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The Green Traffic Light Diet

by Guest Editor Dr Trevor Beard, Menzies Research Institute, Hobart

We could give the *Salt Skip Program* a new name—the *Green Traffic Light Program*—if Australia gets traffic light food labels.

Ever since its launch in Canberra in 1983 the Salt Skip Program (SSP) has followed all the Australian dietary guidelines—not just the salt guideline—under the professional supervision of an Accredited Practising Dietitian, Wendy Gray (who still lives on Canberra and keeps in regular touch with us). The SSP has always given you better food (less fat, less saturated fat, and less sugar, with strict attention to salt). The whole of Chapter 10 in *Salt Matters* is about *Shopping Within the Dietary guidelines*. Australia's traffic light debate has supplied the new name we were wanting—which could be shortened to **The Traffic Light Diet**. For the present that name will be used only in a special experiment starting in April at Drysdale House in Hobart.

The experiment at Drysdale House

Drysdale House is a school of hospitality that trains students in the skills they need to run a restaurant. Drysdale will provide a low salt lunch open to the public (anyone interested), and the first of what we hope will be a series of monthly meetings will be held on Thursday 22 April.

Recipes at Drysdale House will comply with *all the Australian dietary guidelines*.

The two co-authors of the chapter on the salt guideline published by the NHMRC (National Health & Medical Research Council) in 2003 have both edited Salt Skip News and would look silly in front of their colleagues if they published recipes low in salt but violating any of the other guidelines.

Page 3 explains another revolutionary advance in nutritional health promotion—traffic lights have defined the meaning of “moderate” and “low”.

“Low salt” has had an international definition for many decades (sodium not exceeding 120 mg/100g) but we have had no accurate definition for “low” in fat, saturated fat or sugar. Now they all have one. Read more on page 3.

Questions Drysdale can answer

1. Can an institutional caterer provide acceptable meals that follow all of the *Australian dietary guidelines*?
2. Would meals like that attract a regular monthly clientele?
3. Can we replace the vague dietary guidelines with the precise data for “low” used in the UK to define the boundaries for the four green traffic lights?

4. For *measurable clinical results* your doctor can take you off the diet that made you sick and recommend:

- a. fresh foods
- b. processed foods with four green traffic lights (fat, saturated, sugar and salt)

Would there be any food that your dinner guests might enjoy—if they are ordinary people who eat “normal” food?

Michael Pollan recommends “eat real food, not stuff that looks like food and isn't” [1], and people are starting to appreciate real food. Drysdale House accepts the challenge and will allow the outcome to be published.

Reference

1. Pollan M. In defence of food: the myth of nutrition and the pleasures of eating. Maryborough, Victoria: Allen Lane (imprint of Penguin Books); 2008.

It could help us get out of the mess we are in

Kessler blames the (legitimate) profit motive for the mess we are in [2]. He says the food industry's standard approach to maximising profits has been a logical extension of gastronomy—the art and science of enjoying what you eat.

Food companies can provide what gastronomy lacks—the time, patience, money (and huge financial incentive) to fine-tune the fat, sugar and salt content of a tasty product until the recipe is “completely irresistible” to the largest percentage of the company's panel of discriminating tasters.

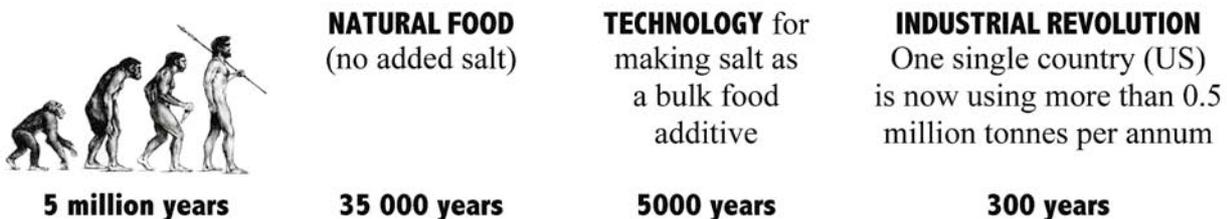
To have an industrial nation's entire food industry competing with its rivals along those lines is one of the recipes for the frightening epidemics of obesity and type 2 diabetes—attacking even in childhood now—at the unprecedented and rapidly increasing scale we are seeing today.

