Eat your way to health

Dietary recommendations are mainly used to prevent disease, and seldom to treat it. They do have curative potential, but the Dutch healthcare system is not geared to that. 'It is cheaper to prescribe pills than to supervise patients over a long period in changing their eating habits and lifestyles.'

TEXT TESSA LOUWERENS **PHOTO** HOLLANDSE HOOGTE

In future, lifestyle and diet should feature more prominently in the treatment of chronic diseases. This is the drift of a report produced in May 2017 for ZonMW, the Dutch organization for health research and healthcare innovation, by a team of experts from Wageningen University & Research, their colleagues from other universities, and the National Institute for Public Health and the Environment (RIVM). 'Recently we have been seeing a revival of interest in nutrition and lifestyle interventions,' says project leader Renger Witkamp, professor of Nutrition and Pharmacology in Wageningen. 'In this report we summarized the potential of nutrition and looked at what it would take to exploit it better.'

The biggest benefits, say the experts, can be gained in the treatment of cardiovascular diseases and type 2 diabetes, which tends to affect the elderly. But dietary changes can also benefit patients with certain types of cancer, kidney disease or lung conditions. 'A healthy diet not only supports the treatment but also improves the patient's general health, giving it a unique advantage over drugs,' says Witkamp.

HIGH COSTS

And the general health of the Dutch is not exactly blooming at the moment. Almost half of all adults are overweight and one third suffer from one or more chronic diseases, show surveys by the RIVM. 'These patients take a lot of medicines, with all the side effects and high costs that that entails,' explains GP Tamara de Weijer, chair of the Doctors and Nutrition Association. According to Statistics Netherlands, the Dutch spent almost 95 billion euros on healthcare in 2015. Overweight and unhealthy lifestyles are responsible for about 14 percent of this healthcare burden.

The incidence of chronic diseases, with all the costs they entail, could be significantly reduced, believes >


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PHOTOS ANP

In a few years it will be normal for a GP to prescribe changes in lifestyle and diet, says Tamara de Weijer, chair of the Doctors and Nutrition Association.

De Weijer. 'A healthy diet works on several fronts at the same time. Weight loss in patients with diabetes, high blood pressure and raised cholesterol not only enables them to stop their insulin injections but also to reduce their doses of drugs for lowering cholesterol and blood pressure.'

PERVERSE INCENTIVES

But nutrition and lifestyle interventions are still not being applied much in practice. According to Witkamp, this is partly to do with the way healthcare is funded. 'The current healthcare system works mainly with short-term models. It is cheaper to prescribe pills, the effect of which you see immediately, than to supervise patients over a longer period in changing their eating habits and lifestyles.'
This sounds familiar to De Weijer. 'As a GP you are exposed to perverse incentives. A doctor earns more if a chronically ill patient keeps coming to the surgery and having drugs prescribed. Health insurance companies cover operations and pills but rarely lifestyle interventions. A ten-minute appointment is too short to discuss dietary advice with the patient; you need more time for that, and that costs money.'
According to De Weijer, this is one of the reasons why GPs pay too little attention to diet and lifestyle. 'Whereas at least three quarters of the medical problems we see are directly related to these things. Take diabetes, high blood pressure, cardiovascular diseases and raised cholesterol. In these cases, the drugs are not really treatments; they only keep the disease in check.'
There are a few diseases, however, for which the treatment protocol used by doctors does include discussing lifestyle interventions. But, says Witkamp, little is known about the extent to which doctors actually comply with these guidelines. From talking to colleagues, De Weijer's impression is that they do not often follow through on them. 'They find it difficult, it is time-consuming, or they do not think it is their responsibility. Whereas research shows that 95 percent of patients see their doctor as the main authority on dietary issues.'
An added factor is that doctors do not learn much

‘It doesn’t feel normal yet to prescribe vegetables for our patients’

about nutrition during their training. At medical school, students get an average of 29 hours of teaching on nutrition and 30 hours on lifestyle, says a 2017 report commissioned by the ministry of Health, Welfare and Sport.

NO PLACEBO FRIES

A further obstacle is the difficulty of obtaining scientific evidence in nutritional studies. Witkamp: ‘In drug research you can carry out studies in which one group is given a pill and the other a placebo (a fake pill). But in nutrition research it is not easy to conduct these kinds of studies: there is no such thing as placebo French fries.’ And, adds Witkamp, nutrition studies often lack a clear end point. ‘Maybe you want to know how many people in the study have a heart attack. But you usually only see the results of dietary interventions decades later, which makes this kind of study extremely expensive and well-nigh unworkable.’

In the report, therefore, the experts argue for alternative research methods which take into account knowledge based on the practical experience of healthcare workers and patients. Witkamp: ‘We are thinking in terms of things like eHealth programmes. People can monitor their blood sugars at home, for instance, using continuous glucose monitors, and send in their data. The advantage of this is that you can collect data from a lot of people over an extended period, and in a natural situation. It is important, though, that these data are processed and interpreted by experts.’

NEW CURRICULUM

For the healthcare system to make better use of the potential of diet, several things need to change, says Witkamp. He thinks doctors and policymakers could make better use of the expertise of health professionals such as dieticians and lifestyle coaches. And more attention should also be paid to the importance of diet and lifestyle in the training of doctors, nurses and other healthcare workers. ‘In response to this report, a committee is being formed in collaboration with the ministry of Health, Welfare and Sport and the medical faculties, which will be tasked with developing a new curriculum for medical students, with more emphasis on diet.’

De Weijer is pleased with this initiative. ‘Prescribing vegetables for our patients instead of drugs might take some getting used to now but in a few years we shall consider it completely normal. If lifestyle adjustments do not work well or fast enough, drugs are plan B.’ Witkamp agrees. ‘This requires more investment in the short term, but in the long term it will probably pay back when we have a healthier society.’ ■

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PHOTO JAN HARRYVAN – OPUS56FOTOGRAFIE

RENGER WITKAMP
Professor of Nutrition and Pharmacology at Wageningen University & Research

TURN AROUND TYPE 2 DIABETES

In a Dutch group programme called *Keer Diabetes2 Om* (‘Turn around Type 2 Diabetes’), patients work on changing their lifestyles for six months, supported by a team made up of a dietician, a lifestyle coach, nurses and a cook. They try to cut down on their drugs by changing their diets and getting more exercise and relaxation. The programme is an initiative of several organizations, including health insurer VGZ, nutrition awareness organization *Voeding Leeft* and a GP network focusing on chronic diseases, *Zorggroep Synchroon*. ‘We see it as our responsibility to society to concern ourselves with preventive healthcare,’ says VGZ spokesperson Dennis Verschuren. ‘We want to do something about the rising costs of healthcare, and at the same time make patients less dependent on drugs.’

Preventive care is tricky territory for health insurers, according to Verschuren. ‘Because you are investing in something that might save money many years down the line. Whereas clients can switch insurance companies every year. We don’t know yet what the long-term effects of this programme will be. We will be monitoring people over a longer timespan after they have rounded off the programme.’

The provisional results are highly promising: the project started in 2014 and already two thirds of the 55 participants are taking smaller drug doses, or even none at all, for their diabetes. Verschuren: ‘I think this kind of healthcare is the way ahead. In any case we are going to expand the programme to 2500 participants. If that is a success, we want to see whether we can include it in the basic health insurance package.’