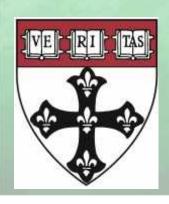
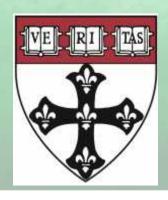
NUTRITION TRANSITION IN INDIA: THE PANDEMIC OF CARDIOMETABOLIC DISORDERS

Shilpa N Bhupathiraju, PhD

Research Associate, Department of Nutrition, Harvard School of Public Health, Boston, MA





Defining Nutrition Transition in India



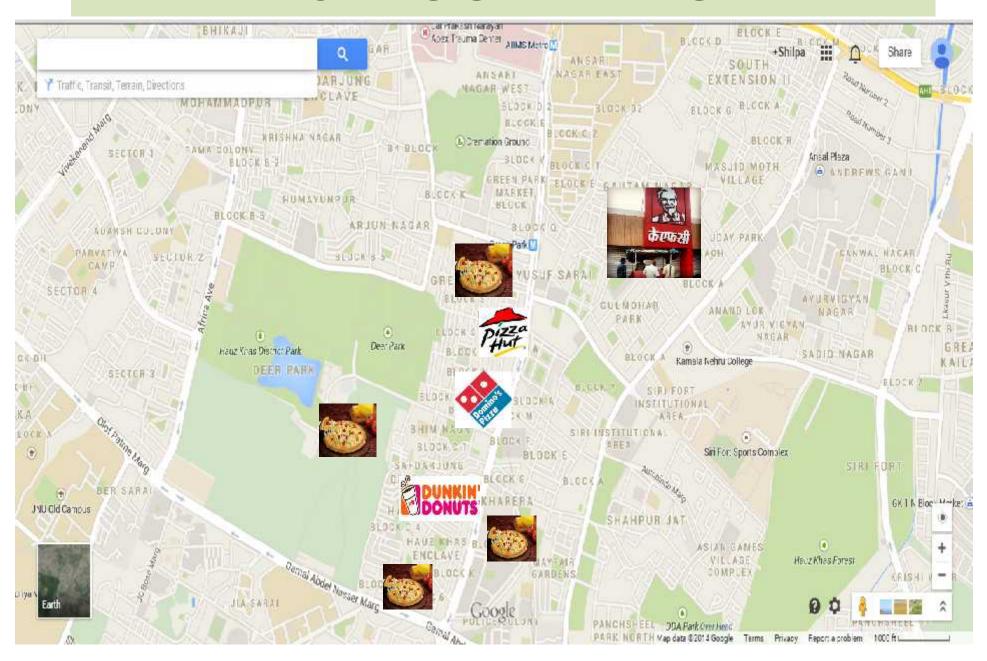


Westernization of the traditional diet



Easy access to a variety of processed foods and fast foods

FAST FOOD NATION



Defining Nutrition Transition in India

Westernization of the traditional diet



Easy access to a variety of processed foods and fast foods

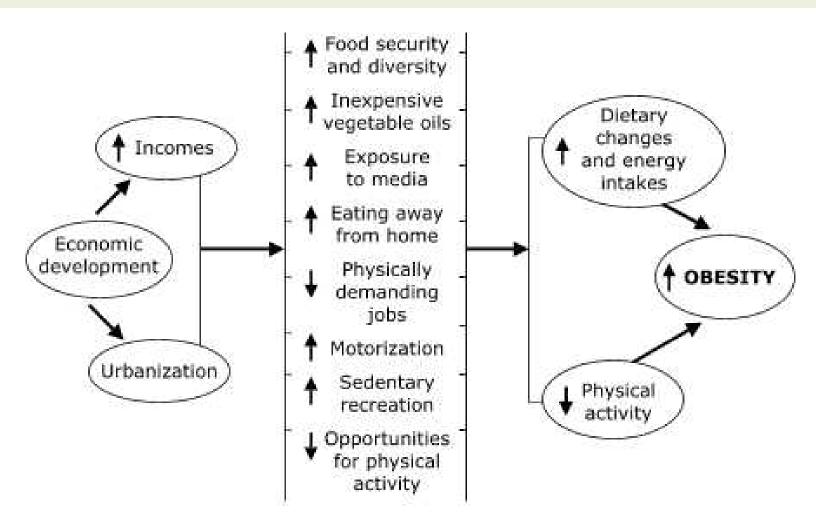


Shift back to a healthier diet and lifestyle





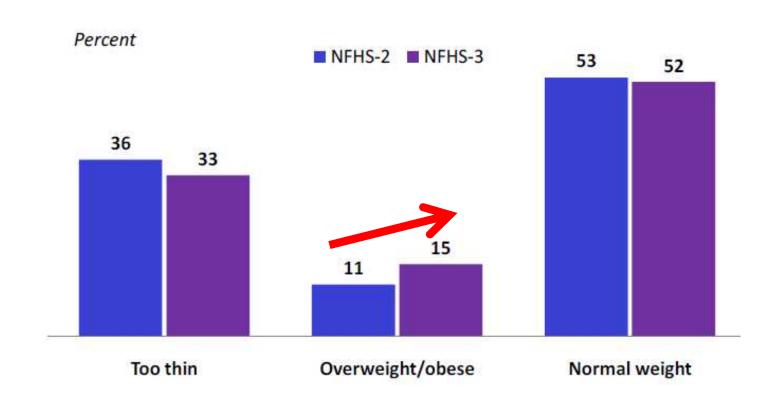
Possible causes of the nutrition transition