The Paleo Diet takes some people right out of this mess (www.thepaleodiet.com)

Modern humans emerged about 40 thousand years ago, adapted by evolution to the fresh foods available in natural habitats. They were hunters and gatherers, and it was another 30 thousand years before agriculture and animal husbandry introduced new and modified foods. The fatty meat of captive farmed animals (idle and well fed) replaced the lean meat of wild animals. As farmers we not only consumed more energy but also used less when we hunted less.

It was 35 thousand years before salt manufacture produced the clear-cut and even more radical changes in nutrient concentration shown in the figure, taking us from a world that added no salt to a world where a single country adds more than half a million tonnes of salt a year. Sugar refining is still more recent and equally dramatic.

For 30 thousand years one natural diet of “real food” [1]—with variations in different habitats—fitted everybody. The Paleo (Paleolithic—Stone Age) Diet comes near to it by attending to seven of the worst faults of the industrial diet [3], but it avoids grain products, including bread, and is not considered feasible for everybody. Options aimed at everybody include (i) the Australian dietary guidelines 2003, and (ii) the UK traffic light food labels. [*Can anyone answer the copyright question, p. 4?*]



(i) Australian dietary guidelines 2003

These are published in three sections, with dot points in the first two:

Enjoy a wide variety of nutritious foods

- Eat plenty of vegetables, legumes and fruits;
- Eat plenty of cereals (including breads, rice, pasta and noodles), preferably wholegrain;
- Include lean meat, fish, poultry and/or alternatives;
- Include milks, yoghurts, cheeses and/or alternatives. Reduced-fat varieties should be chosen where possible.
- Drink plenty of water.

Take care to

- Limit saturated fat and moderate total fat intake;
- Choose foods low in salt;
- Limit your alcohol intake if you choose to drink;
- Consume only moderate amounts of sugars and foods containing added sugars.

Prevent weight gain: be physically active and eat according to your energy needs.

Care for your food: prepare and store it safely. Encourage and support breast-feeding.

(ii) UK Traffic Light food labels

They concentrate on fat, saturated fat, sugar and salt—the four nutrients known to be very harmful in excess. Their effective control would be expected to slash the national health budget by an astronomical amount—in 2008 obesity alone cost Australia an estimated \$58.2 billion [4].

References

1. Kessler DA. The end of overeating: taking control of the insatiable American appetite. New York: Rodale; 2009.
2. Cordain L, Eaton SB, Sebastian A, Mann N, Lindeberg S, Watkins BA, et al. Origins and evolution of the Western diet: health implications for the 21st century. *American Journal of Clinical Nutrition*. 2005;81:341–54.
3. House of Reps Standing Committee on health and Ageing. Weighing it up: obesity in Australia. Canberra; 2009:vii.

Traffic lights have removed vagueness

An almost embarrassing vagueness

Nutrition is complex but dietary guidelines have to be simple. They have to make good practical sense to everybody.

The inevitable woolliness and vagueness is almost embarrassing, moreover it greatly limits the value of the dietary guidelines.

For example when “reduced-fat varieties should be chosen where possible” it is hard to say whether a particular person or restaurant menu is or is not following the dietary guidelines.

And how far should we go to “limit saturated fat and moderate total fat intake”? What is the definition of “moderation”, which everybody admires in “everything”?

The one exception

The one outstanding exception that has stood alone for decades is the salt guideline—*choose foods low in salt* [5], because the Food Standards Code makes it very precise by adopting the international definition of low salt foods (sodium in low salt foods must not exceed 120 mg/100g).

Many readers of this newsletter know from personal experience that the measurable effect of this guideline (24-hour urinary sodium less than 50 mmol) has enabled them to return to a normal life after virtually abolishing the severe and incapacitating vertigo of Meniere’s disorder [6].

What traffic lights have done

Equal precision with fat, saturated fat and sugar would be a luxury, and traffic lights have given us that luxury.

Traffic lights made the UK Food Standards Agency (FSA) put an exact numerical value on the other three nutrients known to be very harmful in excess.

The FSA has not yet commented on the fact that this will enable doctors to prescribe healthier food with the same accuracy as they are now prescribing medication—and with an *equally measurable effect* [7,8].

Pivotal role of medical prescribing

Doctors (rightly or wrongly) are Australia’s most trusted source of health advice, and doctors using traffic lights to prescribe better food can hardly fail to teach patients their great value.

The problem of health promotion

General practitioners rapidly learn that most of their patients have no interest whatsoever in prevention, in fact their eyes often glaze over visibly at any mention of the word.

The average patient attributes disease to bad luck and has an insatiable demand for treatment, which takes about 80% of the Australian population to see a GP at least once in 12 months.

