

# MEDIA PACK

February 2021





The British Association for Nutrition and Lifestyle Medicine (BANT) is the home of nutrition professionals, setting the standard of excellence in science-based nutrition and lifestyle medicine. BANT acts as a professional body for Registered Nutritional Therapy Practitioners in one-to-one clinical practice and as a self-regulator for BANT Registered Nutritionists®.

BANT oversees the activities, training, and Continuing Professional Development (CPD) of its practitioners and has a governing council, who may be non-members but whose professional experience lies in the medical, scientific, or educational area of nutritional science.

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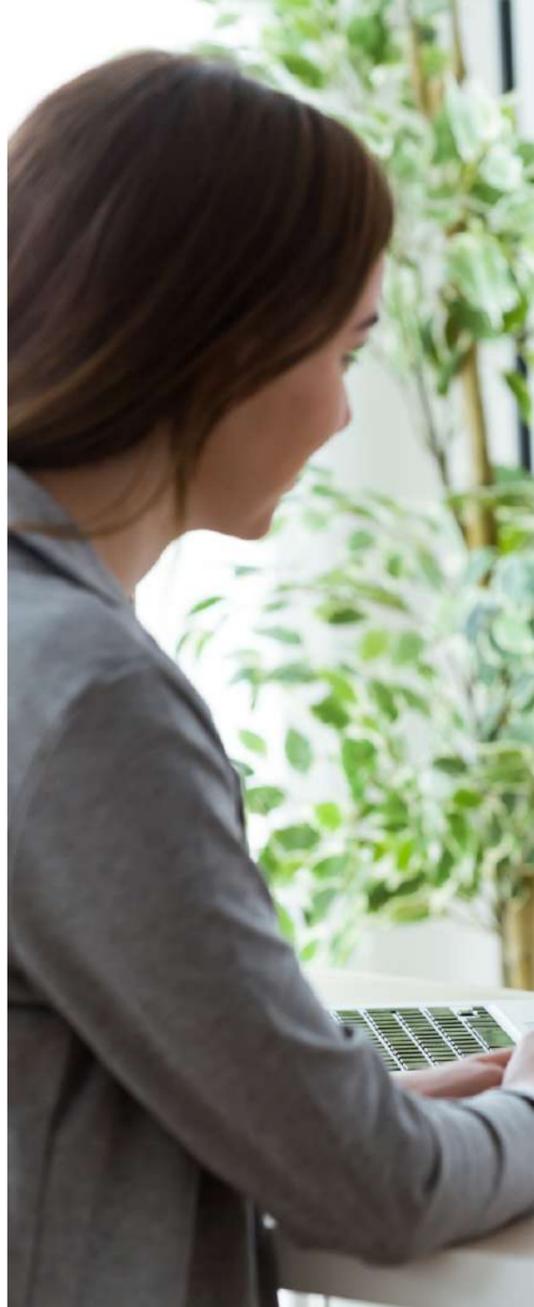
## DID YOU KNOW?

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Nutritional therapy is the application of nutrition and lifestyle medicine sciences in the promotion of health, peak performance and individual care.





Our register of practitioners across the country helps you to find a practitioner near you for a personalised consultation. Practitioners will evaluate your individual needs and use extensive evidence base for nutrition science to develop a personalised, safe and effective nutrition and lifestyle programme.

BANT members are required to be registered either with Complementary and Natural Healthcare Council (CNHC) or be statutorily regulated. CNHC holds a register accredited by the Professional Standards Authority for Health and Social Care (PSA), an independent body accountable to the UK Parliament.

Only Registered Nutritional Therapy Practitioners and Registered Dietitians are trained and qualified in clinical practice to meet national standards and work in a one-to-one setting.

