

The comparative analysis of dietary guidelines: similarities and distinctions between three countries

Análise comparativa de guias alimentares: proximidades e distinções entre três países

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Abstract

The World Health Organization suggests that governments provide information to the people in order to facilitate the adoption of healthier food choices in a language that is understood by everyone as well as taking into account the cultural, social, economic and environmental issues. Many countries are working in the formulation of their own dietary guidelines, with goals for nutritional counseling and improvement in people's quality of life. However, each one has particular characteristics when considering the eating and nutritional habits of the population concerned and it may contain various general recommendations to each other. The preparation of food guides includes several steps and is therefore a very complex process. In this context, the present study investigates three current dietary guidelines (Brazil, United States and Portugal), in order to identify similarities and differences between them, trying to relate them to their production environment. A literature review was conducted in order to identify studies that address to the issue and bring the context of production of these documents, and by making a systematic reading of each of the guides adopting the thematic analysis based on the following analytical categories: content addressed, teaching strategy adopted and type of language used for population. The analyzed dietary guidelines are very distinct from each other. The guide of Portugal shown more succinctly, which can facilitate the reading by the population. However, it does not have the wealth of information as the others. The US has its most technical form of recommendations, while the Brazilian one has focused on the food rather than on nutrient, such as the

Americans, emphasizing the importance of social and cultural dimensions in eating habits.

Keywords: Food guide. Food and nutrition education. Public Health.

Resumo

A Organização Mundial de Saúde propõe que os governos forneçam informações à população para facilitar a adoção de escolhas alimentares mais saudáveis em uma linguagem que seja compreendida por todas as pessoas e que leve em conta questões culturais, sociais, econômicas e ambientais. Muitos países estão trabalhando na construção de seus próprios guias alimentares, com objetivos de aconselhamento nutricional e melhoria na qualidade de vida da população. No entanto, cada um deles possui características particulares que consideram o perfil alimentar e nutricional da população em questão, podendo conter recomendações gerais distintas entre si. A elaboração de guias alimentares abrange diversas etapas, sendo, portanto, um processo bastante complexo. Nesse sentido, o presente estudo analisou três guias alimentares atuais (Brasil, Estados Unidos e Portugal), com o intuito de identificar semelhanças e diferenças entre eles, buscando relacioná-los ao seu contexto de produção. Foi realizada revisão de literatura a fim de identificar estudos que tratassem do assunto e que trouxessem o contexto de produção desses documentos, sendo efetuada a leitura sistematizada de cada um dos guias, adotando a análise temática com base nas seguintes categorias analíticas: conteúdo abordado, estratégia didática adotada e tipo de linguagem utilizada para a população. Os guias alimentares analisados são muito distintos entre si. O guia português se mostra de forma mais sucinta, o que pode facilitar a leitura pela população. No entanto, não tem a riqueza de informações dos demais. O americano apresenta suas recomendações de forma mais técnica, enquanto o brasileiro tem o foco no alimento e não no nutriente, como o americano, enfatizando a importância das dimensões sociais e culturais nas práticas alimentares.

Palavras-chave: Guia alimentar. Educação alimentar e nutricional. Saúde Pública.

Introduction

Human eating behavior is influenced by each individual's physiological state, psychological state and environmental conditions. Therefore, in addition to the basic needs of our organism, factors such as locality, income, supply or scarcity of certain foods, regionalism, food taboos and social, cultural and religious beliefs shall interfere in some population's food consumption.¹ The various contemporary challenges related to food and nutrition, both hunger and poverty-related malnutrition, as well as lifestyle-related obesity and the current society's obesogenic environment, among other issues (such as the current model of food production, for example), have led countries to determine national policies and guidelines aimed at establishing actions to address such issues.²

It is the State's obligation to respect, promote and protect the right to adequate food and to present measures to progressively achieve its full realization.³ Under the Brazilian National Plan for Food and Nutrition Safety (SAN, in the Portuguese abbreviation) approach, it is incumbent on the State to provide a peaceful, stable, economic, social, political and cultural environment conducive to adequate and healthy eating in which people can eat with freedom and dignity.⁴

However, the growing number of information and diversity of products disseminated by the media can make it difficult to adopt and distance consumers from healthy eating practices because of the appeal that these products have and the difficulty consumers have in differentiating between what is healthy and unhealthy. In a survey carried out by the Ministry of Health, it was observed that 72.6% of food items advertised on open and cable television channels are products with high levels of fats, sugars and salt belonging to five categories of products, namely: packaged snacks, carbonated drinks, breakfast cereals, fast food and candies.⁵ Therefore, the dissemination of adequate nutritional messages to the population becomes more complex and, for this reason, it is of utmost importance to create strategies to guide eating practices that aim to inform the population about the harm of an unhealthy diet and how to put into practice the benefits that healthiest food can offer.

