Abstract

The growing epidemic of chronic disease afflicting both developed and developing countries was related to dietary and lifestyle changes and undertook the task of reviewing the considerable scientific progress that has been made in different areas. For example, there is better epidemiological evidence for determining certain risk factors, and the results of a number of new controlled clinical trials are now available. The mechanisms of the chronic disease process are clearer, and interventions have been demonstrated to reduce risk.

During the past decade, rapid expansion in a number of relevant scientific fields and, in particular, in the amount of population-based epidemiological evidence has helped to clarify the role of diet in preventing and controlling morbidity and premature mortality resulting from noncommunicable diseases (NCDs). Some of the specific dietary components that increase the probability of occurrence of these diseases in individuals, and interventions to modify their impact, have also been identified.

Furthermore, rapid changes in diets and lifestyles that have occurred with industrialization, urbanization, economic development and market globalization, have accelerated over the past decade. This is having a significant impact on the health and nutritional status of populations, particularly in developing countries and in countries in transition. While standards of living have improved, food availability has expanded and become more diversified, and access to services has increased, there have also been significant negative consequences in terms of inappropriate dietary patterns, decreased physical activities and increased tobacco use, and a corresponding increase in diet-related chronic diseases, especially among poor people.

Food and food products have become commodities produced and traded in a market that has expanded from an essentially local base to an increasingly global one.

Changes in the world food economy are reflected in shifting dietary patterns, for example, increased consumption of energy-dense diets high in fat, particularly saturated fat, and low in unrefined carbohydrates. These patterns are combined with a decline in energy expenditure that is associated with a sedentary lifestyle --- motorized transport, labour-saving devices in the home, the phasing out of physically demanding manual tasks in the workplace, and leisure time that is preponderantly devoted to physically undemanding pastimes.

Because of these changes in dietary and lifestyle patterns, chronic NCDs --- including obesity, diabetes mellitus, cardiovascular disease (CVD), hypertension and stroke, and some types of cancer --- are becoming increasingly significant causes of disability and premature death in both developing and newly developed countries, placing additional burdens on already overtaxed national health budgets.

In this view is important to know what we eat. To better understand what we eat we present some tools (ND) that are easy and user-friendly for personal use.