

# The Australian Dietary Guidelines review

## *Time to plan for wider dissemination via general practitioners*

Anita S Lawrence

ON 17 JULY 2020, the Minister for Health, the Honourable Greg Hunt, announced the Australian Government has allocated \$2.5 million to the National Health and Medical Research Council to review the 2013 Australian Dietary Guidelines (ADG).<sup>1</sup> Evidence for associations between dietary patterns and health outcomes is rapidly evolving, and the review will use systematic processes to help ensure the updated ADG present the best available evidence in a succinct set of dietary recommendations.

This review is important as diet is a key health determinant. Not only are more than six out of 10 Australian adults overweight or obese, but overweight and obesity are the largest risk factors contributing to non-fatal burden of disease.<sup>2</sup> Other dietary risks (related to low consumption of whole grains, fruit, nuts and seeds, vegetables, legumes, polyunsaturated fat, milk and fish, and excess consumption of processed and red meat, salt and sugar-sweetened drinks) are calculated to be responsible for 13% of Australian deaths in 2015 and 7.3% of the total disease burden.<sup>3</sup>

The healthcare costs associated with not improving the nation's diet are significant. It has been estimated that overweight and obesity cause an annual productivity loss of \$13.7 billion, and the attributable health expenditure linked to

underconsumption of vegetables and dairy foods alone has been calculated to be more than \$3 billion per year.<sup>4</sup>

Much of this illness and cost is due to the substantial disconnect between what Australians are currently eating and what the ADG recommend, with less than 4% of the population consuming the minimum recommended amount of vegetables and legumes, and only one in 10 ingesting enough of the dairy food group.<sup>5</sup> Instead of selecting foods from the five nutritious food groups, more than one-third of total energy intake (35%) is being consumed in the form of discretionary foods and drinks, such as cakes, pastries, alcoholic drinks, sweetened drinks, biscuits and chocolate.<sup>5</sup>

Clearly, dramatic changes in Australians' eating habits are required, but how can this occur if people do not know what they should consume? Much of the dietary advice Australians are exposed to is contradictory, which leads to nutrition confusion.<sup>6</sup> A 2017 study analysing the content of nutrition and diet Facebook pages that had attracted more than 100,000 Australian 'likes' revealed that most of those pages provided advice that was inconsistent with the ADG.<sup>7</sup>

One person from whom Australians should be able to get trustworthy dietary advice is their general practitioner (GP). Indeed, the 2016 Curriculum for Australian General Practice mentions nutrition several times, including as a way to 'prevent illness'.<sup>8</sup> A 2019 survey of 657 GPs and registrars confirmed that 87% of

GPs frequently or very frequently provide advice on nutrition and physical activity.<sup>9</sup> Unfortunately, the same survey revealed that just one in five of these GPs is using the ADG to do this, and 54% reported being unfamiliar/very unfamiliar with the ADG or had never heard of them. However, there was more widespread awareness of two publications providing brief (2–4-page) summaries of the ADG – three out of five respondents were very familiar with The Royal Australian College of General Practitioners' (RACGP's) *Guidelines for preventive activities in general practice*,<sup>10</sup> and one in two respondents was very familiar with the RACGP's *Smoking, nutrition, alcohol and physical activity (SNAP) guide*.<sup>11</sup>

A lack of awareness of the ADG by many GPs is not surprising: despite GPs being identified as a key target audience for the 2013 ADG, there was limited dissemination following their publication. A 2014 survey of 300 nationally representative GPs indicated that only 13% of GPs were familiar with the 2013 ADG one year after their launch, a level similar to the general population.<sup>12</sup>

This challenge is part of a wider issue – that of the 'evidence–practice gap' for nutrition that starts in medical school.<sup>13</sup> A systematic review of nutrition in medical education around the world identified four studies from Australia examining the nutrition education undertaken by medical students. All these studies highlighted medical students' limited knowledge of

nutrition guidelines and/or confidence to counsel patients about nutrition.<sup>13</sup>

One way to address these gaps would be by wider adoption of the Nutrition Competency Framework of medical graduates<sup>14</sup> and for greater involvement in nutrition-related professional development by GPs.

In an era in which diet is such a key determinant of health, it is important that GPs are able to provide up-to-date dietary advice to their patients. The upcoming review of the ADG presents a timely opportunity to increase GPs' use of the guidelines when counselling patients on their diets – to help them separate fact from fiction and to provide general, food-based dietary advice that is supported by the best available science, within the brief time available during consultations. Better knowledge of the ADG may also enable GPs to better recognise which of their patients would benefit from a referral to an Accredited Practising Dietitian to access less time-constrained and more in-depth dietary assessment and nutrition counselling.

Wider dissemination by GPs is a key strategy to reduce Australia's burden of diet-related preventable disease. To do this, and as recommended by the Food and Agriculture Organization of the United Nations, it is important to learn from the release of the 2013 ADG and ensure that planning and funding for effective implementation and evaluation of the guidelines is undertaken in parallel with the guideline development process.<sup>15</sup>

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