

# On the Cover

## Globalization of Food Patterns and Heart Diseases

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Nowadays global communications have become so easy and vast that they have changed the individual nation identity which all ended up being part of one civilization. This is not only true for entertainment media and how people choose to get dressed, but also for the type and quality of food we all prefer.

The term “Coca-colonization,” a reference to the every where presence of Coca-Cola, Pepsi, and McDonald’s, describes a world that is moving toward a common diet, one accompanied by the more sedentary lifestyles associated with increased risk of chronic disease (1).

A new term describes most of what we eat or what is called “Junk food”. This term is applied to some foods which have little or no nutritional value, or to products with nutritional value but which also have ingredients considered unhealthy when regularly eaten, or to those considered unhealthy to consume at all. This food is characterized by being more convenient and easy to obtain in a ready-to-eat form, though being such does not automatically define the food as “junk food”.

The term Junk food is the phrase coined by Michael Jacobson, director of the American Center for Science in the Public Interest, in 1972(2).

The widespread of obesity is the direct outcome of our new dietary habits. In many recent studies, they found obese mothers were 10 times more likely to have obese daughters. For fathers and sons, there was a six-fold rise. The researchers believe the link is behavioral rather than

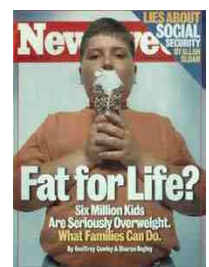
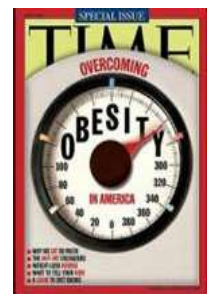
genetic. They also said it was probably because of some form of “behavioral sympathy” where daughters copied the lifestyles of their mothers and sons their fathers (3, 4, 5, 6, 7)

Iqbal et al (2008), assessed dietary patterns and risk of myocardial infarction (MI) in the INTERHEART study, involving participants from 52 countries. The authors identified 3 major dietary patterns that are largely consistent across different populations: Oriental (high intake of tofu and soy and other sauces), Western (high in fried foods, salty snacks, eggs, and meat), and prudent (high in fruit and vegetables)(8).

The authors found an inverse association between the prudent pattern score and risk of MI and a significant positive association between the Western pattern score and increased risk of MI. The Oriental pattern was not significantly associated with risk.

The investigators constructed a dietary risk score based on 7 food items on the food-frequency questionnaire (meat, salty snacks, fried foods, fruits, green leafy vegetables, cooked vegetables, and other raw vegetables) and found that a higher score (indicating a poor diet) was strongly associated with MI risk. Those in the highest quartile of the score had nearly 2-fold increased risk, even after adjustment for established coronary risk factors.

The well established relationship of junk-food-obesity axis is directly related to heart diseases in adult life. However, in many studies on children dietary habits, obesity and cardiac risk profiles found that more than 80 percent of them consumed higher than recommended levels of total and saturated fat, while dietary cholesterol was excessive in 49 percent. The cholesterol levels were high for the age in one-third of the participants, and approximately one in 10 had systolic hypertension (8-12).



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Medium size pizza contains 507 calories, 17.7g fat and 59.4g carbohydrates.



Regular hamburger and strawberry milkshake contains 640 calories 18g fat

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