

How food and diet impact the treatment of disease

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Today, the Center for Food As Medicine (famcenter.org) and the Hunter College NYC Food Policy Center (nycfoodpolicy.org) released its groundbreaking, 335 page (with more than 2500 citations), first ever, academic narrative review and report of the food as medicine movement, titled "Food As Medicine: How Food and Diet Impact the

Treatment of Disease and Disease Management."

There is overwhelming evidence demonstrating the impact of food and diet on health, specifically among food-related diseases. Whether or not a [poor diet](#) can cause damage to the body should no longer be debated, as evidence supports the potential causal relationships between [dietary factors](#) and diet-related diseases such as [ischemic heart disease](#), diabetes, and certain cancers. While diet has the potential to cause disease, it is also capable of building, maintaining, and restoring health. The report aims to bridge the gap between [traditional medicine](#) and the use of food as medicine in the prevention and [treatment](#) of disease.

This comprehensive narrative review and report is divided into five parts, including: 1) background information on the history of using food to treat disease, 2) modern challenges to widespread use and acceptance of food as medicine practices, 3) current evidence about contemporary food as medicine practices (such as medically tailored meals, produce prescriptions, and functional foods), 4) literature review of food as treatment for specific disease states, and 5) recommendations to stakeholders (including policymakers, [health care professionals](#), and academics) to contribute to a healthier, more equitable health care system.

Here are the key findings:

- Many medical schools across the country do not require that students take basic nutrition courses, leading to a lack of confidence and knowledge among health care providers when speaking to patients about using food as a treatment to manage disease.
- Social media has facilitated the "hijacking" of food as medicine as a disease treatment, co-opting it into a pseudoscientific

alternative medicine. This has effectively alienated many health care providers from adopting food as medicine programs and policies.

- Websites with evidence-based content coexist with those containing inaccurate, incomplete, or misleading information, making it difficult for the public to decipher information about the role of food in the prevention and treatment of disease.
- The increased popularity of dietary supplements, paired with a lack of regulation from the [federal government](#) regarding what many supplements contain, has caused confusion among consumers and patients about the impact of their consumption habits on disease.
- The American Dietary Guidelines have long been influenced by large food corporations and interest groups, and they do not always reflect the state of the science regarding the relationship between diet and health. These guidelines are incredibly important, because they influence the nutritional standards of meals and foods provided across the country.
- Marketing and health claims printed on packaged food available at the store can obfuscate consumers' understanding of the impact of food and diet on disease.
- Research funded by the food industry has skewed public understanding of the impacts of certain foods on individual health.
- Nutrition incentive programs (e.g., NYC's Health Bucks) and other food as medicine programs and interventions (e.g., medically tailored meals) can be an effective tool to combat food

and nutritional insecurity.

- Food has always been a part of medical practice, going back millennia; however, as medical procedures and treatments became more sophisticated, modern societies began to disregard the role of food in the treatment of disease. Using food to treat disease was viewed as an uncivilized approach. This led to a gap between modern medicine and the use of food to treat disease, and a lack of acceptance of food-based interventions in modern treatment plans.
- Food as medicine interventions and programs need increased [government funding](#) and support to maximize their positive impact on food insecurity and public health. This includes:
 - Medically tailored meals: meals that are designed with the specific nutritional and dietary needs of patients in mind. These help individuals managing chronic disease combat food insecurity while ensuring the foods they eat are appropriate for their specific disease or condition.
 - Produce prescription programs: programs that provide a financial incentive (e.g. discount, bonus, or credit) to increase access to and consumption of fresh fruits in vegetables among targeted patient populations.
- There is a large amount of research available to demonstrate the efficacy of different foods and dietary interventions on specific diseases and conditions. However, more robust clinical trials are needed to provide comprehensive evidence on the effectiveness of diet in the treatment of a variety of disease states.

