

Whole grain

- [Oscillatory Coupling Between Thalamus, Cerebellum, and Motor Cortex in Essential Tremor](#)
- [The role of the Mediterranean diet in reducing the risk of cognitive impairment, dementia, and Alzheimer's disease: a meta-analysis](#)
- [Impact of adherence to the Mediterranean diet on stroke risk](#)
- [Utilization of plant-based foods for effective prevention of chronic diseases: a longitudinal cohort study](#)
- [Dietary habits and compliance with dietary guidelines in patients with established cardiovascular disease](#)
- [New horizon to the world of gut microbiome: seeds germination](#)
- [Global Burden of Cardiovascular Disease from 1990 to 2019 Attributable to Dietary Factors](#)
- [Evaluation of rural-urban patterns in dietary intake: A descriptive analytical study - Case series](#)

A whole [grain](#) is a grain of any [cereal](#) and pseudocereal that contains the endosperm, germ, and bran, in contrast to refined grains, which retain only the endosperm. As part of a general healthy diet, consumption of whole grains is associated with lower risk of several diseases.

Dietary risk is defined as eating a diet low in [whole grains](#), nuts, seeds, fruit, vegetables, fibers, legumes, omega-3 fatty acids, PUFA, milk, and calcium as well as a diet high in sodium, trans fats, red or processed meat, and sugar-sweetened beverages (SSB).

High [systolic blood pressure](#) accounted for the largest contribution to attributable age-standardized Cardiovascular Disease [Disability-adjusted life years](#) (DALYs) at 2,564.9 per 100,000 globally. [Dietary risks](#) were the leading contributor to age-standardized CVD DALYs among the behavioral risks, while ambient particulate matter pollution led the environmental risks. Between 2015-2022, age-standardized CVD mortality increased in 27 out of 204 locations. Global death counts due to CVD increased from 12.4 million in 1990 to 19.8 million in 2022 reflecting global population growth and aging and the contributions from preventable metabolic, environmental, and behavioral risks. Eastern Europe had the highest age-standardized total CVD mortality at 553 deaths per 100,000. In contrast, countries in Australasia had the lowest age-standardized total CVD mortality at 122.5 deaths per 100,000 people. Central Asia, Eastern Europe, North Africa and the Middle East had the highest age-standardized mortality rate per 100,000 people attributable to high systolic blood pressure. The regions with the highest rates of CVD burden attributable to dietary risk were Central Asia, Oceania, and parts of North Africa and the Middle East. "Identifying sustainable ways to work with communities to take action to prevent and control modifiable risk factors for heart disease is essential for reducing the global burden of heart disease," said George A. Mensah, M.D., F.A.C.C., F.A.H.A., director of the Center for Translation Research and Implementation Science at the National Heart, Lung, and Blood Institute (NHLBI). "The 2023 Almanac represents an important resource for using locally relevant data to inform local-level actions for heart-healthy and thriving communities." ¹⁾

A survey was conducted among a representative sample of the urban and rural population in the [Fez-Meknes](#) region (654 people aged 15 years and over, of which 326 people reside in the urban commune of Fez and 328 in the rural commune of Loulja in the province of Taounate).

The results are, a difference between the two urban and rural groups concerning the rhythm of taking meals outside the home ($P < 0,001$); the average frequency of consumption of certain foods according to social class ($p < 0,001$); the frequency of food consumption per week of legumes, olive oil, fermented milk, and tea is more increased than that recorded in the urban environment ($p < 0,001$). On the other hand, the quantification of the consumption of sweet products, dairy products, and whole grains did not conclude a significant difference between the two study environments ($p > 0,05$).

Changing dietary patterns over the past few decades, including more shift work, more meals eaten outside the home or family setting, and more irregular eating patterns, including skipping breakfast and eating late at night.

A disparity in eating habits between urban and rural areas was noted. It would be necessary to act judiciously on the environmental factors by encouraging the Moroccan populations to maintain, as much as possible, their good traditional habits, and to reinforce the new good food habits ²⁾.

¹⁾

Mensah GA, Fuster V, Murray CJL, Roth GA; Global Burden of Cardiovascular Diseases and Risks Collaborators. Global Burden of Cardiovascular Diseases and Risks, 1990-2022. *J Am Coll Cardiol*. 2023 Dec 19;82(25):2350-2473. doi: 10.1016/j.jacc.2023.11.007. PMID: 38092509.

²⁾

Nabdi S, Boujraf S, Benzagmout M. Evaluation of rural-urban patterns in dietary intake: A descriptive analytical study - Case series. *Ann Med Surg (Lond)*. 2022 Nov 17;84:104972. doi: 10.1016/j.amsu.2022.104972. PMID: 36536724; PMCID: PMC9758331.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

https://neurosurgerywiki.com/wiki/doku.php?id=whole_grain

Last update: **2024/06/07 02:55**

