La mancata aderenza:

gli stili di vita.

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Cosa dovremmo fare

- Ridurre l'apporto di sodio
- Ridurre la quantità e migliorare la qualità dei grassi alimentari
- Mangiare più frutta e verdura
- Fare regolarmente la prima colazione e consumare più alimenti integrali
- Fare attenzione al fumo passivo
- Fare più attività fisica
- Ecc.ecc.

Salt and sodium intake: recent international guidelines

Organization	Date	Sodium (salt) limit	Notes
American Heart Assoc.	2010	1.5 (3.8)	
American Soc. Hypertension	2009	2.3 (5.8)	1.5 (3.8) in at risk people
Australia	2005	2.3 (5.8)	
Europ. Union	2004	2.0-2.3 (5.0-6.0)	

Dietary sodium intake in a sample of adult male population in southern Italy: results of the Olivetti Heart Study

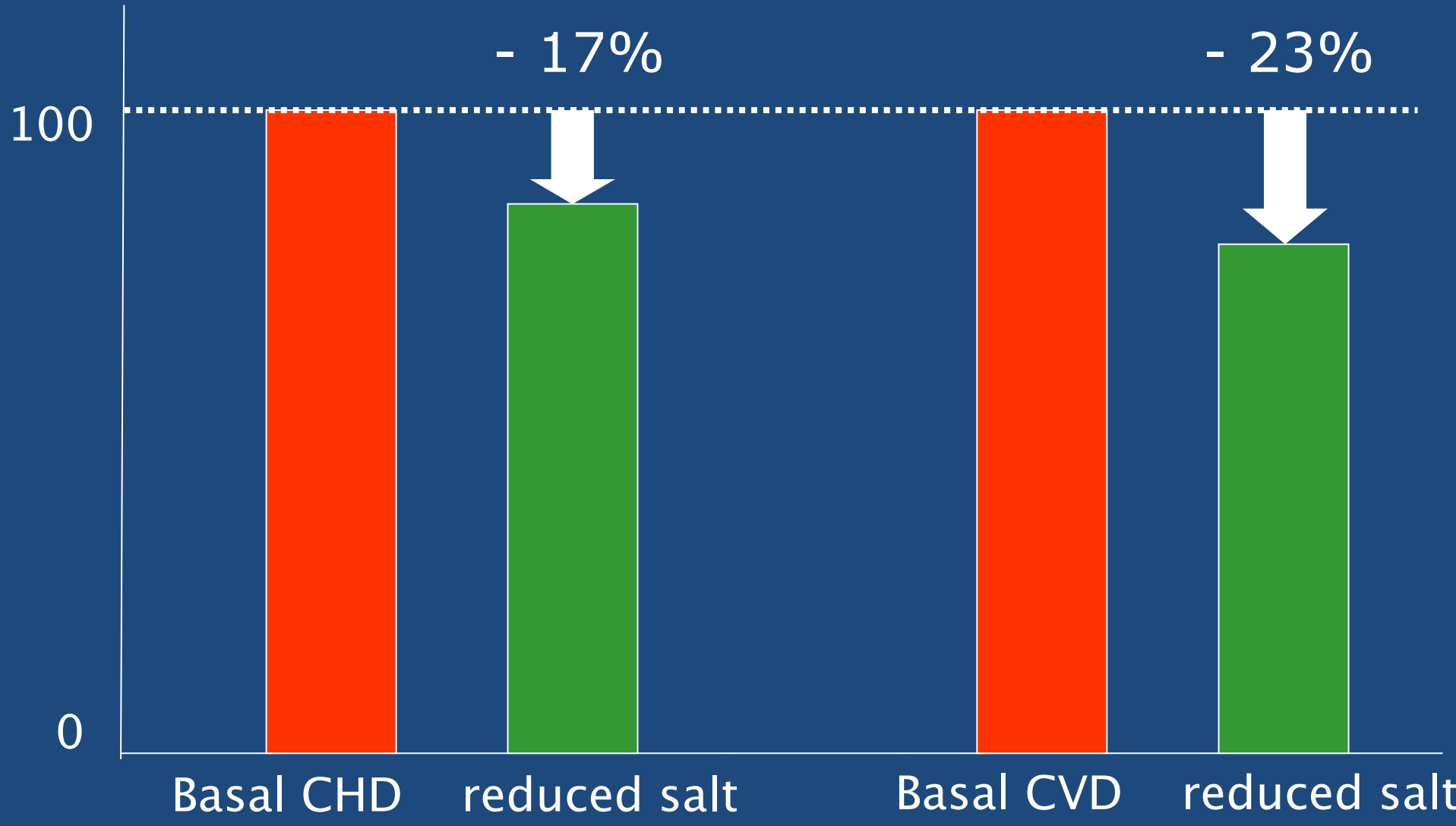
A Venezia[1], G Barba[2], O Russo[1], C Capasso[3], V De Luca[3], E Farinaro[4], FP Cappuccio[5], F Galletti[1], G Rossi[1] and P Strazzullo[1]

Cohort:
940 men, aged 25-75, from southern Italy, examined in 2002-2004

Main Results:
24h urinary Na excretion: 203 mmol/24h (equivalent to 11.5 g NaCl/day)
Range: 52-410 mmol/24h (3.0-23.0 g NaCl/day)
Increasing urinary Na excretion with increasing BMI
Direct association with pasta and cold cuts intake
No association with bread or cheese intake

European Journal of Clinical Nutrition (2010) 64, 518–524

Risk of cardiovascular disease associated with a 5 g reduction in daily salt intake



Strazzullo P et al, BMJ 2009

Salt and cardiovascular disease: metanalysis of 4 outcome trials

Study*	Reduced-salt		Control		Relative risk of CVD events (95% CI)	Relative risk (95% CI)
	Events	Total	Events	Total		
TOHP I	17	321	32	311		0·51 (0·29–0·91)
TOHP II	71	938	80	935		0·88 (0·65–1·20)
Morgan	6	34	5	33		1·16 (0·39–3·45)
TONE	36	322	46	331		0·80 (0·53–1·21)
Total	**130**	**1615**	**163**	**1610**		**0·80 (0·64–0·99)**

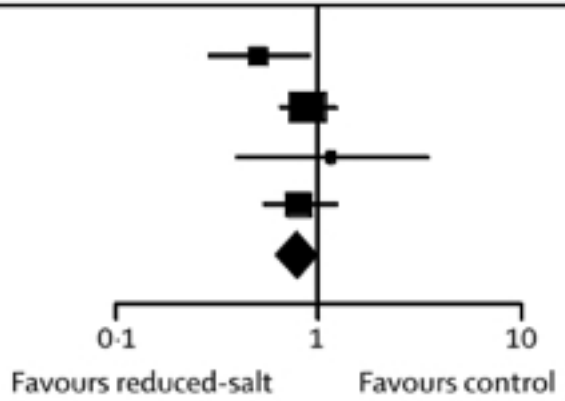
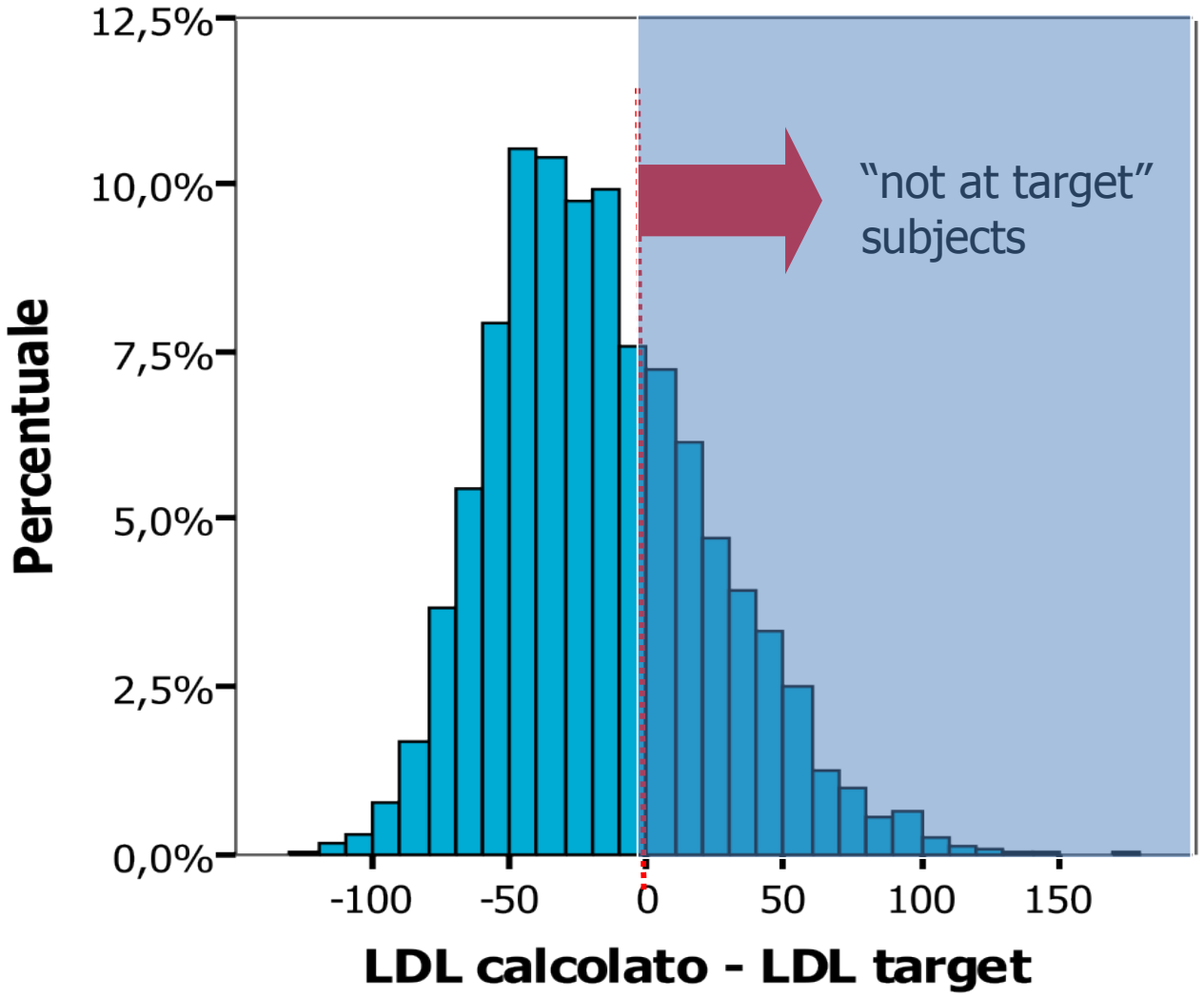


Figure: **Relative risk of cardiovascular disease (CVD) events in our meta-analysis of outcome trials of salt reduction at longest follow-up combining hypertensive and normotensive individuals**

Duration of follow-up ranged from 7 months to 11·5 years. We used fixed effect model with normotensives and hypertensives combined. Heterogeneity χ^2=3·20, df=3 (p=0·36); I^2=6%.Test for overall effect Z=2·02 (p=0·04). TOHP I=Trial of Hypertension Prevention, phase 1. TOHP II=Trial of Hypertension Prevention, phase 2. TONE=Trial of Nonpharmacologic Interventions in Elderly. *Data for individual trials taken from Taylor and colleagues' meta-analysis.[1]

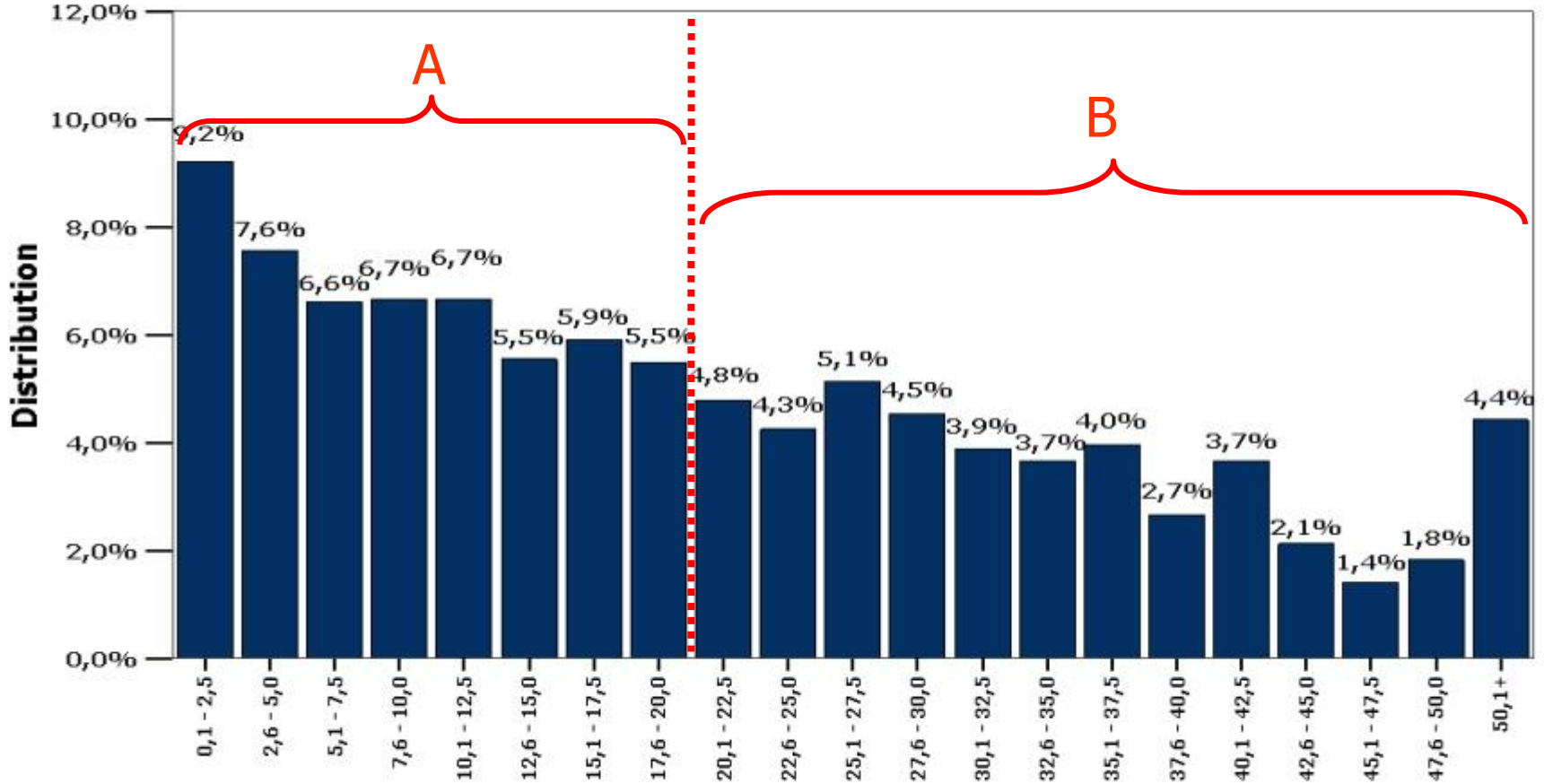
He FJ et al., The Lancet, 2011

Distance from LDL-chol target in the CHECK sample



Poli A et al, NMCD 2010

Distance from LDL-chol target (%) of "not at target" individuals of the CHECK sample, and classification in groups of dietary (A) or pharm. (B) intervention



