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NUTRITION AS A RISK FACTOR FOR CHRONIC DISEASE : LESSONS FROM THE UNITED STATES

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ABSTRACT

The history of Federal nutrition initiatives, starting from the establishment of the USDA in 1862, is outlined and indicates that the foundations of present day national nutrition activities were firmly in place by the early years of this century. The changing nutrition-related disease patterns in the United States over recent years are discussed together with their associations with dietary intake. Selected diseases such as heart disease, hypertension, diabetes, cancer, obesity and osteoporosis are used as examples. Particular attention is given to dietary advice and the successful reductions in heart disease and stroke mortality. Although research and survey findings are discussed throughout, greater emphasis is given to public health nutrition education and intervention programmes in the United States rather than to current research results. Federal Programmes such as the new National Nutrition Monitoring System are described with consideration being given to the national food composition data base, the interpretation of food consumption surveys and the evaluation of nutritional status from dietary intake data. Particular attention is given to the National Cholesterol Education Programme with its dual emphasis on population wide and risk-targeted programmes for adults as well as for adolescents and children. Finally, recommendations are made concerning the role of dietary guidelines for the Near East and the development of regional and/or national nutrition policies.

Key Words : Chronic diseases patterns, food consumption, dietary intake, nutrition programmes, USA.

I. INTRODUCTION

1. Historical Considerations

Despite the widespread rhetoric in the United States concerning the importance of private enterprise and individual initiative there has been, for over a century, a high level of central government involvement and leadership, especially in the areas of education and public health. As with most public activities the resulting programmes were not introduced for altruistic purposes alone but for hard headed developmental needs in a new and expanding country. Many of these early initiatives had direct relationships with nutrition and were first steps towards what can now be seen as a functional