The World Health Organization (WHO, the specialized agency of the United Nations that is concerned with international public health) proposes that governments provide information to the population to facilitate the adoption of healthier food choices in some language that be understood by all people, taking into account cultural, social, economic and environmental issues.⁶ A food guide is an official instrument defining dietary guidelines as a way of guiding food choices and healthier habits for a given population and an encouragement measure for the adoption of healthy eating practices, since it seeks to disseminate information supporting the population's choices.⁷

The Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA) have been publishing dietary guidelines for decades. The first known food guide was proposed in 1916 in the United States of America (USA) by (American nutritionist) Caroline Hunt, who recommended a healthy diet through messages about nutritional needs and food composition known at the time. Other dietary guides were later published based on the author's proposal, focusing on the problems of each time, such as food selection during the economic recession and food alternatives during World War II. By 1940, following new recommendations by the National Research Council of 1941, the popular guide called the Basic Seven Food Guide, developed in the period of World War II, was created with the purpose of suggesting food substitutions in the event of food shortage, recommending inexpensive food during the recession. However, it was considered very complex and the lack of indication of how to quantitatively substitute food was also criticized for lack of information on the food portions.⁸ Then it can be seen that the approach of the Basic Seven Food Guide was closely related to the political context of the time.

By the end of 1940, two studies, the Twin Cities and Framingham, began to examine the association between dietary factors and the increased risk of chronic noncommunicable diseases (NCDs). By 1950, it was recognized that health is not simply the absence of disease. And to ensure well-being, adequate food choices and a healthy lifestyle for health promotion were needed. Against this background, in 1956, nutrition experts published a new food guide, the Basic Four, with the number of portions recommended for the four food groups: milk, meats, vegetables and fruits, and breads and cereals.⁹

From the 1970s, researchers associated high consumption of certain foods with the onset of certain diseases. In 1979, the Hassle Free Guide was published, which included the fifth food group (fats, sugars, alcohol), drawing attention to the moderate consumption of these foods. In 1980, following a study conducted by the American Society of Clinical Nutrition, which found a strong association between diet and health, USDA and HHS published the first edition of the Dietary Guidelines for Americans focusing on health, based on the dietary pattern and consumption data and food composition, as well as the usefulness of the guide itself for consumers. In 1990, the United States Congress approved the National Nutrition Monitoring, which makes it mandatory to revise, update and publish dietary guidelines every five years. Since then, these two departments have been conducting reviews of food guides published in the country.¹⁰

At the International Conference on Nutrition held in Rome in 1992, strategies and actions were identified to improve the population's food consumption and the nutritional well-being. According to this event, it is important to encourage the preparation of dietary guides for different age groups and, in order to achieve this goal, each country should plan actions according to its culture and

health problems related to food.¹¹ Later, in 1995, FAO (the Food and Agriculture Organization of the United Nations) and WHO held an articulated conference outlining guidelines for the development of dietary guides. The content of these guidelines reinforced that the main factor to develop a food guide is the identification of dietary problems. From that moment on, some countries decided to use as a graphic representation the food guide diagram following the North American (pyramid-shaped) model, with some exceptions like Canada (which developed the rainbow), Costa Rica (with the shape of a pizza), Guatemala (who opted for the graphic representation of a ceramic pot) and Mexico (which adopted the apple figure). As for European countries, they have opted for the pyramid and the circle shapes.¹²

Since then, several countries have been striving to build their own dietary guides with similar goals in nutritional counseling for individuals and populations and improved quality of life. However, each one of them has particular characteristics that consider not only the food and nutritional profile of the population in question but also local social, cultural, economic and political issues, and may contain different general recommendations among them. The preparation of food guides covers several stages and is therefore a very complex process. In this context, the present study seeks to analyze three current dietary guides from different countries in order to identify similarities and differences among them, seeking to relate them to their development process.