(LDL observed – LDL target)/LDL target*100

Poli A et al, NMCD 2010

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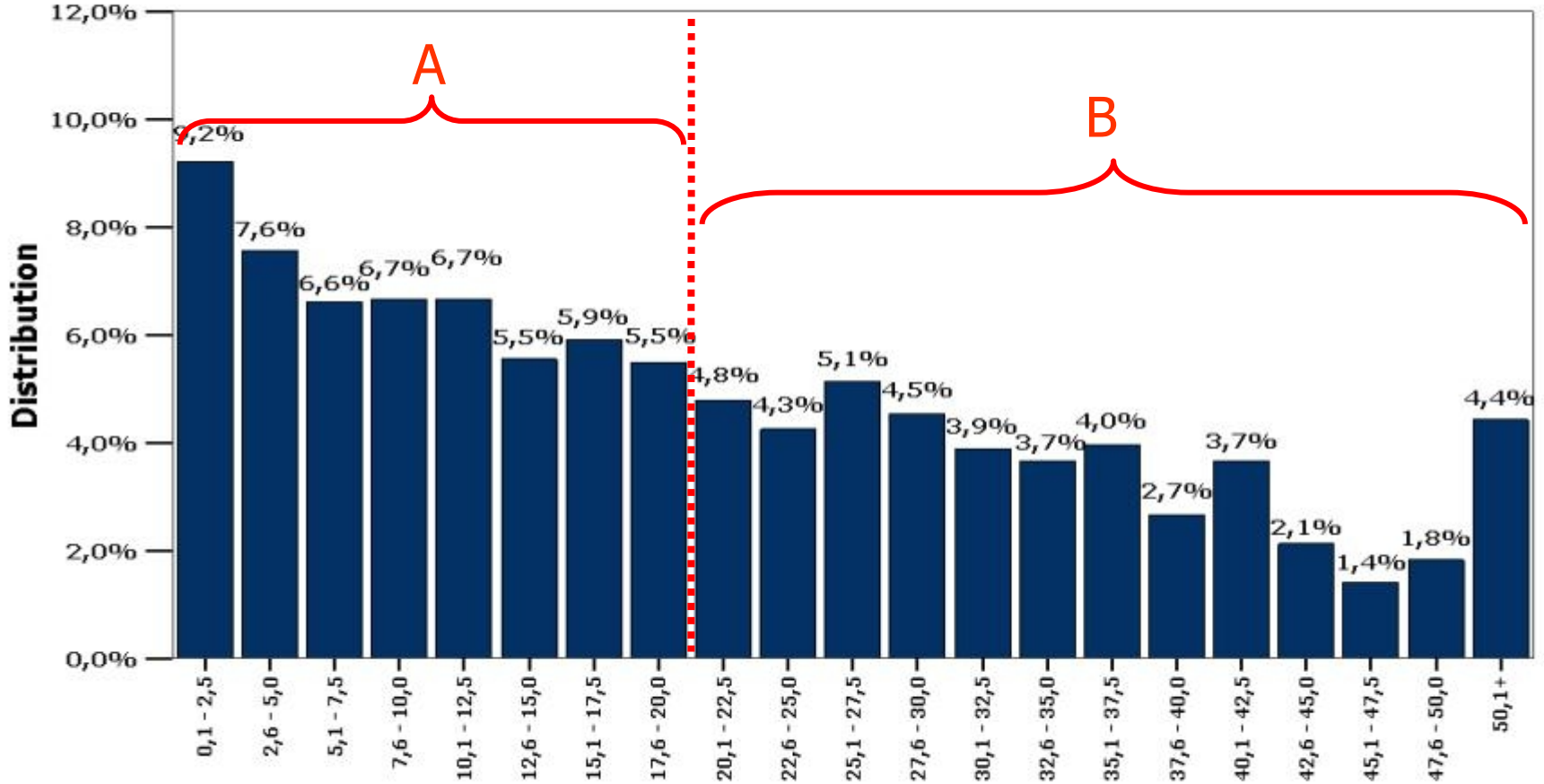

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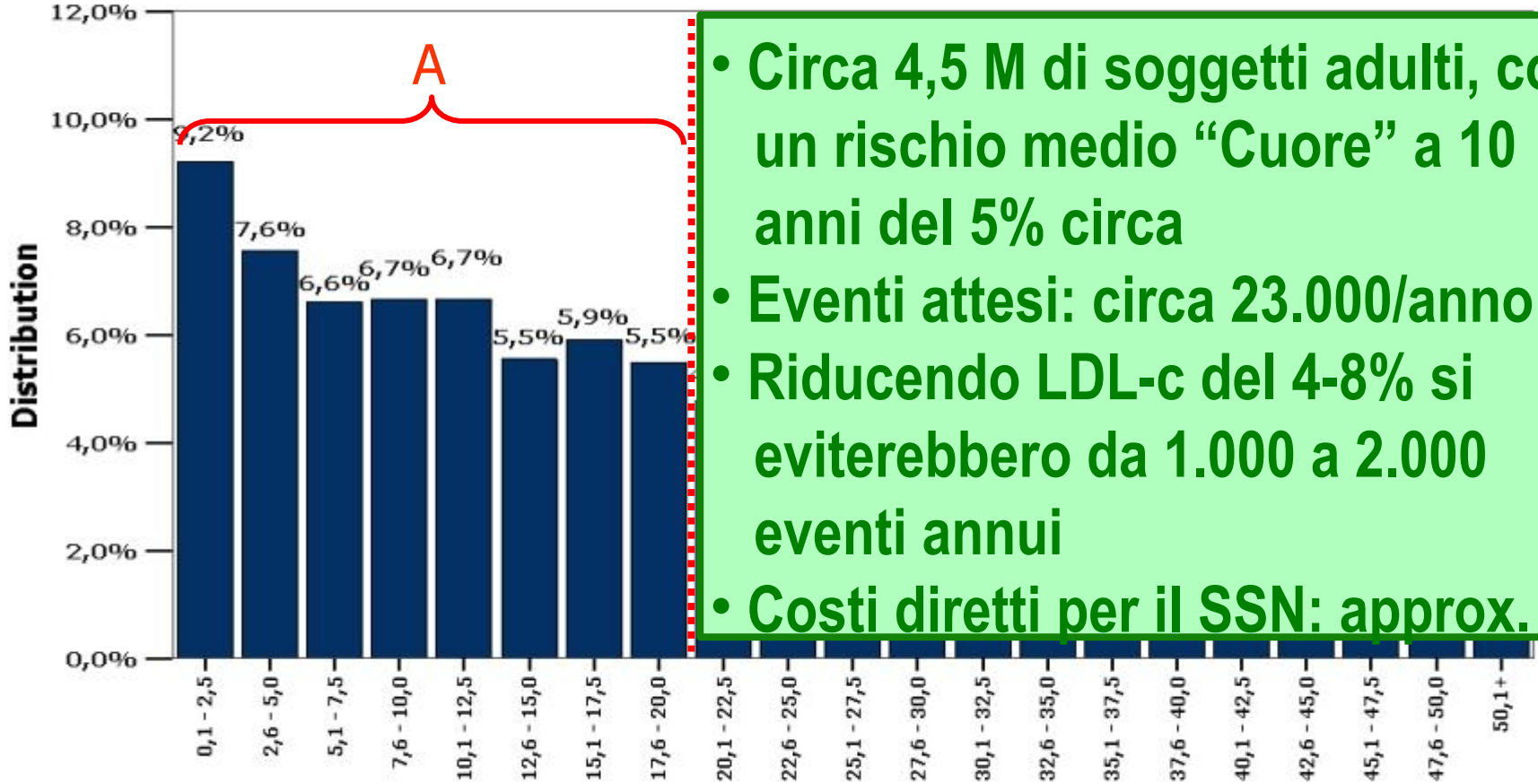


- Circa 4,5 M di soggetti adulti, con un rischio medio "Cuore" a 10 anni del 5% circa
- Eventi attesi: circa 23.000/anno
- Riducendo LDL-c del 4-8% si eviterebbero da 1.000 a 2.000 eventi annui
- Costi diretti per il SSN: approx. 0 €

(LDL observed – LDL target)/LDL target*100

Poli A et al, NMCD 2010

Nutrient intake goals in three different Guidelines focussed on CV prevention

	Linee guida NICE (Regno Unito) (53)	**Linee guida ESC (Europa)** (54)	**Linee guida ATP III (Stati Uniti)** (23)
Grassi totali (% Energia totale)	≤30	25-35	25-35
Grassi saturi (% Energia totale)	≤10	≤10 (<7**)	<10 (<7*)
Colesterolo (mg/die)	<300	<300	<300 (<200*)
MUFA (% Energia totale)	—	—	≤20
PUFA (% Energia totale)	—	≤ 10	≤10
Carboidrati (% Energia totale)	—	45-55	50-60
Proteine (% Energia totale)	—	—	15
Fibre (g/die)	—	25-40	20-30
Frutta e verdure (porzioni/die)	>5	—	—
Pesce (porzioni/settimana)	>2	—	—
*Alcool (drink/die)****	≤3-4 (uomo) ≤1-2 (donna)	20-30 g/die (uomo) 10-20 g/die (donna)	≤2 (uomo) ≤1 (donna)

*: nei soggetti a maggiore rischio cardiovascolare **: ottimale
***: un bicchiere di vino, una lattina di birra, una dose standard di un superalcoolico

Nutrient intakes in adults and elderly in Italy (INRAN Survey 2005-2006)

Table 4 Mean daily energy and nutrient intakes from food in adults (18–64.9 years) according to sex – Italian National Food Consumption Survey INRAN-SCAI 2005–06.

