

Primary Care 2009

20 - 21st May 2009, NEC, Birmingham, www.primarycare09.co.uk

An annual conference, which is free of charge for practising health care professionals. WCRF UK will be exhibiting, so visit our stand to pick up some free resources.

Promoting Behaviour Change: Effective Behavioural Interventions

2nd June 2009, Leeds Metropolitan University, Leeds, www.aso.org.uk

Obesity and Its Management

24 - 26th June 2009, Liverpool Medical Institution, Liverpool, www.aso.org.uk

Find out more about upcoming conferences on www.wcrf-uk.org/conferences

Mealtime TV increases childhood obesity

It is well known that the amount of time spent watching television increases children's chances of becoming overweight. Sedentary lifestyles, displacement of more vigorous physical activities and the type of food associated with television watching are often mentioned as the most probable causes [1, 2].

A new study, published in *Public Health Nutrition* [1], has looked at how social factors and food consumption during television watching are associated with obesity. The Canadian researchers analysed 24-hour dietary recalls, television and activity questionnaires and measurements of 1549 children aged 4-5 years who were selected from the Longitudinal Study of Child Development in Quebec. They found that children who ate snacks while watching television every day had significantly higher BMIs compared to children who did so less frequently. These children ate more carbohydrates and less fruit and vegetables and consumed more soft drinks than children who didn't usually eat in front of the television. The study also reported that children of mothers from lower socio-economic classes and with lower education levels were more likely to watch television when having meals and snacks.

These findings are worrying since nearly one quarter of pre-school children eat at least twice daily in front of the television. They are most likely to do so at breakfast and while eating snacks. The WCRF/AICR Second Expert Report [2] found that children are more likely to have uninhibited consumption of energy-dense foods when they eat in front of the television. Thus, consumption of energy-dense food, which is often eaten as a snack, might help to explain the correlation between television and obesity.

Health professionals could advise parents of overweight children to avoid eating in front of the television, as this might help change their dietary behaviour.

References

1. Dubois L et al (2008) *Public Health Nutrition*; 11(12):1267-1279
2. WCRF/AICR. *Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective*. Washington DC: AICR, 2007



WCRF UK launches new health professionals web section

As part of WCRF UK's web revamp we have launched a new health professionals web section. This is set to be one of the most comprehensive UK resources on lifestyle-related cancer prevention for people working in the health sector. It brings together scientific information, evidence-based advice and valuable resources to help you during patient consultations.



Among new and updated areas, the web section will include:

- A news centre covering regularly updated articles on hot topics and recent WCRF UK research
- Up-to-date statistics on cancer, nutrition and lifestyle compiled by our science department
- New preventability figures on the impact of specific lifestyle exposures on different cancer sites, exclusive to WCRF UK
- A section with resources to use with patients, including publications, health aids and dietary questionnaires
- A summary of programmes and policies related to lifestyle, nutrition and physical activity, such as breastfeeding best practice, school food standards and government health campaigns
- A web version of *Informed* covering extended articles and additional material on featured topics

To access our new resource centre and to sign up to receive an e-newsletter with the latest on cancer prevention, visit www.wcrf-uk.org/health-professionals.

Energy Density: Finding the Balance for Cancer Prevention



This leaflet will help you explain to your patients how choosing lower energy-dense foods can help them maintain a healthy weight without feeling hungry and unsatisfied. The information is based on the findings of WCRF/AICR's Second Expert Report: *Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective*, 2007. To request a free copy, email informed@wcrf.org or telephone 020 7343 4205 quoting 'Informed 33 offer'.

Check our Publications Catalogue to place your order for these and other publications.



Please circulate this newsletter to colleagues to help us spread the message that cancer is a largely preventable disease.

Informed is available free of charge to all health professionals.

