

Editorials

Scientific publishing, transparency and the role of the medical library

All scientific journals are nowadays available in electronic format. Some journals are available only in electronic format. MEDLINE now lists more than 5000 biomedical journals from more than 80 countries worldwide. SciFinder Scholar includes all MEDLINE listings, and adds another 1000 chemical journals. SciFinder Scholar also has a number of features that are incredibly valuable and advanced – for example finding the two- or even three-dimensional structure of a chemical compound is easily done in this database. Google Scholar and Scope are other examples to be added to the list of databases available for search from home or through medical libraries. Lindberg and Humphreys¹ envisage the future medical library as a commodity responding to the ever-increasing need for more high-quality electronic information, delivered as a package, including different relevant consensus statements and/or protocols for easy-and-quick access. The demands in the future will possibly also include instructional videos, high-resolution graphics, and freedom from any commercial offers. Mastering all these electronic resources is, and will increasingly be, of immense importance in the advancement of research frontiers. The medical librarians of today obviously see their role as previously, as suppliers of information as well as of space for studies and meetings. According to the Code of Ethics of the European Association for Health Information and Libraries², they also see themselves as having an educational role and being a resource centre for information technology and web development. Librarians' role in providing an ethical framework for publications and as beacons of transparency when it comes to authorship and sponsorship has been progressively important over the years.

MEDLINE barring non-transparent supplements

Very soon, MEDLINE introduces a barring of journal supplements which do not include disclosure statements regarding commercial funding or even funding from non-profit organisations^{3–5}. This strengthened disclosure policy for supplements was partly due to an intervention by the Center for Science in the Public Interest (CSPI)⁶, questioning a recent supplement in the *Journal of the American College of Nutrition* regarding salt intake⁷, edited by an advisor to the International Life Sciences Institute (ILSI) and seen by CSPI as downplaying the

health risks of salt intake. ILSI⁸ is known within the United Nations system as a BINGO - business interest NGO. It has charitable status and many independent scientific advisors, but its governing body and most if not all of its core funding is from industry, including many leading manufacturers whose products are formulated with large amounts of salt. In the larger scope of the medical library, this type of sponsored supplements normally involves pharmaceutical companies. The example above and many others⁹, however, points at the need for transparency when it comes to food-related publications as well. Out of the 2005 journal issues, around 4% (growing number) were funded by drug companies but did not disclose that the companies had paid some authors to write articles about their products⁴. We have obviously seen the need for transparency when it comes to food-related publications as well, as in the example above and in our recent editorial⁹. The editorial in *Lancet*⁵ even suggests more rigorous indexing rules for MEDLINE – and asks 'Why tarnish MEDLINE's reputation by publishing these types of supplements at all?' And considering those users with restricted skills whose sole access is to MEDLINE abstracts, this is certainly a question we should ask ourselves. Maybe disclosure statements should be included in all abstracts in order to provide the optimal amount of information and transparency? This journal's policy is to have all papers peer-reviewed, in regular issues as well as supplements. Furthermore, in the new author guidelines, we are discussing inclusion of disclosure of funding and conflicts of interest in all abstracts, in order to further enlighten information seekers with access solely to abstracts. Maybe the National Library of Medicine³ will beat us to it.

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Fruit and vegetables revisited

This issue of *Public Health Nutrition* continues in its tradition of offering a broad range of topics, ranging from social-contextual influences on food habits¹ to the association between dietary intake and health-related biomarkers² or outcomes³ to methodological problems in assessment of dietary intake^{4–5}. A common theme of several of the papers published in this issue, however, is fruit and vegetable intake.

Among cohorts of 9–10-year old children surveyed throughout Liverpool, Johnson and Hackett found increases in fruit, vegetable and salad intakes over the five-year period between 2000 and 2005⁶. Although the proportions of children reporting vegetable and salad consumption were generally low, the upward trends are still promising. Factors contributing to these positive trends remain unclear, but also in this issue Baranowski *et al.* offer their work on scales to assess parents' outcome expectancies for purchasing fruits and vegetables⁷. Their research is a step towards clarifying the factors that motivate parents to have fruits and vegetables available in the home, with natural implications for their children's habitual intake of these foods. Whether and how schools might also have a positive impact on children's fruit and vegetable intake is addressed in an article by Mangunkusumo *et al.*⁸. They found that an Internet-based, tailored feedback and counselling intervention improved knowledge and awareness of fruit and vegetable intake to some extent, but not actual intake, suggesting that other, more comprehensive approaches would be needed in a school setting.

In examining determinants of fruit and vegetable intake among adults, Crawford *et al.* examined a unique set of behaviours in a sample of women and discovered that forward-planning and enjoyment of the meal process were associated with higher fruit and vegetable intake, while food-related behaviours indicating less time and thought set aside for meals were associated with lower intake⁹.

Fruit and vegetable intake in their sample was low overall, consistent with other samples, and many of the behaviours associated with high intake of these foods were not widely practised. Nevertheless, their findings suggest some strategies for encouraging their intake, beginning with an attitudinal shift towards developing a good relationship with one's meals.

Lassen *et al.* examined à la carte versus buffet-style cafeterias at worksites and found that eating at buffet-style cafeterias was associated with greater intake of fruits and vegetables and with lower energy density of the food¹⁰. Eating buffet style was also associated with consumption of a larger portion size compared with eating à la carte, but only among women. Further, because of lower energy density associated with eating in buffet-style cafeterias, energy intake was similar between the two meal serving systems. Their findings are surprising given the potential for overeating that buffets seem to offer, and they provide reason for optimism that people do choose the right foods when given the choice. Whether this has implications for eat-out food behaviours in general remains to be seen.

Overall, these articles provide a picture of where we are in our knowledge of the status of fruit and vegetable intake in public health nutrition. It is on the rise, at least in some samples, and when fruits and vegetables are available (and presumably, presented as an attractive option), people will choose to eat them. The bad news, of course, is that consumption remains generally quite low. So the question remains: how to encourage people of all ages to eat more of them? The authors in this issue suggest a variety of possible strategies to pursue, including increasing availability at home and in cafeterias, and altering attitudes and behaviours towards the meal process, from food shopping to meal preparation to the meal itself. Ultimately, we are working towards the goal of viewing fruits and vegetables as crucial and primary components of our diets,

rather than as food items that must be eaten in order to meet a five-a-day quota.

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