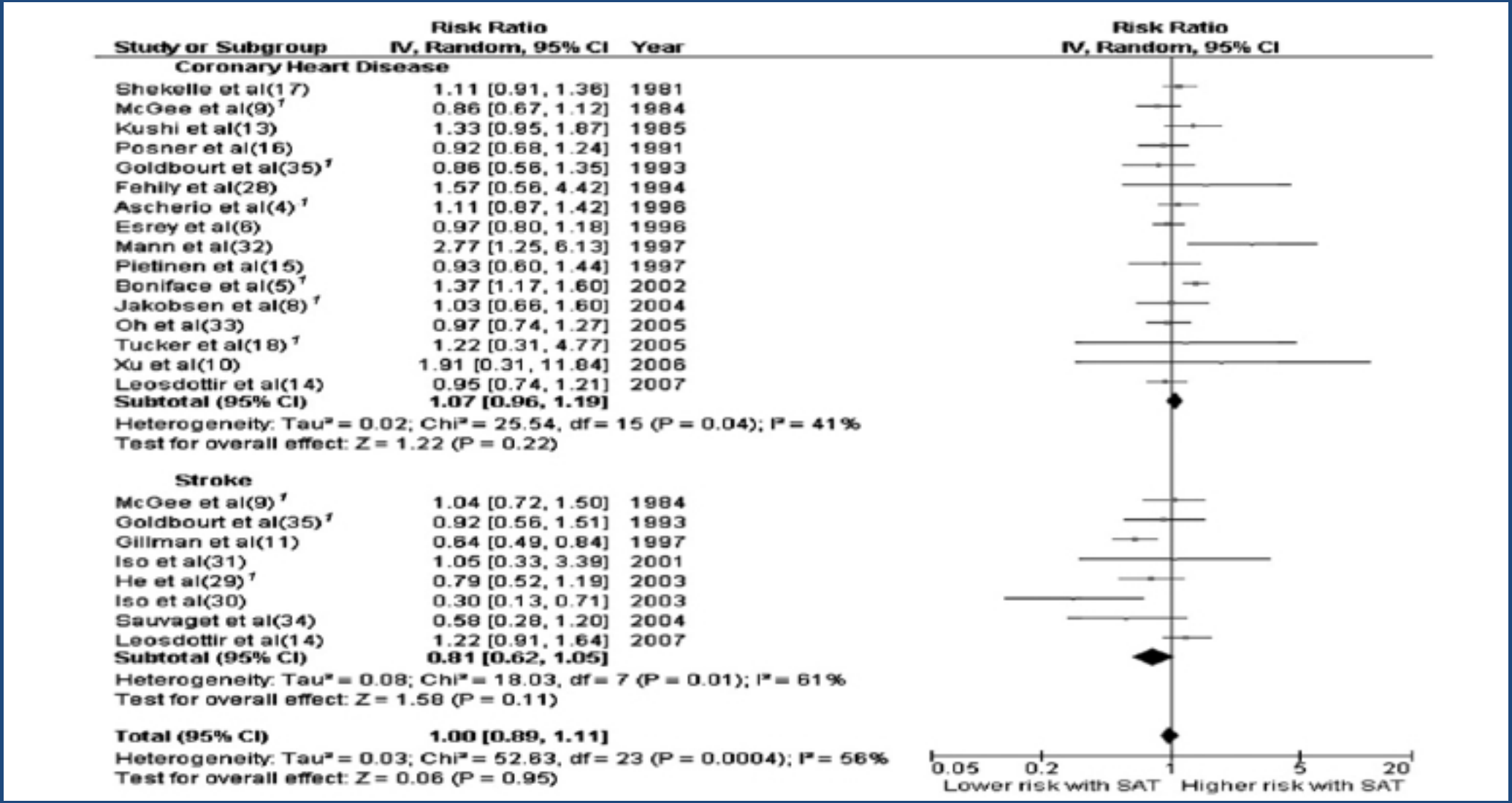
	Males (n. 1068)					Females (n. 1245)				
	Mean	SD[a]	Median	5th[b]	95th[b]	Mean	SD[a]	Median	5th[b]	95th[b]
Fat (g)	95.4	29.5	92.1	54.7	149.7	79.1	23.4	77.7	43.6	119.5
Saturated fatty acid (g)	29.7	11.3	27.7	14.6	50.1	24.4	8.8	23.5	11.8	40.9
Monounsaturated fatty acid (g)	45.9	13.9	44.4	26.4	70.1	38.3	11.4	37.7	21.5	57.7
Polyunsaturated fatty acid (g)	12.2	4.6	11.2	6.4	21.1	10.0	3.7	9.5	4.9	16.6
Cholesterol (mg)	331	157	305	138	615	265	125	245	103	488
Dietary fibre (g)	19.6	7.3	18.6	9.7	32.8	17.7	6.3	17.1	8.3	28.7
% Total energy from										
Fat	36.0	5.3	35.9	27.4	45.0	36.8	5.3	36.6	28.5	45.2
Saturated fatty acid	11.1	2.4	11.0	7.5	15.3	11.3	2.5	11.1	7.6	15.6
Monounsaturated fatty acid	17.4	3.2	17.3	12.6	22.8	17.9	3.4	17.7	12.8	23.5
Polyunsaturated fatty acid	4.6	1.2	4.4	3.1	6.9	4.6	1.1	4.4	3.1	6.6

Table 5 Mean daily energy and nutrient intakes from food in elderly (65 years and above) according to sex – Italian National Food Consumption Survey INRAN-SCAI 2005–06.

	Males (n. 202)					Females (n. 316)				
	Mean	SD[a]	Median	5th[b]	95th[b]	Mean	SD[a]	Median	5th[b]	95th[b]
Fat (g)	87.0	23.4	85.9	51.3	125.7	69.6	22.2	66.3	37.4	111.9
Saturated fatty acid (g)	26.8	8.8	25.5	13.5	44.1	22.2	8.4	21.2	10.3	36.9
Monounsaturated fatty acid (g)	43.5	12.5	43.2	24.9	66.5	34.1	11.3	33.0	17.0	55.1
Polyunsaturated fatty acid (g)	10.4	3.4	9.9	5.9	17.2	8.0	2.8	7.8	4.2	13.0
Cholesterol (mg)	302	137	279	130	541	243	106	234	97	421
Dietary fibre (g)	21.6	8.2	20.7	11.1	35.4	18.7	6.7	17.8	8.8	31.6
% Total energy from										
Fat	34.3	5.7	34.3	26.0	43.1	34.1	6.1	34.0	24.3	44.4
Saturated fatty acid	10.5	2.4	10.4	7.2	14.4	10.8	2.6	10.8	6.6	15.3
Monounsaturated fatty acid	17.2	3.5	17.3	12.0	23.0	16.7	3.6	16.6	11.1	22.8
Polyunsaturated fatty acid	4.1	1.2	3.9	2.8	6.2	4.0	1.1	3.8	2.6	5.6

adattato da Sette S et al, Nutr Metab Cardiovasc Dis 2010.

Saturated fats and CVD: a metanalysis



Siri-Tarino PW et al Am J Clin Nutr 2010

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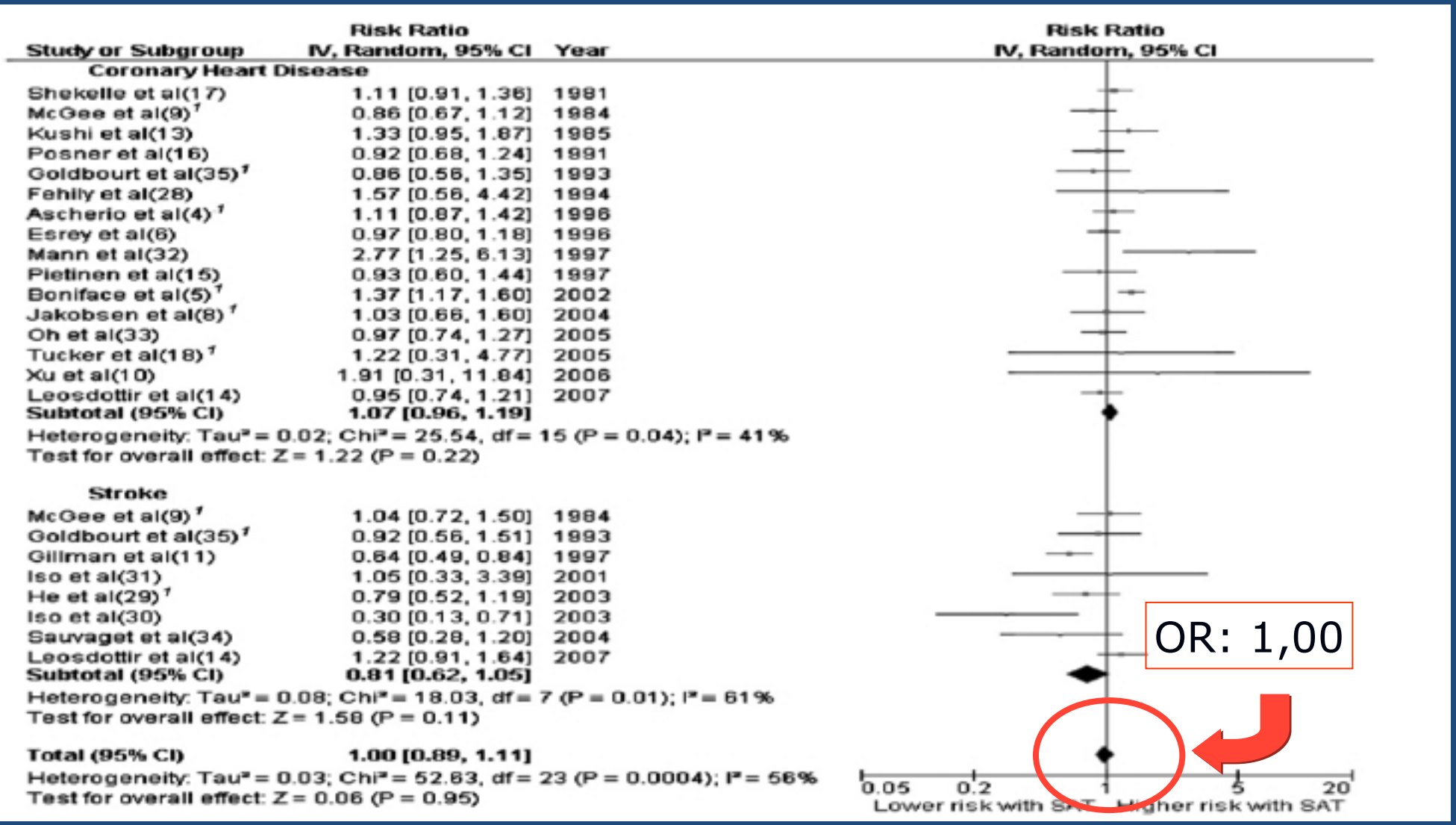


Siri-Tarino PW et al Am J Clin Nutr 2010

Sostituzione degli AG saturi con carboidrati: effetti sul rischio di AMI

Hazard ratios for myocardial infarction per 5% increment of energy intake from carbohydrates and a concomitant lower energy intake from saturated fatty acids[1]

	All participants	Women	Men
Model 1[2]	1.04 (0.93, 1.17)	1.09 (0.88, 1.36)	1.03 (0.90, 1.18)
Model 2[3]	1.04 (0.92, 1.17)	1.02 (0.82, 1.28)	1.05 (0.92, 1.21)

Jakobsen MU et al., Am J Clin Nutr, 2010

Sostituzione degli AG saturi con carboidrati di differente GI: effetti sul rischio di AMI

	All participants	
Tertiles of dietary GI[2]	Median dietary GI (80% central range)	HR (95% CI)
Carbohydrates with low-GI values (first tertile)	82 (77, 85)	0.88 (0.72, 1.07)
Carbohydrates with medium-GI values (second tertile)	88 (86, 90)	0.98 (0.80, 1.21)
Carbohydrates with high-GI values (third tertile)	93 (91, 98)	1.33 (1.08, 1.64)

Jakobsen MU et al., Am J Clin Nutr, 2010

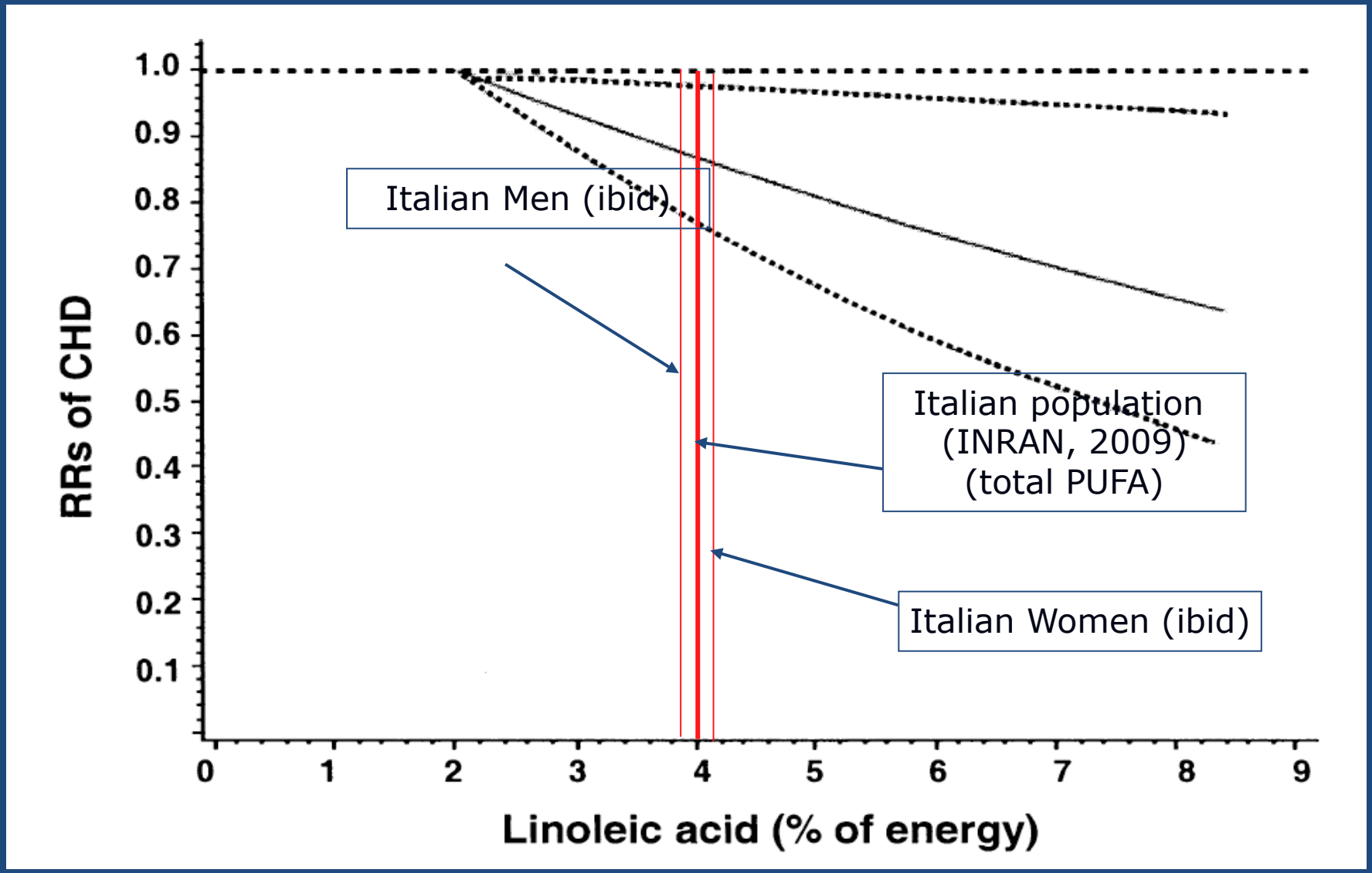
Consumption of specific foods in Italy

Table 3 Mean, standard deviation, median and high percentiles of individual daily consumption (3 d average) by food category in the total population and in consumers (g/d) – all ages, males and females: Italian National Food Consumption Survey INRAN-SCAI 2005–06