Methodology

The study used as a primary research base food guides for the population over two years old, present in the library of the homepage of the Brazilian government Food and Nutrition Network of the Unified Health System [*Rede de Alimentação e Nutrição do Sistema Único de Saúde (Redenutri)*]. Among them, the US guide (2010) was chosen due to being the first country to propose a food guide for its population, that of Portugal (2003), in order to represent Europe, and the new version of the Brazilian food guide published in 2014. After this bibliographic survey, a literature review was carried out to identify studies that deal with the subject, as well as possible studies comparing dietary guides from different countries. In addition, studies were identified that would bring the production context of these documents.

Afterwards, each one of the food guides of the three selected countries was read and a systematization of the material was done with the intention of carrying out the documents analysis. According to Rampazzo,¹³

the documents analysis consists of a series of operations aimed at studying and analyzing one or several documents to discover the social and economic circumstances with which they may be related.

Thus, a thematic analysis was carried out based on the construction of the following analytical categories, which were transversal to the appreciation of the documents: size, content addressed, didactic strategy adopted and type of language used for the population. The review of literature and analysis of the content of the guides occurred in the period between June and December 2015.

Results and Discussion

The Pioneering of the Dietary Guidelines for Americans

The process to create each edition of the Dietary Guidelines for Americans is a joint effort of USDA and HHS and includes three phases. In the first stage, a Dietary Guidelines Advisory Committee (DGAC) is appointed to conduct an analysis of new scientific data and information on food and health, and prepare a report summarizing its findings. The Committee's analysis is the primary resource for the two departments to develop dietary guidelines for Americans. Regarding the current American guide, the Committee's analysis was completed in June 2010 and the report was made available to federal public agencies. During the second phase, USDA and HHS developed the document *Dietary Guidance for Americans*.¹⁴ Hearings to consider this document include politicians, physical educators, food and nutrition professionals and health care providers as the target audience. Similar to previous editions, the 2010 edition is based on the report by the Advisory Committee, taking into account comments from federal public agencies. Scientific evidence guides the creation of the guidelines and the development of policies. In the third and final stage, the two departments develop messages and materials that communicate the guide to the general public.¹⁴

The Dietary Guidelines provide dietary recommendations based on evidence for Americans older than two years of age. These recommendations aim to promote health, prevent chronic diseases and help people achieve and maintain a healthy weight. Public health agencies, health care providers and educational institutions depend on these recommendations and strategies for dietary guidelines. Therefore, these guidelines can have a significant impact on food and nutrition actions in the United States as they form the basis of nutrition programs and guide disease prevention and health promotion initiatives.¹⁴

The current American guide begins with an introduction based on the history and development of US food guides. This introduction explains the terms used throughout the document to facilitate readers' understanding. It also explains its importance for health promotion and disease prevention, as well as the guide main uses: development of educational materials and government programs related to food and nutrition. This guide for 2010 presents figures for chronic food-related illnesses

such as cardiovascular diseases (reaching 37% of the US population), hypertension (34% of the adult population), diabetes (11% of Americans), cancer (41% of the population shall be diagnosed with cancer during their lifetime) and osteoporosis (one in two women and one in four men over 50 shall have an osteoporosis-related fracture in their lifetime), emphasizing the main causes of these diseases and the risks to health.¹⁴

Based on data on chronic noncommunicable diseases prevalent in the US and with the growth of Americans' food consumption, especially of highly processed foods, which lead to an increase in overweight and obesity in the country, the guide addresses in the second chapter recommendations on caloric balance for weight maintenance and intake control. In such chapter, the 25 foods most commonly consumed by Americans in the different age groups are listed, in which one can see the massive presence of processed products, candies, sugary drinks and alcoholic beverages. A comparison between the years 1970 and 2008 is also presented, showing the increase in the prevalence of obesity in the country (from 15% to 34% among adults).¹⁴ As aid tools, the calculation of the Body Mass Index (BMI) for weight adequacy assessment and calories estimates according to gender, age and practice of physical activity are demonstrated, explaining how each macronutrient (protein, carbohydrate, lipid), besides alcohol, contribute to the calculation of such calories.