# 3,400

Registered Nutritional  
Therapy Practitioners



[www.bant.org.uk](http://www.bant.org.uk)

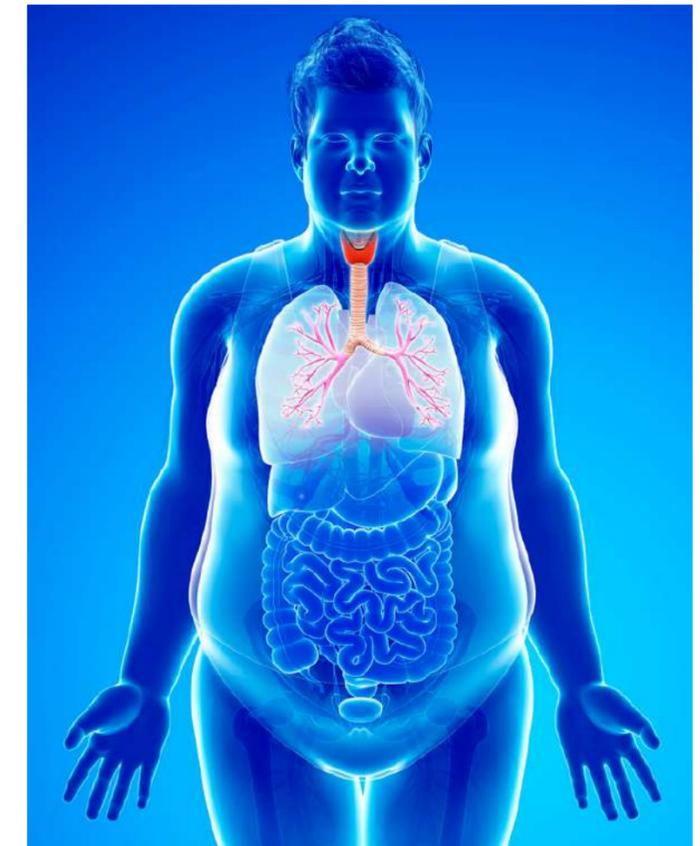


## Launching FEB 21

BANT is launching its “Food for your Health” campaign to encourage individuals to prioritise their diet and nutrition in support of their health. The campaign aims to highlight how dietary choices directly impact health and wellbeing. At the heart of this campaign is a food-first ethos which inspired the campaign name “food for your health”. The underlying motive for the campaign is to address the continued rise in diet-induced metabolic dysregulation.



**Never before have our food choices been so important for our health and wellbeing**



**62%**

of the UK population is classified as overweight

**1 in 4**

classed as obese (1),



## "we are what we eat"

Or as we prefer to say in nutrition...

"We are what we absorb" which is why diet and nutrition are intrinsically linked to health. The campaign aims to educate and help people make informed food choices.

Food-first  
Prevention  
Health  
Wellbeing  
Whole-foods  
Nutrient-density  
Seasonal Ingredients  
Variety  
Quality  
Provenance  
Preparation  
Home-cooking



We are living in an era with a worsening obesity crisis and a global pandemic where diet-induced conditions such as obesity, Type II Diabetes and other metabolic disorders are risk factors for chronic illness. Many people are now realising how much their health means to them and want to take the necessary steps to optimise their wellbeing and prevent illness.