	Total population (*n* 3323)					Consumers						
Food categories	Mean	SD	Median	95th*	99th*	*n*	%	Mean	SD	Median	95th*	99th*
Vegetables, fresh and processed	*211·2*	*112·5*	*194·5*	*409·2*	*561·9*	*3310*	*99·6*	*212·0*	*111·9*	*194·9*	*409·6*	*561·9*
Fruit, fresh and processed	*208·5*	*156·7*	*186·4*	*499·3*	*706·0*	*3115*	*93·7*	*222·4*	*152·0*	*198·4*	*506·0*	*712·1*
Oils and fats	*40·4*	*16·7*	*38·7*	*68·5*	*91·0*	*3312*	*99·7*	*40·5*	*16·5*	*38·8*	*68·6*	*91·0*
Olive oil	32·7	13·8	31·5	56·8	71·3	3312	99·7	32·9	13·6	31·5	56·8	71·3
Other vegetable oils	2·6	4·2	0·0	9·8	17·0	1388	41·8	6·2	4·5	6·1	12·9	24·0
Butter and creams	4·1	8·0	0·0	18·4	34·7	1520	45·7	9·0	9·8	6·1	25·1	42·2
Other fats	0·9	2·9	0·0	6·0	15·2	595	17·9	5·3	4·8	3·9	15·2	(21·3)
Fish, seafood and their products	*44·7*	*51·0*	*32·2*	*147·2*	*214·1*	*2260*	*68·0*	*65·8*	*49·4*	*57·2*	*165·1*	*230·8*
Nuts, seeds, olives and their products, dried fruit	2·6	6·5	0·0	13·3	27·3	899	27·1	9·4	9·6	7·4	25·9	51·7

adattato da Leclercq C. et al, Public Health Nutr, 2009

Linoleic acid and CHD risk: data from the Nurses' Health Study and from the INRAN survey



Oh K, Am J Epidemiol 2005

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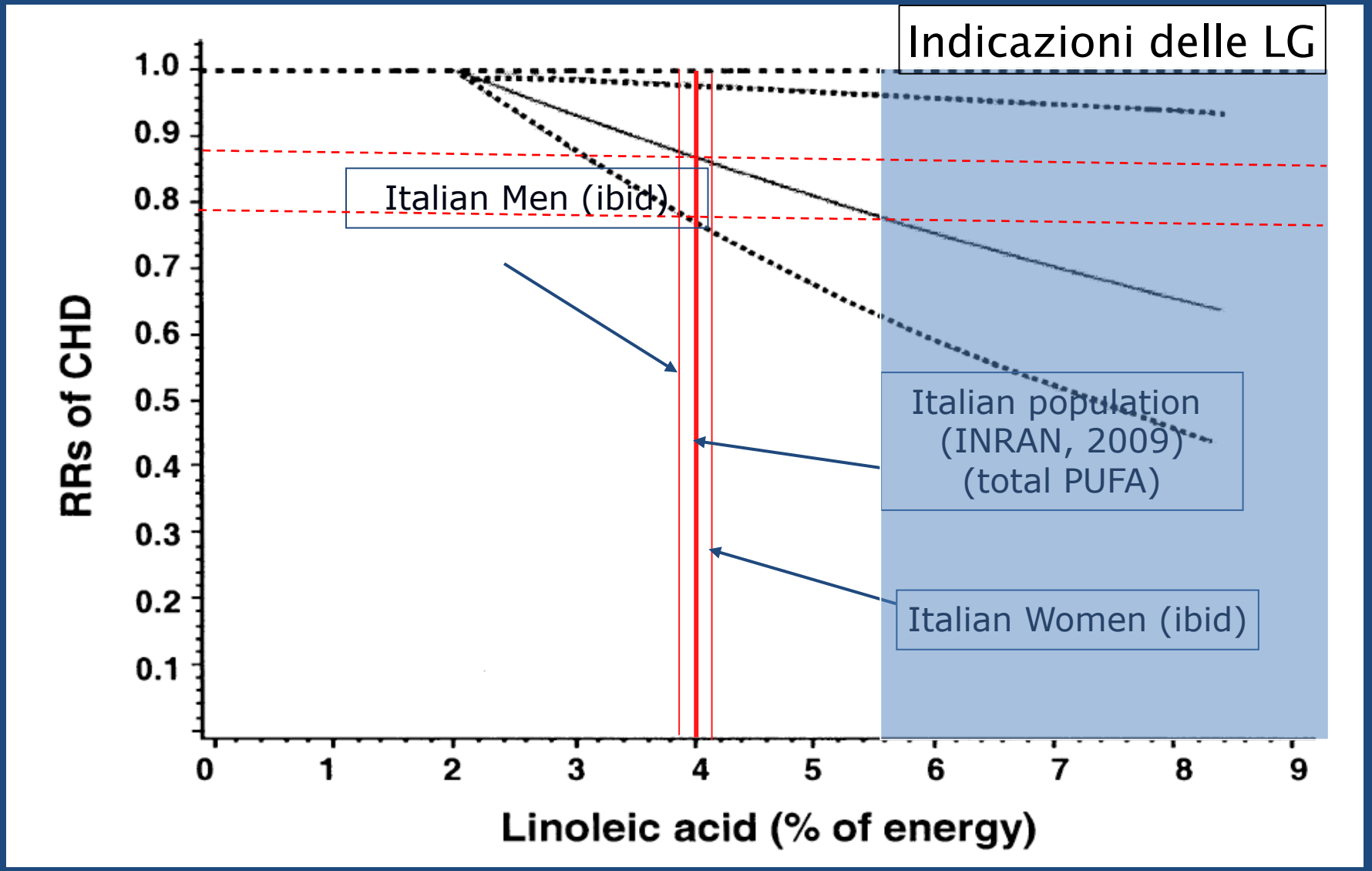


Oh K, Am J Epidemiol 2005

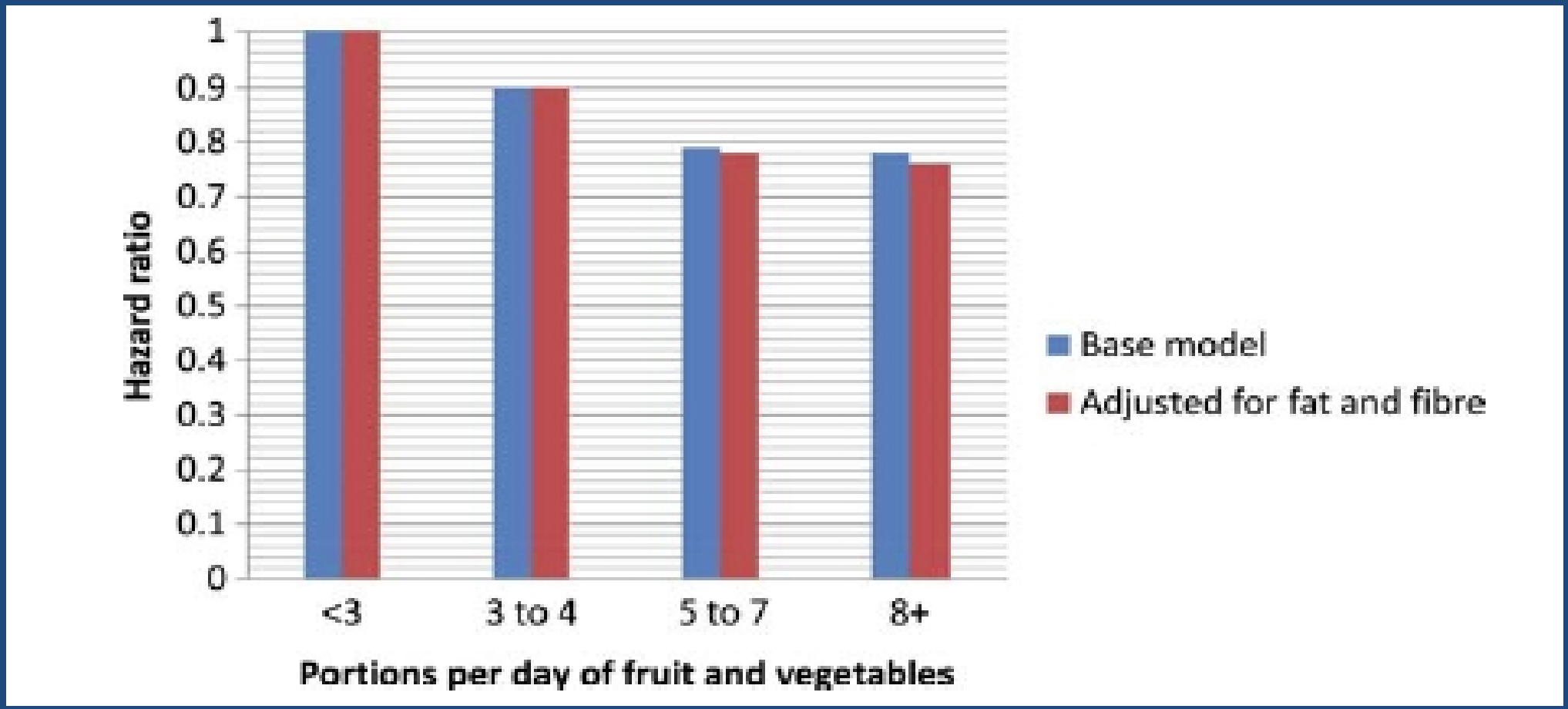
HRs and 95% IC of CVD according to egg consumption in the SUN study

	Egg consumption			
	< 1/week	*1/week*	*2–4/week*	*> 4/week*
Incident cases of CVD	11	16	53	11
Multivariable 1	1 (ref.)	0.77 (0.36–1.67)	0.99 (0.51–1.91)	1.10 (0.45–2.52)
Multivariable 2	1 (ref.)	0.78 (0.36–1.69)	0.99 (0.51–1.95)	1.08 (0.45–2.59)
Multivariable 3	1 (ref.)	0.78 (0.36–1.70)	1.00 (0.51–1.97)	1.10 (0.46–2.63)

Abbreviations: CI, confidence interval; CVD, cardiovascular disease; HR, hazard ratio.
Multivariable 1: adjusted for age (continuous), sex and total energy intake (continuous).
Multivariable 2: additionally adjusted for adherence to the Mediterranean food pattern (three categories).
Multivariable 3: additionally adjusted for alcohol intake (four categories), baseline BMI (kg/m^2, continuous), smoking status (three categories), physical activity during leisure time (MET-h/week, continuous), family history of CVD (yes/no), self-reported diabetes (yes/no), self-reported hypertension (yes/no) and self-reported hypercholesterolemia (yes/no).

