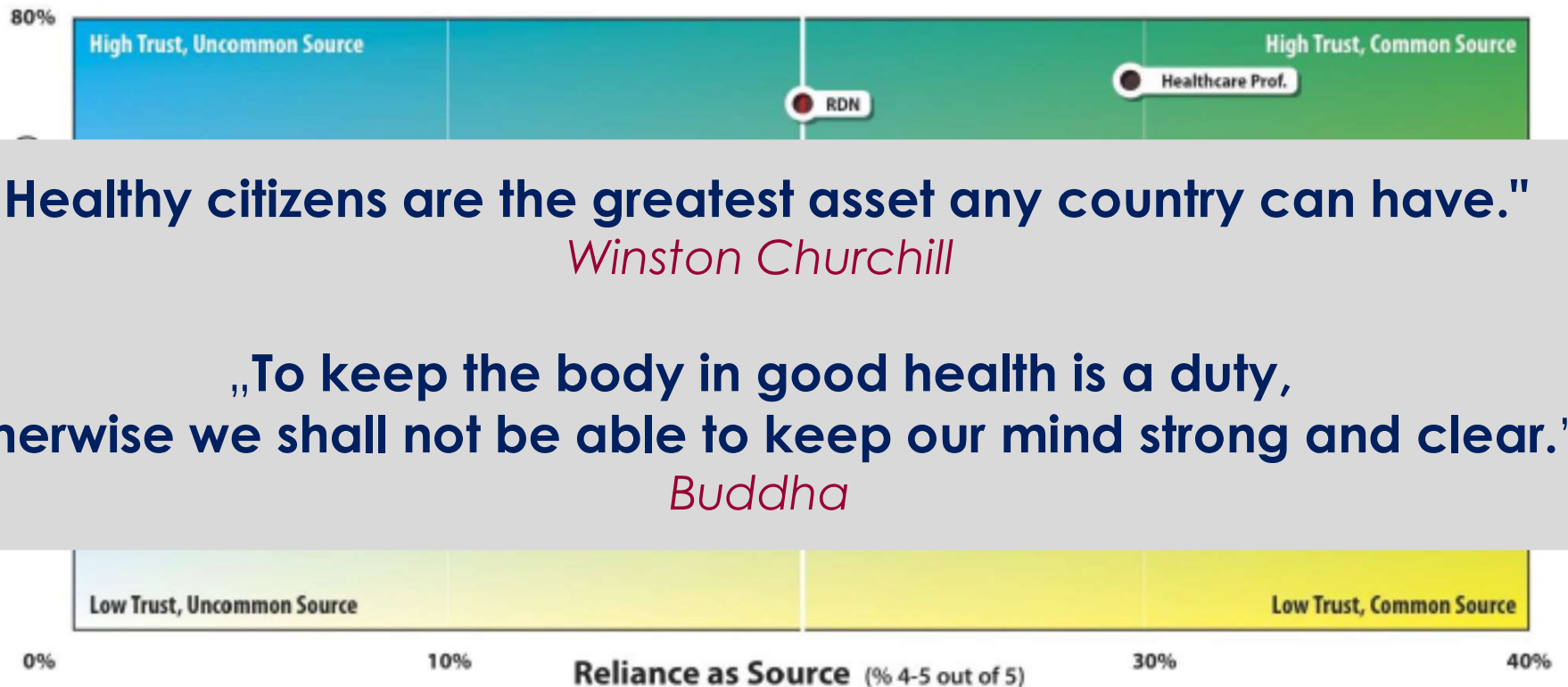
**Evidence Based Science will continue to shape the Future of Food and Nutrition Sector**

It's all about the *consumers*, but don't forget about *the media influence*; social media is leading the way and we should ensure that the information provided by reporters is accurate and reliable.

Especially interesting is the segment focused on plants: *nearly 25% of the world's population relies on traditional medicinal systems for different aspects of primary health care* (Banjari I et al. ATHM 2018; In press)

# The Responsibility

## Level of Trust vs. Reliance as a Source







“Looks like he died of natural causes.”

# THANK YOU FOR YOUR ATTENTION!

PTFOS

Contact: [ibanjari@ptfos.hr](mailto:ibanjari@ptfos.hr)

 **ByProExtract**