In the third chapter, the importance of reducing certain foods and nutrients (sodium, saturated fat, trans fats, cholesterol, sugar and alcohol) responsible for the increase in the diseases mentioned in the guide introduction is highlighted. Then the fourth chapter presents the foods and nutrients that should be added to the diet and what their functions in the body are. Additional nutrients, such as supplements, are also mentioned at some stages of life, such as gestation, breastfeeding or for people on restricted diets. The fifth chapter then addresses the building of healthy dietary patterns, citing vegetarian diets, specific disease prevention diets and people with allergies or intolerances. It also describes the importance of Food and Nutrition Security, explaining processes of cleaning, separation, cooking and adequate storage of food.

Finally, the guide discusses ways to help people make healthier choices in the sixth and final chapter. To do so, it shows that these choices depend on individual factors (age, gender, socioeconomic conditions, genetics, physical activity, among others), settings of the environment in which they live, political actors of influence (government, agriculture and industry), besides social and cultural values. Thus, the guide calls for action by Americans, including three guiding principles: to ensure that all Americans have access to nutritious food and opportunities for physical activity; to facilitate change in individual behavior through environmental strategies; and to set the stage for healthy lifelong eating, physical activity and weight maintenance.

Portugal, a European representative

The *Roda dos Alimentos* (Food Wheel), developed in Portugal in the late 1970s, graphically represented by a circle subdivided into slices of different sizes that presented foods with similar nutritional properties, was an innovative instrument used by several countries as an educational material. It aimed to transform complex nutritional information into simple and easy concepts for the lay population to use. The dish is an important symbol of Portuguese culture, because the table is a common and fundamental place for meals. According to the Portuguese guide, the food groups presented in the circle shape show the same importance and visually complement each other, unlike the pyramid, which represents the hierarchical idea of food groups.¹⁵

In 2003, the new Portuguese food guide was developed in nine steps: 1st) Obtaining the opinion of researchers on food and nutrition; 2nd) Establishing nutritional goals, i.e., the energy recommendation of 13 population groups of both genders (children over one year of age to adults), the distribution of macronutrients, micronutrients and dietary fiber; 3rd) Defining the seven groups and 21 food subgroups, according to nutritional composition, the dietary habits of the Portuguese replacing the five groups already used in the first version of the food wheel.¹⁵

The 4th step of the Portuguese guide was the establishment of a standard portion in each food group based on the average weight of home measures or in units. In the 5th step the equivalent portion of each food group was established. And in the following step the recommended number of daily portions of each group was defined, based on three diets calculated according to the total energy value of 1,300, 2,200 and 3,000 calories. In the 7th step, it was analyzed whether the three diets supplied in adequate quantities the macro and micronutrients in order to meet the nutritional recommendations. Only sodium and iodine values did not meet them. The 8th step consisted of presenting the results and the icon chosen was the circle shape because it is associated with the image of a dish and because it is already recognized by individuals because of the first version of the food guide.¹⁵

In relation to Portugal's epidemiological profile, hypertension is the most prevalent disease and cardiovascular diseases and cancer are among the main causes of death.¹⁶ The proportion of people with malnutrition is less than 2.5%.¹⁷ In contrast, there is a prevalence of overweight in 31.5% of children aged 7 to 9 years,¹⁸ in 54% of men and 46% of women.¹⁹ The current food pattern in Portugal is characterized by the remoteness of the Mediterranean model and growth in the consumption of sodium and fats and reduction of vegetables and fruits is observed, especially in the younger age groups. The consumption of alcoholic beverages remains high but there was a change in the type of drink, with a decrease in wine consumption and an increase in beer and other beverages.²⁰

Based on this food pattern and the prevalence of hypertension besides the increase of overweight and obese people in the country the food guide for the Portuguese population focuses on the presentation of seven food groups and their respective portions, also emphasizing daily intake limits of sodium, caffeine and alcohol, besides alerting to careful reading of labels on industrialized sugary and salty products. It also recommends the substitution of salt by aromatic herbs and spices in the preparation of food. As an aid, it exemplifies the size of spoons, glasses and cups, facilitating the understanding of the portions recommended in the Wheel. It cites Body Mass Index (BMI) as a measure of weight adequacy and mentions the importance of maintaining a healthy weight, which can be achieved through regular physical activity and the recommendations provided in the Food Wheel.