**"An ounce of prevention is worth a pound of cure"** *Author unknown*

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## LIFESTYLE

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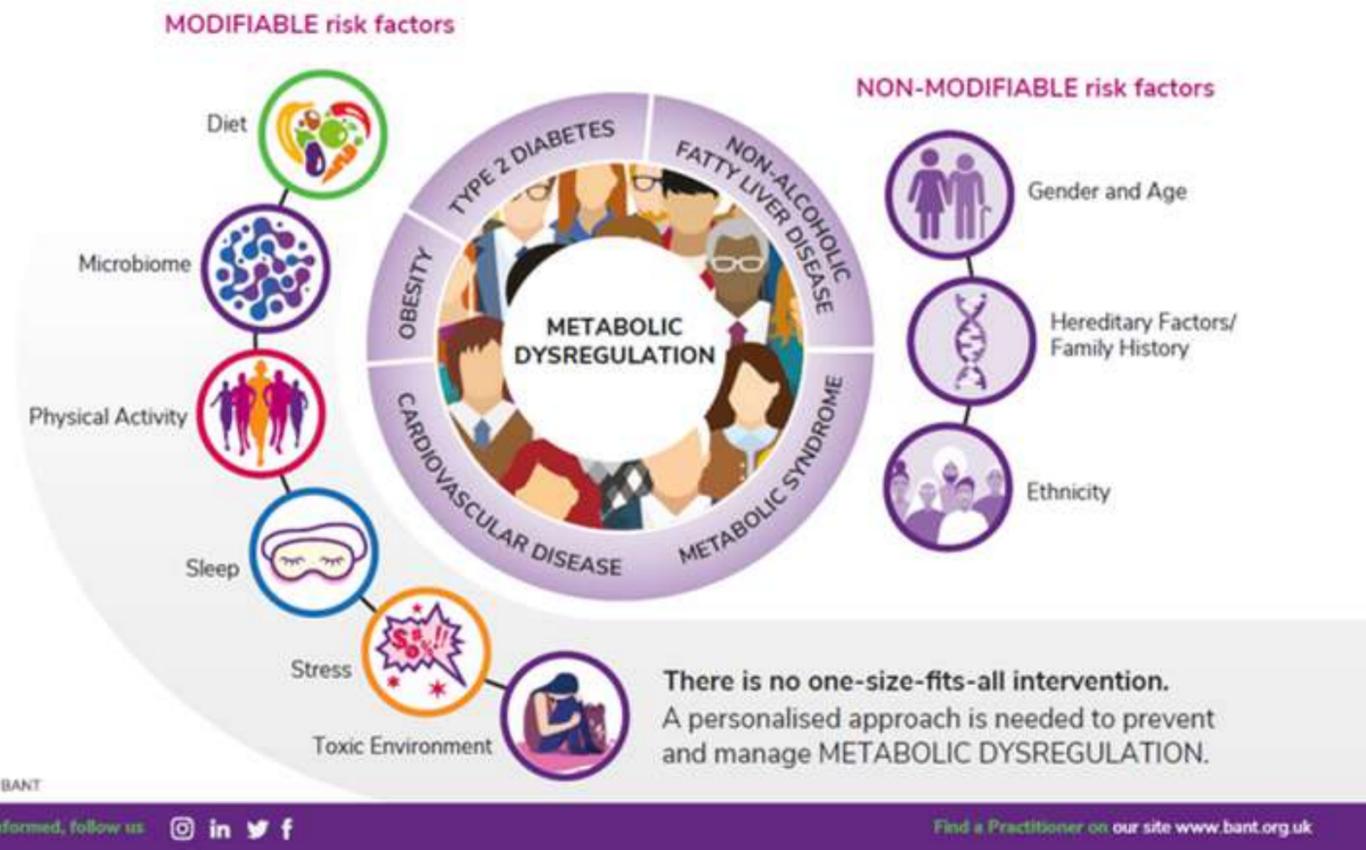


The field of personalised nutrition is still evolving to truly become an integral part of the future healthcare paradigm. Small changes to diet and lifestyle habits can help support your health and wellbeing and prevent diet-induced illness.





Anybody can develop  
**METABOLIC DYSREGULATION**



## What does diet-induced metabolic dysregulation mean?

Diet-induced metabolic dysregulation describes the cluster of metabolic symptoms we regularly see in day-to-day nutritional practice such as overweight and obesity, blood-sugar imbalances, insulin resistance (leading to Type II Diabetes), hypertension, and high cholesterol. These conditions are all modifiable by dietary and lifestyle interventions. Poor diet and lifestyle choices can exacerbate and accelerate symptoms, whilst optimised diet and lifestyle choices can support, and in many instances ameliorate, metabolic imbalances. An optimised diet therefore focuses on nutrition - the foods we eat – as the first line of prevention.

## Anybody can develop metabolic dysregulation

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**Never before have our food choices been so important for our health and wellbeing**

The campaign strapline was carefully chosen to underline the importance of our food choices in today's increasingly challenging world. It is difficult for people to make healthy informed choices with the food industry and clever marketing doing their utmost to get us hooked on processed foods and less healthy products. Whilst diet and nutrition are often talked about in healthcare and the media, never before have we reach the kind of ultimatum as we have over the past year, faced with the worsening national obesity epidemic and global pandemic.

