CHANGING DIETARY PATTERN AND LIFESTYLE ON DISEASES

DR. POONAM KHANNA*; REKHA KAUSHIK**; GURJEET KAUR***

*Assistant Professor,  
Institute of Hotel Management,  
MM University, Mullana, India.  
**Lecturer,  
Institute of Hotel Management,  
MM University, Mullana, India.  
***JRF Scholar,  
Public Health, Panjab University,  
Chandigarh, India.

ABSTRACT

Demographic & Socioeconomic changes influence the living & working habits of populations. Economic growth, modernization, urbanization & socialization have changed the lifestyle of Indian families. The transition from a traditional to modern lifestyle, consumption of diets rich in fat and calories combined with a high level of mental stress has compounded the problem further. With a shift in eating habits & the adoption of a sedentary lifestyle has lead to the increasing prevalence of lifestyle diseases like Obesity, Diabetes, Hypertension, Coronary heart disease, Metabolic syndrome and Cancer, all across India in the last few decades. A report, jointly prepared by the World Health Organization and the World Economic Forum, says India will incur an accumulated loss of $236.6 billion by 2015 on account of unhealthy lifestyles and faulty diet. Poor life-style includes, poor diet, lack of exercise, smoking, excess alcohol, poor sleep, stress due to heavy workload. Several factors are resulting in the increasing burden of lifestyle disease which includes longer average life span, rising income, increasing tobacco consumption, decreasing physical activity and increased consumption of unhealthy food. The underlying attributable factors that cause these diseases are a complex web of social, economic and cultural changes which are inevitable in this era of urbanization and globalization. The WHO and some health agencies have issued recommendations regarding life style modifications. According to the report, 60% of all deaths worldwide in 2005 (35 million) resulted from non communicable diseases and accounted for 44% of premature deaths. Elimination of these risk factors can prevent diabetes, stroke, and heart disease by 80% and cancer by 40%. Its time to act now to adopt a healthy life style in the families by healthy diet, regular exercise, no tobacco and stress control and say no to drugs.

KEYWORDS: burden, disease, diet, health, life style.
INTRODUCTION

Lifestyle diseases are our own creation. Most men are unable to resist the work holism, sedentary living environment, blind pleasure psychosis, suffocating dispositions, exchanging conscience and faith with wealth, consumption-based happiness indices, absence of regular sleep, leisure, socializing, taking metric kilos of junk food, and finally the mad march against indomitable time. The only remedy lies in the fact that, man needs to control his senses, freshen up his common sense to make life more convenient in the long run. The main factors contributing to the lifestyle diseases include bad food habits, physical inactivity, wrong body posture, and disturbed biological clock. The diet [or lifestyle] of different populations might partly determine their rates of cancer, and the basis for this hypothesis was strengthened by results of studies showing that people who migrate from one country to another generally acquire the cancer rates of the new host country, suggesting that environmental [or lifestyle factors] rather than genetic factors are the key determinants of the international variation in cancer rates (Verkasalo, et al, 2000; Sobra and Ceska, 1992; Zollner, 1990).

A report, jointly prepared by the World Health Organization and the World Economic Forum, 2008, says India will incur an accumulated loss of $236.6 billion by 2015 on account of unhealthy lifestyles and faulty diet. The resultant chronic diseases - heart disease, stroke, cancer, diabetes and respiratory infections - which are ailments of long duration and slow progression, will severely affect people's earnings. The income loss to Indians because of these diseases, which was $8.7 billion in 2005, is projected to rise to $54 billion in 2015. Pakistan would face an accumulated loss of $30.7 billion with income loss increasing by $5.5 billion to $6.7 billion by 2015. China, however, will be worse off. While its accumulated loss will stand at $557.7 billion, the loss of income of the Chinese will stand at $131.8 billion, almost eight times what it was in 2005.

Lifestyle disease associated with the way a person or group of people lives. Lifestyle diseases are diseases that appear to become ever more widespread as countries become more industrialized. These are different from other diseases because they are potentially preventable, and can be lowered with changes in diet, lifestyle, and environment. These include hypertension, heart disease, stroke, obesity, diabetes, diseases associated with smoking and alcohol and drug abuse, tobacco and nutrition-induced cancers, chronic bronchitis, emphysema and premature mortality.