By having only five pages, compared to more than 100 pages of the American and Brazilian guides, the material is presented in a more succinct and direct way. Thus it can more easily reach the population in question because very large texts or more technical language are not attractive or easy to understand. On the other hand, when information related to food and nutrition is summarized, doubts and difficulties may arise from the readers' understanding, which may cause erroneous and unexpected interpretations of the content that one wishes to transmit. Also the recommendations are conveyed through imposing messages, unlike the other two guides analyzed.

According to Rodrigues et al., in 2006,¹⁵ despite the lack of clarity regarding the development process in the previous guide, it is observed that the recommended portions of each food group in the new Food Wheel do not differ much from those indicated in the previous food guide developed in 1977. Rodrigues et al.¹⁵ have reported the need to update the energy and nutrient recommendations for the Portuguese population, since these data are from 1982. In addition, the foods chemical composition tables were published in 1985. Another problem, and probably the most relevant, is the fact that the last survey of food consumption in Portugal was carried out in 1980, which may not reflect the population's current dietary pattern.

The Brazilian Food Guide as a reference

The epidemiological transition in Brazil may be represented by the lower proportion of weight and height deficits and an increase in excess weight. Recent data from the Brazilian government National Health Survey (2014) indicate that, in 2013, 56.9% of adults over 18 years of age are overweight and 20.8% are already in the obesity range, affecting especially women, which present higher prevalence of overweight and obesity than men.²¹

Such nutritional profile stems partially from changes in food consumption patterns. There was an increase, between 2002 and 2008, of 30% in the number of meals performed outside the home. There was also an increase in the acquisition of preprepared foods (37.0%), cola-based soft drinks (20.0%) and beer (88.0%). On the other hand, the acquisition of legumes (19.4%) and cereals (20.5%) decreased.²² The growth of consumption of highly processed foods (such as sausages, sandwich cookies, soft drinks, instant noodles, among others) has been considered by the World Health Organization (WHO) as one of the main factors contributing to the global epidemic of obesity, diabetes and other chronic noncommunicable diseases.²³ Martins et al., in 2013,²⁴ reveal, based on results from the Household Budget Surveys (HBSs), that the consumption of highly processed products has increased in the period from 2002-2003 (20.8%) to 2008-2009 (25.4%) in all income strata, with a reduction in the participation of food and cooking ingredients.

In 2006, due to the situation of epidemiological and nutritional transition in the scientific evidence and the government's responsibility to promote health, the right of every citizen, the food guide for the Brazilian population was developed with the objective of contributing to guidance for adequate eating practices, seeking health promotion and prevention of diseases related to food. And for its implementation a pocket version was distributed to the population.²⁵

The WHO recommends a periodic updating of the recommendations on adequate and healthy eating. From 2011 onwards, the Brazilian Ministry of Health, in a partnership with the Center for Epidemiological Research in Nutrition and Health of the Brazilian University of São Paulo (NUPENS/USP) and with the support of the Pan American Health Organization (PAHO/Brazil), began the process of preparing a new edition of the Food Guide for the Brazilian Population (*Guia Alimentar para a População Brasileira*). To promote a collective construction and to provide broad participation and discussion of the content of such document, the General Coordination of Food and Nutrition (CGAN, in the Portuguese abbreviation) of the Brazilian Ministry of Health organized six major steps, which contributed to the final version of the guide new edition.⁶

The first step took place in November 2011 and a listening workshop was held with participants from all over Brazil. Professionals from health, education, social assistance and agriculture sectors, professors from universities, directors of professional councils and professional associations and members of organizations of social control of public policies and consumer protection were present. The groups and meetings discussions were reported in a final plenary session of the workshop with an exposition of the different points of view and observations resulting from the group discussions. Results from such workshop guided the first version of the food guide new edition.⁶

In the second step, the first edition of the new guide was prepared between November 2011 and July 2013 by a team consisting of CGAN/MS technicians and from the PAHO and NUPENS/USP researchers. In the third step, the first version of the food guide new edition was evaluated

in a second workshop, held in August 2013. Group discussions were reported and discussed in a final plenary session. Results from this workshop guided the preparation of a second version of the food guide new edition, corresponding to the fourth step of the process, which was held between September and December 2013, with the same team.⁶

