

Sedentary risks

The Middle East tops the world's obese and diabetic regions

Even with the challenge of declining oil prices, the economies of many countries in the Middle East have grown steadily over the last few decades.

And it is worth noting that the waistlines of people living in these countries have been increasing at the same pace as their economies. This shows a dangerous twist given that with socioeconomic development, and despite impressive achievements in healthcare services, increasing wealth can, for many, still lead to poor health.

The reasons are clear.

Wealth often creates opportunities for a sedentary lifestyle because people buy cars and perform less physical labor in their day-to-day life. In fact, people living in this region are less physically active than in any other region in the world.

It is also worth noting that a good income allows opportunity for a more lavish diet. Today more people can afford “convenient” food, which is more likely to be processed with high levels of salt, trans-fats and saturated fats. Moreover, sophisticated and unopposed marketing of foods and drinks high in fat, sugar and salt among children and adolescents has skewed consumption towards foods high in calories and low in nutrition.

The result is a drastically changed food consumption pattern in the region (Middle East). Now, people eat high energy-condensed food with adults' average calorie intake exceeding 2,700 kilocalories per day, when the recommended level for most people is around 2,000 kcal a day.

Salt, trans-fat and sugar content in the day to day diet of people across the region is way above what the World Health Organization (WHO) considers healthy.

Salt intake, for example, is above 10 grams per person per day, or more than double the recommended level set by WHO, in most countries of the region.

Salt is the major cause of high blood pressure, which is, with obesity, a major cause of stroke and heart disease. On the other hand, only a small (1 gram per person per day) reduction in salt intake can reduce deaths from stroke and heart attacks by more than seven percent.

Increased fat consumption is another consequence of lifestyle changes in the Middle East. Traditionally, Middle Eastern diets have been low in fat content. However, intake from total fat has been progressively rising including consumption of trans-fat, a product of industrial refining. It is toxic to the heart.

As fat content has risen, so has the prevalence of obesity and, consequently, diabetes, resulting in an epidemic in this region, which is more serious than in any other region in the world.

Perhaps an even greater concern is how much sugar people consume, stretching the diet beyond traditional sweets like dates, to foods with refined sugars, in high quantities.

This region has the fastest growth in sugar consumption globally, and is today more than three times the WHO recommended daily intake.

Available data indicate that the average intake of sugar in the Middle East is 85 grams per day, while WHO recommends limiting sugar intake to less than 10 percent of the overall caloric intake (50 grams per day).

Ideally, people should be working towards half that figure, which means a drastic reduction of the current average intake.

Today, millions of children and adults in the region are consuming three to four times the suggested limit for good health.

Consuming high quantities of sugar is most alarming in children: it is at this time of life when both patterns and consequences are established for a lifetime. And food marketers know how to exploit this.

Numerous studies have shown that advertising influences children's food preferences, purchase requests and consumption patterns.

Marketers reach to children in schools, nurseries and supermarkets, via television and the internet among other settings.

Food dominates advertising to children, with the five product categories promoted most predominantly being soft drinks, pre-sugared cereals, candy and other sweets, snacks and fast food restaurants.

Today, 62 percent and 34 percent, respectively, of all marketing spending is dedicated to pushing unhealthy foods and soft drinks and we have seen the consequences of that: from 2010-2015, sales of soft drinks rose by 50 percent, whilst the sales of children's breakfast cereals almost doubled in the same period.

We have found in the Middle East that children respond to advertising in much the same way regardless of their country's place on the development ladder. In fact, there is reason to believe that children in developing countries may be even more vulnerable to food promotion because they are less familiar with advertising, they are a key entry point for the industry because they are more flexible and responsive than their parents, and they associate developed country brands with desirable attributes of life.

A lack of physical activity exacerbates the effects of increased consumption of empty sugar calories.

An estimated 25 percent of men and almost 40 percent of women in countries within this region do not exercise sufficiently. The figures are even more startling—and pre-occupying—for the young: it is estimated that 85 percent of adolescent boys and over 90 percent of adolescent girls do not undertake sufficient physical activity. In all of these measures, our region unfortunately

leads the world.

These risk factors are producing the epidemic of obesity that we see today in most countries of the Middle East. In fact, the wealthiest countries in this region have some of the highest rates of overweight and obese people in the world. In some of these countries, more than two in three adults are overweight and around one in three is obese.

Excess weight can be deadly. In addition to diabetes, it increases the risk of heart diseases, strokes and some cancers. Today, the Middle East is the region with the highest prevalence of diabetes worldwide. More than 20 percent of adults have diabetes in some countries, particularly in the Gulf.

Diabetes is of particular concern because it increases the risk of death and disability significantly. This includes men with diabetes are twice as likely and women are four times as likely to suffer from heart disease—the number one cause of death globally.

Diabetics are also three times more likely to suffer from a stroke, and 25 times more likely to undergo an amputation, often of a foot or part of their leg. The disease is the number one cause of blindness among people between the ages of 30 and 69. Without major lifestyle changes, in the next few decades, the Middle East will experience a devastating situation where the health gains made over the last few decades are reversed and health care systems are completely overwhelmed.

And, yet, the condition is preventable with exercise and a diet low in fat and sugar. There is clear evidence that by following healthy lifestyles and maintaining a normal weight, people can avoid diabetes and its complications.

Moreover, the link between tobacco and diabetes is well established. Smoking, high blood pressure and diabetes are a potentially lethal combination. Reducing salt intake and avoiding tobacco use have to be an integral part of the lifestyle change.

Diabetes and other diseases require long-term care and medication. Diabetes in particular has

the potential to skyrocket healthcare costs. Recently governments agreed to introduce a target to stop the rise in obesity by 2025.

But governments must take bold steps to help their citizens eat healthy food. This means taking unhealthy food out of the picture, increasing health education courses in schools, and through doctors in their routine practice in hospitals as well as promoting healthy diets in public broadcasting.

In short, governments must stop supporting or allowing the marketing and sale of foods that damage people's health and drive up health care costs astronomically.

Governments must also start creating conditions that encourage physical activity and take active steps to prevent tobacco use.

In that regard, the WHO recommends governments to adopt and implement national guidelines on physical activity, improve the accessibility and safety of infrastructure for walking and cycling.

They must also incorporate physical activity in schools, universities, workplaces, clinics, and the wider community and conduct public campaigns through media and marketing initiatives to motivate people to be physically active.

Creating a healthy country is a political choice.

A strong economy brings stability and prosperity in a community, but it is not enough. It should also be accompanied by healthy choices.

Fortunately, these choices are affordable and the resources are there to support and enact them. Ensuring the health and well-being of citizens requires the same strong leadership and tough decisions that create economic success. Governments must lead in all aspects and take bold steps to prevent the health and financial disaster that will surely prevail if the obesity and diabetes epidemics are left unchecked.

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Thursday 16th of May 2024 05:16:06 PM