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Critical evaluation of popular diets

A lot of weight-reducing diets are currently being presented in the mass media, e.g. the Atkins diet, glycaemic index (GI) methods, Montignac and palaeolithic diets. Any diet reducing the energy intake will result in a reduction in body weight in the short term, but in the long term none of these diets has shown a better effect on weight reduction than the conventional energy-reduced diet. The scientific documentation behind the popular diets is scarce. In this issue of *Scandinavian Journal of Nutrition* (SJN) a special overview is presented with the title "Popular diets, body weight and health: what is scientifically documented?" by Susanne Bryngelsson and Nils-Georg Asp. They summarize lectures presented at a conference in Stockholm, Sweden, in November 2004. In five additional articles in issue 2, 2005, Wulf Becker presents "Nordic nutrition recommendations: based on scientific evidence", Mette Axelsen "Glycaemic index", Staffan Lindeberg "Palaeolithic diet", Dan Larhammar "Pseudoscience and quackery in commercially marketed diets" and Jarl Torgerson "Popular diets: why so popular?" It is important for everyone that slimming diets are continuously critically evaluated both by scientists and by the media.

Nordic trends in adolescent overweight

Overweight and obesity have increased during the past few decades in children, adolescents and adults in most countries. In adolescents, the trends over time in the prevalence of overweight and obesity have been very similar in all the Nordic countries, as Susanna Kautiainen emphasizes in an extensive review article in this issue of SJN. The prevalence of overweight has increased 2–3 times since the 1970s and 1980s. Also the distribution of body mass index (BMI) is quite consistent with an increase in the skewness of the BMI distribution, at least in Denmark, Finland and Sweden, which means that the increase in BMI is found particularly in the higher percentiles. These findings are similar to results from comparable studies in other countries, although the prevalence figures in the USA are far higher. The reasons behind this increase and the imbalance in energy input and output are to be found in an increase in sedentary behaviours, e.g. watching television and playing computer games, together with changing eating behaviours, e.g. snacking and increased consumption of soft drinks, resulting in alarming implications for public health in the future. It is urgent with all types of preventive measures to start during childhood and adolescence, otherwise the risk for already increasing prevalence of type 2 diabetes mellitus and metabolic syndrome in adults will increase.

Teenagers with type I diabetes: dietary management

Dietary intake, metabolic control and self-management in 49 Norwegian adolescents aged 13–19 years with insulin-dependent diabetes mellitus were studied by Nina Lorentsen and Ingunn Bergstad. The prevalence of overweight was high, and few subjects had acceptable metabolic control, estimated by determination of glycosylated haemoglobin (HbA_{1c}). The energy intake from dietary saturated fat was high, whereas sugar intake was relatively low, as was the intake of several micro-nutrients. As in many other dietary intake studies, underreporting of energy intake and accordingly some nutrients seems to be considerable. The authors are aware of this situation. The most alarming finding, in my opinion, is that many adolescents had high HbA_{1c} concentrations. It is obvious that these adolescents need support. The study illustrates that dietary advice should be given continuously by the diabetes team, including a dietitian working closely with a paediatrician responsible for advice on insulin therapy. Most adolescents will learn to achieve a balance between energy intake and energy expenditure/insulin doses by self-management.

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