

Nutritional problems encountered in general practice

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Obesity is the most common problem encountered in general practice in this country. It is also one of the most common problems met within all major branches of medicine. In fact, an ear, nose and throat consultant gave Banting the diet which he published as the successful *Essay on Corpulence* over 100 years ago (Banting, 1864), and Walsh, a dermatologist, treated so many obese patients that he published a book in 1962 on *The Side Effects of Anti-Obesity Drugs*.

Fortunately, recent knowledge concerning the effects of a high-fibre diet on general health have made it increasingly important in the control of obesity. At last doctors are beginning to realize that if patients eat a diet high in natural fibre and, as a corollary, greatly diminish their intake of the refined carbohydrate foods and animal fats which contain little or no fibre, they will gradually approach their fit lean weight. This change of eating habits can be brought about without counting calories or joules, as shown by Duncan *et al.* (1983). They found that when ten obese and ten lean individuals ate a high-fibre diet *ad lib.* for 5 d, both groups consumed an average of merely 6652 kJ (1590 kcal) daily, while on a typical American junk-food diet, their average daily consumption was 12552 kJ (3000 kcal). Heaton (1980) kept fourteen overweight individuals on an *ad lib.* diet excluding all refined carbohydrates for 7 weeks; compared with a previous 7-week period on a 'normal' diet the intake of energy fell by 22% without the subjects being aware of eating less.

I have shown over more than 20 years that the 'free'-type of diet advocated by Marriott (1949) and Cleave (1974) works well in general practice and my follow-up studies have shown improved results with increasing knowledge and experience (Craddock, 1977). The aspect of this new and rational approach to eating behaviour which has not been sufficiently emphasized concerns milk, which should be grouped with animal fats as an unnecessary food for health. Meant for growing animals and human babies under 2 years old, its lack of fibre makes it less suitable than other elements in a good mixed diet. Widdowson & McCance (1954) showed that school children who are undernourished can get on quite well without it.

Adequate nutrition in childhood is now the norm in most parts of the country, but mothers still have to be persuaded that a cooked meal is not essential and that a meal of wholemeal bread, butter, cheese and tomato can provide all the essential ingredients for health. Mothers who say they cannot afford meat, forget about the cheaper cuts and spend money on junk food. It has been shown that teaching good eating habits during pregnancy, brings dividends in the form of a group of lean, fit children (Craddock, 1978). Some obstetricians as well as some general practitioners need to learn the importance of regular weighing in pregnancy, especially in the first 24 weeks when weight gain is almost invariably due to the accumulation of excess fat (Craddock, 1970).

Old people living alone who are housebound should be visited at intervals by their doctor or nurse if a medical condition exists, or by a Health Visitor, for general health advice and to assess whether nutrition is adequate. The Home Help, who does the shopping, will provide background information about this if Meals-on-Wheels are not being taken.

A high-fibre diet is helpful in preventing constipation, the irritable bowel syndrome and diverticulitis, which are all seen commonly in general practice. For peptic ulcer, food containing protein and fibre helps to reduce gastric juices and patients are advised to eat slowly in a relaxed atmosphere, to masticate well and avoid obvious gastric irritants such as curry, pepper, aspirin and concentrated alcohol.

Obese patients need to know that alcohol is burnt as a fuel, releasing food to be laid down as fat. Excessive alcohol intake could be considered as a possible factor in any patient with gastritis, peptic ulcer or depression, especially in single men over 40 years in the catering or brewery trades, or those spending much time away from home. Young men with abdominal obesity should always be thought of as possible heavy drinkers. A full blood count may show macrocytosis, or liver function tests may be abnormal.

Gout responds so well to medication that the nutritional aspects can easily be forgotten, especially as today's gouty person is rarely grossly obese. Abstinence from alcohol, a severe reduction in offal and a moderate reduction in all meat dishes can help to reduce the serum uric acid level and may occasionally prevent clinical attacks of gout.

Dietary advice is needed in acute enteritis and vomiting, while convalescence requires advice about highly-concentrated nutritious foods and a high-vitamin intake. True vitamin deficiency is rarely seen today. Most practitioners have one or more patients suffering from coeliac disease, and should know the importance of diagnosis by jejunal biopsy to confirm clinical suspicion, and that treatment by a gluten-free diet must be for life. A simple low-protein diet for a raised blood urea in old people will sometimes help them over a bad patch.

As the British Diabetic Association has given their authority to the newer attitudes to diet in diabetes, general practitioners should be familiar with this change in outlook, especially in the differentiation between the two major groups of carbohydrate foods and the realization that a high intake of complex carbohydrates is compatible with good diabetic control. Of almost equal importance is a reduced intake of saturated fats which not only lessens the risk of arterial disease but helps in the reduction of total energy intake so necessary for the obese diabetic.

The basic principles regulating weight loss in the obese patient with normal carbohydrate tolerance and the obese diabetic are the same. The new approach in both these fields means that nutrition, as it concerns the major problems facing the general practitioner, is at last rational. Teaching patients to eat healthily should be one of the most important preventive roles of the practitioner in the future.

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