

## WN *Guest editorial*

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### *Dietary guidelines. Brazil*

## **A leap forward**

Dietary guidelines give advice on eating for the health and well-being of populations. Ever since the 1960s, dietary guidelines have been issued regularly, at first by governments and other institutions in high-income countries, and then by relevant UN agencies, and then all over the world.

These have been and are developed in response to epidemiological and experimental evidence of causal relationships between dietary imbalances and chronic diseases – at first heart disease, and then also obesity, diabetes, some cancers, and other conditions. Their recommendations have usually been and still remain nutrient-orientated – on total fat, saturated fat, sodium, dietary fibre, for instance – while most now also recommend plenty of fruits and vegetables.

In our times though, the nature and scope of dietary problems have changed. Dietary imbalances persist, but it is now generally realised that public health nutrition issues are also social, cultural, economic and environmental in nature. As a member of the Australian National Health and Medical Research Council's Dietary Guidelines committee from 2008 to 2013, I am aware of the challenges in developing guidelines that coherently capture these dimensions. With my colleagues, I am proud of the 2013 Australian dietary guidelines and their evidence-based focus on food and dietary patterns and health outcomes. However, 'politics' stopped us from integrating our initially strong environmental considerations into the final version.

### ***The Brazilian leap forward***

With this chastening experience in mind, it is impressive to read the *Dietary Guidelines for the Brazilian Population*, issued by the Brazilian government in early November and now available also in English. They are a leap forward. In their incorporation of environmental sustainability, as well as social and cultural dimensions, together with their focus on meals as well as foods and dietary patterns, they include practical recommendations that are good for physical and social health, and also for the health of the planet.

Dietary problems are now universal. Writing from a high-income country, I can say that the Brazilian guidelines, and the processes that have led to their development, are relevant for health professionals and policy-makers in all including fully industrialised settings. In them, principles are explicitly articulated, problems are newly conceptualised, and new modes of knowledge production are adopted.

### ***New thinking, new methods***

As one example, they challenge the tyranny of randomised controlled trials as some kind of ‘gold standard’ for generating high quality evidence. These trials are reductionist. They are effective for investigating food and health relationships when these are reduced to single nutrient – single physiological output relationships. They achieve this in part because their design controls for potential social, cultural and environmental confounders. Yet it is in these bigger-picture, non-biological circumstances that the causes of public health problems may now be found. In controlling and thus eliminating them, randomised controlled trials distort the evidence base available for informing policy decisions by privileging the production of one type of evidence over all others.

The technical team at the University of São Paulo convened by Carlos Monteiro, responsible to the Ministry of Health for developing drafts of the Guidelines, thus freed themselves to innovate and be more relevant in responding to current problems. Another innovation in the Guidelines is their focus on the nature and purpose of food processing, and their identification of ‘ultra-processed’ food products. These are not modified foods, but mainly or solely formulations of industrial ingredients. The Guidelines identify the biological, and also social, cultural, political and environmental ill-effects of these products. This is important, because their rapid proliferation throughout the world is challenging the ability of conventional food selection guidance to reflect modern food supplies.

In my view the governments of other countries of all income levels will be able to protect and promote the health of their populations by following the example of Brazil. Dietary guideline recommendations are not set in stone. As circumstances change and the evidence base evolves, so should concepts and methods.

There is great benefit in ‘leap-frogging’, whereby teams of policy-makers and professionals in different countries learn from one another. Carlos Monteiro has said that the approach of the 2013 Australian Dietary Guidelines helped him and his team and their colleagues in government, in developing the Brazilian guidelines. This is good to know. Now, Brazil has set an example for other countries to follow.

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