Diet is considered a modifiable risk factor, meaning that we can change it and thus improve our health outcomes.

Our food choices can therefore help prevent diet-induced illness.

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## We are all unique

Personalised nutrition is tailored specifically for you, taking into account your health journey, your health goals and dietary preferences rather than promoting an out-dated 'one size fits all' approach which time and again has failed to improve public health.

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## NUTRITION



BANT advocates for personalised dietary and lifestyle changes, that can be sustained long-term, in place of short-term calorie-focused fixes.



# Educational Guides



**Welcome to Food for your Health**

Never before have our food choices been so important to our health and wellbeing



**Diet & Nutrition** How your food choices contribute to your health and wellbeing

Welcome to our Food for your Health campaign and congratulations on taking the first positive steps towards making healthy food choices for your health and wellbeing.

BANT has launched this campaign to encourage individuals to prioritise their diet and nutrition in support of their health. With 62% of the UK population currently classified as overweight and 1 in 4 people classed as obese (1), we have a national weight problem. Along with symptoms such as high cholesterol, hypertension (high blood pressure) and blood sugar imbalances leading to insulin resistance and type two diabetes, these are all grouped under the term Metabolic Syndrome. A syndrome is not a disease, but rather a group of signs and symptoms that occur together and characterise a particular abnormality or condition. In the case of Metabolic Syndrome, many of these symptoms can be modified with healthy diet and lifestyle choices to prevent diet-induced illness. This is where nutritional therapy can play a leading role in educating and guiding individuals on making those healthy food choices.

We will be sharing a wide range of resources to show how dietary choices can directly impact your personal health and wellbeing. Nutritional therapy is rooted in a food-first ethos so join BANT to learn more about food, individual ingredients, shopping and choosing foods, cooking and meal preparation, and much more.

(1) Obesity Statistics: Facts and Figures in the UK (healthexpress.co.uk)




**What is Overweight & Obesity?**

The official definition of obesity is having a body mass index (BMI) of over 30 and morbidly obese if BMI is above 40

The current definition for being overweight is a BMI between 25 and 29.9, and for obesity is a BMI between 30 and 39.9 (1). This does not take into account body composition (fat versus muscle mass) or fat distribution.

Therefore, waist circumference (WC) is often used to more accurately diagnose obesity, in particular abdominal obesity, and its correlation with disease.

**Waist Thresholds**

Men: Desirable = Less than 94cm, High = 94-102cm, Very high = More than 102cm  
Women: Desirable = Less than 80cm, High = 80-88cm, Very high = More than 88cm

**UK Statistics**

The latest figures from the NHS suggests that 41% of men in the UK are classified as overweight and 26% as obese, in women the numbers are 30% and 29%, respectively, and 1 in 5 children is classified as obese. Children are more likely to be overweight or obese if their parents are (2).

Asian populations have different associations between weight, body fat and health risks which has led the World Health Organisation (WHO) to set lower cut-offs for BMI and WC to reflect the associated health risks. The respective cut-off points for BMI are 23 (overweight), 27.5 (obese) and 37.5 (morbidly obese), respectively, and recommendations for healthy WC are WC ≤ 90cm for Asian men and ≤ 80cm for Asian women. (3,4)

**Diet & Lifestyle Factors**

The risk factors for becoming overweight and obese are complex and include genetics, socio-economic and cultural factors, stress, the microbiome, systemic low-grade inflammation, lack of exercise as well as the choices of foods and their preparation/cooking methods (5,6).

1. <https://www.nhs.uk/common-health-questions/lifestyle/what-is-the-body-mass-index-bmi/>  
2. Leathley Team NHS Digital. Statistics on Obesity, Physical Activity and Diet, England, 2020.  
3. Expert Consultation WHO. Appropriate body mass index for Asian populations and its implications for policy and intervention strategies. Lancet (London, England) 363, 157-63 (2004).  
4. NICE. BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups. (2013).  
5. Agostini, C. M. Obesity: definition, comorbidity, causes, and burden. Am. J. Manag. Care 22, 1178-85 (2016).  
6. Huily, A. & Hu, F. B. The Epidemiology of Obesity: A Big Picture. Pharmacoeconomics 33, 673-689 (2015).