How to join the mailing list

Please contact WCRF UK by emailing informed@wcrf.org

World Cancer Research Fund (WCRF UK)

19 Harley Street, London W1G 9QJ
Tel: 020 7343 4200 Fax: 020 7343 4201
Web: www.wcrf-uk.org Email: wcrf@wcrf.org
Registered with the Charity Commission in England and Wales (Registered Charity No: 1000739)
Registered Office: 19 Harley Street, London W1G 9QJ
WCRF UK is part of the WCRF global network.

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Design and production

Geoff Simmons and Joost Lafèbre



World Cancer Research Fund

Informed FOR HEALTH PROFESSIONALS
News on diet, lifestyle and cancer prevention

ACT NOW: PROMOTE HEALTH AND PREVENT DISEASE

With the international launch of WCRF/AICR'S Policy Report there is renewed interest in the role of public health in primary care. Health professionals are perfectly placed to promote health and prevent disease. But can they do it in the current health system?

Our health is influenced by many interacting aspects, including biological, environmental, behavioural, and socio-economic factors. To improve health, we need to have a broad view of its determinants. In other words, it requires awareness of public health. The principles of public health advocate for disease prevention, health promotion and life extension [1]. In a health setting, this translates into a system that values prevention as much as cure.

A focus on prevention within the NHS will, in the long term, save lives and money. This is particularly true in our increasingly ageing society. In the last 20 years, higher life expectancy has spurred a rise in cancer incidence. At the same time, cancer survival has increased due to earlier diagnosis and better treatment [2]. The consequence is a dramatic increase in cancer-related health expenditure. Arguably, it would be more cost-effective to concentrate on primary prevention rather than just expensive cures. Science has proved that many causes of cancer are preventable, including smoking, an unhealthy diet, physical inactivity and obesity.

Public health in primary care

In the UK, the NHS has long been informed by public health values [3]. But as more resources have been directed to treatment, the medical sector has progressively shifted towards disease cure. Lately, the surge of the obesity and cancer 'epidemics' has prompted a return to public health principles. It is now clear that a mainly curative approach to health care is not the only answer.

Improving health through preventive measures has been the focus of government policies in the last decade. *Choosing Health* [4] is the most recent national health policy that aspired to transform the NHS into a health promotion service that, as well as offering treatment, helps individuals and communities make informed healthy choices. But have concrete health promotion programmes been delivered?

In the years following the policy changes there have been improvements. The number of smokers, for example, has decreased since 1998, partly due to smoking cessation clinics and health promotion programmes [1]. As a result, tobacco-related cancers have also decreased [2]. This is an example of a successful preventive strategy. Other areas, have received less government support and resources. For example, the majority of hospitals do not screen patients for obesity or inactivity and do not have health promotion programmes to address these risk factors [5]. The lack of funds and resources make it more challenging for health professionals to lower lifestyle-related cancers by improving diets and increasing physical activity in the population.

The role of health professionals

Health professionals have a direct influence on people's health and are trusted by the public. Nurses are the principal group of professionals working in primary care. Historically, their role has encompassed disease management and prevention, and health promotion for individuals, families and communities [6]. They are well placed to get the message out to the public about healthy lifestyle and disease prevention. It is not surprising that the International Council of Nurses [7] advocates for a more prominent position for nurses in policy and public health. But what can they actively do inside the current constraints of the NHS? Read on to see what other professionals are doing.

References

1. Commission for Healthcare Audit and Inspection, 2008. Are we choosing health?
2. Berrino F (2004) *Annals of Oncology* 15 (supplement 4): iv245-iv248
3. Gillam S and Schamroth A (2002) *American Journal of Public Health*, 92(11):1721-1725
4. Choosing Health Executive Summary, 2004
5. Haynes CL and Cook G A (2008) *Evaluation in Clinical Practice* 14(1):103-109
6. Nurses Leading Primary Health Care 2008
7. www.icn.ch



Healthy Lifestyle Officer Amanda Drakeley, promoting healthy eating in Derbyshire. Find out what Amanda and other health professionals are doing on page 2.

What is the WCRF/AICR Policy Report?

