

# **INTERNATIONAL CONFERENCE ON MEDITERRANEAN DIET AND HEALTH: a lifelong approach Highlights**

***Ostuni (Italy), from March 30 to April 01, 2017***

## **Introduction**

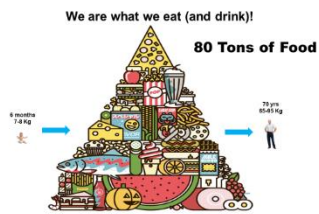


Prof. Crepaldi, Chairman of the symposium and President of the Mediterranean Diet Foundation, opened the congress, by highlighting the high scientific level of this international conference. Many of the top researches in Mediterranean Diet field, attended the symposium, together with young physicians coming from Italy and other EU and extra-EU countries.

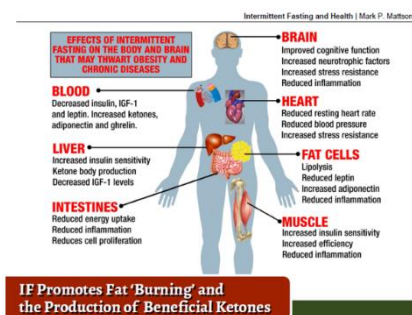
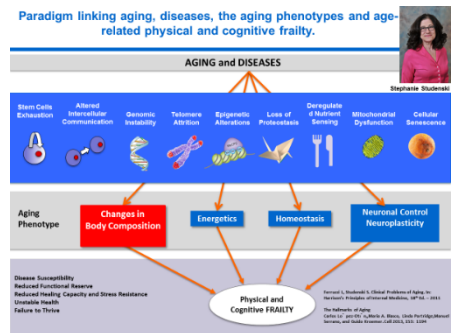
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# Nutrition and Aging



Prof. Ferrucci from Baltimore (USA), spoke about Nutrition and aging. Going deeper in his lecture, the speaker pointed out that we are what we eat and during our life we eat more than 80 tons of food. More in particular, Prof. Ferrucci spoke about caloric restriction and its ineffectiveness in a long-time perspective. He presented also data on obesity and its worse effects on wellbeing by highlighting that in USA as well as in all western countries obesity is growing as a major health problem. In the main part of his lecture, Prof. Ferrucci talked about Mediterranean diet, by highlighting that until now this is the only one way that have demonstrated to reduce cardiovascular mortality in a primary prevention setting. The speaker talked also about the correlation between aging and the onset of diseases and presented very interesting data on muscle mass and muscle strength, by highlighting that there are two very different mechanisms leading to mass and strength conservation.



Prof. Ferrucci presented very interesting data given by genetic studies on mitochondrial dysfunction, cellular related senescence, genomic instability, epigenetic alterations from many points of view, like changes in body composition, in energetics, homeostasis and in neuronal control and neuroplasticity. Finally, the speaker pointed out that nutrition is probably the best tool for counteract the effect of aging in the development of frailty.

- What's about the metrics for frailty, presented by the speaker?
- What's about biological aging from the speaker point of view?
- What is the correlation between taste buds and aging?
- What is the correlation between protein intake, change in muscle strength and inflammation in the elderly?
- What is the correlation between bariatric surgery and the markers of inflammation?
- What are the main predictors of Interleukin-6 elevation in older adults?

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# History and definition of Mediterranean diet

## MEDITERRANEAN DIET

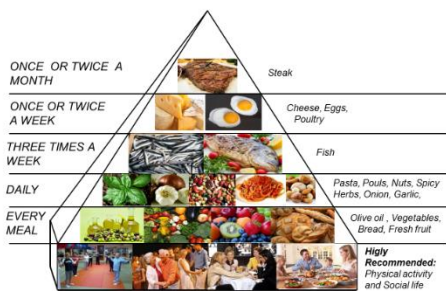
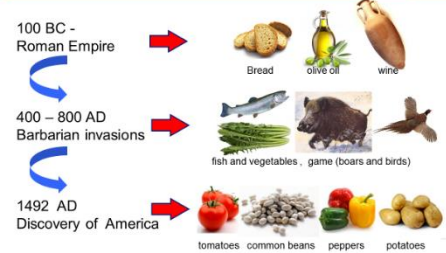


In 2013, included by UNESCO in the Representative List of the Intangible Cultural Heritage of Humanity

History and definition of Mediterranean diet was the topic Prof. Capurso spoke about in his lecture. The speaker coming from Bari (IT), started his talk, by highlighting that the Mediterranean diet should be considered not a specific diet, but rather a collection of eating habits traditionally followed by people living on the borders of the Mediterranean Sea and at its origin there is the olive oil as a major fat source. From the historical point of view, the speaker presented very interesting data on the

dietary model of the Graeco-Roman civilization based on bread, olive oil and wine. Going deeper in his lecture, Prof. Capurso presented very interesting data on the effects of the barbarian invasion on the Mediterranean diet with the introduction of fish, vegetables, boars and birds. Another very important enrichment of the Mediterranean diet passed through the discovery of America by Cristoforo Colombo in 1492 with the introduction of new meals like tomatoes, common beans, peppers and potatoes, the speaker pointed out. Finally, Prof. Capurso spoke about the rediscovery of the Mediterranean diet starting from the post-second world war years and more in particular after the publication of

### HOW MEDITERRANEAN DIET ENRICHED IN THE TIME



the Crete study comparing the Mediterranean diet style with the US diet style and the studies performed by Ancel Keys on the dietary and other coronary risk factors in 7 countries. In conclusion, the speaker pointed out that Mediterranean diet is not a simple diet but a very life-style based on dietary and not dietary factors like moderate physical activity and resting in the middle of the day after an enjoyable family meal.

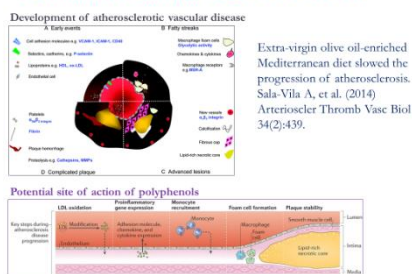
- What is the definition of Mediterranean diet?
- What's about Ancel Keys and the Seven Country Study?
- What is the distribution of the olive trees in the Mediterranean countries?
- What is the dietary model of the Graeco-Roman civilization?
- What are the main differences between the Graeco-Roman and the Barbarian diet styles?
- How has Mediterranean diet been enriched in the time?
- What is the slogan launched by Ancel Keys?

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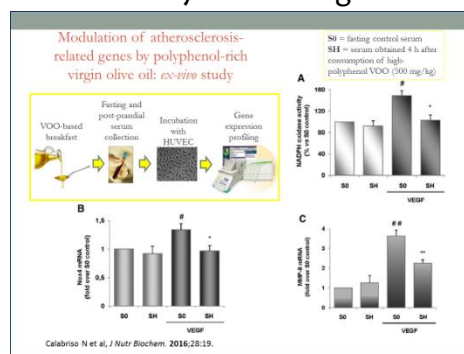
# Extra virgin olive oil components and bioactivity in the frame of the Mediterranean diet health effects

## Anti-atherosclerotic effect of olive oil



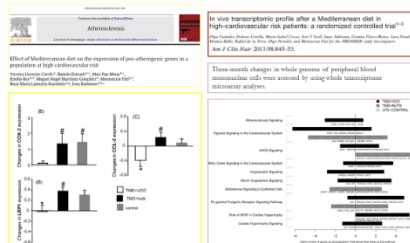
Extra virgin olive oil components and bioactivity in the frame of the Mediterranean diet health effects, was the topic discussed by Dr. Scoditti. At the beginning of her lecture the speaker, coming from Lecce (IT) presented very interesting data on the main characteristics of the traditional Mediterranean diet, like high consumption of minimally processed seasonally fresh plant foods, abundant use of olive oil, regular and moderate wine intake, moderate consumption of fish, seafood, fermented dairy products and low consumption of red and processed

meat and sweets. Going deeper in her talk, Dr. Scoditti presented very interesting data on olive oil and its components like MUFA and phenolic compounds and spoke about the bioavailability and metabolism of olive oil phenols and their interaction with the GUT microbiota. In the main part of her lecture, the speaker presented very interesting data on the olive oil effect on primary and secondary prevention of CVDs. These data were given by studies performed on patients affected by CVDs, Diabetes, Obesity, Metabolic syndrome and Cancer. Dr. Scoditti spoke also about the anti-atherosclerotic effect of olive oil, by highlighting that olive oil reduces the onset of the atherosclerotic plaque through its effects on the lipoprotein oxidation, systemic inflammatory markers, homeostasis, endothelial function and blood pressure.