This massive wall of indifference is a problem for health promotion. The earliest adopters and opinion leaders might be an élite of interested GPs. Patients impressed by measurable benefit might then begin to pass on the message—use traffic lights.

Also simple but real results like *weight loss* and *well-being* are obvious to everybody. Journalists with access to the print and electronic media could do a lot with that message alone.

Strictly we have two traffic light diets

Traffic lights can give us better food at two levels, each with its advantages—one easier and the other more effective:

AMBER LIGHTS are easier—broadly equivalent to the Heart Foundation “Tick”, which is given to foods that are only marginally better than some of the foods they replace. “Tick” foods resemble their less healthy counterparts closely enough to be almost universally acceptable.

GREEN LIGHTS (used exclusively) can give *benefits your doctor can measure*. Just eat:

- fresh foods, and
- processed foods eligible for four green traffic lights (for fat, saturated fat, sugar and salt). The general public already likes fruit and fruit dishes, curries and roasts.

References

5. Riley MR, Beard TC. Choose foods low in salt. In: Food for health: Dietary Guidelines for Australian Adults. Canberra: National Health and Medical Research Council; 2003:133–150.
6. Halmagyi GM, Cremer PD. Assessment of dizziness. *J Neurol Neurosurg Psychiatry*. 2000;68:129–34.
7. Beard TC. The dietary guideline with great therapeutic potential. *Australian Journal of Primary Health*. 2008; 14(3):120–31 (click [Precise Guideline to Control Salt](#) in www.saltmatters.org, accessed 5 September 2009).
8. Sacks FM, Svetkey LP, Vollmer WM, Appel LJ, Bray GA, Harsha D, et al. Effects on blood pressure of reduced dietary sodium and the Dietary Approaches to Stop Hypertension (DASH) diet. *NEJM*. 2001;344:3–10.

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Salt Skip News will
continue to be distributed
in hard copy in The BP
Monitor (QHA newsletter)

An outline of its unique advantages

The Traffic Light Diet has the unique virtue of being *genuinely*—and *verifiably*—low in fat, saturated fat, sugar and salt. Its special name means it complies with the strict numerical definitions of “low” now used in traffic light food labels. We propose to use the names *Traffic Light Diet* and *Green Traffic Light Diet* interchangeably.

Feeding a family with the Traffic Light Diet

A family living at home has no problem in accepting such healthy food because in a few weeks their palates are very well adapted to it, and within a few months they find sweet tea and salted olives for example undrinkable and uneatable.

Entertaining is the great challenge

The great challenge is to make such healthy food palatable to dinner guests whose palates are still adapted to “normal” (less healthy) food. If they can eat it, everybody could probably eat it.

It is well known that the challenge can be met routinely if you focus on salt with complete freedom to ignore all the other dietary guidelines and make for example beef stroganoff with sour cream. Almost every low salt cookbook and website does this, with the tunnel vision of the amateur.

Of course the traffic light criteria limit the culinary repertoire more strictly than ever before, but professional experts in the culinary arts in Hobart have agreed to explore the new limits that traffic lights impose, and if possible extend those limits.

Invitation to collaborators

We would be delighted to be joined by collaborators in other parts of Australia who share our interest in traffic lights and their potential to control the epidemic preventable diseases attributed to an industrial diet. The email contact address is trevor.beard@utas.edu.au

UK Boundaries for LOW

(UK Food Standards Agency 2007)
The Australian consensus may give a green light at a higher total fat content. Our boundaries have not been set yet.

FAT	≤ 3g/100g
SATURATES	≤ 1.5 g/100g
SUGAR	≤ 5 g/100g
SALT	sodium ≤ 120 mg/100g

The UK FSA converts the international definition into grams of salt (0.3 g), which would be sodium 118 mg/100g. This is local to the UK.

3.7 million Australians—30% of adults—have hypertension [9]

The Heart Foundation *Guide to management of hypertension 2008* recommends “low-salt and reduced-salt foods as part of a healthy eating plan”.

If Australia adopts traffic light food labels, will 30% of adults concentrate with tunnel vision on the traffic light for salt and still eat foods increasing the risk of obesity, diabetes and high blood cholesterol? Surely not.

- Good restaurants could offer traffic light recipes to their customers
- Good hospitals could offer culinary arts recipes to their patients
- Homes for the elderly will especially need them (and we all need them)

Reference

9. Briganti E, et al. Untreated hypertension among Australian adults: the 1999–2000 Australian Diabetes, Obesity and Lifestyle Study (AusDiab) *Med J Aust.* 2003;179:135–9.

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