We have just launched our Policy Report, which is the follow-up to the WCRF/AICR Expert Report, published in 2007. The Report looks at the environmental, economic social and personal factors that affect people's choices and how these influence cancer development. A number of Recommendations are made, aimed at policymakers, decision-takers and others (including health professionals) at international, national and local level. To find out more visit www.dietandcancerreport.org.

Policy Recommendations for health professionals

- Prioritise public health including cancer prevention, and food, nutrition and physical activity, in core training, practice and professional development
- Take a lead in educating and working with colleagues, other professionals, and others to improve public health including cancer prevention
- Involve people as family and community members, and take account of their personal characteristics in all types of professional practice

WCRF UK will be working with stakeholders to put into practice some of the Recommendations. Find out more in future issues of *Informed*.



In this issue we have interviewed health professionals involved in our annual national prevention campaign, *Fruity Friday*. They have different backgrounds but one thing in common: they are passionate about health promotion. Read their stories and be inspired.



Alex Bell is a registered nurse and workplace health advisor. She works at Highbury College in Portsmouth, which employs more than 600 people, advising staff on health at work. Last year, to promote the healthy eating message, she organised *Fruity Friday* events across all the college sites. "I heard about *Fruity Friday* from a local health promotion calendar," says Alex. "We asked people to wear yellow and encouraged staff to take part in a quiz (above) and take a piece of fruit from a big basket at reception."

More than 180 staff members took part in the quiz, and many more during the event, which also included an information display and a fruit-based lunch. "We had chicken and fruit curry and a fruit salad. The catering staff were involved and we even produced a recipe booklet!" The feedback was so good that some managers have proposed continuing to provide free fruit for their employees. "The general thought is that we should have a fruity day every week of the year!"

"We reach so many people in so many different ways"

These kinds of awareness campaigns are very important, especially since most people are still not aware of the link between lifestyle and cancer. "I wouldn't say it is generally known that, for example, if you eat more fibre and keep a healthy weight you can help prevent bowel and some other cancers," Alex says. "Many people still think it is just down to bad luck." However, things are slowly changing thanks in part to recent government initiatives. "People got the message from the stop-smoking campaign, as this has been such a priority in the last decade, but I don't think the government has done enough for the local health authorities on the link between obesity and cancer."

Lack of money is often mentioned as the major obstacle and prevention is not always seen as a priority. "Health

promotion is not seen as a valuable investment. And yet the government is all for prevention!" says Alex, before mentioning the importance of nurses' role in health promotion: "We reach so many people in so many different ways." "But I remain passionate about health promotion and how I can make an impact on people's lives. That's why I organised the event, because helping and influencing people to improve their health is a really positive thing to do."

Healthy Lifestyle Officer Amanda Darkeley, 27, promotes good health in Swadlincote, South Derbyshire, by motivating people to be physically active and encouraging them to eat well and to give up smoking. "I use the main message of *Fruity Friday* to promote that eating fruits and vegetables can help prevent cancer," she says. In 2007 she set up a small stall in the South Derbyshire District Council's reception area, selling fruit and having a 'guess the number of dried fruit in the jar' competition. In 2008 she had a promotional trailer in the town centre on market day and offered the public the chance to come along and taste new and unusual fruits. "People really enjoyed the taste-testing event. It gave them the chance to try new fruits for free and many found some they really enjoyed and would go out and buy themselves."



"Every opportunity should be taken to raise awareness within the community"

Like other health professionals, she thinks there is a lack of awareness of cancer prevention strategies: "People know that eating fruits and vegetables is good for them. What I think they don't realise are the links between eating healthily and how it can help prevent conditions such as cancer, heart disease, and diabetes." That is why she thinks health professionals should be more involved in the community: "Every opportunity should be taken to link into national campaigns and promote activities on a local level to raise knowledge and awareness within the community. However," she adds, "delivery of this message is key and it needs to be done in a fun, friendly and informative way!" That is why she wouldn't miss the opportunity to participate in *Fruity Friday* "each and every year without fail!"

