

Although ageing is a natural process, it has been heavily politicised in recent years. The growing ageing population has impacted healthcare costs and economic planning worldwide. Where consideration of whole populations is essential, however, this approach is not necessarily helpful to individuals who are concerned for their own ageing and for that of their loved ones and patients.

We all want to know what best to feed ourselves for optimal health. As a British GP, I not infrequently have to advise people to stop taking their medical advice from Facebook. In an age where, increasingly, nutritional trends are being taken from the latest social media influencers, nutritional science is more important than ever.

This is where wonderful texts like *Benefits of the Mediterranean Diet in the Elderly Patient* come in. Spoiler alert - The Mediterranean Diet is really good for us. I'm sure the authors Capurso, Crepaldi and Capurso will not mind the spoiler, given they've indicated the slant of their conclusions in the title of the book.

This book illustrates the role of the Mediterranean Diet in connection with wellbeing in nutrition. They approach the subject of ageing with the aim of preventing frailty - where ill health, social limitations and loss of confidence combine to reduce quality of life. The authors set high standards for living into old age too. Citing potential for new careers, education, opportunities and directions as being achievable for those who can retain their health into old age.

The book is broken down into sections for each foodstuff element in the diet: extra-virgin olive oil, cereals, fruit, vegetables, nuts, legumes, pulses, fish, herbs and red wine, outlining the relevant seminal and more recent relevant research for each.

It begins with extra virgin olive oil - the jewel in the Mediterranean crown - its composition and effect on cardiovascular disease, diabetes, neurodegenerative diseases and cancer.

Where extra-virgin olive oil has been relatively uncontroversial in its perceived nutritional benefits in recent years, cereals have had less of a stellar reputation. Some of the Western world seems to have all but abandoned cereals completely in recent years, which, given the antioxidant and fiber effects, seems somewhat reactionary. This chapter made for the most

interesting reading for me, as a result.

In stark contrast to the popular cultural view of carbohydrates as a path to obesity and type II diabetes, Capurso et al meta-analysed the studies associated with high-quality grain-based foods to demonstrate the nutritional benefit that can be harnessed. In particular, they point out that, traditionally, Southern Mediterranean population diets contained sourdough leavened bread rather than white or whole-wheat bread. It is sourdough bread in particular which has a lower glycaemic index and gives a less pronounced glucose response in the blood relative to other, more processed forms of bread. The authors did not disagree with the notion that low-quality, high-volume carbohydrates lead to an increase in cardiovascular diseases, type II diabetes and obesity. However, rather than conclude that carbohydrates should be excluded from the diet, as in the currently fashionable low-carb high-protein diets, they instead advocate for reasonable portions of high-quality sourdough breads, which give the benefits of fibre and oligosaccharides, reducing inflammation and giving protection against chronic metabolic disease.

Alcohol, similarly, is a controversial topic worldwide when it comes to healthcare. This topic too was dealt with in a sensible and practical manner. The authors acknowledge that when it comes to assessing the relative benefits of drinking alcohol, any study is difficult because of the difficulties in gaining a true picture of consumption. Still, people do not necessarily tend to drink wine exclusively, wine being the traditional alcoholic drink of the Mediterranean Diet. Their meta-analysis showed that a moderate consumption of alcohol, particularly red wine, is beneficial to health and in particular protective against cardiovascular disease (CVD). Though this effect appears to be particularly prominent in the consumption of red wine and shows most benefit to high-risk middle-aged men and women, the benefits seem to extend beyond these groups and are not limited to red wine. In addition, red wine has been linked to the prevention of numerous degenerative diseases and cancer.

Although this is an academic text at its core, I very much enjoyed the inclusion of cultural context. Each chapter included the cultural context of each element of the Mediterranean Diet and how it was incorporated into everyday life. For example, in the context of alcohol, the authors address ancient Rome, where wine was diluted with water in a ratio of 1:3. As a British and Scottish GP, I always have to treat studies on the benefits of alcohol with

caution. Where I trust the science, as with all science, it must be applied correctly. The authors correctly state that all of the evidence for the benefits of alcohol in the improvement outcomes in primary prevention of cardiovascular disease occur in the context of moderate drinking. All too often, these studies are converted into press articles which are used as an excuse to drink far more than is healthy.

This brings me back to my original point. Quality of information matters when it comes to nutritional advice. How we feed our vulnerable matters - both our young and our elderly. This book represents a solid reference text for anyone looking to educate themselves on the scientific basis for recommending the Mediterranean Diet and I'll be keeping it on my bookshelf. I can't promise it will prevent the rise of the next online influencer-based fad, but fads come and go. Where a social media influencer fad will fade into obscurity, science will endure well into retirement age, remaining fit enough to take on new adventures with a warm plate of *pasta al pesto* and a good glass of red wine.

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