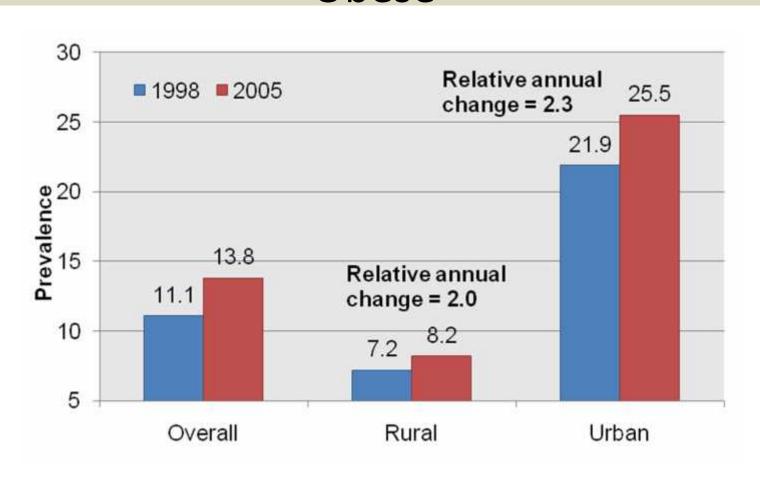
Adapted from Martorell and Stein, 2001 and Popkin, 1994.

THE DOUBLE BURDEN OF DISEASE

Trends in Malnutrition Among Ever-married Women 15-49 Years



Age-standardized Rates and Trends among Women (18-49 y) who are Overweight or Obese

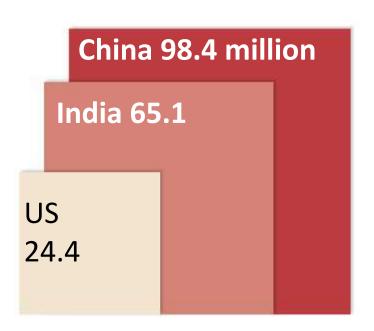


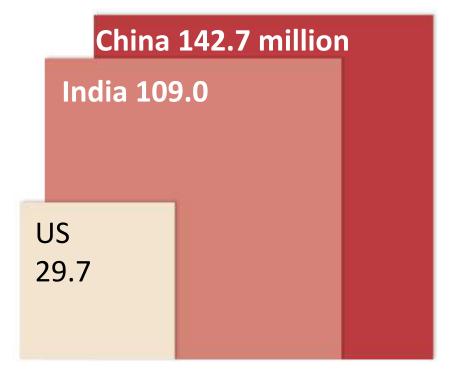
Source: Popkin et al, Nutr Rev, 2012, 70(1):3-21.

Type 2 Diabetes: A Disease on the Rise

2013 cases of diabetes among ages 20-79

2035 projected cases





Source: IDF

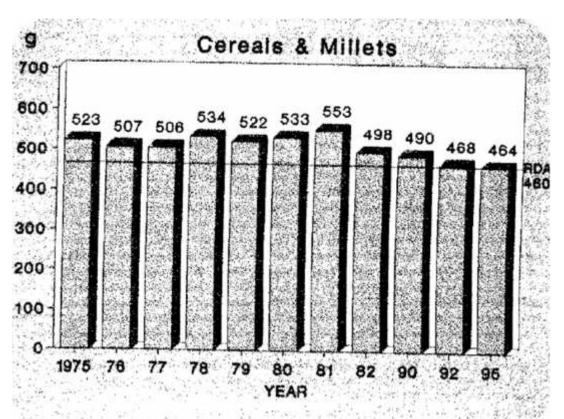
Nutrition Transition in India

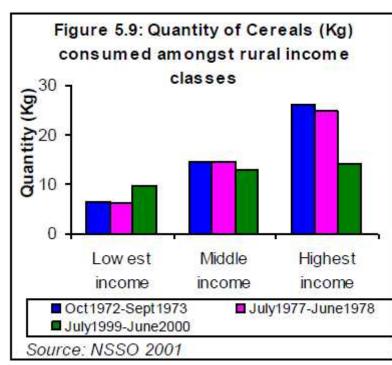
- Refined carbohydrates
- Added sugars
- Fats
- Sodium
- Animal source foods