In the second part of her presentation, the speaker talked about the olive oil genomic mechanisms leading to the control of the atherosclerotic intermediate markers and the adipocyte inflammation. Finally, Dr. Scoditti presented very interesting data on the effect of olive oil polyphenols on the gene expression in patients with metabolic syndrome. In conclusion, the speaker pointed out that human studies with olive oil intervention have provided first-level evidence of protection toward the onset of Atherosclerosis.

## Within the frame of the Mediterranean diet...



- Why Olive oil is not only a question of fat?
- What's about the polyphenol intake in the Mediterranean diet?
- What is the effect of olive oil polyphenols on the endothelial expression of inflammatory and pro-atherogenic factors?
- What's about the correlation between olive oil components and the endothelial oxidative stress?
- What's about the adipose tissue function as a target for olive oil components?
- What is the transcriptomic effect of olive oil?

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# Vegetables, fruits, legumes.



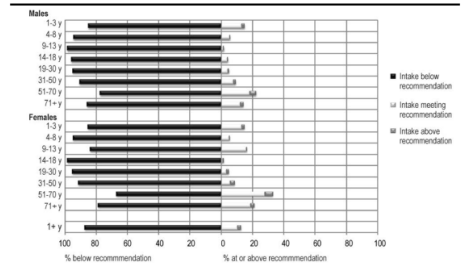
La Vucciria (Traditional market in Palermo)

Vegetables, fruits, legumes, was the topic of the lecture discussed by Prof. Dominguez. The speaker, coming from Palermo (IT), introduced his talk by presenting very interesting data on the Mediterranean diet pyramid and more in particular on vegetables, fruits and legumes. Going deeper in her lecture, Prof. Dominguez spoke about primary prevention and presented very interesting data given by clinical trials like the Okinawa and the

Adventist Health 2 study, where the vegetable and the fruit intake was very important. In the main part of her lecture, the speaker talked about the correlation between the fruit and vegetable intake and the reduction of the risk for CVD, total cancer and all-cause of mortality, by presenting very

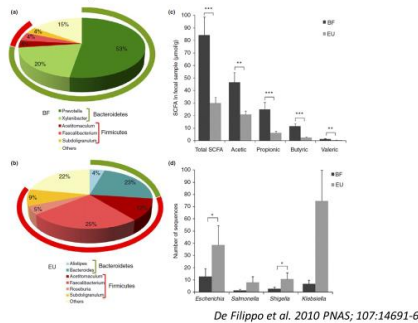
interesting data given

**Total Vegetables:** estimated % of persons below, at, or above recommendation (NHANES 2007-2010)



Dietary Guidelines for Americans 2015-2020 Scientific Report

A plant-based agrarian diet significantly impacts on the diversity of the intestinal microbiota



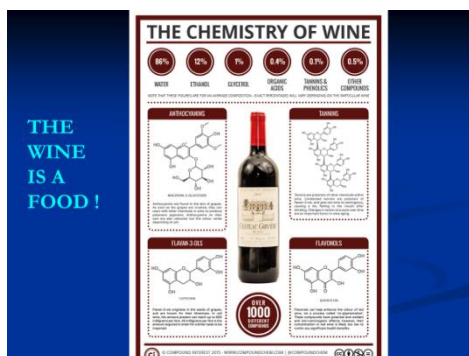
by clinical trials and meta-analyses. These effects are counteracted by the consideration that despite these results, the recommended dietary patterns are not followed by the majority of people living in the western countries, the speaker pointed out. Finally, Prof. Dominguez talked about the origins of the vegetable consumption starting from the prehistoric era and presented very interesting data on the main characteristics of vegetables and legumes as sources of nutrients and proteins.

- What is the main composition in nutrients of vegetables and legumes?
- What is the correlation between fruit, vegetable intake and the CVD risk reduction?
- What are the main results of the meta-analyses on the correlation between foods and the incidence of CHD, stroke and DM?
- What are the main results of the Okinawa study presented by the speaker?
- What's about the CVD primary prevention with the Mediterranean diet?
- What's about the correlation between microbiota and fruits and vegetables?

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# Wine: pros & cons



Prof. Giacosa spoke about the pros. and cons. of wine. The speaker, coming from Monza (IT), started his lecture, by presenting data on wine as a food with the presence of very important components like organic acids, tannins, phenolic acid and other compounds. Going deeper in his lecture, Prof. Giacosa presented very impressive data on the correlation between alcohol consumption and the risk of large bowel and breast cancer, by highlighting that

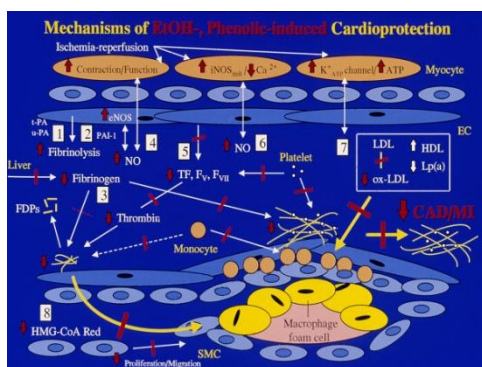
despite these data, a moderate wine consumption within the Mediterranean diet frame is not associated in any way to the risk of cancer. Moreover, the wine consumption during meal reduces the postprandial blood pressure, has a positive effect on fibrinolysis and blood lipids and reduces the alcohol absorption in the GUT, the speaker pointed out. In the main part of his lecture, Prof. Giacosa presented very interesting data on the favourable effects of the moderate wine intake on the health status, by highlighting the relationship between wine intake, more in particular red

more protective effects of alcohol consumption when it was predominately consumed with meals compared to alcohol consumption outside meals. (Trevisan and colleagues (2001a; 2001b)

### The potential mechanisms:

1. reduced **postprandial blood pressure** (Foppa et al., 1999),
2. positive effects on **fibrinolysis** (Hendriks et al., 1994) and **blood lipids** (Veenstra et al., 1990),
3. **increased alcohol elimination rate** or a **reduced alcohol absorption rate** with food in the gastrointestinal tract (Gentry, 2000; Ramchandani Kwo & Li, 2001).

vino e salute



and the reduction of the prevalence of CVDs, metabolic diseases, cognitive disorders, obesity, infectious diseases and cancer. The speaker talked about the differences between wine, beer and spirits, by highlighting the additional benefits provided by red wine thanks to the presence of polyphenols able to decrease the blood pressure, to improve the endothelial function and to activate proteins that prevent cell death. In conclusion, the speaker pointed out that wine can be consumed by health adults in moderation, as a component of the

Mediterranean diet particularly during meal consumption.

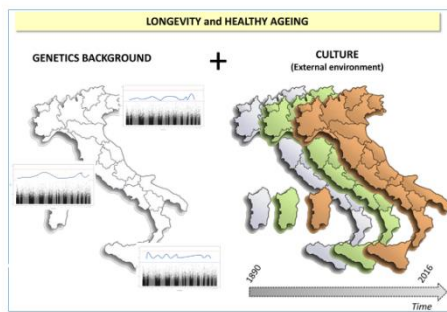
- What are the main mechanisms of the alcohol intake leading to the onset of the cardiovascular diseases?
- What are the main mechanisms of EtOH- Phenolic-induced cardioprotection, based on the data presented by the speaker?
- What are the 5 key points of the well-regulated wine consumption presented by the speaker?
- What is the Mediterranean way of longevity?
- What's about the correlation between wine and CVD risk presented by the speaker?

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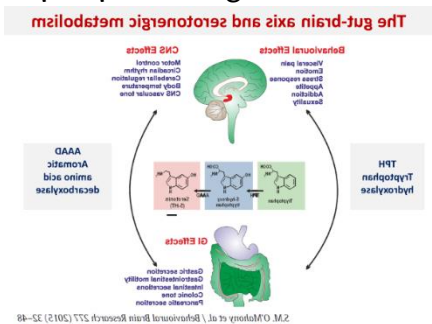
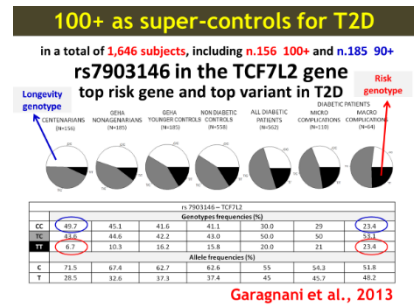
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# Genetics and epigenetics



particular on centenarians recruited in the north of Italy, by highlighting the special impact of genetics on these people. In the main part of his lecture Prof. Franceschi presented very interesting data given by genetic studies comparing different populations like Chinese and Europeans with the intention to select a SNP present in the DNA of very long-lived people. The speaker talked also about the case of the IL-6 the so called anti-longevity interleukin. In the second part of his lecture, Prof. Franceschi presented very impressive data given by genetic studies comparing two different genetics the first one of healthy aging and longevity and the second one of age-related diseases, by highlighting that people presenting the TCF7L2 T-allele carriers have a higher risk of CVD, but the strict adherence to Mediterranean diet is capable of counteracting the genetic risk of stroke. Finally, Prof. Franceschi spoke about GUT microbiota and its relationship with the Mediterranean diet, by highlighting the special link between inflammation and aging.