**Metabolic Syndrome**



**NON-NUTRITIVE SWEETENERS AND THEIR IMPLICATIONS ON THE DEVELOPMENT OF METABOLIC SYNDROME.**  
Lisowski, I., Goni, E., Demasi, F., Pila, Y., Sewczuk, M., Sienkiewicz, 2020,112.  
Artificial sweeteners, such as aspartame, sucralose, saccharin, and stevia are widely promoted as low-calorie alternatives to sugar and are known as non-nutritive sweeteners (NNS). Generally, they have been considered as a healthy option to replace sugars, but data is emerging that they may influence obesity and metabolic syndrome (MS) and contribute to the development of type 2 diabetes.  
These non-nutritive sweeteners can be thousands of times sweeter than sugar and have been widely adopted by the food industry to help reduce calories and promote weight loss and diabetic products. It is believed that 25% of children and 41% of adults consume low-calorie sweeteners regularly, with the beverage industry relying heavily on them. However, it is now being shown that these sweeteners can cause imbalances in gut bacteria and interact with taste receptors and insulin signalling.  
These findings mean that artificial sweeteners may trigger the same hormonal response as sugar for increasing insulin and eventually lead to insulin resistance, obesity, and overall metabolic syndrome. Finally, there is evidence that our body develops a learned response to sweeteners which paradoxically leads to weight gain.

**EFFECT OF NUTRITIONAL AND BEHAVIORAL INTERVENTION ON ENERGY-REDUCED MEDITERRANEAN DIET ADHERENCE AMONG PATIENTS WITH METABOLIC SYNDROME:**  
JAMA. 2019;322(15):1486-1495  
Excess caloric intake and poor nutritional quality are associated with overweight and obesity. A traditional Mediterranean diet has been shown to reduce all-cause mortality, and in particular to reduce risk of cardiovascular disease, type 2 diabetes mellitus and overweight.  
The aim of this randomized, prospective, single-blinded study was to evaluate the effectiveness of an intensive lifestyle intervention programme in 4874 overweight or obese men and women with metabolic syndrome in Spain. The intervention group was advised on an energy-reduced Mediterranean diet and exercise and received behavioural support, with initial group sessions and interviews, and monthly follow-up phone calls for one year; the control group received advice on a Mediterranean diet and usual care, with 6 monthly follow-ups.  
After 12 months, the more intensively counselled patients showed a significantly better adherence to an energy-reduced Mediterranean diet than the control group. They had greater reductions in refined grains, pastries, red and processed meats and greater increases in vegetable, fruit and nut consumption than the control group. The intervention group had also better improvements in cardiovascular risk factors.

**NEW INSIGHTS ABOUT HOW TO MAKE AN INTERVENTION IN CHILDREN AND ADOLESCENTS WITH METABOLIC SYNDROME: DIET, EXERCISE VS. CHANGES IN BODY COMPOSITION. A SYSTEMATIC REVIEW OF RCT.**  
Albert Pérez, E.; Mateu Olivares, V.; Martínez-Espinoza, RM.; Molina Vila, MD.; Reig García-Gabris, Nutrients. 2020,10(7)

Metabolic Syndrome is the term used to group a cluster of health concerns including overweight, obesity, hypertension, elevated cholesterol, blood glucose intolerance and insulin resistance which together can contribute to the development of Type 2 Diabetes and Cardiovascular Disease. Diagnosis is usually given if a patient has three or more of these conditions however the diagnosis in children and adolescents is often inconsistent, and so guidelines for therapeutic strategies for metabolic syndrome also vary greatly.  
This review looked at 9 studies of children aged up to 19 years old, all diagnosed with metabolic syndrome, and given dietary, physical psychological, and pharmacological interventions, to try and understand what the best clinical approach might be. It was found that a balanced diet combined with aerobic and resistance exercise helped to significantly reduce body mass, more so than the trials which included treatment with Metformin.  
A balance diet included caloric restriction and carbohydrate reduction, carefully planned around the daily exercise program of 2-3 resistance sessions each week and frequent cardio sessions of offering intensity and duration. They concluded that a minimum of 6 months was needed to reach optimal weight loss and body fat loss. Overall, the findings of this study support diet and physical exercise as beneficial clinical interventions, whilst the use of medication is still unclear.