- Coarse grains
- Legumes
- Fruits
- Vegetables



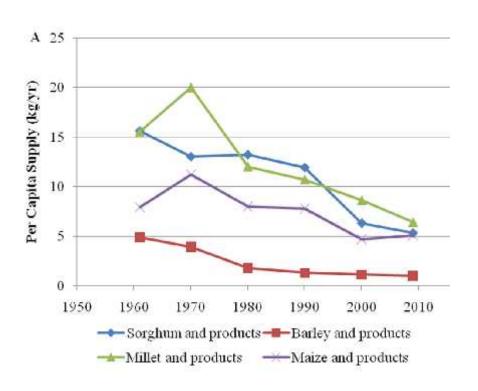
Trends in Cereal Intake

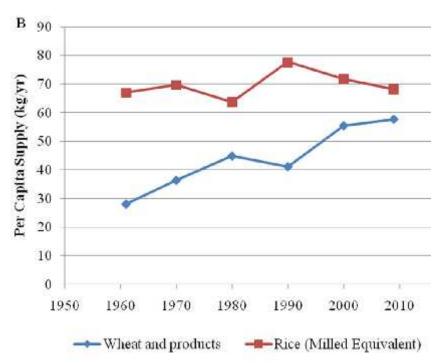




Consumption of cereals has declined in the past few decades despite reductions in cost. Changes depend on income level.

Trends in Cereal Intake





Reductions in consumption of traditional whole grains and increases in refined grain consumption

Source: FAO Food Balance Sheets data

Refined grain intake and markers of glucose tolerance – The Chennai Urban Rural Epidemiology Study (CURES)

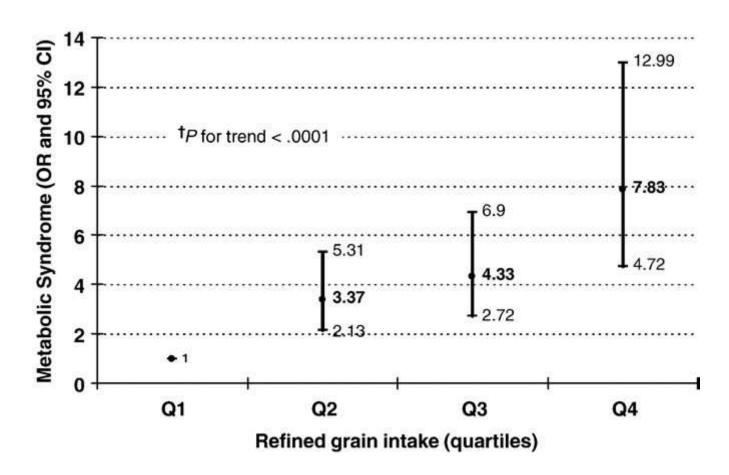
Multivariate adjusted mean (95% CI) HOMA-IR and metabolic risk factors by quartiles of refined cereal intake in 2042 participants of the CURES study

Variables	Quartile of refined grain intake					% Difference
	l (low)	2	3	4 (high)		Ol and Q4
n	510	511	510	511	2	
Median refined-grain intake (g/d)	218.1	298.9	364.9	448.8		
HOMA-IR, µIU/mL						
Unadjusted	1.9 (1.7-2.0)	1.9 (1.7-2.0)	2.2 (2.1-2.4)	2.5 (2.3-2.7)	.001	24.0
Multivariable ^b	1.9 (1.8-2.2)	1.9 (1.8-2.2)	2.2 (1.9-2.3)	2.2 (1.9-2.4)	100.	13.6
Weight, kg						
Unadjusted	57.7 (56.7-58.8)	58.9 (57.6-59.7)	61.7 (60.6-62.8)	63.1 (62.0-64.2)	.001	9.4
Multivariable ^b	56.1 (55.0-57.2)	58.6 (57.5-59.7)	61.2 (60.1-62.3)	62.9 (61.6-64.1)	.001	12.1
Waist circumference, em	797572754700000000000			TOTAL SECTION AND		
Unadjusted	80.9 (79.9-81.9)	81.8 (80.7-82.8)	86.0 (85.0-87.1)	87.3 (86.3-88.3)	.001	7.3
Multivariable ^b	80.5 (79.4-81.6)	82.5 (81.5-83.6)	85.8 (84.7-86.9)	87.5 (86.3-88.8)	.001	8.0
Systolic BP, mm Hg						
Unadjusted	116.3 (114.6-117.9)	117.5 (115.9-119.1)	120.3 (118.6-121.9)	122.9 (121.3-124.6)	.001	5.4
Multivariable ^b	117,1 (115,2-118.9)	118.2 (116.5-119.9)	118.8 (117.1-120.6)	120,6 (118,5-122,6)	.001	2.9
Diastolic BP, mm Hg	THE PARTY OF THE P	ACCOUNT OF THE PARTY OF THE PAR	- Comparison of the control of the c			
Unadjusted	72.6 (71.6-73.5)	72.9 (71.9-73.9)	74.3 (73.3-75.3)	75.6 (74.6-76.6)	.001	3.9
Multivariable ^b	73.0 (71.9-74.2)	73.3 (72.2-74.3)	74.1 (72.9-75.2)	74.3 (73.0-75.6)	.029	1.7
HDL-C, mg/dl.	Break Andrew (Made John					
Unadjusted	44.3 (43.4-45.2)	43.4 (42.5-44.3)	41.9 (41.0-42.8)	40.6 (39.7-41.5)	100	-9.1
Multivariable ^b	44.8 (43.8-45.8)	42.8 (41.8-43.7)	42.2 (41.2-43.1)	40.7 (39.6-41.9)	.001	-10.1
Triglyceride, mg/dL	Ø			162		
Unadjusted	101.7 (94.8-108.7)	119.9 (113.0-126.9)	129.4 (122.5-136.4)	149,7 (142,7-156,7)	.001	32.1
Multivariable ^b	96.8 (88.4-104.6)	122.8 (115.1-130.4)	130.9 (122.9-138.8)	152.4 (143.3-161.5)	.001	36.5
LDL-C, mg/dL						
Unadjusted	110.3 (107.5-113.2)	109.6 (106.8-112.5)	110.5 (107.6-113.3)	112.9 (110.1-115.8)	947	2.4
Multivariable ^b	112.1 (108.6-115.7)	111.2 (107.9-114.6)	110.6 (107.4-114.3)	114.6 (110.7-118.6)	.137	2.2
Fasting blood glucose, mg/df.	. The content of the West Strate Reference	STATE OF THE STATE	STREET, STREET			
Unadjusted	88.5 (86.2-90.8)	92.8 (90 5-95.1)	92.7 (90.4-95.0)	98.2 (95.8-100.5)	1001	9.9
Multivariable ^b	87.9 (84.9-90.8)	92.9 (90.2-95.6)	90.8 (87.9-93.7)	95.4 (92.2-98.7)	.007	7.9