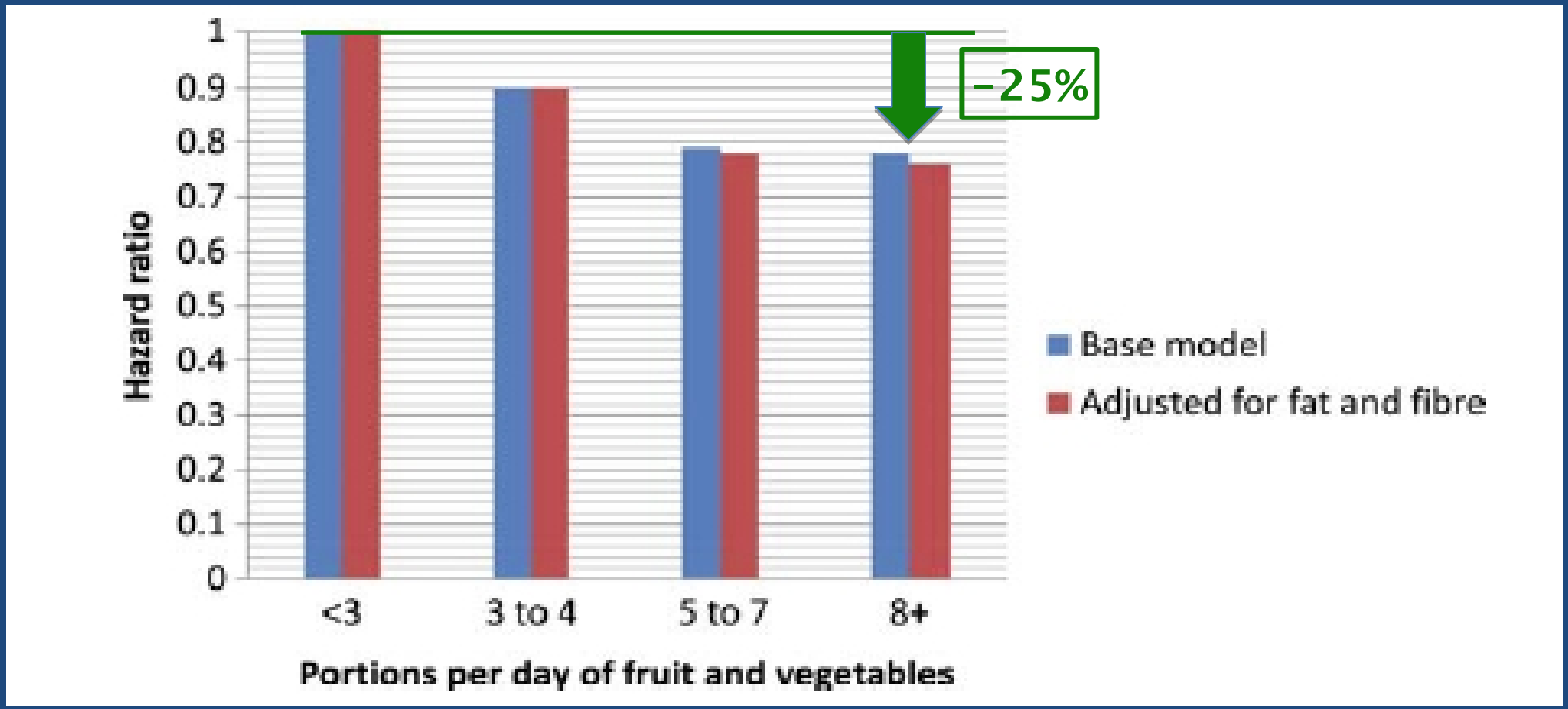
Zazpe I et al., Eur J Clin Nutr, 2011

Frutta, verdura e rischio cardiovascolare



Marmot M, Eur Heart J, 2011

Frutta, verdura e rischio cardiovascolare



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Oils and fats	*40·4*	*16·7*	*38·7*	*68·5*	*91·0*	*3312*	*99·7*	*40·5*	*16·5*	*38·8*	*68·6*	*91·0*
Olive oil	32·7	13·8	31·5	56·8	71·3	3312	99·7	32·9	13·6	31·5	56·8	71·3
Other vegetable oils	2·6	4·2	0·0	9·8	17·0	1388	41·8	6·2	4·5	6·1	12·9	24·0
Butter and creams	4·1	8·0	0·0	18·4	34·7	1520	45·7	9·0	9·8	6·1	25·1	42·2
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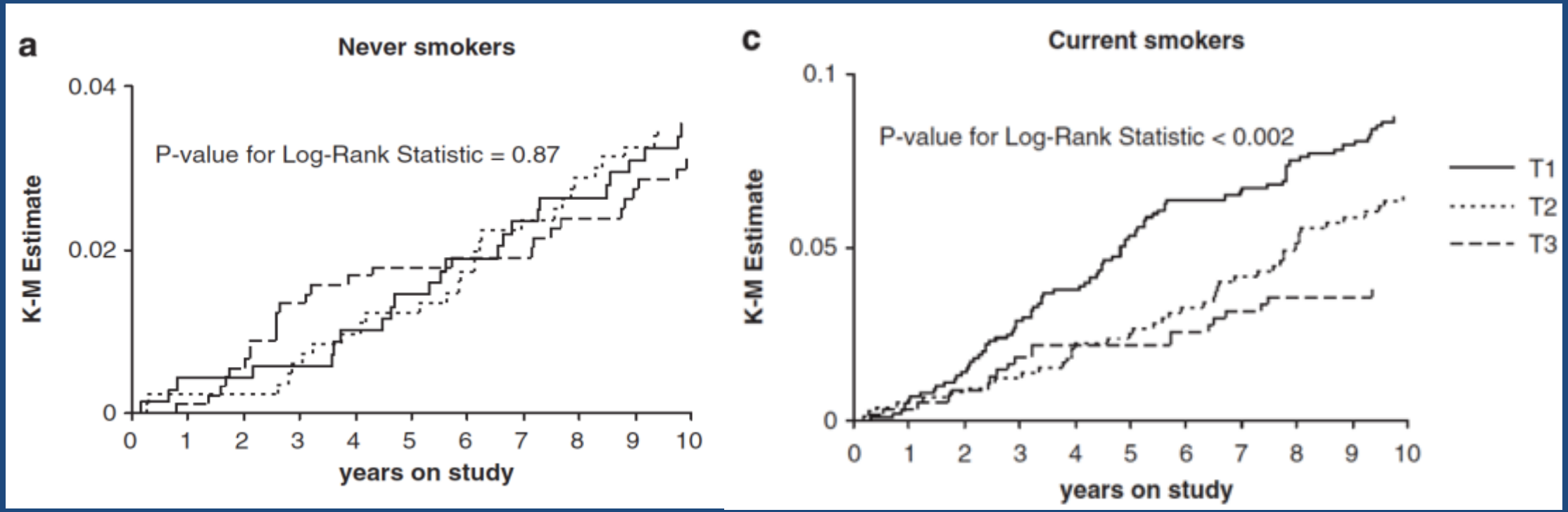
Nuts, seeds, olives and their products, dried fruit	2·6	6·5	0·0	13·3	27·3	899	27·1	9·4	9·6	7·4	25·9	51·7

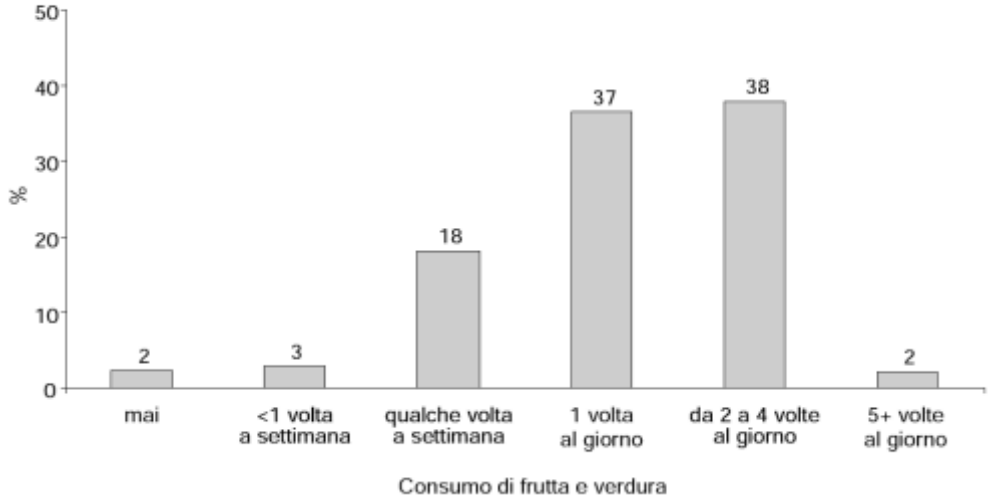
adattato da Leclercq C. et al, Public Health Nutr, 2009

Acute Coronary Syndrome incidence in the three tertiles of F&V consumption



Dauchet L et al., Eur J Clin Nut, 2010

Primary School Children's Health and Nutrition in Italy: focus on **fruit consumption** (data from "Okkio alla salute", 2008)



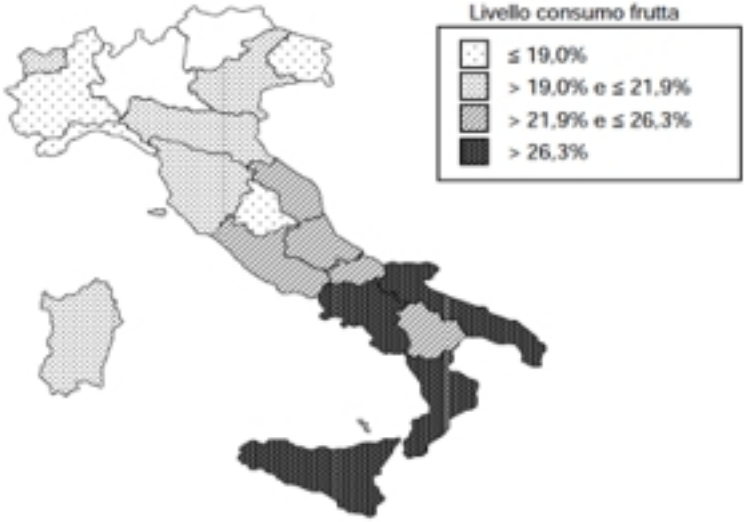


Figura 4. Distribuzione percentuale di bambini che consumano frutta meno di una volta al giorno. Italia, 2008

Tabella 2. Percentuale di bambini che non consumano quotidianamente frutta e verdura, per titolo di studio della madre. Italia, 2008

Titolo di studio della madre	N.	Ridotto apporto di frutta e verdura		
		%	OR grezzo (IC95%)	OR aggiustato* (IC95%)
≤media inferiore	15.801	28,5	1	1
media superiore	18.536	20,5	0,65 (0,60-0,69)	0,68 (0,63-0,74)
laurea	5.582	14,8	0,44 (0,39-0,49)	0,47 (0,42-0,53)

* OR aggiustato per età, sesso, Regione, zona abitativa, mediante modello di regressione logistica.

Apporto di fibra e mortalità per cause specifiche in una coorte di soggetti di sesso maschile (NIH-AARP Diet and Health Study)

Variable	Quintile, RR (95% CI)					*P* Value for Trend
	1	2	3	4	5	
Death from cardiovascular diseases						
Deaths, No.	1398	1099	965	922	864	
Age-adjusted	1 [Reference]	0.74 (0.69-0.81)	0.64 (0.59-0.69)	0.59 (0.54-0.64)	0.54 (0.49-0.59)	<.001
Multivariate 1[a]	1 [Reference]	0.85 (0.79-0.92)	0.78 (0.72-0.85)	0.76 (0.70-0.83)	0.73 (0.67-0.79)	<.001
Multivariate 2[b]	1 [Reference]	0.89 (0.82-0.96)	0.82 (0.75-0.90)	0.80 (0.73-0.89)	0.76 (0.68-0.85)	<.001
Death from cancers						
Deaths, No.	2157	1786	1599	1410	1292	
Age-adjusted	1 [Reference]	0.79 (0.74-0.84)	0.69 (0.65-0.74)	0.59 (0.55-0.63)	0.53 (0.50-0.57)	<.001
Multivariate 1	1 [Reference]	0.94 (0.88-1.00)	0.89 (0.84-0.95)	0.83 (0.77-0.89)	0.79 (0.74-0.85)	<.001
Multivariate 2	1 [Reference]	0.98 (0.91-1.04)	0.94 (0.87-1.01)	0.87 (0.81-0.94)	0.83 (0.76-0.92)	<.001
Daily median intake, g	12.6	16.4	19.4	22.9	29.4	

Park Y et al., Arch Intern Med, 2011

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Variable	Quintile, RR (95% CI)					*P* Value for Trend
	1	2	3	4	5	
Death from cardiovascular diseases						
Deaths, No.	1398	1099	965	922	864	
Age-adjusted	1 [Reference]	0.74 (0.69-0.81)	0.64 (0.59-0.69)	0.59 (0.54-0.64)	0.54 (0.49-0.59)	<.001
Multivariate 1[a]	1 [Reference]	0.85 (0.79-0.92)	0.78 (0.72-0.85)	0.76 (0.70-0.83)	0.73 (0.67-0.79)	<.001
Multivariate 2[b]	1 [Reference]	0.89 (0.82-0.96)	0.82 (0.75-0.90)	0.80 (0.73-0.89)	0.76 (0.68-0.85)	<.001
Death from cancers						
Deaths, No.	2157	1786	1599	1410	1292	
Age-adjusted	1 [Reference]	0.79 (0.74-0.84)	0.69 (0.65-0.74)	0.59 (0.55-0.63)	0.53 (0.50-0.57)	<.001
Multivariate 1	1 [Reference]	0.94 (0.88-1.00)	0.89 (0.84-0.95)	0.83 (0.77-0.89)	0.79 (0.74-0.85)	<.001
Multivariate 2	1 [Reference]	0.98 (0.91-1.04)	0.94 (0.87-1.01)	0.87 (0.81-0.94)	0.83 (0.76-0.92)	<.001
Daily median intake, g	12.6	16.4	19.4	22.9	29.4	

Park Y et al., Arch Intern Med, 2011

Apporto di fibra e mortalità per cause specifiche in una coorte di soggetti di sesso maschile

Variable	Quintile, RR (95% CI) 1	2	3	4	5	*P* Value for Trend
Death from cardiovascular diseases						
Deaths, No.				922	864	
Age-adjusted	1 [Re		.69)	0.[illegible] (0.54-0.64)	0.54 (0.49-0.59)	<.001
Multivariate 1[a]	1 [Re		.85)	[illegible]70-0.83)	0.73 (0.67-0.79)	<.001
Multivariate 2[b]	1 [Re		.90)	[illegible]0.73-0.89)	0.76 (0.68-0.85)	<.001
Death from cancers						
Deaths, No.	2			1410	[illegible]	
Age-adjusted	1 [Re		.74)	0.59 (0.55-0.63)	0.53 (0.50-0.57)	<.001
Multivariate 1	1 [Re		.95)	0.83 (0.77-0.89)	0.79 (0.74-0.85)	<.001
Multivariate 2	1 [Reference]	0.98 (0.91-1.04)	0.94 (0.87-1.01)	0.87 (0.81-0.94)	0.83 (0.76-0.92)	<.001
Daily median intake, g	12.6	16.4	19.4	22.9	29.4	

Teoricamente possibile evitare **1** decesso per CVD ogni **4**

Park Y et al., Arch Intern Med, 2011

Apporto di fibra e mortalità per cause specifiche in una coorte di soggetti di sesso maschile

Variable	Quintile, RR (95% CI) 1	2	3	4	5	*P* Value for Trend
Death from cardiovascular diseases						
Deaths, No.	1398	1099	965	922	864	
Age-adjusted	1 [Reference]	0.74 (0.69-0.81)	0.64 (0.59-0.69)	0.59 (0.54-0.64)	0.54 (0.49-0.59)	<.001
Multivariate 1[a]	1 [Reference]	0.85 (0.79-0.92)	0.78 (0.72-0.85)	0.76 (0.70-0.83)	0.73 (0.67-0.79)	<.001
Multivariate 2[b]	1 [Reference]	0.89 (0.82-0.96)	0.82 (0.75-0.90)	0.80 (0.73-0.89)	0.76 (0.68-0.85)	<.001
Death from cancers						
Deaths, No.	2			1410	1292	
Age-adjusted	1 [Re		.74)	(0.55-.63)	0.53 (0.50-0.57)	<.001
Multivariate 1	1 [Re		.95)	77-.89)	0.79 (0.74-0.85)	<.001
Multivariate 2	1 [Re		.01)	0. (0.81-0.94)	0.83 (0.76-0.92)	<.001
Daily median intake, g	1			22.9	29.4	

Teoricamente possibile evitare **1** decesso per cancro ogni **6**

Park Y et al., Arch Intern Med, 2011

Nutrient intakes in infants and teenagers in Italy (INRAN Survey 2005-2006)

Table 2 Mean daily energy and nutrient intakes from food in infants (0–2.9 years) and children (3–9.9 years) – Italian National Food Consumption Survey INRAN-SCAI 2005–06.

