**TRAINING FICHE TEMPLATE**

| **Module** | Module 1: General issues on healthy and low-impact food |
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| **Title** | ''We are that we eat'': food as source of health |
| **Keywords** | Food, eat, health |
| **Topic/Area** | | X | 1: General issues on healthy and low-impact food | | --- | --- | |  | 2:  Typical local products and varieties (basic and advanced) | |  | 3: Traditional food preservation/conservation techniques | |  | 4: Food elaboration/consumption techniques / according to Food Pyramid | |  | 5: Traditional, local and heritage related recipes | |
| **Level** | Advanced |
| **Description/Contents**  **(2000 characters max.)** | Feeding is a voluntary act. We decide what kind of foods do we eat and the culinary technology and techniques to prepare them with all the available options that we currently have.  When we eat any food, it is transformed into nutrients through a process called thermogenesis. Depending on the food consumed and its composition, and importantly, taking into account the process to which it was exposed before consuming it, our body will be able to obtain specific nutrients, whether macronutrients (carbohydrates, proteins or lipids) or micronutrients (vitamins and minerals) in different proportions. Therefore, these nutrients will play a role on the different physiological processes to achieve a correct body function. For example, when we eat a pepper, due to the thermogenesis process, we are obtaining vitamin C, that will participate in the absorption of iron or neutralizing free radicals, acting as an antioxidant. This is the reason why, when we usually talk about food, we also mean health. It is necessary to feed ourselves, stay well-nourished, and thus make our body work properly.  Up to date, the scientific evidence has already demonstrated the well-established relationship between nutrients and health status or diseases. For example, it is well-known that an excessive consumption or lipids is directly related not only to being overweight or obese, but also to a higher prevalence of metabolic and cardiovascular diseases. Similarly, scientific and clinical studies have concluded that a deficiency of some micronutrients, such as vitamins and minerals, are the cause of multiple diseases. For example, a diet lacking vitamin C deficiency is closely associated with the development of scurvy; a deficiency of iron intake will cause anemia, or a deficit in the calcium and vitamin D ratio can cause osteoporosis.  The latest scientific articles published, including several meta-analyses with high level of evidence, already highlight that the current high consumption of ultra-processed foods, replacing the consumption of other healthier foods, is leading to an increase in overweight and obesity, even in pediatric and adolescent populations, and the consequences associated with this overweight are well-known: diabetes, hypertension, musculoskeletal problems and cardiovascular diseases.  Therefore, taking these ideas into account, the sentence "we are what we eat" becomes more important day by day. |
| **Benefits/Advantages**  **(1000 characters max.)** | It is important to educate on how we eat. The benefits of taking healthy aliments with adequate cooking techniques could give us a better health status. A healthy lifestyle which comprises a healthy diet and engaging in physical activity, has proven to reduce the prevalence of diseases, especially chronic diseases. There are a great number of meta-analyses and scientific studies that show that most of cardiovascular and metabolic diseases also appear as a consequence of the high consumption of ultra-processed foods, so we should replace them by healthier and more palatable meals, with nearby products and with traditional culinary techniques. Associated recommendations to promote the adherence to a healthier lifestyle are to engage in daily physical activity, adequate water consumption, healthy cooking techniques and emotional balance. In this area, it is important to note that emotions should not influence our alimentary habits. It is essential to know the most common dietary patterns in the population in order to stablish relationships between diet and health. |
| **Representative Products** | Vegetables, fruits, fish, meat, eggs, legumes, tubers, physical activity, water. |
| **Risks management** | The associated risks are based on the ignorance of the real dietary pattern by the population. Usually, people are guided by a desirability bias and tend to not tell professional nutritionists their real intake pattern, either due to not remember or because they feel they could be judged.  Also, the ignorance of what is a healthy diet is an important issue. There is the false belief that a high protein or low carbohydrate diet can comply with healthy dietary patterns. In those restricted diets, patients must be controlled by a specialist who evaluates clinical parameters to avoid risks, and follow the evidence provided in well-designed studies, avoiding false myths.  Another cause of concern is the belief that all natural products are safe. Dietary supplements are products that contain many herbal substances that, when metabolised, generate secondary metabolites that can be toxic. These products should be legislated and many, without scientific studies to validate them, are available to any consumer on the Internet. Moreover, the intake of these products can cause adverse reactions, from allergic reactions to severe liver injury. |
| **Language** | English |
| **Country** | Spain |
| **Providing Partner** | UMA |
| **Further references** | Nutrition  <https://www.efsa.europa.eu/en/topics/topic/nutrition>  Ultra-processed foods, diet quality and human health  <http://www.fao.org/publications/card/es/c/CA5644EN/>  The Food Pyramid: A Dietary Guideline in Europe  <https://www.eufic.org/en/healthy-living/article/food-based-dietary-guidelines-in-europe> |

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