AND THE RESIDENCE OF THE PARTY OF THE PARTY

Source: Radhika et al, Metabolism. 2009 May;58(5):675-81

Higher intakes of refined grains associated with higher odds of metabolic syndrome

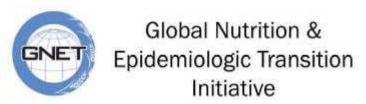


Source: Radhika et al, Metabolism. 2009 May;58(5):675-81

Brown rice and type 2 diabetes risk: a randomized cross-over study

- 5 day trial in overweight Indians without type 2 diabetes, aged 40-59 y
- Test meals were identical except for rice and legumes (50 g)
- Effects of BR
 - $-\downarrow$ Glucose IAUC (19.8%)
 - $-\downarrow$ Glycemic response (22.9%)
 - $-\downarrow$ % change in insulin (57%)

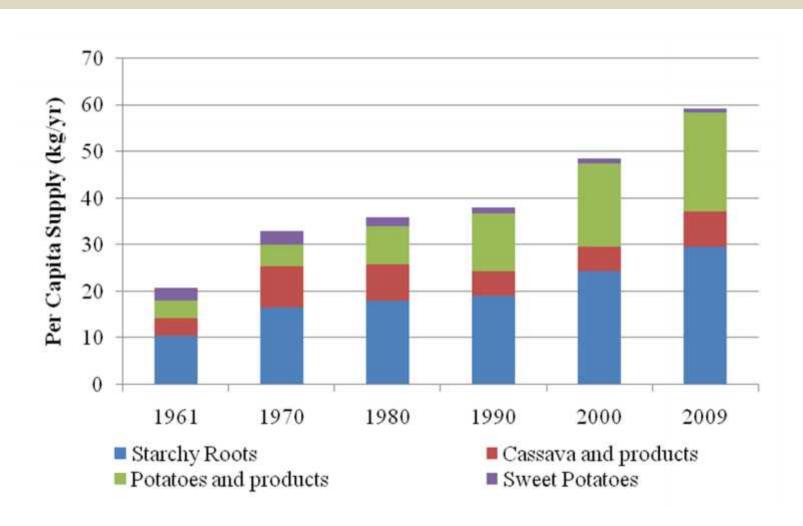
Source: Mohan et al, Diabetes Technol Ther. 2014, 16(5):317-25.



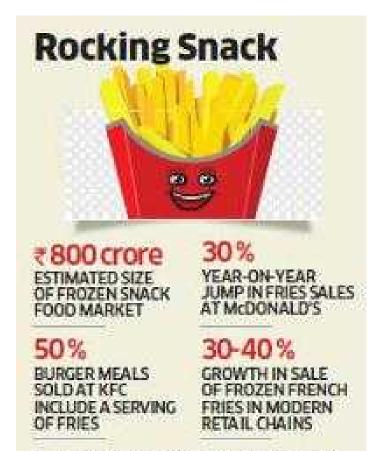




Trends in Starchy Roots and Tubers



Source: FAO Food Balance Sheets data



French fries, due to its popularity, is leading to a reverse category creation, entering Indian homes from fast-food joints since it's easy to cook. It is also emerging as an alternative to current serious snacking for kids at home, replacing chips and noodles