Find the Science [www.nutrition-evidence.com/](http://www.nutrition-evidence.com/)

# GET COOKING

# Recipes



**Beetroot Puree Dip**

Recipe by [INSERT NAME]  
BANT Registered Nutritionist ©



**MACRONUTRIENT VALUES PER 100G**

Nutritional values per 100g		
	PER 100g	%*
Energy (kJ)	457 kJ	5%
Energy (kcal)	110 kcal	6%
Fat	6g	9%
of which saturates	1.8g	3%
Carbohydrate	8.4g	3%
of which sugars	7.8g	9%
Fibre	1.8g	7%
Protein	4.5g	9%
Salt	0.26g	4%

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**INGREDIENTS:**

500g beetroot, 1-2 cloves of garlic (crushed), 1 small red chili, 200g natural or Greek yoghurt (MILK), 3-5 tbsp extra virgin olive oil, 2 dates, de-stoned (optional), salt & pepper to season, 1 tbsp SESAME seeds (optional)

**OPTIONAL EXTRAS:**

1 tbsp Sesame, Chilli or Garlic oil to flavour

**METHOD & COOKING TIME:**

1. Cook your beetroot (s). For best results oven-bake the beetroot at 150°C, wrapped in tin foil for c. 1 – 1.5 hrs or until you can easily insert a knife into the flesh OR boil in a pressure cooker for c. 12 to 15 minutes until cooked (times may vary depending on the size of the beetroot used). Peel before use.
2. Chop the cooked beetroot into 4-5 large chunks and add to the blender along with the garlic, dates, chilli, yoghurt, olive oil, salt and pepper and half of the sesame seeds and blend to a smooth puree.
3. Transfer into a serving dish sprinkle with the remaining sesame seeds.
4. Serve immediately as a dip or as an accompaniment to meat, fish & vegetable dishes.

**ALLERGENS**



MILK  
SESAME

**MODIFY**

Switch yoghurt for the juice and zest of 1 lemon. Add extra olive oil to reach desired consistency



Dairy free

**CREDIT**

Recipe by: Yotam Ottolenghi  
Photo by: Claire Sambolino



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Helping more people to learn how to make dietary choices to optimise their nutrient intake and help prevent diet-induced illness, is key to empowering individuals to take greater control of their health.

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## @nutrition.lifestyle .medicine

Launching w/c 22nd February 2021 with a national radio campaign, and with dedicated support across social media and our BANT PR portal at PoliticsHome.



## # HASHTAGS

#bant

#foodforyourhealth

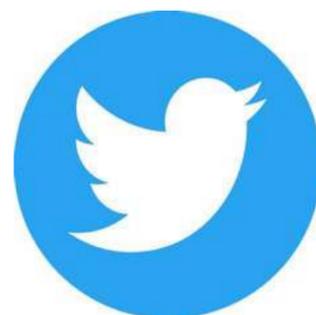
#foodfirst

#onesizefitsone

#personalisednutrition

#preventionbeforecure

**Download our social media  
toolkit [bant.org.uk](http://bant.org.uk)**



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**Visit [bant.org.uk](http://bant.org.uk) for the campaign media resources:**

- Campaign FAQ
- Campaign Soundbites
- Press Releases
- Social Media Toolkit
- Latest Blog Articles
- Campaign Infographic
- Metabolic Fact Sheets
- Nutritional Evidence Science Sheets
- Food Guides
- Recipes



**There is ongoing failure to educate people about nutrition**

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### **Communications, Public Relations and Media Enquiries**

Contact the BANT communications team for all press and media enquiries. If you are looking for a speaker we have access to nearly 2,500 practising members across the country to support any national, regional or local events and nutrition-related health news, articles and features.

Email: [ffyhcampaign@bant.org.uk](mailto:ffyhcampaign@bant.org.uk)