• What are the main biomarkers of biological vs chronological age, based on the data presented by the speaker?

- What's about the epigenetic clock from the speaker point of view?
- What's about the gut-brain axis and the serotonergic metabolism based on the data presented by the speaker?
- What's about Inflammaging and garbaging, based on the data presented by the speaker?

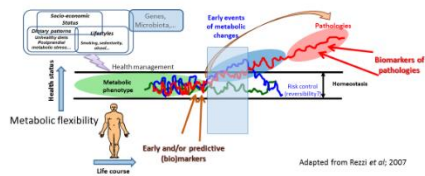
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# Input of metabolomics in integrated approaches for the understanding of nutrition and health relationships

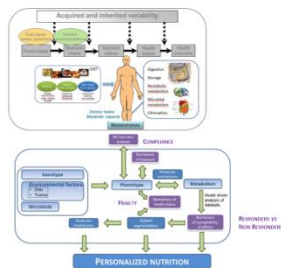
## DYNAMICS OF METABOLIC PHENOTYPES AND EARLY CHANGES



Adapted from Rezzi et al, 2007



the identification of new biomarkers of these early phenotypes changes. In the main part of her lecture, Prof. Comte talked about the metabolomic approach for the identification and the qualification of these new biomarkers. She presented very interesting data given by



RESEARCHERS AT INRA



Prof. Comte, coming from Clermont-Ferrand (FR) spoke about metabolomics as an input for an integrated approach to understand nutrition and health relationships. At the beginning of her lecture, the speaker presented very interesting data on the dynamics of the metabolic phenotypes and their early changes, by highlighting that there is the need for

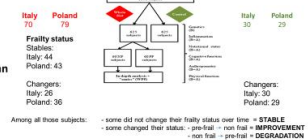
genetic studies on the complexity of the physiological status, the diet and its effects. The speaker presented other very interesting data given by metabolomic studies on the relationship between health and nutrition, by highlighting that this is the way to identify robust dietary biomarkers to be used for studying the diet-disease association. Finally, Prof. Comte spoke about the correlation between Mediterranean diet and frailty, studied with the metabolomic technique.

## METABOLOMICS IN THE NU-AGE PROJECT

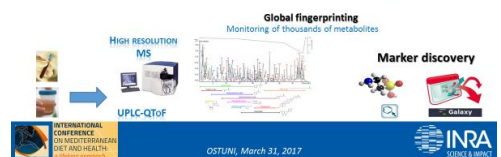


### OBJECTIVES:

- 1 - Discrimination of the pre-frail and non frail groups at T0
- 2 - Effects of the Mediterranean diet in both groups



Among all those subjects: - some did not change their frailty status over time = STABLE  
- some changed their status: - pre-frail -> non frail = IMPROVEMENT  
- non frail -> pre-frail = DEGRADATION

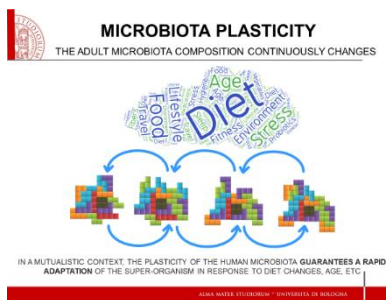


- What 's about metabolomics in nutrition research, based on the data presented by the speaker?
- What' s about metabolomics and metabolism?
- What can we learn from metabolomics from the speaker point of view?
- What's about the dynamics of metabolic phenotypes and early changes?

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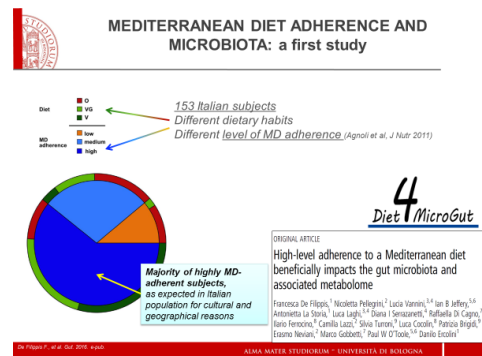
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# Gut microbiota



Prof. Biagi, coming from Bologna (IT) spoke about GUT microbiota, by highlighting that about  $10^{13}$  to  $10^{14}$  microorganisms inhabit our body and the great majority of these is hidden in the GUT. Going deeper in her lecture, Prof. Biagi spoke about the microbiota plasticity, typical of health people and pointed out that different GUT microbiota components show a different performance in the degradation and adaptation to the dietary substrates. In the main part of

her lecture, Prof. Biagi presented very interesting data on the response's models of microbiota to diet and more in particular on the impact of the Mediterranean diet on the microbiota composition. The speaker pointed out that the adherence to the Mediterranean diet is associated with a significantly higher amount of three very important SCFA. Finally, Prof. Biagi, spoke about the correlation between Mediterranean diet, Microbiota and aging, by highlighting the role played by polyphenols, cereals, vegetables, PUFA-rich foods, EVO oil and red wine in the reduction of many inflammatory processes. Finally, the speaker pointed out that the GUT microbiota of centenarians over 105 years presents some similarities to the one of young-adult people.

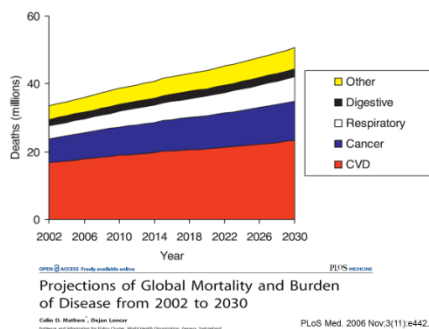


- How microbiota does respond to diet?
- What's about the relationship between Mediterranean diet adherence and Microbiota?
- What are the key points of the anti-inflammatory effects of the Mediterranean diet on the Microbiota?
- What's about the correlation between Mediterranean diet and Microbiota?

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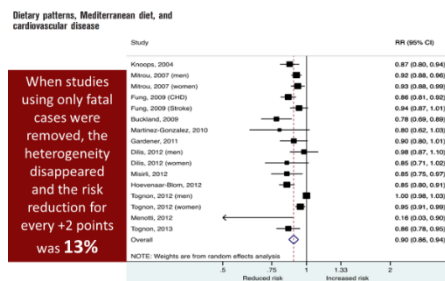
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# Mediterranean diet and cardiovascular disease

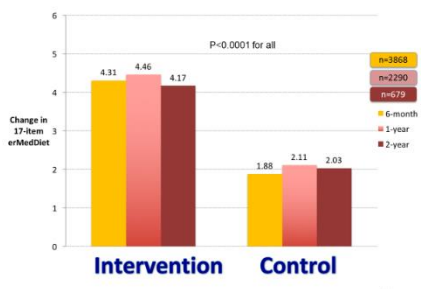


Mediterranean diet and cardiovascular disease was the topic discussed by Prof. Toledo. The speaker, coming from Pamplona (SP), started her presentation by speaking about Diet and CVD prevention, its relationship with the Mediterranean diet and about PREDIMED and PREDIMED plus projects. Going deeper in her lecture, Prof. Toledo pointed out that the projection of death for CVD is growing till the 2030 and presented

very interesting data on the advantages of the dietary patterns, more in particular those ones linked with the Mediterranean diet. Speaking about the association between Mediterranean diet and CVD, the speaker highlighted that it is positive and very strong, with a risk reduction of 13% for every 2 points. In the main part of her lecture, Prof. Toledo presented very interesting data given by the PREDIMED study, that



is the “Prevención con Dieta Mediterránea” study running in many Spanish clinical centers. The Mediterranean diet prevented CVDs compared to standard diet in the 30% of the study population after only 4.8 years of follow-up, Prof. Toledo pointed out. Finally, the speaker presented the study design of a new trial, the so called Predimed plus study, aimed to investigate the combined effect of the MedDiet + E. restriction + physical activity and behavioural intervention on the weight loss maintenance and on the CVD reduction.



- What is the most sensible approach for weight loss and CVD prevention in patients with diabetes, from the speaker point of view?
- What’s about the rationale of the Predimed plus trial?
- What are the main results of the Predimed plus trial presented by the speaker?
- What is the relationship between Mediterranean diet and the Coronary Heart disease prevalence?