DEVENDRA CHAWLA

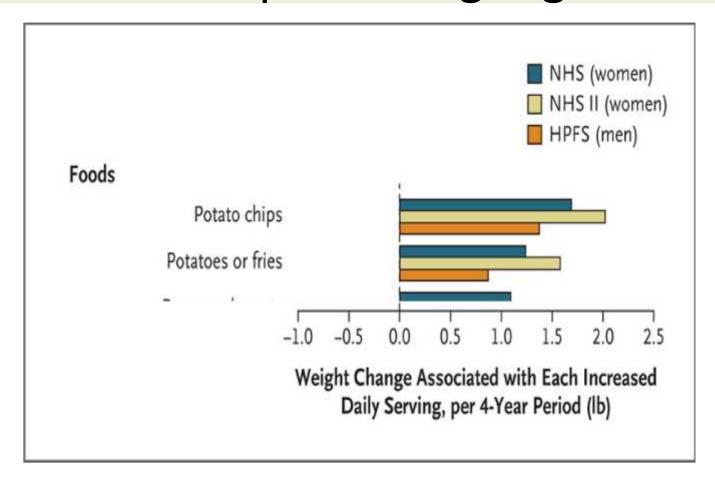
President (Food Bazaar), Future Group

French fries are now one of the largest selling snacks in modern retail and in the frozen food section.

Canadian firm McCain Foods, the world's largest maker of French fries and assorted potato snacks, says fries along with potato smiles are its fastest moving products in India.



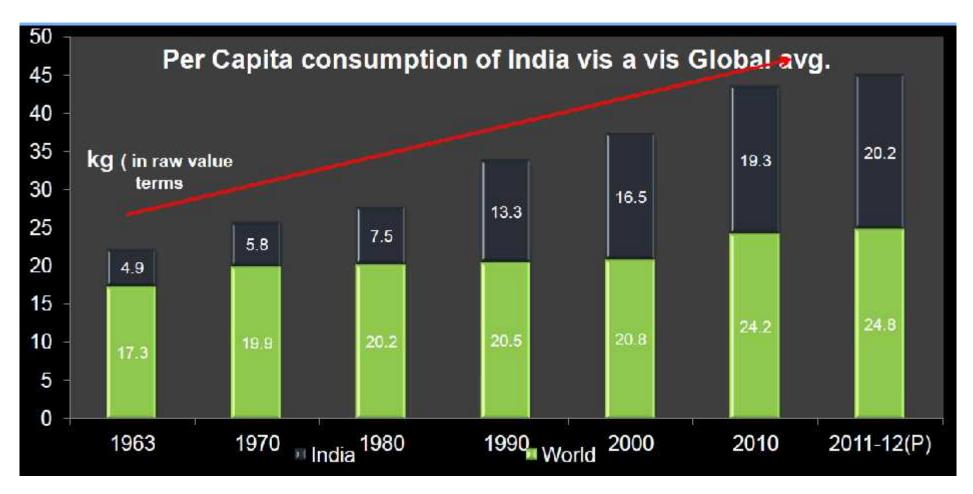
Changes in potato consumption and subsequent weight gain



Source: Mozzafarian et al, 2011, N Engl J Med, 23;364(25):2392-404.



Trends in Sugar Consumption <u>A Sweet Tooth Nation</u>



Source: India's Sugar Policy and the World Sugar Economy, FAO International Sugar Conference, Fiji, August 2012