Poor life-style includes, poor diet, lack of exercise, smoking, excess alcohol, poor sleep, stress due to heavy workload. Several factors are resulting in the increasing burden of lifestyle disease which includes longer average life span, rising income, increasing tobacco consumption, decreasing physical activity and increased consumption of unhealthy food. The underlying attributable factors that cause these diseases are a complex web of social, economic and cultural changes which are inevitable in this era of urbanization and globalization. The last four decades have seen radical changes in eating patterns. These changes in eating patterns have resulted in major changes in the nutrient composition of the diet. These changes in eating patterns are more common in urban settings but also occurring in the rural communities as well. The traditional diet was , in general, moderate to high in energy, moderate to low in fat, moderate to low in protein, high in complex carbohydrates and fibre, possibly high in antioxidants, potassium and
trace minerals and low in simple carbohydrates and salt. The current urban diet is moderate to high in energy, high in fat and protein, low in complex carbohydrates and fibre, probably low in antioxidants, potassium and trace minerals and high in simple carbohydrates and salt. These changes in nutritional patterns are thought by many to be a major contributor to increased rates of non communicable diseases. An Individual’s dietary habits have profound effect on the quality of their health. Diets which are high in saturated fat, sugar cholesterol and sodium can lead to a number of chronic diseases including CHD, diabetes and cancer.

According to a research paper published in the prestigious Lancet (Allen and Spencer, 2002), there is corroborative evidence that diet and lifestyle is playing a major role in predisposition to various diseases like cancer. In many countries, peoples' diet changed substantially in the second half of the twentieth century with increase in consumption of meat, dairy products, vegetable oils, fruit juice, and alcoholic beverages, and decrease in consumption of starchy staple foods such as bread, potatoes, rice, and maize flour. Other aspects of lifestyle also changed, notably, large reductions in physical activity and prevalence of obesity.

Illnesses such as cancer of certain forms, most types of heart disease, high blood pressure, obesity, and Type 2 diabetes are “contracted” from the way people live and are caused by the life-style adopted by the individual, though there may be some exceptions. A study conducted jointly by the All India Institute of Medical Sciences and Max Hospital shows the incidence of hypertension, obesity and heart disease is increasing at an alarming rate, especially in the young, urban population. Nowadays, not only are lifestyle disorders becoming more common, but they are also affecting younger population. Hence, the population at risk shifts from 40+ to maybe 30+ or even younger.

There are several other factors likely to contribute to the emerging burden of chronic diseases in India. Pollution of food sources by pesticides, chemical fertilizers and toxic contaminants is common in rapidly industrializing societies, particularly when regulatory bodies are lax, enforcement agencies are weak, public awareness is poor and consumer organizations ineffective. Globalization of trade encourages cash crops for export and the resultant movement of important micronutrients, which are now not available to the local population, and at the same time promotes increased vulnerability with agricultural production subject to the pressures of global free trade and competition. Opening the economies of the developing world to the free market compounds the situation. This results in the inculcation of imbalanced and calorically excessive Western-type diets existing globally, together with the widening of socio-economic differentials and inequalities in the society. Changes in lifestyles will further fuel this, as exemplified by the increasing level of smoking that is vigorously encouraged by the multinational tobacco industry among the young, to compensate for reduced sales in countries in the West. It is estimated that 50–60% of adult males in developing countries are regular smokers, while the prevalence of smoking and related morbidity and mortality is declining in the industrialized West. Current trends indicate that an epidemic of smoking related mortality is inevitable (Peto and Lopez,1990).
LIFESTYLE DISORDERS IN INDIA CAUSING DEATH

Chronic diseases are the leading causes of death and disability worldwide. Disease rates from these conditions are accelerating globally, advancing across every region and pervading all socioeconomic classes. Reducing risks, promoting healthy life, indicates that the mortality, morbidity and disability attributed to the major chronic diseases currently account for almost 60% of all deaths and 43% of the global burden of disease (World Health Report 2002). By 2020 their contribution is expected to rise to 73% of all deaths and 60% of the global burden of disease. Moreover, 79% of the deaths attributed to these diseases occur in the developing countries. Four of the most prominent chronic diseases – cardiovascular diseases (CVD), cancer, chronic obstructive pulmonary disease and type 2 diabetes – are linked by common and preventable biological risk factors, notably high blood pressure, high blood cholesterol and overweight, and by related major behavioral risk factors: unhealthy diet, physical inactivity and tobacco use. Over the past four decades increasing level of blood pressure and higher prevalence rates of hypertension have been experienced. The rates are higher in urbanized groups as compared to traditional living people.

