



IMMIDIET News

September 2002 - Issue 1

"You shall leave everything you love most dearly: this is the arrow that the bow of exile shoots first".

These unforgettable verses by Dante Alighieri have identified for centuries the tragedy of leaving one's own Country with the compulsory abandonment of the most loved people, things and habits.

The Supreme Poet will forgive us if - not forgetting the suffering of any emigrant - we present here a European project that deals with migration - and its related cultural integration - by an original and potentially positive approach.

Though "leaving everything they love most dearly", the Abruzzese people who emigrated to Belgium in the gloomy time at the end of the World War II, brought with them and strongly kept their own dietary habits: pasta, bread, olive oil, vegetables, some wine... Today, half a century later, the scientists of the IMMIDIET project are wondering whether either the diffusion of the so called Mediterranean diet amongst Belgians living in the mines region, or the progressive integration of Italians into Belgian life, have somewhat modified the vascular risk of these two populations.

Since ancient times marriage has been an indication that two different cultures have become integrated. Thus, this project involves both mixed Italian-Belgian couples and native couples from Abruzzo, Italy and Limburg, Belgium. An additional strength of the project is the inclusion of a sample of native English couples where the cardiovascular risk is higher: this will allow us to compare the impact of different lifestyles and diet across Europe.

"Blessed is the Country" - Dante wrote in his *Convivio* - "whose princes feed themselves according to their needs without any excess".

Most likely, the IMMIDIET project will provide an experimental basis to this sentence of Dante who identified food with the culture of a Country and of its rulers.

Giovanni de Gaetano
Center for High Technology Research and Education in
Biomedical Sciences, Catholic University, Campobasso, Italy.



The Project partners attending the fourth meeting at the Institute of Food Science and Technology, Avellino, Italy

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"Giving something more to our patients"

The Immidiet Study according to Marilena Evangelista, MD.

Marilena Evangelista is a General Practitioner from the town of Chieti. After having graduated in Medicine at the University of Chieti, she specialised in Nephrology and worked for thirteen years at the Nephrology Clinical Centre of the same University, where she was involved in diagnosis, dialysis and laboratory research.

Marilena nearly failed to participate to the Immidiet Study, but only because of a "distraction" - "I received the invitation letter addressed to the GPs in which I too was asked to participate and to recruit patients - I filed the letter in my correspondence folder. Then I forgot about it. Three months later, while doing some paper work and tidying my desk up, I found the letter again and phoned up the IMMIDIET coordinator. I was afraid it was too late, luckily it was not, and here we are! I am very glad to take part and give my contribution to the IMMIDIET group: I believe that a MD shouldn't just live on his acquired knowledge, but must always try to broaden his/her experience, knowledge and views".

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IMMIDIET the English way

Not only volunteering for science: participants in the study have the opportunity to know their cardiovascular risk too

London Recruiting Centre

(F.P. Cappuccio, E. Rink, S. Dean, C. Harper and F. Kazakos)

In England and Wales, General Practitioners - GPs or family doctors- are organised into large Primary Care Organisations (Primary Care Groups and Primary Care Trusts). A PCO is comprised of several General Practices and each General Practice has 2-10 doctors, each with a list of up to approximately 2500 patients.

Our strategy is to recruit large General Practices in South London and Surrey, where a high percentage (>75%) of the population is born in England. We wrote to senior partners of 6 General Practices and explained the main objectives of the project. We asked for a meeting with staff to discuss the details and seek agreement to participate. To date, 3 practices have agreed to participate and meetings have been arranged with the remaining practices.

We have recently completed screening couples from our first practice, Church Lane (Drs M. and A. Wake, P. Greenfield, A. Field, T. Stammers, S. Cunningham, F. Mills and C. Toyn), and we are grateful to them for their collaboration.

Following formal agreement, the main role of the General Practice is to help generate a list of potential couples. At Church Lane a list of registered patients (30-59 years) was obtained with the help of Ms McCarthy (Practice Manager) and Ms Shears (IT).

To identify potential couples, we screened the list for (a) common surnames and/or (b) living at the same address, (c) of compatible ages and finally those with non-English names were excluded. The resulting list of couples with 'English' surnames was reviewed by the GPs to exclude any they considered to be unsuitable for invitation (e.g. fulfilling exclusion criteria, severe illness). These potential couples were sent a joint letter from their GP and the Immidiet team at St George's Hospital; the study was explained and a questionnaire administered to assess eligibility and willingness to participate.