Sources of added sugar in the Indian diet

- Traditional sweets
- Cakes, cookies, biscuits
- Sugar-sweetened beverages

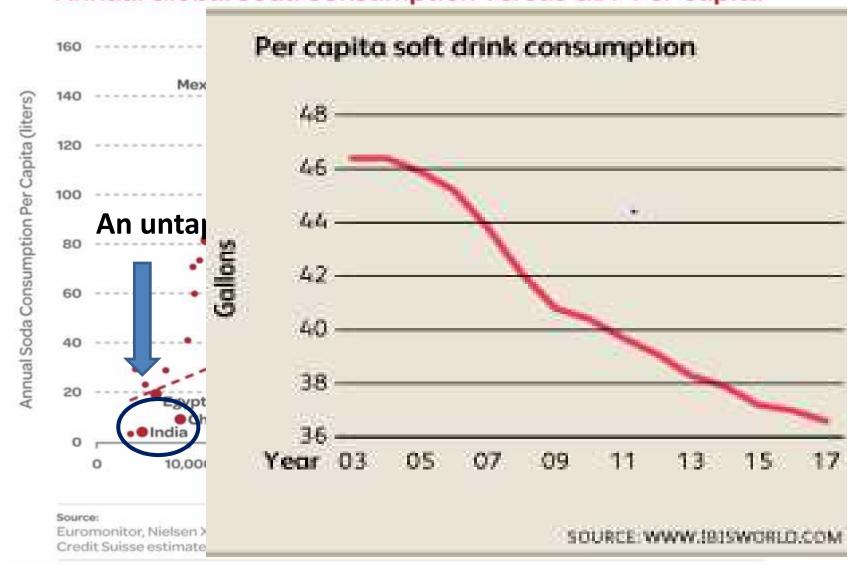






Soda consumption across the globe

Annual Global Soda Consumption Versus GDP Per Capita



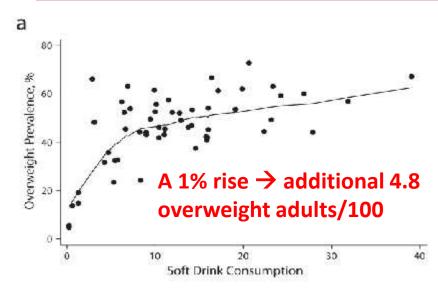
An untapped market

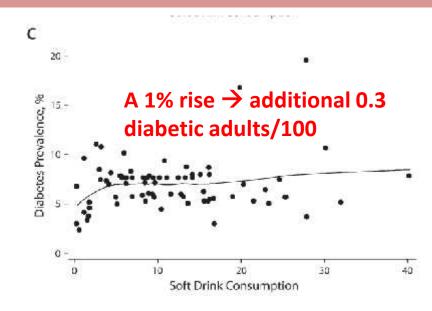
- Soft drink industry \$50
 bn
- Annual growth rate of 6%7%
- Penetration into rural areas (40% sales)
 - Outlets growing exponentially since 2001
 - Expand distribution infrastructure
 - Increasing coolers in each outlet offers
 - Increasing awareness of hygiene

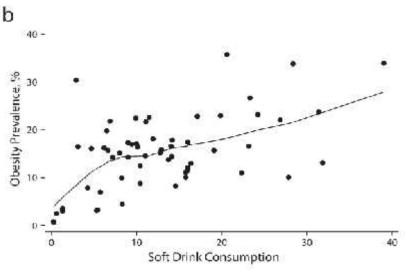




Soft drink consumption and global overweight, obesity, and type 2 diabetes





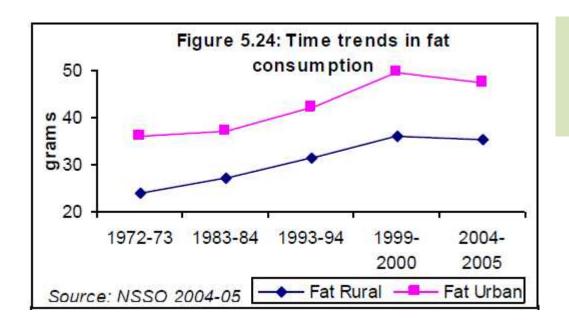


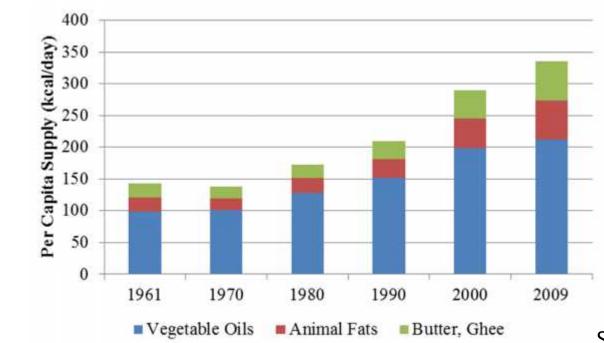
Data Sources:

- Euromonitor Global Market
 Information
- WHO
- IDF

Source: Basu et al Am J Public Health. 2013;103:2071–2077





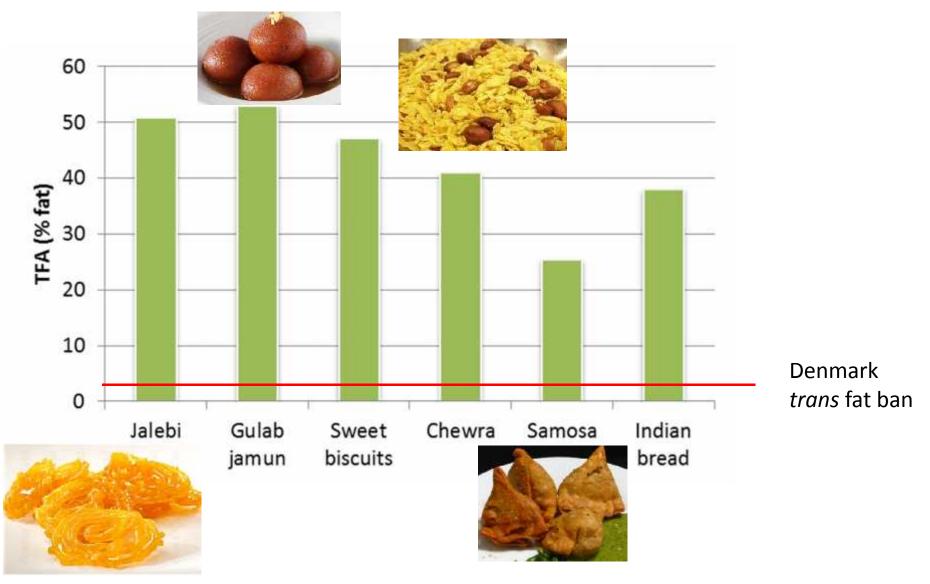


Trends in Fat Intake

- Vegetable oil supply doubled
- Animal fats increased 3-fold
- Supply of ghee increased 4-fold