The report also includes 10 key recommendations to stakeholders to advance food as medicine practices in the prevention and treatment of disease:

- **Increased Funding for Food as Medicine Research:** Congress must approve increased funding to the NIH to provide grants to researchers specifically focused on the use of food in the prevention and treatment of disease. Specific topics for research should include:
 - Dietary patterns and interventions for the prevention and treatment of disease.
 - Traditional medicine practices from around the world in the prevention and treatment of disease.
 - Food as medicine programs (such as medically tailored meals and produce prescriptions) on health outcomes.
 - Incorporation of foods and dietary patterns from many different cultures to ensure food interventions are culturally appropriate for all participants.
- **Aggregation and Coordination of Food As Medicine Programs:** Create and maintain a central repository that identifies all current food as medicine programs and interventions operating in the United States (including nutrition incentive and voucher programs, medically-tailored meals programs, produce prescription programs, and culinary medicine and education programs).
- **Disease-Specific Food as Medicine Research and Resource Guides:** Create, curate, and update daily disease-specific food as

medicine research and resource portals/guides to translate and disseminate peer-reviewed, evidence-based research to academics, researchers, physicians, health care providers, individuals, caregivers, and family members of those diagnosed as well as the general public. These guides will use evidence-based research to dispel myths and pseudoscience and bridge the gap between traditional medicine and the impact of food on disease.

- **Board of Experts:** Develop a robust infrastructure of experts (e.g., Medical Schools, Academic Centers, Non-profits dedicated to Food As Medicine, Divisions of the NIH) who can monitor and navigate the copious research that has already been conducted in the food as medicine space and translate this research to physicians, health care providers, caregivers, and patients.
- **Health Care Provider Education:** Mandate education about nutrition and the role of diet in the prevention and treatment of disease within educational curricula for physicians and health care providers (e.g., nurses, physician assistants, nurse practitioners).
 - Require a series of nutrition courses among the earliest core requirements in medical school and health care provider education/training curricula that provides all medical students with a background on the role of diet in the prevention and treatment of disease.
 - Develop and require Continuing Medical Education courses centered on food as medicine topics.
- **Hospitals Need to Be Food As Medicine Focused:** Hospitals

must be a model for advancing food as medicine and integrating dietary evidence for the prevention and treatment of disease into institutional practices and programs.

- Federal, state, and local government agencies should provide financial incentives and guidance to public and private hospitals and healthcare settings that develop and maintain food as medicine programs, including medically tailored meals and produce prescriptions.
- There must be a complete overhaul of the meals served at hospitals to ensure that hospital food is medically tailored to address individual patient health.
- Hospitals should provide meals that are easy and simply duplicated by their patients which would allow them to prepare nutritionally sound meals in their own homes.
- **Improve Public Awareness:** Enhance and advance public awareness of the role of food in relation to the prevention and treatment of disease.
 - Nutrition and food education must begin early and should be incorporated into publicly funded schools and [education programs](#).
 - De-stigmatize and encourage conversation between [health care providers](#) and patients regarding the treatment options other than pharmaceuticals.
- **Increase Community Access to Fruits and Vegetables:** All individuals should have access to culturally appropriate, unprocessed, fresh, whole foods and food as medicine programs

for the prevention and treatment of disease.

- Support the expansion of sources of fresh fruits and vegetables in communities that lack retail access to fruits and vegetables.
- Health insurance companies must offer coverage for a wide variety of food as medicine programs and individualized nutrition counseling in the treatment of chronic diseases.
- **Expand Federal Programs:** Congress must increase federal funding for the development and expansion of a wide variety of food as medicine programs, including medically tailored meals, produce prescriptions, and nutrition incentives.
- **Incorporate Food As Medicine into Policy:** Expand and improve federal, state, and local policies that promote food and diet in the prevention and treatment of disease.
 - Update the Dietary Guidelines to reflect contemporary evidence about the relationship between diet and disease while avoiding influence from large corporations in the food industry.
 - Regulate terminology used by companies marketing [health](#) and wellness food products and supplements.
 - Expand and improve federal [food](#) assistance programs, including the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

More information: www.foodmedcenter.org/

Provided by The City University of New York

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