RECOMMENDED LIFESTYLE CHANGES

The WHO and some health agencies have issued recommendations regarding life style modifications. These recommendations include: Stop smoking, reduce body weight, moderate alcohol intake, reduce salt intake, improve dietary habits and increase physical activity. (Chalmers, 1999; Campbell and Taylor, 1999)

A healthy lifestyle must be adopted to combat these diseases with a proper balanced diet, physical activity and by giving due respect to biological clock. To decrease the ailments caused by occupational postures, one should avoid long sitting hours and should take frequent breaks for stretching or for other works involving physical movements. In this revolutionized era we cannot stop doing the developmental work, but we can certainly reduce our ailments by incorporating these simple and effective measures to our lives.

Life style risk factors which can be changed, termed modifiable include: diet, hypertension, cigarette smoking, elevated plasma cholesterol, excessive body weight, diabetes mellitus, physical inactivity and excessive alcohol intake. Specific changes in diet and lifestyle likely to benefits our health. The relationships and supporting evidence are summarized here.

- Avoid tobacco use
- Maintain a healthy weight
- Maintain Daily Physical Activity and Limit Television Watching.
- Eat a Healthy Diet:
  - Replace saturated and trans fats with unsaturated fats, including sources of omega-3 fatty acids
Ensure generous consumption of fruits and vegetables and adequate folic acid intake

- Consume cereal products in their whole-grain, high-fiber form.

- Limit consumption of sugar and sugar-based beverages

- Limit excessive caloric intake from any source.

- Limit sodium intake

CONCLUSION

Lifestyle diseases also called diseases of longevity or diseases of civilization interchangeably, are diseases that appear to increase in frequency as countries become more industrialized and people live longer. Modern science through improved sanitation, vaccination, and antibiotics, and medical attention has eliminated the threat of death from most infectious diseases. This means that death from lifestyle diseases like heart disease and cancer are now the primary causes of death. The main factors contributing to lifestyle diseases include bad food habits, physical inactivity, wrong body posture, and disturbed biological clock. According to the report, 60% of all deaths worldwide in 2005 (35 million) resulted from non communicable diseases and accounted for 44% of premature deaths. What's worse, around 80% of these deaths will occur in low and middle-income countries like India which are also crippled by an ever increasing burden of infectious diseases, poor maternal and perinatal conditions and nutritional deficiencies. Although with development in technology, work load and lifestyle people have less time to cook and eat, but still there are developed and simplified methods of cooking too. Therefore, there is a need to make people aware about right choice for food and life saving habits.

Overall, encouragement of healthy lifestyles in the population should help to reduce the high burden of lifestyle diseases and MS in India. Governmental and non-governmental agencies of the country should work together to achieve this goal. Lifestyle interventions have shown definite benefit in the management and prevention of these diseases in large scale studies. (Pappachan et al, 2011; Knowler et al, 2002).

There is a paucity of epidemiological data on the overall prevalence of many chronic illnesses (including lifestyle diseases) in India because of the following reasons: (i) the country is huge with very diverse population that has different social and cultural characteristics; (ii) even today, there is inadequate access to healthcare institutions for many rural communities; and (iii) reliance on indigenous healthcare systems such as Ayurveda, Unani and Siddha by many individuals of the country.

Life style changes in families have a major impact on the health of the nation. In past few decade we have witnessed a rapid transformation in the lifestyle of Indians, particularly those living in urban India. Economic growth, modernization, urbanization & socialization has changed the life style of Indian families. With a shift in eating habits & the adoption of a sedentary life style that has resulted in rapid escalation of lifestyle diseases with alarming projection by WHO, 2005 that by 2020, seven million Indians may die of lifestyle diseases. Elimination of these risk factors can
prevent diabetes, stroke, heart disease by 80% and cancer by 40%. Its time to act now to adopt a healthy life style in the families by healthy diet, regular exercise, no tobacco and stress control and say no to drugs.

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