So far, 73 couples (146 individuals) have been invited and screened by our Research Nurse and Research Assistant at facilities provided by the General Practice. Sally Dean, Research Nurse, "Our approach has been very successful - the initial involvement of the GPs and other staff has been crucial to both identify suitable couples and to improve response rate. Couples are keen to be involved and screening them in a familiar environment seems to help." As one participant explained, "I have a lot of respect for my local practice - my doctor obviously thinks the study is worthwhile so I'm happy to take part."



Since this patient population (30-60 years) infrequently consult their GP, the GPs feel that participation in Immidiet presents an opportunity to screen this population for CHD risk factors (e.g. hypertension, hypercholesterolaemia, diabetes mellitus). Participants also perceive this benefit of screening; "I get to have a 'mini-medical'. I'm particularly keen to know what my cholesterol is - for reassurance if it's good, and if not, so I can do something about it." This feeling has been echoed by a number of participants and our centre will disseminate blood results (glucose, total cholesterol and renal function) in the near future and advise individuals accordingly.

Our second practice is Wrythe Green Surgery [Drs A. Galloway, A. Smith, S. Dexter, M. Wells, S. Saeed, J. Rogers, V. Wallace, Mr Smithson (Practice Manager) and Ms Shadbolt (IT)].

"Giving something more to our patients"

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How did your patients react when you suggested that they took part in the study?

"Very well - I should say - I think I was successful in transferring my enthusiasm to the patients. Contrary to my expectations, it was easy to make them understand the aims and the procedures of the Study. And there has been a very high positive response rate from the patients I have contacted: more than 80% agreed and they were all recruited. I must say that I am sorry that the list of my patients is not longer, I could have done more."

Why does a patient decide to participate to a research Study?

"According to my experience, I believe they are stimulated by their interest in knowing more about health issues but they are also keen to aid the development of scientific research. Of course it also counts that they undergo a medical check-up with blood tests, and that they will eventually get up-to-date information about their own health and their cardiovascular risk. However the first motivation is of an altruistic nature, every patient is happy to help researchers and science making a step forward".

Finally, do you have any amusing anecdotes for our Immidiet newsletter?

"Besides the fact I had forgotten about the invitation letter? Yes, I can tell you about a lady who was one of the eligible patients. I phoned up to ask to participate. She politely refused. Some days later, she popped into the practice and she happened to meet the Immidiet researchers. They were busy taking blood samples from the patients already recruited. The lady asked me what was all that unexpected activity, and I explained it was for the IMMIDIET Study that she had refused to take part in. "I wonder why I said no!" she mumbled, and as soon as she was back home she convinced her husband to participate as well! The next day she was here again to enter formally in Immidiet".

Interview by Americo Bonanni

Our experience with Immidiet

Lee Allen and Nicole Wale recently participated in the IMMIDIET study in England. They have lived together for four years in Carshalton, a suburb of London. Lee is a fireman and Nicole is a project officer in a large department store.

What were your initial thoughts when you were invited to take part in this research study?

N. I thought it would be a good idea.

L. Wow! This is good. It looked really interesting plus I get a free medical. Heart attacks have always been my fear because of the type of lifestyle I led. I had my cholesterol checked a while ago and it was 4.8 mmol/L (192 mg/dL), before that it was 3.2 mmol/L (128 mg/dL). Also when I was young my Grandfather died of a heart attack - he was only in his 50's - and it brought the issue closer to home.

What made you decide to take part in the study? Do you feel you were informed enough about the purpose of the study and what would be required if you decided to participate?

N. We were happy giving up our time and we know the surgery so we knew what to expect.

L. Yes, the invite letter was fine, it gave us all the information we needed and if we had any questions you were both able to answer them. The other thing was that at the same time we were invited to take part in the study, my boss had to have a heart bypass operation, and he's younger than me! Since then all the boys at work have been on a health drive.

What were the benefits of taking part in this study?

N. We've had a health check and if, for example, our cholesterol results come back high, then you'll let us know. It's good to get yourself checked out.

Were there any drawbacks of taking part in the study?

L. The 24-hour urine was a bit of a pain. We couldn't go out in the evening like as normal. We did go out for a meal but didn't go far and came back slightly earlier.

N. I didn't mind doing it because it was only for one day. If it had been for a week, it would have been different. However we did have to change our normal routine a little.

N. The questionnaires were quite time consuming. Also, it's difficult to say what foods you've eaten in last year because our diets have changed so much.

Do you feel you have a good understanding of heart disease and lifestyle habits that can help promote a healthy heart?

