Dear Editor

The World Health Organization (WHO) defines a healthy and varied diet as one that allows a person to protect themselves from malnutrition in all its forms, as well as non-communicable diseases. The basic principles that must accompany a healthy diet, among others, are the consumption of at least five servings of fruits and vegetables a day; the consumption of white, over red, meats; sugar consumption less than 10% of daily caloric intake; a salt intake of less than 5 grams per day, among others\(^1\). The term “healthy eating” is known by the population, however, the imbalance observed today in our diet, is a reflection of the main problems in health. On a macro scale, excess food, expressed in the consumption of foods and preparations of high energy density, is reflected in more than 67% of the Chilean population that is overweight or obese, in 26.9% that is hypertensive and in 9.4% of the diabetic population. These figures provide evidence that knowledge of healthy eating is lacking or simply that knowledge is not correctly put into practice\(^2\).

To date, several groups of researchers have demonstrated the many benefits that are obtained after maintaining a healthy and varied diet, as is the case of the DASH diet (Dietary Approaches to Stop Hypertension), based on a high consumption of fruits, vegetables, legumes, nuts, whole grains, low-fat dairy products; and with low consumption of sodium, sugary drinks, red and processed meats. This diet was developed in the United States, in order to control blood pressure increases and their associated risks in hypertensive patients. Rai et al.\(^3\), identified that, after a follow-up of 26 years, a diet based on DASH also has a positive effect on the reduction of uric acid levels, reducing the risk of gout compared to a Western diet (based on a high consumption of fried foods, refined cereals, sweets, red and processed meats). In the latter, the risk of developing gout increases by 42% (OR: 1.42 [95% CI: 1.16-1.74], \(p=0.005\)) in comparison to individuals whose diet was based on the DASH diet.

Similarly, Aune et al.\(^4\) reported the optimal consumption of fruits and vegetables to obtain the greatest health benefits with respect to coronary mortality and cancer. The authors showed that for every 200 grams of fruits and vegetables consumed in one day, the risk of coronary mortality decreased by 8% (Relative risk: 0.92 [95% CI: 0.90-0.94]), showing a reduction of 24% when consuming 800 grams of fruits and vegetables per day (equivalent to 10 portions). With respect to cancer, reductions equivalent to 3% were observed for 200 grams of consumption and 14% for 600 grams of fruits and vegetables per day.

Similar benefits have been attributed to the consumption of a Mediterranean diet, this has been show by PREDIME
(Prevention with Mediterranean Diet) study that evaluated the incidence of cardiovascular events in three groups with high cardiovascular risk, two who followed a Mediterranean diet (one supplemented with extra virgin olive oil and another with walnuts) and the third a control diet. It was determined that both the group supplemented with extra virgin olive oil and the group that received walnuts presented a 30% lower risk of incidence of cardiovascular events compared with the control group (Hazard Ratio: 0.70 [95% CI: 0.55 to 0.89] p= 0.003).

These results reaffirm the importance of balance in our daily diet, and as simple as it may seem, small changes in our daily diet will reap great benefits throughout our lives. In Chile, according to the latest data presented by the National Survey of Food Consumption 2014 (ENCA 2014), only 5% of the population has a healthy diet, with the rest of the population having low compliance with dietary guidelines and recommended portions per food group.

There are still many challenges, but achieving them will make it possible not only to reduce the prevalence of cardiovascular diseases and obesity, but also to improve quality of life throughout the life cycle. Repeated, but true: healthy eating is the key to a better quality of life. What are we waiting for to initiate the change?

REFERENCES