

Revised UK 'Eatwell Guide' promotes industry wealth not public health, argues expert

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The revised UK 'Eatwell Guide,' which visually represents the government's recommendations on food groups for a 'healthy, balanced diet,' is not evidence based, and has been formulated by too many people with industry ties, insists a dietary expert in an editorial published online in the *British Journal of Sports Medicine*.

And the continuation of the high carb-low fat approach it purveys has been accompanied by continuing rises in obesity and diabetes, points out Dr Zoe Harcombe of the Institute of Clinical Exercise and Health Science, University of West of Scotland.

The Eatwell Guide started out in 1994 as The Balance of Good Health—a segmented plate of the daily proportions of [food](#) groups needed for a healthy diet—issued by the Department of Health.

The Food Standards Agency relaunched it with "cosmetic changes" as the Eatwell Plate in 2007, until its current reincarnation in March of this year as The Eatwell Guide, under the stewardship of Public Health England—again with many of the changes purely cosmetic, says Dr Harcombe.

In its latest guise, the segment proportions have changed, with starchy foods rising from 33% to 38% and fruit and veg up from 33% to 40%, while milk and dairy have almost halved from 15% to 8%, for example.

The previous segment of foods high in fat and sugars has morphed into unsaturated oils and spreads, which prompted one of the UK's largest food manufacturers to take out ads in national newspapers celebrating their "dedicated section," Dr Harcombe points out.

And she insists: "The Eatwell Guide was formulated by a group appointed by Public Health England, consisting primarily of members of the food and drink industry rather than independent experts."

But the primary flaw of the Eatwell Guide "as with its predecessors, is that it is not evidence based," she says. "There has been no randomised controlled trial of a diet based on the Eatwell Plate or Guide, let alone one large enough, long enough, with whole population generalisability," she writes.

The emphasis on carbs is the result of dietary advice to restrict fat, but this was not based on the evidence, while the advice on carbs has never been tested, she says. "Not even the hydration message [to drink 6-8 glasses of sugar-free fluid] holds water," she suggests.

Furthermore, in private correspondence with the Food Standards Agency in 2009, the Agency confirmed that the food group percentages for the Eatwell Plate were based on weight.

But food weight doesn't matter to the human body; what counts are calories, macro and micronutrients, she says.

"Given the vastly different calorie content of 100 g of fruit and vegetables vs 100 g of oils, the plate proportions change substantially when calories are counted," she writes.

It could be said that the high carb-low fat diet has been tested on the UK population, but with negative impact, as the rates of obesity and diabetes

have soared since the 70s and 80s, she says.

"The association between the introduction of the dietary guidelines, and concomitant increases in obesity and diabetes, deserves examination," particularly as several recent reviews have suggested a causal relationship between the two, she suggests.

"The greatest flaw of the latest [public health](#) dietary advice might be the missed opportunity to deliver a simple and powerful message to return people to the diets we enjoyed before carbohydrate conditions convened. But when the who's who of the food industry were represented on the group, 'Eat Real Food!' was never a likely outcome," she concludes.

More information: Designed by the food industry for wealth, not health: the 'Eatwell Guide' *British Journal of Sports Medicine*, [DOI: 10.1136/bjsports-2016-096297](#)

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