	Infants (n = 52)					Children (n = 193)				
	Mean	SD[a]	Median	5th[b]	95th[b]	Mean	SD[a]	Median	5th[b]	95th[b]
Fat (g)	43.8	16.4	42.3	22.1	79.0	79.5	22.8	78.8	46.4	116.7
Saturated fatty acid (g)	16.6	5.5	15.6	8.8	25.9	25.4	8.5	24.6	14.2	41.5
Monounsaturated fatty acid (g)	19.1	8.2	18.4	9.0	36.0	37.0	10.9	34.9	21.0	57.6
Polyunsaturated fatty acid (g)	4.7	2.4	4.0	1.9	10.0	9.8	3.5	9.3	4.7	16.0
Cholesterol (mg)	135	77	125	29	285	286	118	269	134	499
Dietary fibre (g)	8.2	5.2	7.6	0.0	17.7	14.4	5.2	14.4	6.1	22.4
% Total energy from										
Fat	36.7	9.3	35.6	24.5	56.6	37.4	4.9	37.3	30.2	46.6
Saturated fatty acid	14.4	4.9	13.1	8.4	25.8	11.9	2.5	11.7	8.0	16.6
Monounsaturated fatty acid	15.8	4.2	16.4	9.2	21.3	17.4	2.8	17.4	13.1	22.4
Polyunsaturated fatty acid	3.9	1.5	3.5	1.8	6.5	4.5	1.0	4.4	3.1	6.6

Table 3 Mean daily energy and nutrient intakes from food in teenagers (10–17.9 years) according to sex – Italian National Food Consumption Survey INRAN-SCAI 2005–06.

	Males (n = 108)					Females (n = 139)				
	Mean	SD[a]	Median	5th[b]	95th[b]	Mean	SD[a]	Median	5th[b]	95th[b]
Fat (g)	105.4	32.3	101.2	60.4	160.1	86.0	23.1	83.9	46.4	130.6
Saturated fatty acid (g)	33.1	11.4	31.8	17.2	56.9	26.8	8.4	25.8	14.0	43.1
Monounsaturated fatty acid (g)	49.0	14.5	47.8	30.1	74.1	40.3	11.0	40.2	21.0	61.2
Polyunsaturated fatty acid (g)	13.7	6.2	12.5	7.3	22.1	11.1	3.5	10.5	6.2	16.8
Cholesterol (mg)	355	153	325	143	629	311	144	282	127	618
Dietary fibre (g)	18.1	5.9	17.1	9.1	28.3	16.4	5.8	16.1	7.6	26.6
% Total energy from										
Fat	36.9	4.9	37.3	29.2	44.3	37.2	5.0	37.4	29.1	45.9
Saturated fatty acid	11.5	2.2	11.5	8.1	15.4	11.5	2.0	11.6	8.0	15.2
Monounsaturated fatty acid	17.3	2.9	17.3	12.9	22.2	17.6	3.2	17.4	12.8	23.2
Polyunsaturated fatty acid	4.8	1.2	4.6	3.4	6.7	4.9	1.0	4.6	3.6	6.4

Sette S et al, Nutr Metab Cardiovasc Dis 2010.

Nutrient intakes in adults and elderly in Italy (INRAN Survey 2005-2006)

Table 4 Mean daily energy and nutrient intakes from food in adults (18–64.9 years) according to sex – Italian National Food Consumption Survey INRAN-SCAI 2005–06.

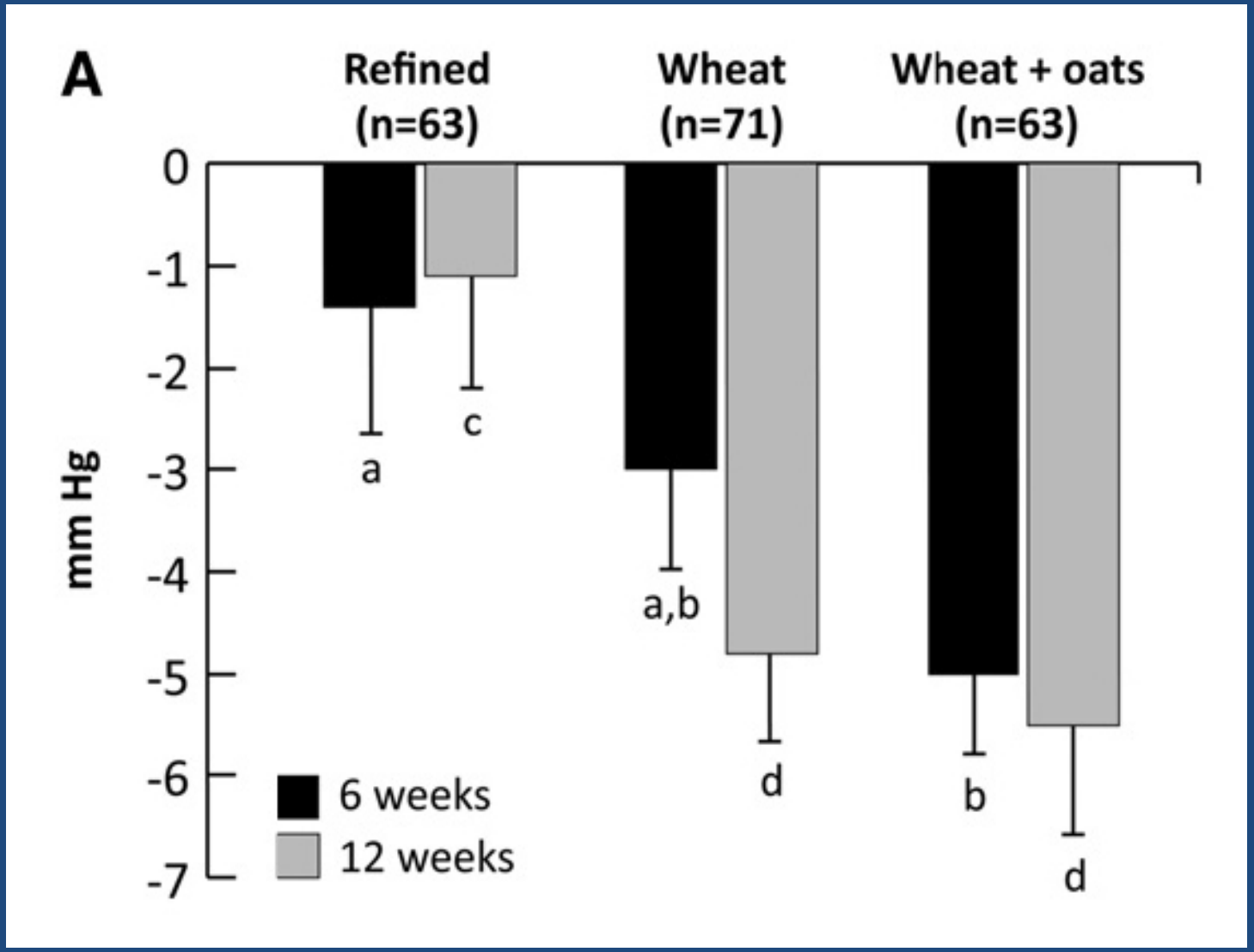
	Males (n. 1068)					Females (n. 1245)				
	Mean	SD[a]	Median	5th[b]	95th[b]	Mean	SD[a]	Median	5th[b]	95th[b]
Fat (g)	95.4	29.5	92.1	54.7	149.7	79.1	23.4	77.7	43.6	119.5
Saturated fatty acid (g)	29.7	11.3	27.7	14.6	50.1	24.4	8.8	23.5	11.8	40.9
Monounsaturated fatty acid (g)	45.9	13.9	44.4	26.4	70.1	38.3	11.4	37.7	21.5	57.7
Polyunsaturated fatty acid (g)	12.2	4.6	11.2	6.4	21.1	10.0	3.7	9.5	4.9	16.6
Cholesterol (mg)	331	157	305	138	615	265	125	245	103	488
Dietary fibre (g)	19.6	7.3	18.6	9.7	32.8	17.7	6.3	17.1	8.3	28.7
% Total energy from										
Fat	36.0	5.3	35.9	27.4	45.0	36.8	5.3	36.6	28.5	45.2
Saturated fatty acid	11.1	2.4	11.0	7.5	15.3	11.3	2.5	11.1	7.6	15.6
Monounsaturated fatty acid	17.4	3.2	17.3	12.6	22.8	17.9	3.4	17.7	12.8	23.5
Polyunsaturated fatty acid	4.6	1.2	4.4	3.1	6.9	4.6	1.1	4.4	3.1	6.6

Table 5 Mean daily energy and nutrient intakes from food in elderly (65 years and above) according to sex – Italian National Food Consumption Survey INRAN-SCAI 2005–06.

	Males (n. 202)					Females (n. 316)				
	Mean	SD[a]	Median	5th[b]	95th[b]	Mean	SD[a]	Median	5th[b]	95th[b]
Fat (g)	87.0	23.4	85.9	51.3	125.7	69.6	22.2	66.3	37.4	111.9
Saturated fatty acid (g)	26.8	8.8	25.5	13.5	44.1	22.2	8.4	21.2	10.3	36.9
Monounsaturated fatty acid (g)	43.5	12.5	43.2	24.9	66.5	34.1	11.3	33.0	17.0	55.1
Polyunsaturated fatty acid (g)	10.4	3.4	9.9	5.9	17.2	8.0	2.8	7.8	4.2	13.0
Cholesterol (mg)	302	137	279	130	541	243	106	234	97	421
Dietary fibre (g)	21.6	8.2	20.7	11.1	35.4	18.7	6.7	17.8	8.8	31.6
% Total energy from										
Fat	34.3	5.7	34.3	26.0	43.1	34.1	6.1	34.0	24.3	44.4
Saturated fatty acid	10.5	2.4	10.4	7.2	14.4	10.8	2.6	10.8	6.6	15.3
Monounsaturated fatty acid	17.2	3.5	17.3	12.0	23.0	16.7	3.6	16.6	11.1	22.8
Polyunsaturated fatty acid	4.1	1.2	3.9	2.8	6.2	4.0	1.1	3.8	2.6	5.6

adattato da Sette S et al, Nutr Metab Cardiovasc Dis 2010.

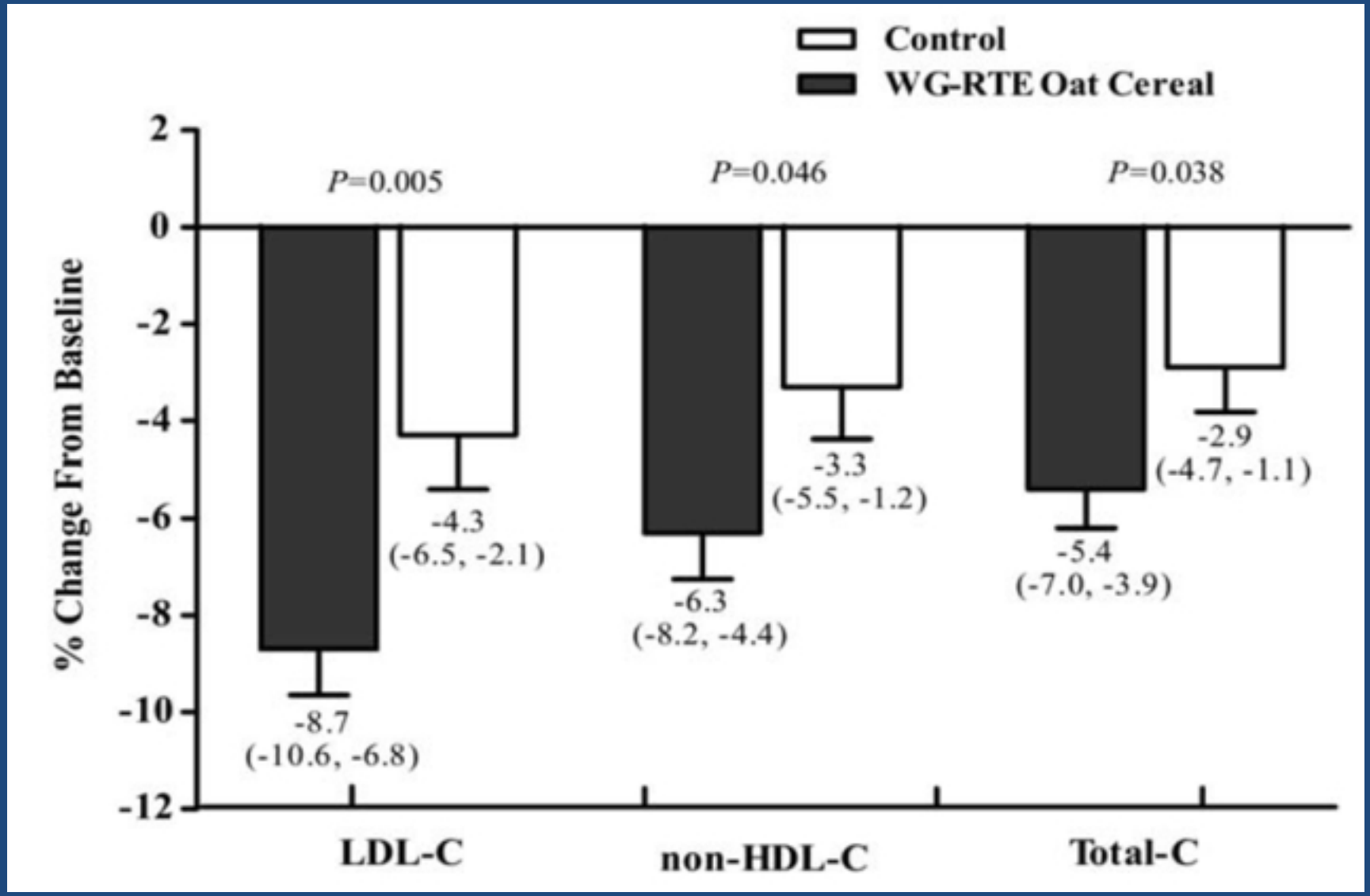
Cereali integrali e valori pressori: uno studio di intervento controllato