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# Metabolic disorders

## Metabolic risk factors in Italy



Smoking habit: 28-38%  
 Diabetes: 8.3-10.3%  
 Hypertension: 41.1-44.3%  
 Overweight: 40-59.9%  
 Dyslipidemia: >60%  
 Insufficient PA: 50-59.9%

Global Atlas of CVD prevention, WHO 2011

Prof. Sofi from Florence (IT), spoke about the metabolic disorders linked with diet. The speaker presented very interesting data on the definition and the statistics of the metabolic disorders, on the relationship between MedDiet and risk factors and on the relationship between MedDiet and the metabolic diseases. Speaking about the Metabolic syndrome, Prof. Sofi pointed out that in Italy there is a plenty of metabolic risk factors more

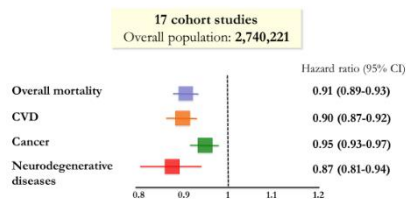
than in other European countries. In the main part of his lecture, the speaker talked about the challenge of prevention and the very strong link between nutrition and prevention and presented very interesting data on the effect of the Mediterranean diet on the weight loss, the onset of diabetes, hypertension and hypercholesterolemia.

In the main part of his presentation, the speaker presented very interesting data given by

Mediterranean diet and health status: an updated meta-analysis and a proposal for a literature-based adherence score

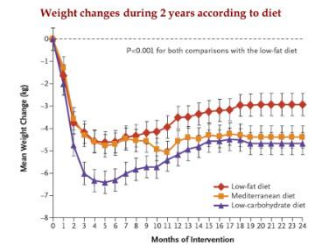
Francesco Sofi<sup>1,2,3,\*</sup>, Claudio Macchi<sup>3</sup>, Rosanna Abbate<sup>1</sup>, Gian Franco Gensini<sup>1,3</sup> and Alessandro Casini<sup>1,2</sup>

Public Health Nutr. 2014;17: 2769-82



more than 25 meta-analyses, by highlighting that the correlation between MedDiet and CVD and diabetes risk reduction is very strong. In the second part of his presentation the speaker talked about the relationship between Mediterranean diet and the prevention of the metabolic diseases, by highlighting that it is the time to take the right decisions more in particular on the correctness of information to give to all the population for a better adherence to this special dietary pattern.

## Intervention study on Mediterranean diet



Shai et al., NEJM 2009

- What is the correlation between Mediterranean diet and the main CVD risk factors?
- What is the choice of an initial parenteral anticoagulant regimen in PE patients?
- What's about the PE classification?
- What's about the relationship between MedDiet and Culture?
- What's about the novel score of adherence to MedDiet presented by the speaker?
- What are the main results of the MedDiet in the Molisani cohort?

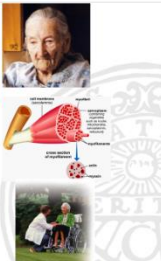
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# Sarcopenia and frailty – two sides of the same coin?

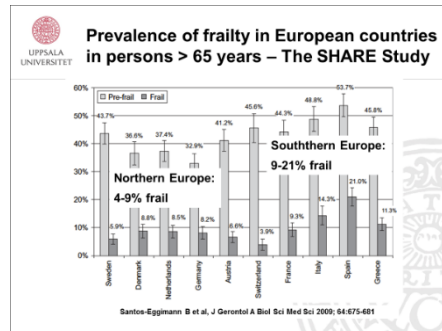
**Catabolic conditions with reduced function during ageing**

- **Sarcopenia** = muscle loss and reduced strength and power
- **Frailty/gerastenia** = age-related weakness and reduced reserve capacity
- **Osteoporosis** = reduced BMD with fracture risk
- **Disease-related malnutrition (cachexia)** = weight loss/under weight/reduced muscle mass
- **Disability** = limitation of major life activities



Sarcopenia and frailty – two sides of the same coin? was the topic discussed by Prof. Cederholm in his lecture. The speaker coming from Uppsala, (Sweden), talked about Definitions, Diagnosis, aetiologies and life-style factors linked with the MedDiet. Going deeper in his lecture Prof. Cederholm presented very interesting data on sarcopenia and frailty, by highlighting that these diseases are major threats in the ageing societies. The speaker talked also about the main geriatric syndromes and pointed

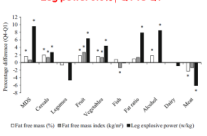
out that sarcopenia and frailty are the new giants among these conditions. Sarcopenia is a syndrome characterized by the loss of muscle mass and strength with a growing risk of adverse outcome, Prof. Cederholm highlighted. Talking about frailty, the speaker pointed out that the 25% of frail patients are old people and presented very interesting data on the diagnosis of frailty and on the so-called frailty phenotype. In the second part of his lecture, the speaker presented very interesting data on aetiology, by highlighting that apoptosis, inflammation, inactivity/bed rest, hormonopause, insulin resistance, nutritional deficiencies and the motor-unit loss are the main important causes leading to sarcopenia and after that to frailty. Speaking



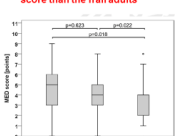
about the protein intake, Prof. Cederholm pointed out that the higher protein intake is the less the risk for frailty. Finally, the speaker talked about the life style factors, food, exercise and the MedDiet and presented very interesting data on the positive effect of the adherence to MedDiet related to the risk of become frail. In conclusion, Prof. Cederholm pointed out that most etiologic moments of sarcopenia and frailty are treatable and that MedDiet is emerging as a very preventive factor.

**High adherence to MD is associated to better muscle function and reduced risk of frailty – x-sectional studies**

- 2570 com-dw women (18-79y), UK
- 131 Item FFQ; MDS (0-9), quartiles
- DXA, hand and leg strength
- Fat free mass (%) 1.7% ↑ Q4 vs Q1
- Leg power 9.6% ↑ Q4 vs Q1



- 192 comm-dw old adults (>78y), Germany
- Frailty acc. to Fried;
- FFQ, MDS
- The non-frail had a higher MD score than the frail adults



Kelaiditi et al., Osteopor Int 2016;27:3251-60

Bollwein J et al., J Gerontol 2013;68:483-9.

- What is most important at old age, function or absence from diseases?
- What are the main differences between sarcopenia and frailty?
- How to identify patients affected by sarcopenia?
- How to diagnose frailty?
- What are the key points of the frailty phenotype?
- What is the greek terminology for frailty?
- What is a what does promote ageing well?

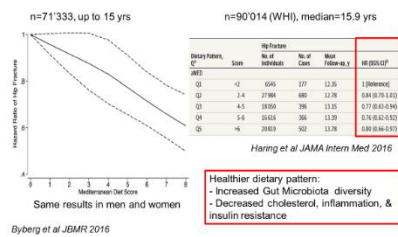
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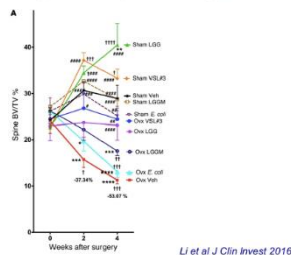
# Fermented Dairy Diet and bones



## Adherence to a Mediterranean Diet Reduces Hip Fracture Risk



## Sex steroid deficiency-associated bone loss is microbiota dependent and prevented by probiotics



Prof. Rizzoli from Genève (SW), presented very interesting data on the correlation between the fermented dairy products and bones, by highlighting that the adherence to the MedDiet reduces the risk of hip fracture. Going deeper in his lecture, the speaker presented very interesting data given by the Rotterdam study, on the correlation between fruit, vegetable intakes and the hip fracture risk in postmenopausal women. In the main part of his lecture, Prof. Rizzoli presented very interesting data on the main processes leading to the production of cheese or fermented milk products like yogurt. More in particular the speaker talked about Prebiotics and Probiotics and presented a huge amount of data on the effects of these products in humans.



## What is yogurt now?

Milk with lactose digested, viable and defined bacteria, essential nutrients source, vehicle for fortification or added probiotics, fibers, vitamins and minerals. Modified by sweeteners, fruits, flavors, consistency and aroma.



- What's about the effect of probiotics in human?
- What is the composition and the metabolism of the GUT microbiota in Yogurt consumers and non-consumers?
- What is the effect of the Prebiotics on the bone in human?
- What are the main effects of vegetables on bone metabolism, based on the data presented by the speaker?
- What's about the main differences between prebiotics and probiotics from the speaker point of view?
- What is the yogurt now, based on the data presented by the speaker?
- What are the main controlled intervention trials with dairy products in adults, presented by the speaker?

