

Outlook

The main objective of the ENHR 2009 was to describe and comment on the nutrition and health situation in the European Union. Trends in food supply and food availability were evaluated in countries and geographic regions of the EU, using available data on country level. Based on individual surveys, special emphasis was put on food consumption in adults and energy and nutrient intake of all age groups. Another specific objective of the ENHR 2009 was a comprehensive analysis of food and nutrition policies in countries of the EU.

The most prominent trends, prevalent inadequate health indicators and dietary habits are:

- An increase of the proportion of animal products in total energy supply in Southern and Central-Eastern European countries, a slight decrease in the North and no change in the West.
- A decrease of the average carbohydrate supply of all countries (–5%), an increase in that of fat to the same extent.
- An excessive average supply and availability of meat and meat products.
- Food availability varied between countries, but certain regional characteristics are discernible:
 - higher availability of fruits and vegetables in the South, however the availability of fruit is not always related to that of vegetables,
 - higher availability of cereals and potatoes in the Central-Eastern region,
 - strikingly high milk availability in the North,
 - highest consumption of added sugar (46 g/capita/day) and added lipids (39 g/capita/day) in Central-Eastern European countries,
 - higher consumption of alcoholic beverages in the West region, whereas the South indicated the lowest.
- Energy intake of all age groups was below the reference intake values in most countries. Intake of protein was satisfying, but too low for carbohydrates and excessive for total fat.
- Intake of vitamin D and folate was generally low in nearly all age groups.
- Intakes of calcium, magnesium, iron in women, and, in some age groups, iodine were generally low. Sodium intake in the form of sodium chloride was above the recommended level in all age groups and countries.

- An alarmingly high prevalence of overweight and obesity in all countries with no marked regional differences observed in any age group.
- A varying total mortality rate among countries, always higher for men than women. Most deaths were attributed to cardiovascular diseases and malignant neoplasms. Prevalence of diabetes mellitus also varied, ranging from 2.9% in the UK to 8.9% in Cyprus.
- Generally, more smokers were found among young adult men than women. With age, the proportion of smokers decreased and that of ex-smokers rose in most countries.
- Alcohol consumption was below the respective recommended maximum intake levels for women and men in most assessed countries.
- With regard to leisure time physical activity, a clear South-North upward gradient was observed which was also associated with age and educational attainment of individuals.
- The North region revealed the highest rate of breastfeeding (initiation and at 6 and 12 months of age), while the West had the lowest.

The food and nutrition policies are not consistent. All participating countries had strategies addressing the main areas of health and nutrition, but, in some cases, these did not constitute a real policy. The extension of and coordination between sectors involved in the development and implementation of food and nutrition policies needs further attention.

Despite a considerable improvement of the quality of data collection and assessment methods, there is still a need for better harmonization of databases and survey methods. The procedures used in this project proved suitable to collect, evaluate, and document information on major indicators of diet and nutrition-related health aspects only. In order to be able to accurately and comprehensively describe the nutritional status of particular population groups, laboratory assessment of the nutritional status is needed.