206 persone sane di età media che assumevano 3 porzioni di cereali integrali o cereali raffinati per 6-12 settimane

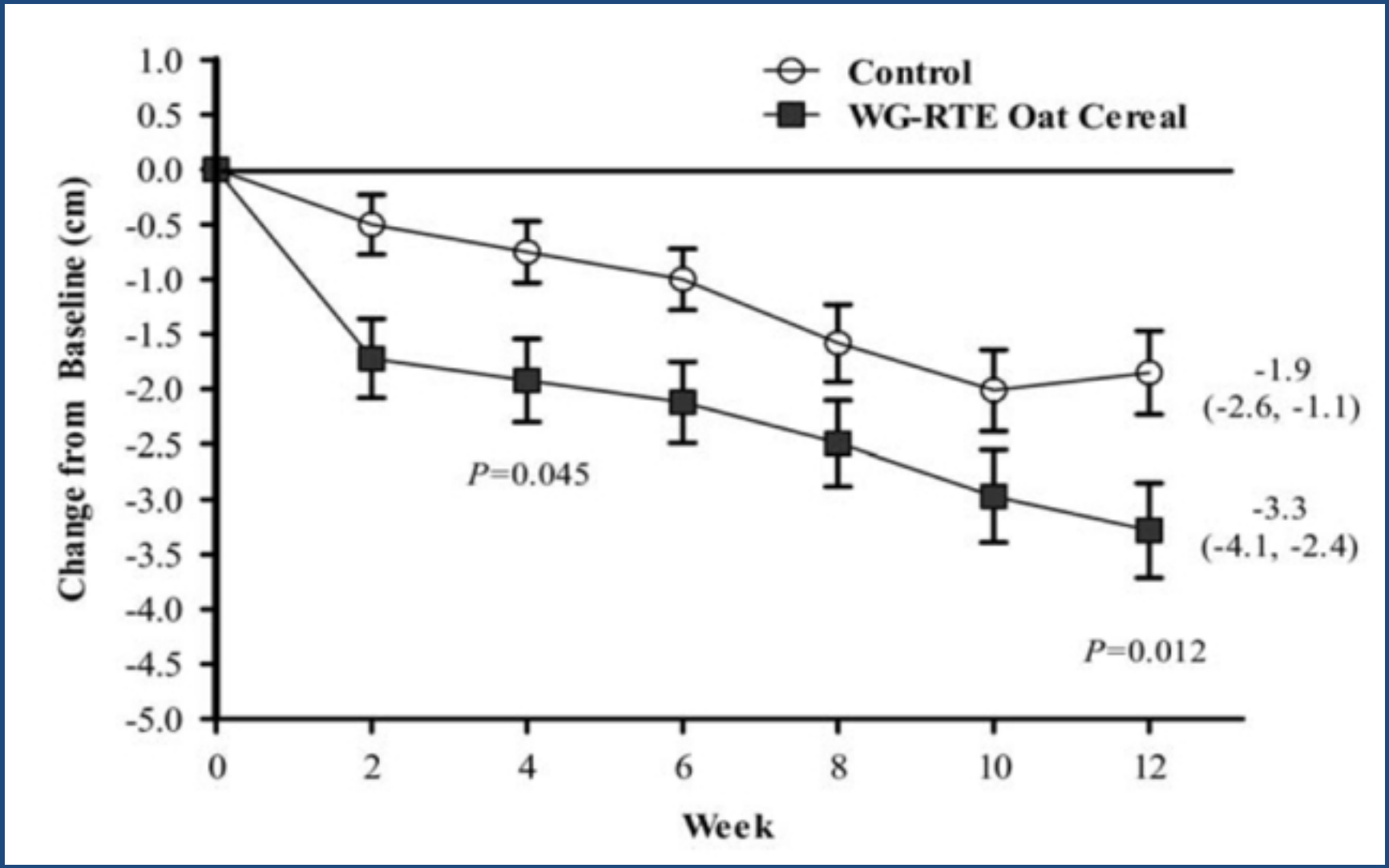
Tighe P et al, Am J Clin Nutr 2010

Whole grain cereals and cholesterol reduction: an intervention trial



Maki KC et al., J Am Diet Assoc, 2010

Whole grain cereals and waist reduction: an intervention trial

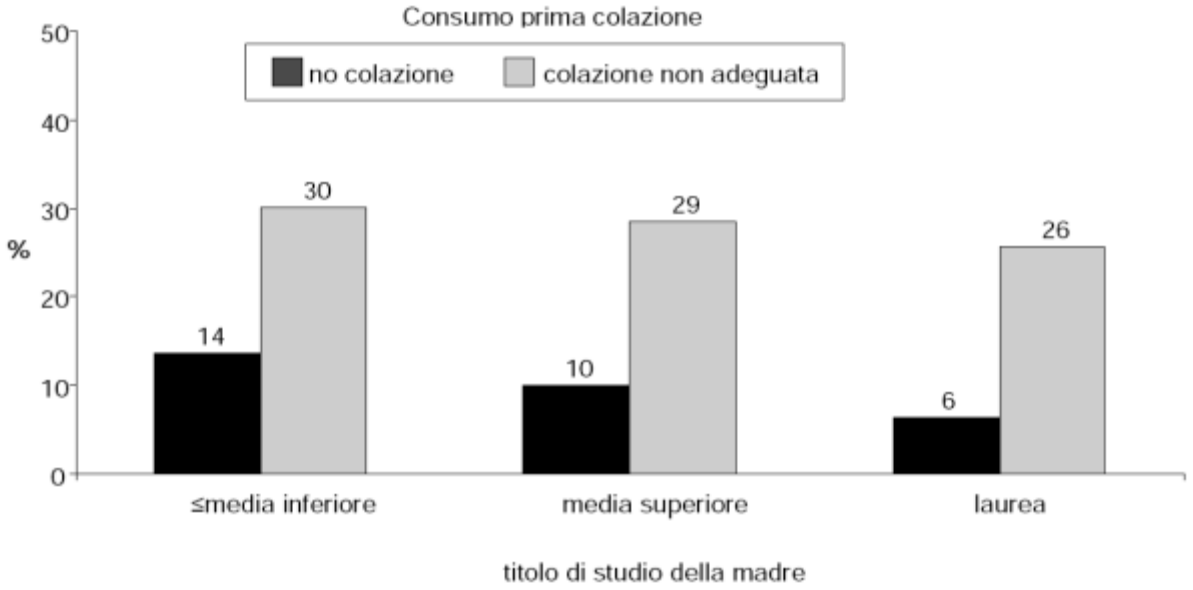


Maki KC et al., J Am Diet Assoc, 2010

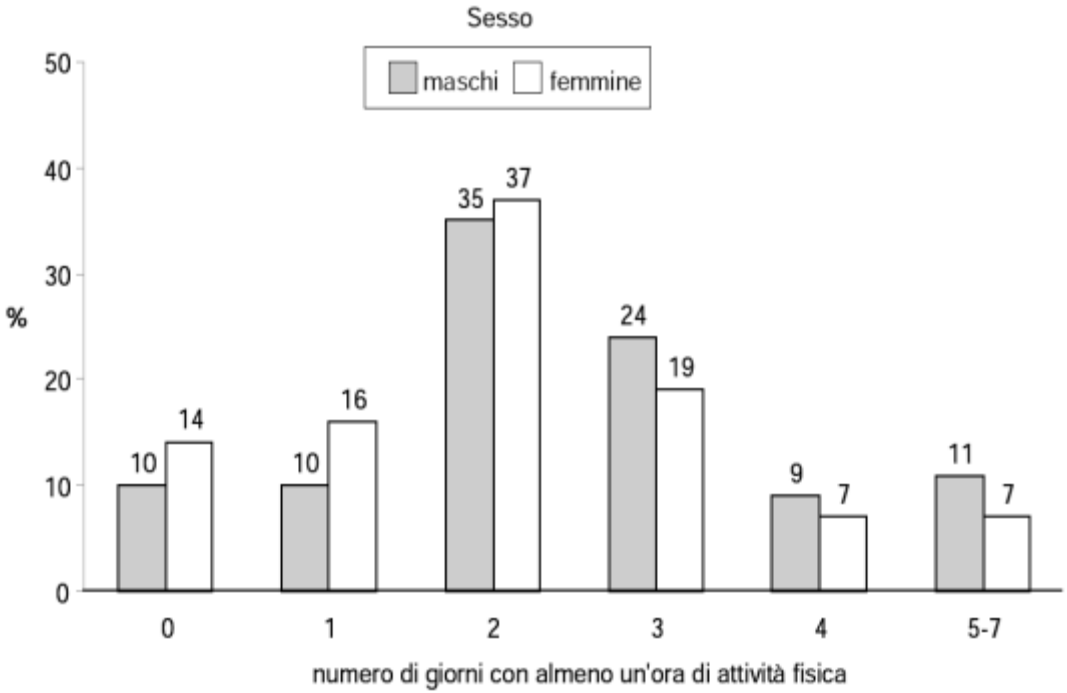
Primary School Children's Health and Nutrition in Italy: focus on **breakfast consumption** (from "Okkio alla salute", 2008)

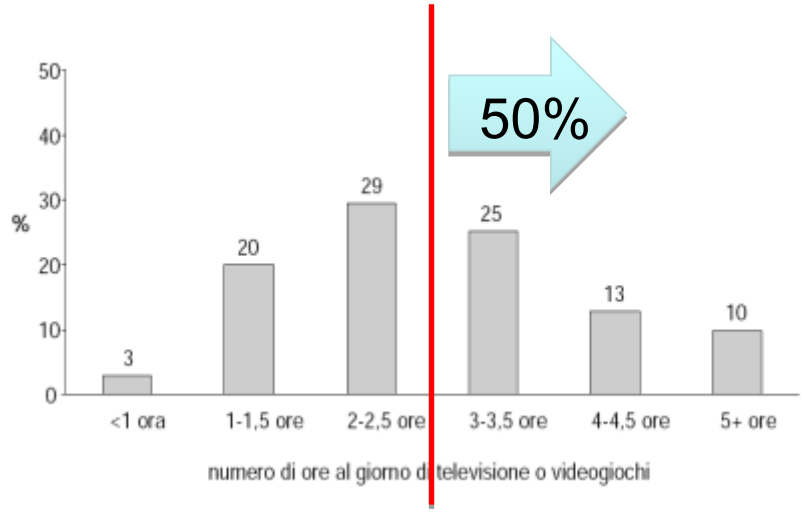
Tabella 1. Associazione tra consumo della prima colazione e prevalenza di sovrappeso-obesità. Italia, 2008

Prima colazione	N.	% bambini in sovrappeso-obesità	OR grezzo (IC95%)	OR aggiustato* (IC95%)
no	4.828	48,5	1,91 (1,75-2,08)	1,70 (1,56-1,86)
sì, non adeguata	12.962	36,1	1,11 (1,04-1,19)	1,09 (1,02-1,17)
sì, adeguata	27.385	33,5	1	1



Primary School Children's **Physical Activity** in Italy: data from the "Okkio alla salute" project (2008)





No effect of mother's educational level!