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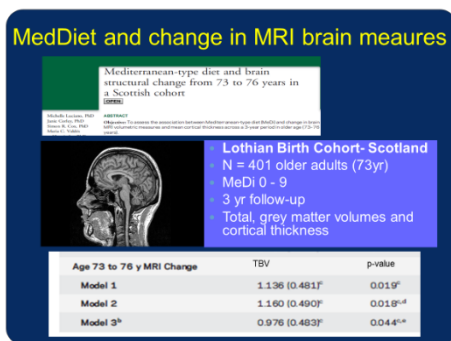
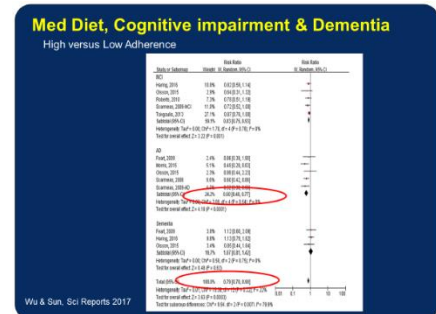
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# Mediterranean diet for prevention of neurodegenerative disease



The main topic at the core of Prof. McEvoy presentation, was Mediterranean diet for prevention of neurodegenerative disease. The speaker, coming from Belfast (UK), presented very interesting data on the potential for dementia prevention, on the nutrients and the brain health, the MedDiet, and its correlation with cognition and dementia and finally on the future

directions. Speaking about Alzheimer prevention, Prof. McEvoy presented data on 7 modifiable risk factors like diabetes, midlife obesity, hypertension, physical inactivity, smoking, depression and low education level, by highlighting that almost the 50% of AD cases are attributable to these factors. Speaking about the modifiable ones, Prof.



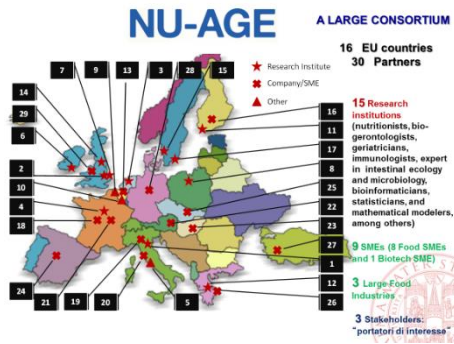
McEvoy, presented very interesting data on the dietary factors and more in particular on the nutrient biomarkers of risk for dementia, like low vit.D<sub>3</sub>, carotenoids, low PUFA and high SFA levels. In the main part of her presentation, the speaker discussed very interesting data on the relationship between MedDiet and Cognitive impairment, Alzheimer disease and dementia. In conclusion, Prof. McEvoy pointed out that there is very strength evidence that the long-term adherence to MedDiet can improve cognitive function.

- Can MedDiet help in the prevention of dementia?
- Which aspects of cognition are amenable to dietary change?
- What is the prevalence of the iron deficiency in Asia, based on the data presented by the speaker?
- What's about MedDiet and change in the MRI brain measures?
- What about the potential for Alzheimer disease prevention, based on the data presented by the speaker?
- What's about people living with dementia around the world, based on the data presented by the speaker?

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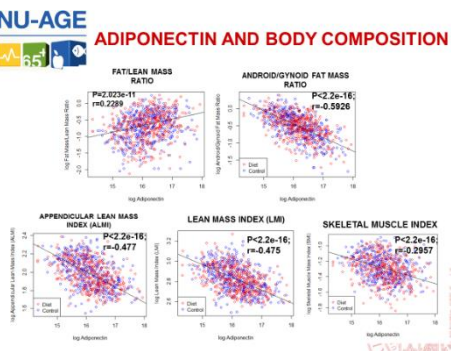
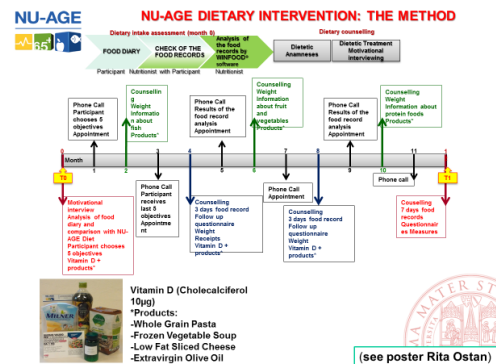
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# The impact of MedDiet on body composition and inflammation



The main topics at the core of Dr. Santoro presentation, was the impact of MedDiet on body composition and inflammation. The speaker, coming from Bologna (IT), presented very interesting data on the NU-AGE project that is the new dietary strategies addressing the specific needs of the elderly population for healthy aging in Europe. Going deeper in her lecture, Dr. Santoro presented the NU-AGE study design that enrolled frail and prefrail people and discussed the main

characteristics of the diagnostic tests performed. In the main part of her speech, Dr. Santoro, presented data on the NU-AGE recruited population and on the study dietary intervention, by highlighting that for many older people was necessary to implement nutrient-specific supplements. Speaking about adherence Dr. Santoro presented the main data of the NU-AGE adherence index and discussed also about the main pro- and anti-inflammatory parameters studied in the project. The speaker pointed out that at the growing of adherence, the levels of the pro- and



the anti-inflammatory markers significantly decreased. Finally, Dr. Santoro presented the main data produced in this project and more in particular on the presence of any correlation between the inflammatory markers and the body composition indexes. In conclusion, Dr. Santoro pointed out that in the study there was a positive correlation between inflammatory markers and body composition indexes, more in particular between adiponectin and the increase of the FM/LM ratio.

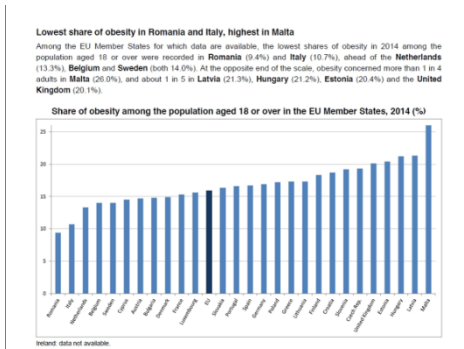
- What's about the NU-AGE study design, presented by the speaker?
- What are the main steps of the NU-AGE dietary intervention presented by the speaker?
- Did the nutritional intervention change the body composition of the volunteers?
- Which are the main differences among the five countries running in the project?
- Which are the main differences by gender?
- Is there any correlation between inflammatory markers and body composition indexes?
- What's about the correlation between adiponectin and the body composition?

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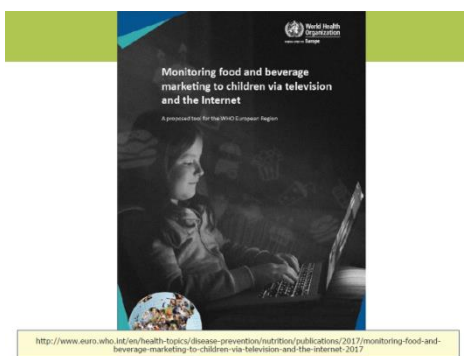
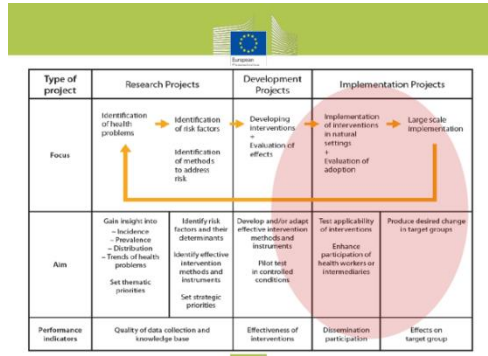
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# The European Health Programme – Projects for the promotion of healthy diets and physical activity in European regions



Prof. Meusel, coming from Luxembourg, spoke about the European Health Programme – Projects for the promotion of healthy diets and physical activity in European regions. At the beginning of his presentation, the speaker pointed out that almost 1 adult every 6 in the EU is considered obese. Going deeper in his lecture, Prof. Meusel presented very interesting data on the 3<sup>rd</sup> Health Program, speaking about history, objectives and budget. Talking about budget, Prof. Meusel highlighted that 63 million euro per year is almost sufficient for the implementation of the projects in all the EU countries. In the main part of his talk, the speaker presented the main projects financed by Chafea, like improving infrastructures for leisure time, physical activity in the local arena (IMPALA) or the promotion through physical activity among sedentary older people (PASEO) and the European Physical Activity Promotion Forum (MOVE). All these projects are based on the direct engagement of practitioners and policy-maker in order to grow new knowledge, capacities and specific actions. In the second part of his lecture, Prof. Meusel talked about the Operating Grants and the Direct Grants like the



Operating Grants and the Direct Grants like the Monitoring food and beverage marketing to children via television and internet or the Monitoring of national policies related to alcohol consumption and harm reduction programs. Finally, Prof. Meusel spoke about the Dissemination activities and more in particular on the Health Programme Project Database. In conclusion, the speaker pointed out that make a change it is possible but only if we go further with constant effort and enduring passion.