Source: FAO Food Balance Sheets data

TFA of common Indian foods



Source: Agrawal A et al, 2008, Nutrition & Food Science, Vol. 38 Iss: 6, pp.564 - 569

Regulation of trans fats in India

Current Regulations

- Foods with TFA should declare on the label "Hydrogenated vegetable fats or shortening used – contains trans fats"
- Health claim of trans fat free can be made when TFA is <0.2 g per serving of food
- Health claim of saturated fat free can be made when the SFA does not exceed 0.1 g per 100 g/100 ml of food

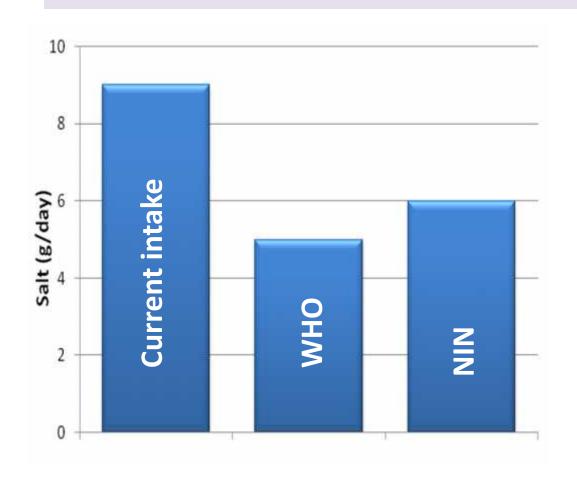
Proposed Regulations

 Level of TFA in vanaspati/PHVO be fixed at 10% maximum and brought down to 5% in 3 years

Source: Food Safety and Standards Authority, 2010



Dietary Salt



- Current intakes continue to be high
- Urban rural differences
- Higher with increasing income

Dietary salt intake and HTN risk in an Indian cohort

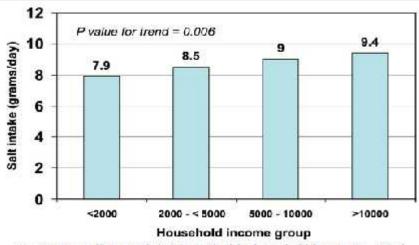


Fig. 1: Mean dietary salt intake (g/day) by household income (n. 1902).

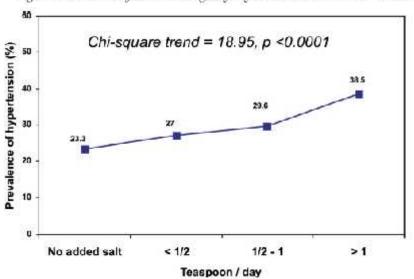
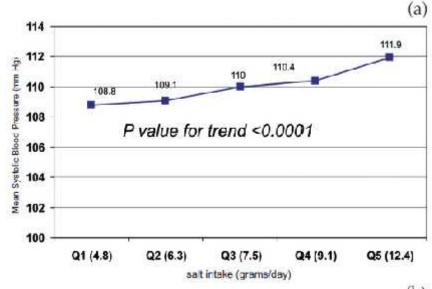
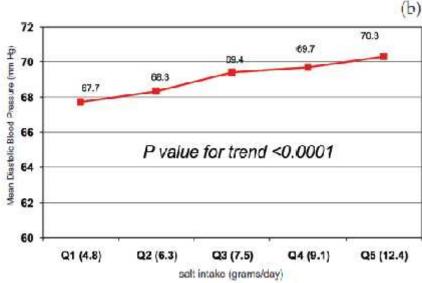


Fig. 2: Prevalence of hypertension by salt added at the table (n=1902).

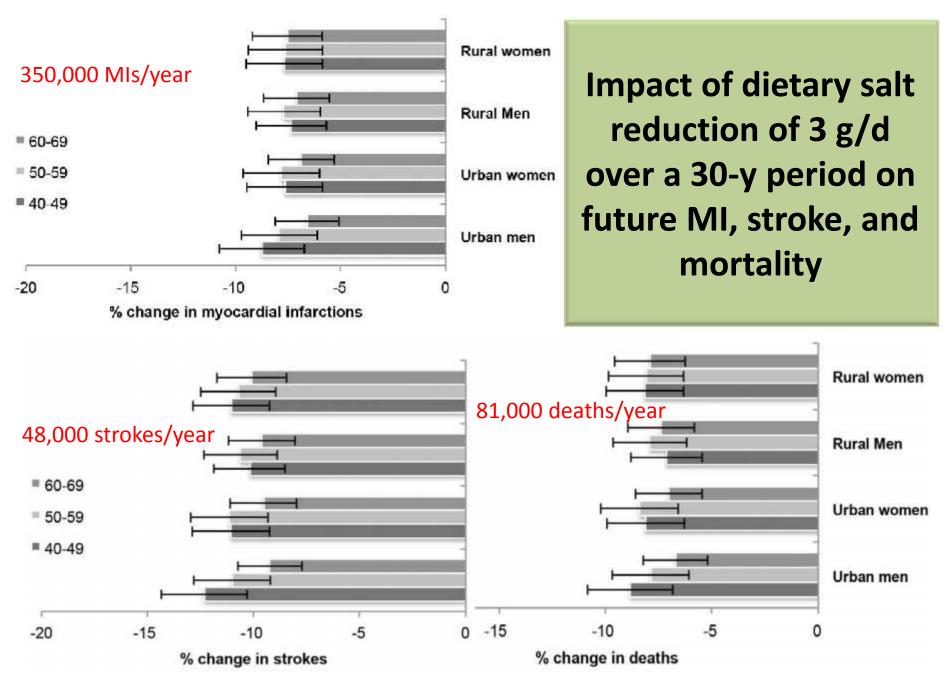
Source: Radhika et al 2007, J Assoc Physicians India;55:405-11.