To take part in *Fruity Friday* and help raise awareness of healthy eating and cancer prevention visit www.fruityfriday.org

Prostate cancer and lifestyle risk factors

This year prostate cancer awareness week has been extended to a full month in March [1] – an encouraging sign that more is being done to build the profile of this type of cancer among the public and in the media. This is important since, in the UK, prostate cancer is the most common cancer in men. Between 1993-1995 and 2002-2004 incidence rates went up by 41 per cent, with the greatest increase in Wales [2].

The importance of lifestyle influence Many factors can increase the risk of developing prostate cancer. These include older age, having Afro-Caribbean origins or a family history of the disease and some lifestyle factors. It is not possible to change some of these risk factors. But you can modify diet and lifestyle at any time.

The significance of lifestyle factors for prostate cancer has been demonstrated by several epidemiological studies of immigrants from Asia into Western countries. Asians have lower rates of prostate cancer compared to Western populations. But rates have increased in the last decades in groups with older immigration histories, such as Japanese and Filipino immigrants to the USA [3]. The reason for this could be a change towards a more Westernised lifestyle.



There is some evidence for a few dietary factors that confirm a probable role in prostate cancer development. The WCRF/AICR Second Expert Report [4] found that foods containing lycopene could protect against prostate cancer, and that diets high in calcium are a probable cause of this cancer.

Lycopene is a carotenoid found in tomatoes, especially once they have been cooked. Apart from being a strong antioxidant, it reduces inflammation and improves immune functions. Calcium, of which dairy products are the main source in the UK, could reduce vitamin D production, thus promoting cancer growth. Calcium is important for bone growth and development, so intake of dairy foods should not be discouraged.

New studies and emerging trends

Other lifestyle factors, including body fatness, physical activity, intake of meat, dairy products, pulses, selenium and vitamin E, have been found to be associated with prostate cancer risk. For most of these aspects, more

research is needed to make conclusive recommendations, although there are some interesting trends.

Obesity is fast emerging as a possible, modifiable risk factor for prostate cancer morbidity and mortality. Previous studies have reported mixed results regarding prostate cancer incidence and overweight. Some researchers think that this might be due to the difficulty of detecting prostate cancer in obese men [5]. But there is agreement among several studies, including the large Health Professionals Follow-up Study [5, 6], that obesity is associated with increased risk of prostate cancer death. Even though at the moment it is not possible to make recommendations on obesity and prostate cancer, maintaining a healthy weight is advisable to avoid other health complications and other cancers.

Animal proteins and meat have also been the subjects of recent research. Some prospective studies indicate that meats cooked at high temperatures are associated with an increased risk of prostate cancer [7]. It is known that pan-frying and grilling can produce carcinogenic compounds [4]. While we wait for more convincing evidence, it might be advisable to prefer low-temperature cooking methods when possible, like baking and stewing.

The Selenium and Vitamin E Cancer Prevention Trial (SELECT) [8], which was published after the Second Expert Report, is the largest prospective study on the effect of these micronutrients on prostate cancer. Results show that neither vitamin E nor selenium decrease the risk of prostate cancer and might actually increase it. Although subjects have been asked to stop taking supplements, they will still be followed-up. More results will be available in the following years.

These findings demonstrate the difficulty of studying prostate cancer risk factors and the need for more good quality evidence. Prostate cancer will be the subject of the next WCRF/AICR Continuous Update Project, which will review all the research as it is published, to keep the evidence up to date and reliable.