- How can we make a change to the majority of the population in all EU Member States?
- What is the prevalence of the overweight adolescents in the EU regions?
- What are the key points of the 3<sup>rd</sup> Programme of Community Action in the field of Health, presented by the speaker?
- What's about the HASIC program presented by the speaker?
- What are the main key points of the Joint Actions presented by the speaker?
- What's about the priorities in annual Work Programme 2017 presented by the speaker?

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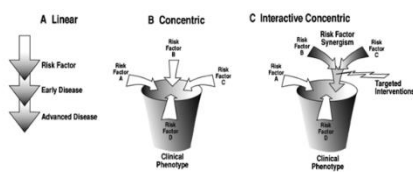
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# Report on Food & Nutrition & Frailty

Geriatric Syndromes: Clinical, Research and Policy  
Implications of a Core Geriatric Concept



Medical University of Graz



JAGS 2007; 55:780-791

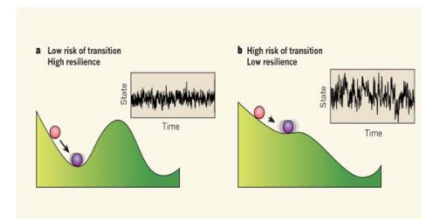
Report on Food & Nutrition & Frailty, was the topic at the core of Prof. Roller-Wirnsberger presentation. The speaker coming from Graz (Austria), at the beginning of her presentation talked about the organizational structures and the ongoing processes related to the EIP on Active and Healthy Ageing. Going deeper in her lecture, Prof. Roller-Wirnsberger presented very impressive data on the so called “Silver Tsunami” characterized by the increase of the older people living in EU till outnumbering children by 2018. In

the main part of her lecture, the speaker talked about the new concept of Health, characterized by an interactive concentric organization able to take care of older people with the intention to develop their dynamic functional reserve for a better improvement in resilience. Prof. Roller-Wirnsberger went deeper in her talk and presented very interesting data on the Innovation Cycle and the European Innovation partnership aimed to improve the health and the quality of life of all the EU citizens, the sustainability and

Caring for complex older people

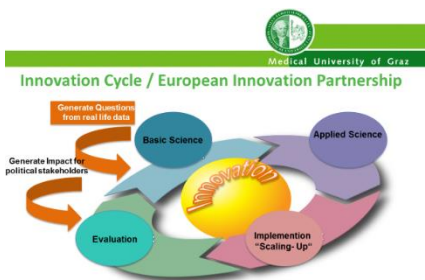


Medical University of Graz



Scheffer M. Nature 2010; 467:411–412

the efficiency of the Care systems and finally the growth and the expansion of the EU industry. In the last part of her talk, Prof. Roller-Wirnsberger, spoke about the A3 Action Plan and its headline objective and highlighted the importance of the community-based programs for the prevention and the mitigation of frailty. In conclusion, the speaker pointed out that the main success of the AG is characterized by the implementation of a multistakeholder group for an integrated approach to the prevention of frailty.



- What are the main topics of the European Innovation Partnership on Active and Healthy Ageing Project?
- What are the main Joint actions on Frailty presented by the speaker?
- What are the main needs for making an impact on new paradigm of Ageing at the EU level, based on the data presented by the speaker?
- What are the main A3 Action Area presented by the speaker?
- What’s about the HeartFlowNEXT study presented by the speaker?

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# Adherence to the Mediterranean Diet at a time of economic crisis



## The Moli-sani study

- ✓ 25,000 resident in the Molise region
- ✓ Aged ≥ 35 years
- ✓ Recruitment phase: 2005-2010
- ✓ Second follow-up: December 2015
- ✓ Study duration ...∞ years
- ✓ End points: cardiovascular cerebrovascular and cancer events



The adherence to the Mediterranean Diet at a time of economic crisis, was the topic at the core of Prof. Bonaccio presentation. The speaker coming from Pozzilli (IT), presented very interesting data on the Moli-sani study. At the beginning of her lecture, the speaker pointed out that despite the evidence, people living in the Mediterranean area are losing the Med Diet style for other less healthy food styles. Going deeper in her lecture, Prof. Bonaccio presented very interesting and impressive

data given by the Moli-sani study, showing that the decrease in the adherence to the MedDiet is very dramatic in these last years. In the main part of her lecture, the speaker presented very interesting data on the advantages linked with the adherence to the MedDiet in term of psychological resilience growth, cardiovascular risk reduction and death risk reduction in diabetic patients. From an educational point of view Prof. Bonaccio, highlighted that the MedDiet is no longer the diet of the poorest, but the contrary, higher the educational gradient is, higher is the adherence to MedDiet. In the last part of her lecture, the speaker presented other very interesting data on the impact of the economic crisis on

## Mediterranean diet in children

"Higher adherence to a Mediterranean-like dietary pattern was not associated with living in a Mediterranean country"

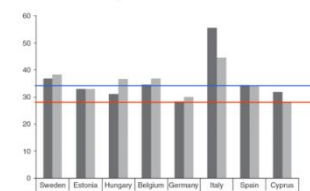


Figure 1. Prevalence of high adherence to a Mediterranean-like dietary pattern (MDS > 3) among pre-school (dark grey) and school children (light grey), stratified by country.

Tognon G et al. Int J Obes (Lond). 2014;38 Suppl 2:S108-14.

## Self-reported negative impact of the economic crisis on dietary habits



\*statistically significant

Bonaccio M et al. Unpublished

adherence to the MedDiet style, by highlighting that the economic crisis has had a negative impact on the dietary habits, more in particular for low-level educational people, characterized by the growth of the consumption of more date foods and food bought at the discount shops than in the past. In conclusion, Prof. Bonaccio pointed out that the adherence to the MedDiet is closely linked to both material (economic) factors and cultural factors.

- Does the adherence to the traditional MedDiet still provide health advantages for XXI Century people?
- Is the economic crisis affecting the adherence to the Med Diet?
- What's about the impact on the quality of the grocery items after the economic crisis, based on the data presented by the speaker?
- What are the main results of the INHES survey presented by the speaker?
- What's about MedDiet and education before and after the economic crisis, based on the data presented by the speaker?

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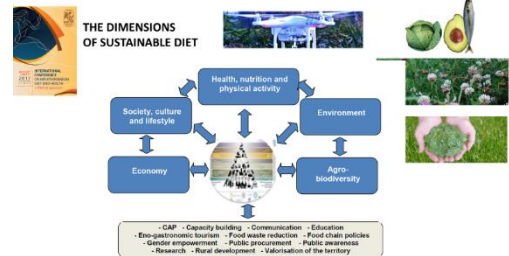
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# Sustainability



Sustainability was the topic Prof. Gamboni talked about. The speaker, coming from Rome (IT), at the beginning of his lecture talked about the mission of the Department of Biology, Agriculture and food sciences of the National Research Council of Italy. Going deeper in his lecture, Prof. Gamboni spoke about the sustainable development

since the 1987 till now. In the main part of his lecture, Prof. Gamboni presented very interesting data on the MedDiet as a model for an effective sustainable diet and discussed other data about the changes in the dietary habit due to social and cultural factors in the different Med. countries. Prof. Gamboni spoke also about the social sustainability indicators focused on four principal issues, like the role of diet in term of commensality and conviviality, the active involvement of the consumer in the preparation of food, the level of awareness concerning the cultural value of food and finally the capacity to transmit ancient knowledge in order to ensure the transfer of food traditions towards the youngest generations.



**WHAT CAN WE DO NOW**

- additional studies for detection of actual social impediments that prevent a large spreading of the Mediterranean diet
- investigate each scope of these impediments in affecting the erosion of Mediterranean diet and analyse if and how the obstacles differ in the diverse Countries
- improve scientific knowledge, providing evidence of the socio-cultural benefits of the Mediterranean diet
- study more in depth the concepts of seasonality, local food production and consumption, as a fundamental base of Mediterranean diet
- how these aspects can effectively favor the empowerment of local economies with benefits in term of employment and incomes
- revising of socio-cultural indicators, eventually to change them - if appropriate - and defining a programme for their real application
- proper solutions to be taken probably different in different Countries

Finally, Prof Gamboni talked about the new goals to be reached for the development of a well MedDiet and socio-cultural sustainability.

