

MALNUTRITION IN AUSTRALIAN SOCIETY

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In the face of a plentiful food supply and despite the unusually advantaged position in Australia where most food is produced close to the point of consumption, under-nutrition is still seen. In Australian hospital practice, protein energy malnutrition occurs. This is a disorder ordinarily associated with under-developed countries and the skills of nutritional assessment which allow its recognition are not part of contemporary Australian medical education. Somewhat paradoxically, it can occur in the obese. Methods of clinical nutritional assessment and the relationship between nutritional status and prognosis are areas for further investigation.

A poorly defined nutritionally related problem is that of bowel disorders in children. We have recently assessed pre-school children in the La Trobe Valley of Victoria and found that those in the upper tertile of dietary fibre intake have a prevalence of 0.2% for constipation, whereas those in the lowest tertile have a prevalence of 12%. Thus, for at least a third of pre-school children, there may be a significant amount of constipation related to dietary fibre deficiency. Aged persons in Australia are at risk from nutrient deficiency. As physical activity declines with age so the nutrient density of foods must increase. In addition, a proportion of elderly people are dependent on the catering system of an institution. We have found low blood levels of ascorbic acid, folic acid and zinc in institutionalised elderly people.

Minority groups might have health problems related to nutrition. Southern European migrants may have brought both favourable health patterns and food intake patterns to this country, but lose them with increasing duration of stay. Aboriginal people who move away from their traditional food supply to periurban and urban environments are vulnerable to growth retardation and infection partly for nutritional reasons.

Alcohol abuse accounts for much of the specific nutrient deficiency seen in Australia. Of growing importance are the interactions between nutrients and the numerous drugs and medications now used in medical practice.

Human nutrition problems have long been neglected in Australia, but the establishment of nutrition research groups, with adequate funding, will enable these problems to be addressed.

KEY WORDS: Under-nutrition; obesity; children; elderly; migrant; Aborigine; alcohol; drug-nutrient interactions.

NUTRITIONAL PROBLEMS OF AFFLUENCE:

II. Strategy of Intervention

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Major diseases of affluent populations, coronary heart disease (CHD), obesity, diabetes, hypertension and cancer are to some measure the consequences of overconsumption of food generally or of some nutrients in particular. Although much more must be learned about the precise causes of these complex, multifactorial disorders, the link with overnutrition is sufficiently