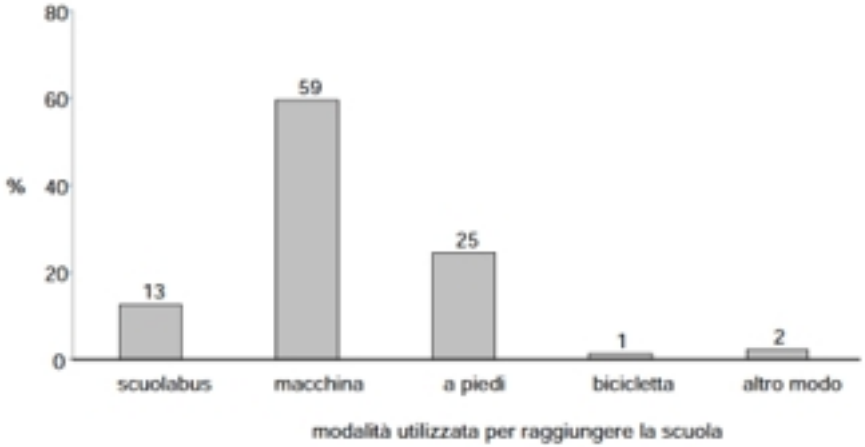
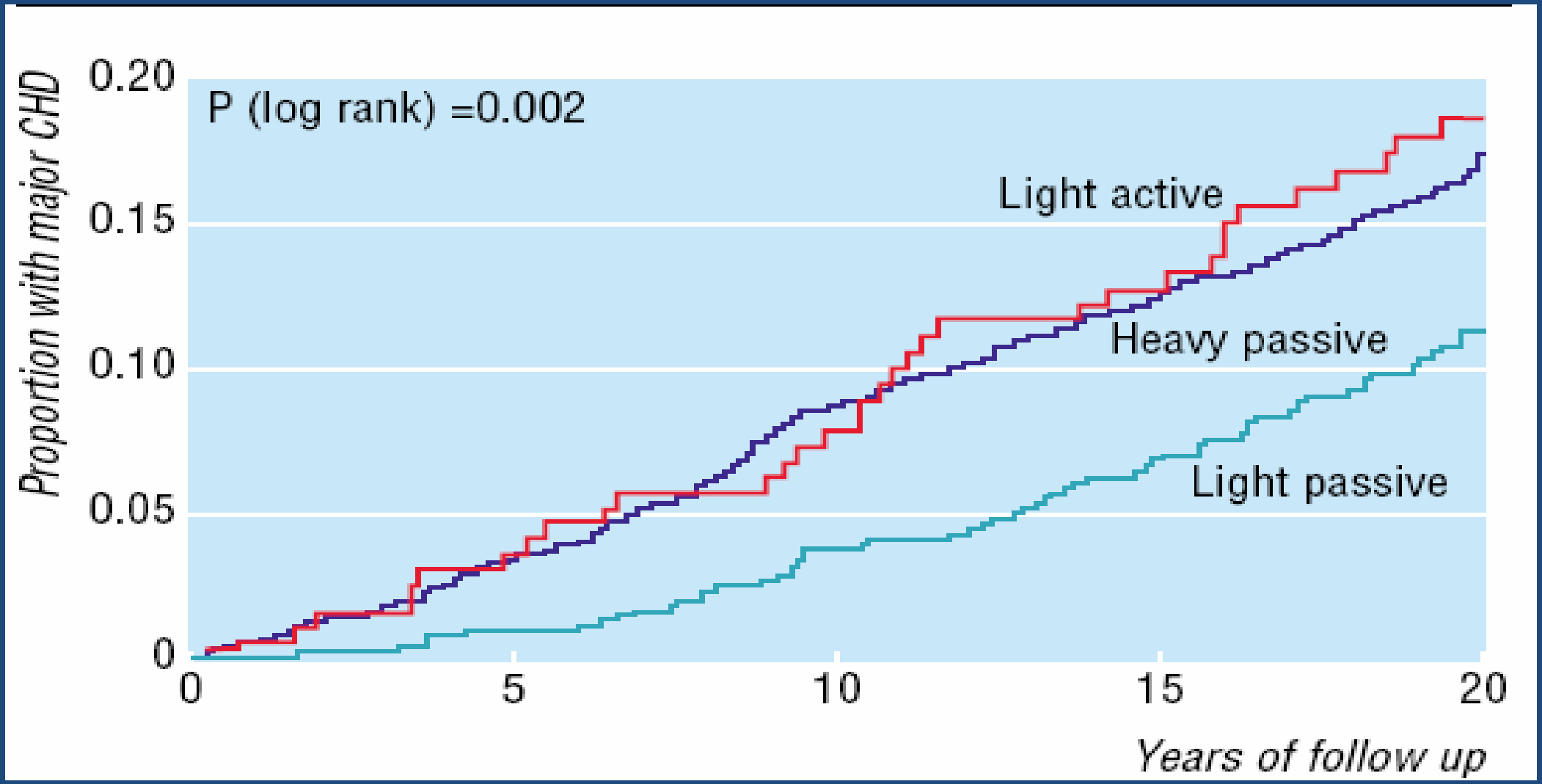


Figura 3. Distribuzione percentuale della modalità utilizzata dai bambini per recarsi a scuola. Italia, 2008

Figura 1. Percentuale di bambini che non hanno svolto attività fisica nel giorno precedente l'indagine, per Regione. Italia, 2008

Proportion of men with major CHD by years of follow up in each smoking group.



"Light passive": lowest quartile of cotinine in non-smokers (0-0.7 ng/ml),
"heavy passive": upper three quartiles of cotinine in non-smokers (0.8 to 14.0 ng/ml)
"light active": men smoking 1-9 cigarettes a day

Whincup PH et al, BMJ 2004

Le barriere

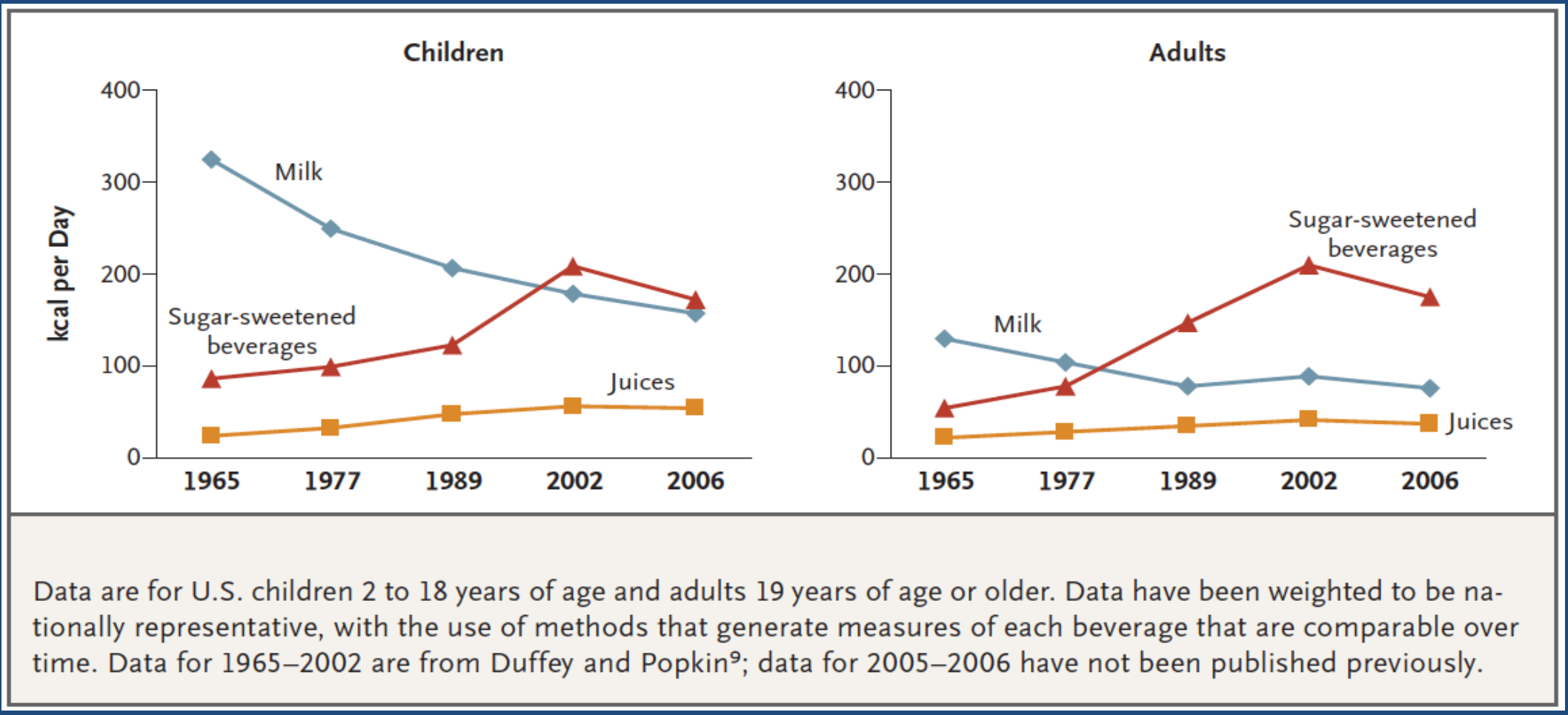
- Assetto genico della nostra specie, inadatto alla attuale disponibilità di cibo: il "piacere" di mangiare (sinergie con l'industria)
- Il livello di certezza sulle indicazioni da dare al pubblico non è ancora ottimale:
  - studi osservazionali vs. trials di intervento
  - complessità dei dati scientifici più recenti
- Gli atteggiamenti ideologici e la tendenza "punitiva"
- La bassa qualità di molti "esperti" mediatici e la pressione di alcune aziende del settore

Due possibili problemi:

Variety and hyperpalatability: are they promoting addictive overeating?[1–3]

Avena, NM & Gold, MS, Am J Clin Nutr, 2011

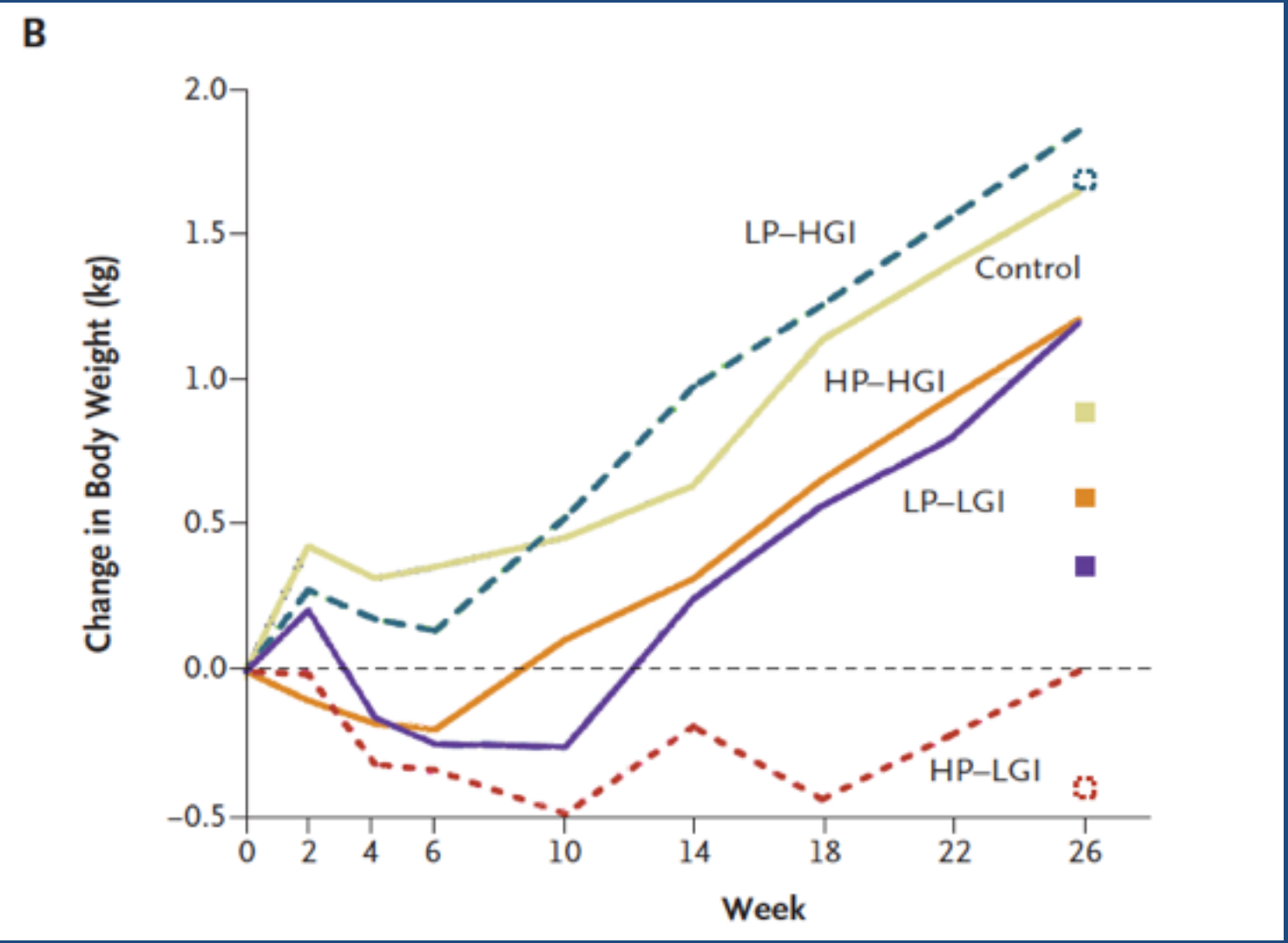
US trends in per capita calories from beverages, 1965–2006



Data are for U.S. children 2 to 18 years of age and adults 19 years of age or older. Data have been weighted to be nationally representative, with the use of methods that generate measures of each beverage that are comparable over time. Data for 1965–2002 are from Duffey and Popkin[9]; data for 2005–2006 have not been published previously.

Brownell KD et al., N Engl J Med, 2009

Effetto del contenuto in proteine e dell'Indice Glicemico della dieta nel mantenimento di un calo ponderale



Larsen TM et al., N Engl J Med, 2010