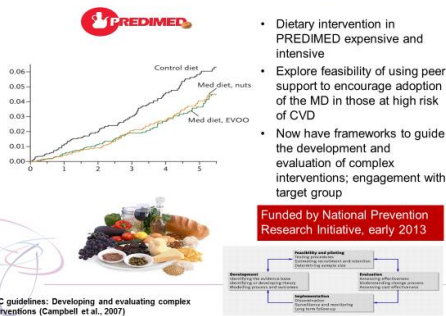
- Can the sustainability concept be applied to food and diet?
- What are the main dimensions of a sustainable diet presented by the speaker?
- What are the main pronounced changes in the dietary habit due to social and cultural factors presented by the speaker?
- What's about the transmission to the youngest generations of the ancient knowledge of the food traditions?

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# Behaviour change

Mediterranean diet reduces CVD risk in those at high risk of CVD



- Dietary intervention in PREDIMED expensive and intensive
- Explore feasibility of using peer support to encourage adoption of the MD in those at high risk of CVD
- Now have frameworks to guide the development and evaluation of complex interventions; engagement with target group

The Behaviour change was the topic Prof. Woodside spoke about. The speaker, coming from Belfast (UK), talked about the health benefits of the MedDiet, the strategies to be implemented for getting populations to make changes toward the MedDiet style particularly in non-Med. countries and finally about the reduction of adherence to the MedDiet in the Med. Countries.

Preferred peer supporter characteristics: has successfully made the recommended changes to their diet; is like you and wants to make similar changes to their diet; has expert dietary knowledge

**EMPATHETIC**  
...it wouldn't last one conversation with me if I didn't think there was any empathy or understanding (Male)

**KNOWLEDGEABLE**  
...They would need knowledge of what they're talking about... (Female)  
...someone that knows what they're talking about... (Male)

**EXPERIENCED**  
...Somebody that's going to listen. But they've also got the same thing wrong with them as you have, so they know... experience... (Female)

**NON-JUDGEMENTAL**  
...if you don't succeed they're not on your back and you know this is really what you should be doing... but just sort of be gentle. Encouraging! (Female)

**GOOD COMMUNICATOR**  
...you would really need to be able to get on with anybody and have good communication skills! (Female)

Peer supporters recruited and completed two day training programme

Going deeper in her lecture, Prof. Woodside presented very interesting data on the effect of advice to adopt a MedDiet style in the North Irish population, by highlighting that the MedDiet reduced the CVD risk more in particular in the high-risk patients. In the main part of her lecture, the speaker talked about the intervention development methods for improving the adherence to MedDiet in non-Mediterranean countries, by highlighting that there are a lot of barriers to be overtaken. Prof. Woodside, presented also data on the so-called peer support interventions for encouraging

dietary changes toward a MedDiet style, by highlighting that the preliminary data show a significant increase in adherence and in Vit. C intake too. In conclusion, the speaker pointed out that achieving long-term dietary changes is difficult, but it is important to conduct qualitative formative research in order to ensure that the developing interventions are acceptable and effective.

Encouraging behaviour change in mild cognitive impairment patients: development of educational material

**Objectives**

- To explore attitudes of mild cognitive impairment (MCI) patients and health professionals regarding diet and lifestyle and its relationship with cognitive health
- To design, develop and pilot test educational material (EM) to help encourage lifestyle behaviour change in these patients

**Methods**

- Healthcare professionals, MCI patients and their caregivers were recruited from Belfast and Dublin
- Focus groups and structured interviews conducted

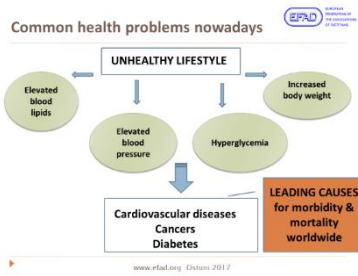
**CARDI**  
Centre for Ageing Research  
Dementia and Ageing Research  
Cognitive Health Research  
Lifestyle and Health Research  
Mental Health Research  
Neuroscience Research  
Public Health Research  
Social and Behavioural Research  
Translational Research

Neville et al., Aging & Mental Health, 2013

- What are the main foods composing the Northern Irish traditional diet?
- What's about the effects of the adherence to the MedDiet on the CVD risk reduction based on the data presented by the speaker?
- What's about the peer support to encourage MD adherence?
- What are the key points of the intervention development methods presented by the speaker?

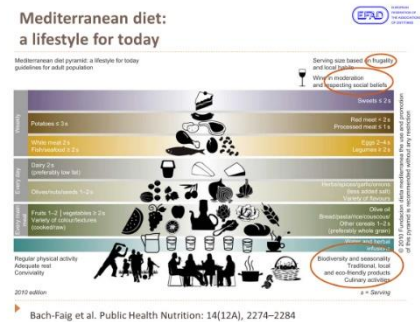
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# Interpreting the Mediterranean Diet within different food cultures



Interpreting the Mediterranean Diet within different food cultures, was the topic at the core of Dr. Kontogianni presentation. The speaker coming from Athens (Gr), at the beginning of her lecture addressed the audience, by pointing out that there are common health problems now days more in particular about an unhealthy life style leading to Cardiovascular diseases, diabetes and cancer. Going deeper in her lecture, Dr.

Kontogianni spoke about the main characteristics of the MedDiet and the anti-inflammatory effects of its components. In the main part of her presentation, the speaker talked about the nutrition transition process present in the Med. countries due to the socio-economic improvement, the enhancement of the commercial availability of food and the urbanization of the life. Dr. Kontogianni spoke also about the non-Med. countries and the strategies to be applied for the



Interpreting the Mediterranean Diet within different food cultures. **How can EFAD contribute**

- To enable identification of key local, clinical and food service dietitians, and their professional connections (e.g. nutritionists or other public health professionals, cooking chefs, educators and government staff involved with food system).
- To involve the European Network of Dietetic Students in the implementation of relevant projects.
- To facilitate dissemination of outputs and encourage exploitation in countries outside of the Mediterranean basin.

introduction of the MedDiet foods and the role played by the dietitians in this process, by highlighting that probably is not sustainable to promote the whole pattern of the MeDiet lifestyle in non-Med. countries, but only try to introduce only part of its characteristics. In conclusion, Dr. Kontogianni pointed out that the nutrition policies in the Med. countries should focus on the promotion of the MedDiet as a healthy way of living.

- Can the MedDiet serve towards NCD prevention throughout Europe?
- What are the main sustainability thematic areas presented by the speaker?
- Should all non-Med. countries embrace the MedDiet food culture?
- What are the major determinants of food choice based on the data presented by the speaker?
- How to interpret the MedDiet within different food cultures?
- How can dietitians contribute to introduce MedDiet style in non-Med countries?

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# Optimal nutritional care for all (ONCA): implementing bioscience outcomes for better patient care



ENHA members & partners work together to help implement science outcomes into better nutritional care for patients across Europe

Improving health and health care practices effectively requires health professionals, institutions and patients working together, country by country

Prof. de Man talked about the optimal nutritional care for all: implementing bioscience outcomes for better patient care. The speaker coming from London (UK), presented very interesting data on ONCA mission and strategy. Going deeper in his lecture, Prof. De Man presented the ONCA charter and the key steps of the 2017 ONCA campaign

Optimal Nutritional Care for All  
*'a European health innovation initiative'*

Mission

- Optimal nutritional care for all European citizens
- Implementation good nutrition, nutritional risk screening and follow up care

Strategy

- Driven by key national stakeholders including patient groups
- Agreed priorities and key performance indicators (KPIs) across Europe
- Share best practices, progress measured per country

ENHA

- Provides the structure, coordinates, inspires and facilitates



involving 16 countries and spoke about the methods implemented for the measurements of the achieved improvements. In the main part of his lecture the speaker talked about the patients' involvement in ONCA organization, taking care of their expertise, personal

experience and satisfaction. Prof. de Man pointed out that this involvement is based on individual and on collective strategies. Finally, Prof. de Man spoke about the citizen-driven research strategies to be applied in the 21<sup>st</sup> century, compared to those running in the 20<sup>th</sup> century, by highlighting that the focus is changed from the cure to the prevention. In conclusion, the speaker pointed out that every ONCA activity contributes to improve health prevention and care.