References

1. The Prostate Cancer Charity, Awareness Month 2009 [online]. Available from: www.prostate-cancer.org.uk/what/awareness09/
2. Office for National Statistics. *Health Statistics Quarterly*, No 38, 2008
3. McCracken M et al (2007) *CA Cancer J Clin*, 57:190-205
4. WCRF/AICR. *Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective*. Washington DC: AICR, 2007
5. Freedland SJ and Platz EA et al (2007) *Epidemiologic Reviews*, 29:331-343
6. Giovannucci E et al (2007) *Int J Cancer*, 12(7): 1571-8
7. Koutros S. (2008) *Cancer Epidemiology Biomarkers & Prevention*, 17:80-87
8. SELECT home page, 2009 [online]. Available from: www.crab.org/select/

Health inequalities in England

In August 2008, the World Health Organization published a landmark report [1] drawing attention to the shocking inequalities in health found throughout the world. For example, the life expectancy of a newborn girl is as long as 80 years in some countries, but as little as 45 in others. However, a key message of the report is that these stark differences are not just found when comparing rich and poor countries, but are also pronounced between groups of people within individual countries, including wealthy nations such as the UK. Clearly then our health is determined not just by our individual behaviour, but also by factors such as the environment we live in, our social and economic situation, and the communities to which we belong.

Over the last 10 years, the government has developed a number of strategies to reduce the widening health gap. *Tackling Health Inequalities: A programme for action* (2003) [2] saw the Department of Health committed to tackling health inequalities. However, although life expectancy for both men and women has improved in the last 10 years (the 2010 target is a reduction of 10 per cent in the difference between deprived areas and the rest of the population), there is still a significant gap between different social groups [3].

In general, the lower an individual's position on the social ladder, the higher the risk of disease. One reason for the gap is that the lower the social status, the more likely people are to behave in ways that are damaging to their health, such as smoking and eating a poor diet.

For example, data suggest that women in the lower socioeconomic groups are more likely to be obese, as



are primary school children in deprived areas. For these populations, major barriers to healthy eating include a low income, food marketing aimed at particular groups (such as children), lack of accessible information about a healthy diet, poor access to healthy foods and poor educational attainment, which can all inhibit dietary change [4]. The WHO report reinforces the evidence that the solutions are upstream – only when we improve living conditions and education for all, reduce poverty and incorporate strategies to address inequalities into all health policies, will progress be made.

For those working in primary care, helping to reduce the health gap is a huge challenge, but recognising and monitoring that gap is a major step forward. Identifying groups at risk and targeting interventions locally, and taking steps to improve accessibility to both services and information can all contribute to positive change.

References

1. WHO, 2008. Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health
2. Department of Health, 2003. *Tackling Health Inequalities*
3. Commission for Healthcare Audit and Inspection, 2008. Are we choosing health?
4. LHO, 2008. Diet and nutrition [online]. Available from: www.lho.org.uk/HIL/Lifestyle_And_Behaviour/DietNutrition.aspx

A healthy workforce is a productive one

There is growing interest in how our workplace can affect our wellbeing, and how it could be used to promote our health. It is estimated that over half the UK population spend 60 per cent of their waking hours at work, but only a minority of businesses in the UK effectively promote health and wellbeing [1]. With such a large proportion of time spent in the workplace, where up to two meals and additional snacks can be consumed in a day, the workplace can play a vital role in raising awareness of the importance of a healthy lifestyle. The indirect cost of ill health on employers is substantial. Obesity causes about 18 million sick days a year in England alone [2].

Employers can encourage a healthier workplace by improving access to healthy foods and discouraging sedentary behaviour, which in turn enhances physical and mental performance in employees – a healthy workforce is a productive one.

Evidence shows that initiatives to promote positive lifestyle changes in the workplace lead to sustainable benefits.

Employers have been identified as one of the actors in the new WCRF/AICR Policy Report with the Recommendation that they 'institute and implement organisational policies that promote healthy meals, physical activity and weight control'. We recognise that this will be challenging for employers and employees. WCRF UK will be working with employers to advise on ways to make positive changes within the workplace, such as by using 'incentives to encourage healthy eating and active commuting, and to discourage motorised transport'. Workplace health will be an important new area for WCRF UK to support.

References

1. NICE public health guidance 13, Business case, 2008
2. National Audit Office, 2001. *Tackling Obesity in England*. London Stationary Office.