N. I think we have a good understanding but that doesn't mean that we practice what we know.

L. We've tried to improve our diets, like for example we don't have butter anymore, we drink skimmed and soya milk now - I'm sure there is a lot more that we don't know about.

Has taking part in this study made you more aware of diets and lifestyles in other countries?

L. No, not really. We regularly go abroad so experience lots of different foods and dishes.

N. We especially love Greek food.

What do you think a 'Mediterranean' diet is?

L. Lots of olive oil, salads, fresh foods. I eat olive oil by the gallon.

N. But I don't cook with olive oil and I add vinegar to my salads.

Has your awareness of your day to day lifestyle with regard to health and heart disease increased or have you changed any of your daily habits for the better since participating in this study?

L. No.

N. However, I think we'd already changed a lot. We both gave up smoking in 2001. We're keen cyclists and have participated in charity cycle rides like the London to Brighton (72km) and Thames Bridges (56km) events to raise money for the Stroke Association.

L. We also enjoy hiking or rollerblading at the weekends.

How can health professionals promote a healthier lifestyle to the general public to help reduce the incidence of heart disease?

N. We feel the only way is at the start of childhood. At school children are given chips, burgers etc... junk food. We were given proper school dinners and I think health professionals have got to start thinking about that again.

L. We think diet is very important for a healthy heart. If you could instil in children the importance of healthy eating, their health would be better when they are adults.



What can we do to help the adult population?

L. The problem is convenience food; none of it is good for you. It contains too many preservatives, salt and sugar. Even though we have a really busy lifestyle we always cook fresh food.

N. When people say they are too busy to prepare a fresh meal, that's rubbish!

Interview by Sally Dean and Clare Harper

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Why IMMIDIET?

The risk of cardiovascular disease increases from Southern to Northern Europe, probably for a variety of dietary, environmental and genetic reasons. The IMMIDIET study is studying the differences in the diet and life style of couples living in Italy, Belgium and England, and the impact of migration from Italy to Belgium on diet and lifestyle.

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The fourth Immidiet meeting

On June 8th researchers from all of the European centres involved in the project met in Avellino, where they discussed progress and refined the data collection tools.

What is a "slice" of cheese? Is it different from a "piece" of cheese? And how big is a slice of bread?

These are little examples of the difficulties you can face in a study like Immidiet, where food cultures of different countries must be put together, in a single context, to obtain useful and comparable information.

So you have the Italians, for whom the cheese is measured in pieces, while Belgians see it as slices. But Immidiet researchers must define how much cheese families eat, using a measurement as exact as possible, that can allow them to know the real dietary habits. And similar problems arise dealing with other foods too. So the Avellino meeting was crucial to re-examine the questions asked of the couples involved in the study. Exact definition of foods and their components (fats, proteins and so on) is extremely important if we want to know the relationship between what people eat and what blood and urine tests show us.

But how is it going? How are the couples approached to enter the Immidiet study responding? This was assessed in the second part of our meeting. Researchers from the three centres in England, Italy and Belgium involved in collecting data and biological samples defined the status of the recruitment. It's a long job that requires perseverance and patience, in which researchers go out every day from the lab to people's homes or to the doctor's surgeries to collect data and blood and urine samples. It's something to carry on with perseverance and stubbornness.

In the meantime everyone is gearing up for the next crucial phases of the study, when all the samples have to be analysed and all the information from the questionnaires have to be analysed to obtain answers to the questions at the heart of the Immidiet study. Labs are already working on the first blood and urine samples, computers are being programmed for statistical analysis of data.

But Immidiet is about communication too. Not only between researchers across Europe, but with the general public, the people who can benefit from better knowledge of the relationship between what they eat and their health. So in the fourth Immidiet meeting two information initiatives have been presented: the Internet web site (www.negrisud.it/immidiet) and the newsletter, the first issue of which you're reading now.

Our next meeting will be in December and will be held in London, organised by Franco Cappuccio and his team.

The 'English' paradox!

Recent data from national surveys show that:

The Japanese and Chinese have a low fat diet and suffer fewer heart attacks than the British or Americans;

On the other hand, the French and Belgians have a moderate-to-high fat diet but also suffer fewer heart attacks than the British or Americans;

The Japanese drink very little red wine and suffer fewer heart attacks than the British or Americans;

But the Italians drink large amounts of red wine, they also suffer fewer heart attacks than the British or Americans.

CONCLUSIONS:

Eat and drink whatever you like!

It's speaking English that kills you!