## Why citizen-driven research strategies by Gaston Remmers

20<sup>th</sup> century

- Cure
- Religion of the Average
- "We take good care of you"
- You are either sick or healthy
- Reductionist
- Knowledge imperative
- Certainty / uncertainty

21<sup>st</sup> century

- Prevention
- Uniqueness of the individual
- "I take good care of myself"
- Focus on resilience
- Appreciative of complexity
- Learning imperative
- Curiosity



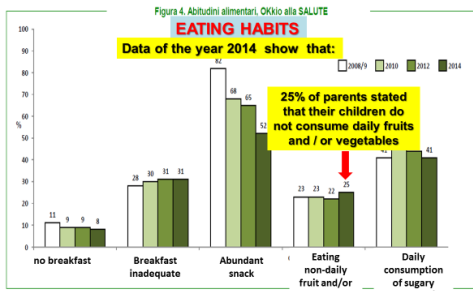
- What is the mission of the ONCA campaign, presented by the speaker?
- What's about the ONCA strategy presented by the speaker?
- What are the main ENHA partners presented by the speaker?
- Why is it necessary to implement citizen-driven research strategies from the speaker point of view?

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# Policy agenda of preventive and clinical nutrition

The national surveillance system to "OKkio to HEALTH", promoted and funded by the Italian Ministry of Health, is a source of epidemiological data on the lifestyles of children of primary school. (COSI - Childhood Obesity Surveillance Initiative.)



and/or fruit and that this style is directly linked with the low adherence to MedDiet of Italian adults. In the main part of his lecture, Dr. Carretto presented very interesting data on

**ADHERENCE TO THE MEDITERRANEAN DIET IN A SAMPLE OF ITALIAN ADULTS**

Indice di aderenza alla Dieta Mediterranea con punteggio in base alle porzioni assunte alla settimana

Alimento	Punteggio 0	Punteggio 1
cereali (pasta, pane, riso, cereali da colazione)	< 14	≥ 14
legumi	≤ 2	> 2
verdure e ortaggi	≤ 7	> 7
pesce	≤ 2	> 2
carne e derivati	= 2	≤ 2
prodotti lattiero-caseari: latte	≤ 7	> 7
formaggi	≤ 7	< 7
olio d'oliva	< 7	≥ 7
vino	≤ 7 o ≥ 14	> 7 e < 14

Adherence to the Mediterranean Diet in a Sample of Italian Adults

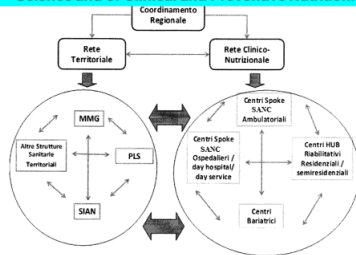
71% low  
29% moderate

Caretto A. et al. submitted

"VALUTAZIONE DELLE CRITICITÀ NAZIONALI IN AMBITO NUTRIZIONALE E STRATEGIE D'INTERVENTO 2016 - 2019"

Punto 4) Odg Conferenza Stato - Regioni

**Implementing PPDTAs (preventive, diagnostic and therapeutic care Procedures) in various fields of Food Science and of Clinical and Preventive Nutrition.**



Dr. Carretto talked about the preventive and clinical nutrition. The speaker coming from Brindisi (IT), presented very interesting data on the eating habits of Italians, showing that the major food consumption is characterized by meat, cheese, vegetable, fish, pasta and legume consumption. Going deeper in his lecture, the speaker pointed out that Italian children do not consume sufficient amounts of vegetables

the prevalence of

obesity and overweight in Italy from 2001 to 2010, by highlighting that its prevalence is raising and this phenomenon involve also children and not only young or adult people. In the second part of his presentation Dr. Carretto talked about two projects the first one on the malnutrition in hospital and the second one on the early diagnosis and prevention of type 2 diabetes mellitus in the ASL Brindisi population.

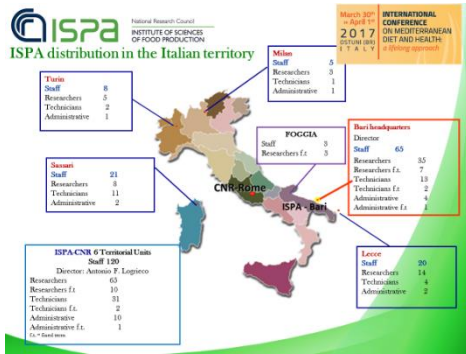
- What's about the daily consumption of fruit and vegetable based on the data presented by the speaker?
- What's about the adult adherence to MedDiet in Italy?
- What is the prevalence of overweight and obesity in Italy?
- What are the key points of the Hospital Malnutrition project presented by the speaker?
- What's about the early diagnosis and prevention of type 2 diabetes in the ASL Brindisi population project, presented by the speaker?

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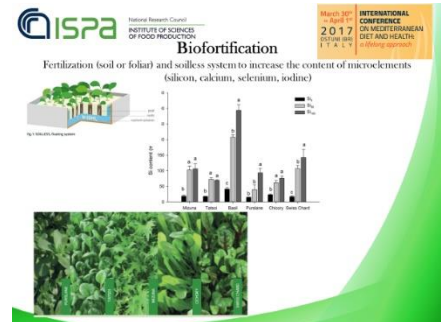
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# Institute of Sciences of Food Production (ISPA) National Research Council of Italy



Dr. Logrieco talked about the Institute of Sciences of Food Production and about the ongoing projects. The speaker coming from Bari (IT), presented very interesting data on the main ISPA activities basically characterized by the improving quality and safety of agro-food production, the production of food with improved organoleptic and nutritional properties and finally the development of new probiotic and functional foods. Going deeper in his lecture, the speaker talked about the naturally fermented table olives with a very high concentration of phenolic compounds, about Biofortification that is a fertilization process and a soilless system developed for the increase of the content of microelements and about the non-conventional ready-to-eat probiotic foods. Finally, Dr. Logrieco spoke about the EU-Horizon 2020 cluster national projects on Food and Health, food and technology and food and production.



**Functionalized Foods**

Bread and Pasta enriched with olives paté from *Cellina di Nardo* cv in collaboration with UNIFG PhD project "Health Food Innovation and Management" (Prof. Del Nobile)

Images of Bread, Pasta CTR, and Enriched pasta.

- What are the main ISPA activities presented by the speaker?
- What are the main scientific concepts of functional foods in the Europe Consensus Document presented by the speaker?
- What's about the naturally fermented table olives variety present in Apulia?
- What's about Biofortification based on the data presented by the speaker?

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# The correct school eating habits

## THE SCHOOL



This is our high school Epifania Ferdinando.



The correct school eating habits was the topic the students of the Liceo Scientifico “Istituto Epifania Ferdinando”, talked about. The speakers coming from Bari (IT), presented very interesting data on their school and the purposes of their research. The speakers presented the questionnaire

## OUR PURPOSES

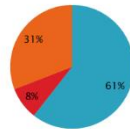
- to offer a good eating habit
- to know our schoolmate's eating habit
- to make know to the students their basic necessities
- to promote a different kind of food in schools

Daily calorie needs based on age, gender, and activity level

Age (Years)	Gender	Sedentary (Most Active)	Moderately Active	Active
2-3	Male or female	1,000	1,000	1,000
4-8	Male	1,200 - 1,400	1,400 - 1,600	1,600 - 2,000
	Female	1,200 - 1,400	1,400 - 1,600	1,400 - 1,800
9-13	Male	1,600 - 2,000	1,800 - 2,200	2,000 - 2,600
	Female	1,400 - 1,800	1,600 - 2,000	1,800 - 2,300
14-18	Male	2,000 - 2,400	2,400 - 2,800	2,800 - 3,200
	Female	1,800	2,000	2,400
19-30	Male	2,400 - 2,800	2,800 - 3,200	3,000
	Female	1,800 - 2,000	2,000 - 2,300	2,400
31-50	Male	2,200 - 2,400	2,400 - 2,600	2,800 - 3,000
	Female	1,800	2,000	2,200
51 and older	Male	2,000 - 2,200	2,200 - 2,400	2,400 - 2,800
	Female	1,800	1,800	2,000 - 2,200

and the results. More than 77% of students answered the questions mainly related to their breakfast habits and on during the school time. out that the MedDiet is the alimentary needs and that also in giving energy to the

What do you usually eat for snack?  
 ■ products of vending machine ■ fruits, dried fruits or yogurts  
 ■ sandwich



the type of food they eat Finally, the speakers pointed best way to fit their snack plays an important role students.

- What do the students usually eat for snack?
- How many students do buy snack at school?
- How many students do eat something during the school day?
- How many student do eat breakfast?

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These are only some of the topics addressed in the congress's sections

For a deeper knowledge on these topics, please visit the International Menarini Foundation web site where You can find all the speeches in their full version.

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