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Dietary guidelines in Australia

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The year 1979 saw the development of dietary guidelines in Australia by both the Australian Department of Health[1]:

1. Promote breast-feeding
2. Choose a nutritious diet from a variety of foods
3. Control your weight (through moderate eating and regular physical activity)
4. Avoid eating too much fat
5. Avoid eating too much sugar
6. Eat more breads and cereals (preferably wholegrain) and vegetables and fruits
7. Limit alcohol consumption
8. Use less salt

and the Dietitians Association of Australia (DAA), which, in any case, had worked closely together to this end.

The DAA guidelines added:

9. Drink more water

Guidelines of this kind[2-4] were developed first in Scandinavia in 1968, with considerable impetus provided by the US guidelines of 1977, the second edition of which appeared in 1985[5].

The current rationale for the guidelines in Australia is provided in the Report of the Nutrition Taskforce of the Better Health Commission, Commonwealth Department of Health, of the Australian Government, whose enquiry was conducted in 1986[6]. The basic concept is that there is a pattern of chronic disease (macrovascular disease, certain cancers, obesity, type II diabetes, alcohol-related disease) whose expression has been facilitated by a dietary pattern characterized by too high an intake of animal fat, sodium and alcohol and inadequate intake of unrefined carbohydrate from plant sources, against a background of sedentary life-style[7]. After breast-feeding for infants, and in relation to nutritional health in general, the two cardinal guidelines are to have a wide variety of food (so that all essential nutrients are acquired along with non-nutrients of potential biological value, and so that potentially adverse factors are diluted) and to maintain weight (as an index of body composition) in the preferred range (implicitly by being physically active). Curiously little formal evaluation of the food variety proposal has appeared in the scientific literature and this presents an important challenge for future research.

It is of interest to compare these dietary guidelines with those developed elsewhere in Asia and the Pacific.

1. The Japanese dietary guidelines of 1986[8]

DIETARY GUIDELINES FOR HEALTH PROMOTION

1. Eat a variety of foods to assure a well-balanced diet
   a. Eat 30 or more different kinds of food daily
   b. Balance main and side dishes around the staple food.
2. Match daily caloric intake with daily physical activity
   a. Avoid excess caloric intake to help prevent obesity
   b. Adjust physical activity to match caloric intake.
3. Be aware that both the quality and quantity of fats consumed are important
   a. Avoid too much fat
   b. Use vegetable oils, rather than animal fat.
4. Avoid too much salt
   a. Aim for a salt intake of less than 10 g per day
   b. Resourceful cooking cuts down on excessive salt intake.
5. Make all activities pertaining to food and eating pleasurable ones
   a. Use the mealtime as an occasion for family communication
   b. Treasure family taste and home cooking.

2. The Chinese guidelines of 1986[9]

It is desirable for an adult to have available for consumption each month:

Grains	14 kg
Potatoes	3 kg
Beans	1 kg
Meats	1.5 kg
Fish	0.5 kg
Vegetables	12 kg
Fruits	1 kg
Vegetable oils	0.25 l
Milk	2 l

and to achieve an average energy intake of 2400 kcal per day and protein intake of 70 g per day.

Both Japanese and Chinese guidelines make a greater reference to foods as opposed to nutrients. We can, however, expect that a nation's nutritional problems will be subject to analysis in food and nutrient terms to different degrees, depending on the cultural and scientific perceptions and or the nature of the health problems. For example, in developing countries, adequacy of the food supply, in energy and specific nutrient terms, remains important. But even the populations of developed countries contain sub-groups at risk from general or particular nutritional deficiency. An understanding of this needs to be built into the dietary guidelines. Fortunately, the recommendations in *Dietary guidelines for Australians* take this into account in the central recommendations on body weight and on variety of food consumption.

For various reasons, however, the dietary guidelines in Australia can be expected to change with time. This has already been an issue for the Nutrition Task Force of the Better Health Commission[6]. (1) The impact of current dietary guidelines themselves alter food-health priorities. (2) A changing age structure of the population introduces possible differences for a dominantly elderly population. (3) Waves of migration to Australia, particularly from Asia and the Pacific, bring new food cultures which influence

Australia's eating patterns. (4) The impact of new food production techniques (such as mono-culture and chemical control) and food technologies (such as micro-wave cooking, food irradiation and new packaging techniques) alter eating habits and the diet. (5) Development of professional and academic studies of food-health relationships itself leads to reassessment.

It should also be clear that there are many food cultures apparently compatible with good health. When one or more appear to have a beneficial feature it is up to us to learn the lesson. An example might be fish consumption in Mediterranean, Scandinavian and Japanese food cultures.

Dietary guidelines are, of course, in themselves insufficient. In Australia, as elsewhere, food and nutrition policies are being formulated and implemented. One of the common features of policy is that the food habits of a population should be known in relation to health patterns. After many years of neglect in Australia, food habits of a representative sample of adult Australians are again being surveyed[6,10,11]. Australia has a federal system of government, with states assuming responsibility for health care delivery. It is not surprising, then, that the most populous states of New South Wales[12] and Victoria[13-15] have formulated policies. In Victoria, since 1985, a Steering Committee with Professor Mark Wahlqvist as Chairman and Ms Patricia Crotty as Project Director has linked government departments of health, agriculture and education together with the Deakin University Institute of Human Nutrition to address the overall objective 'To make healthy choices (about food) easier choices'. It has, for example, developed a modular manual for field workers to implement its programmes; developed a curriculum for primary schools; held workshops with health care professionals, educators, farmers, agricultural scientists and food industry; contributed to a National Nutrition Week; and funded community-initiated projects in areas such as food co-operatives, problems of low income families and individuals, of ethnic minorities, and of the elderly; and developed urban food gardens. At the national level, the Better Health Commission has advocated a wide range of programmes of community and professional education and the development of food and human nutrition research programmes[6].

There remains a number of outstanding questions about the existing Dietary guidelines[6]. But they are seen as the best advice available to the Australian public on food and health at the present time. The environment for their regular review and development has been created, but must be maintained.

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