Dietary salt in processed foods

UNI	<u> IAPPY</u>	ME	ALS I	<u> JAVOID</u>
NUTRITIC PERSON	KILO CALORIES	SALT '	TRANS FATS	STOMACH THIS!
Adult male	2,320	6	2.6	
Adult female	1,900	6	2.1	Most junk foods
Children (10-12 yr		6	2.3	contain very high
CSE'S DAN	IGEROUS DISCOVERY	+ allow	ecdday *gram/day	levels of transfats, salts and sugar —
SAMPLE		SALT "	TRANS FATS"	which inevitably lead to ill health
POTATO CH	IIDS 2011			and diseases such
Uncle Chipps Spicy Treat		3.5	0.8	as obesity and dia- betes. For instance,
Lay's American Style Cream & Onions		1.2	0.9	a two-piece fried
Bingo, Oye Pudina		2.3	0.6	chicken (about
A THE R. LEWIS CO. LEWIS CO. LEWIS CO., LANSING MICH. 400 P. L				250gm) has nearly 60 gm of fats, which
INDIAN SNACKS				is recommended
Haldiram's Aloo Bhujia		3.3	2.5	for the whole day, the CSE study found
Kurkure Masala Munch		1.6	0.7	The company of the contract of
INSTANT N	IOODLES			Companies resort to large-scale mis-
Masala Waggi		42	0.6	branding and mis- information; many
Top Hamen Super Noodles (Masala)		3.2	0.7	information, many say their products
BURGERS				contain zero trans
McAloo Tikki (with cheese)		2	0.3	fats when actually
KFCs Veg Zinger (with cheese)		1.7	0.7	the study found heavy doses of it
Nirula's Subz Burger (with cheese)		1.7	0.3	The second second second
McChicken		13	0.4	The younger generation is
KFC's Chicken Zinger		1,2	: 0.5	hooked on to junk
Nirula's Chicken Burger			0.3	food and therefore vulnerable to heart
PIZZA				diseases in the
Pizza Hut's Margherita Pan		1.4	0.1	prime of life. The CSE lab-tested 16
Domino's Margnerita		0.5	01	CSE lab-tested 16 major brands of
Slice of Italy's Margherita Classic		1	0.1	foods relished by
				people: Maggi and
FRIES McDonald's Fri	les	0.3	1.3	Top Ramen noodles, McDonald's foods.
KFC's Fries		and the section of the section of	- mineralinare	KFC's fried chicken
Nirula's French Fries		0.8 0.2	1.7	Aloo Bhujia, among
MI WIG S EL SUCTI	iles	0.2	throan // (Wan	others



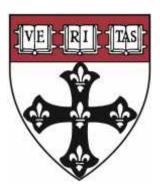
Source: Basu et al (2012) PLoS ONE 7(9): e44037.

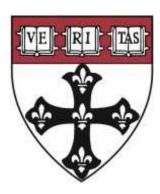
NEXT STEPS: MULTI-PRONGED APPROACH

- Understanding the feasibility and acceptability of simple dietary interventions
- Mechanistic studies to understand the lower age of onset of type 2 diabetes
- Effect of educational campaigns
- Effect of policy changes such as soda taxes

QUESTIONS?

Email: sbhupath@hsph.harvard.edu





Basic Copyright Notice & Disclaimer

©2014 This presentation is copyright protected. All rights reserved. You may download or print out a hard copy for your private or internal use. You are not permitted to create any modifications or derivatives of this presentation without the prior written permission of the copyright owner.

This presentation is for information purposes only and contains non-binding indications. Any opinions or views expressed are of the author and do not necessarily represent those of Swiss Re. Swiss Re makes no warranties or representations as to the accuracy, comprehensiveness, timeliness or suitability of this presentation for a particular purpose. Anyone shall at its own risk interpret and employ this presentation without relying on it in isolation. In no event will Swiss Re be liable for any loss or damages of any kind, including any direct, indirect or consequential damages, arising out of or in connection with the use of this presentation.