In the fifth step, after evaluation and approval by the Brazilian Ministry of Health, the second version of the new edition was presented for public consultation from February 10 until May 7, 2014. During this period, several meetings and groups were held, seeking to encourage the discussion of the guide content to welcome different opinions, to encourage dissemination of the consultation in other sites of dialogue and to encourage contributions and possible suggestions, counting on the participation of health professionals from the Brazilian Unified Health System (SUS) network, managers, education and social assistance professionals and civil society representatives. A total of 3,125 contributions were received from 436 individuals or institutions. Based on this compilation of contributions, the last step of preparation of the food guide new edition began. In view of regional diversity and the different population groups which this guide targets, the Ministry of Health intends to develop other communication strategies to disseminate the document contents, such as manuals, leaflets and videos.⁶

The current Brazilian guide brings a strong appreciation of the country's cuisine, encouraging the consumption of regional foods in culinary preparations. In addition, due to the SAN reference, concern for environment sustainability is present in the Brazilian guide. It should be emphasized that the current SAN concept in Brazil values quantitative and qualitative access to food without compromising other basic human needs, as established by the SAN 2006 Organic Law:²⁶

Food and nutrition security means granting the right of all to regular and permanent access to sufficient quality food without compromising access to other essential needs, based on health-promoting eating practices that respect cultural diversity, being environmentally, culturally, economically and socially sustainable.

It is noticed that the other guides do not bring these questions as the guiding core of their guidelines for the population. In the case of the American one, the idea of Food Security appears more linked to food sanitary security.

The Brazilian guide presents in the first chapter the principles on which this new version was based. It explains that its recommendations are based on experimental, clinical, population and anthropological studies. However, it emphasizes that food is more than the intake of nutrients. Therefore, we must take into account the social and cultural dimensions of food practices, in addition to more comprehensive aspects, such as the environmental impact our diet has,

emphasizing the importance of socially and environmentally sustainable food. Also in such chapter, it suggests that the recommendations are in tune with its time, taking into account the food evolution scenario in the country and the population's health conditions.

In the second chapter, the guide addresses general recommendations in food choices, basing these choices on the following categories: fresh or minimally processed foods; oils, fats, salt and sugar; processed and highly processed food, with general rules: to encourage the majority consumption of fresh or minimally processed foods, which are the diet basis; to use oils, fats, sugars and salt in moderation when seasoning and to cook food and limit the intake of ready-to-eat food products by avoiding or consuming them in small amounts as part of meals. Also, as a rule of thumb: to always prefer food and culinary preparations rather than ready-to-eat products and to avoid highly processed products. Being didactic, the guide, besides explaining each category, offers some examples of foods in each.

The third chapter, entitled “From Food to Meal,” shows how to combine food as meals, valuing the culinary preparations consumed in different regions of the country. Examples are provided with photos of breakfast, lunch, dinner and small meals, always developing the concept of variety and encouraging culinary preparations. This chapter also addresses the importance of proper food preservation and the way food is handled, prepared and sanitized.

In the next chapter, attention goes to eating, at which moment time, site and some person's company must be taken into account for the pleasure that food should provide, highlighting three main recommendations when eating: regularity and attention, an appropriate environment and enjoying some person's company. The photos presented in this part of the guide clearly remind us of the idea of commensality. Finally, the last chapter offers strategies to facilitate adherence to previous recommendations, showing the main obstacles faced: information, supply, cost, culinary skills, time and advertising. Throughout the five chapters, the guide encourages reflection and critical sense, showing the importance of autonomy in food choices, focusing on food combinations (considering regional differences), pleasure and culinary preparations and not just nutrients.

Comparing Dietary Guides

In relation to size, the Portuguese guide is the most succinct among the three, which can facilitate reading by the population. As already mentioned, the 2006 Brazilian guide also presented a synthetic version (pocket guide) aimed at the population. Thus, as a social communication strategy, it would be interesting for such guides to present smaller versions in order to arouse interest and facilitate the dissemination of recommendations. In addition, the Brazilian guide,

despite its 150 pages against the 100 of the American one, has larger letters and more figures, which makes reading more dynamic and less tiring.

Regarding the content addressed, the American food guide has a greater focus on nutrients when compared to the Portuguese and Brazilian guides, both with recommendations for food. However, the Portuguese guide especially addresses the food groups and their food portions, while the current Brazilian version does not provide this guidance. This issue of portions has been criticized during the process of developing the Brazilian food guide because, on the one hand, there would be some defense by different professionals of the need to incorporate guidelines for food portions (due to some concern in establishing recommendations about quantities of food), on the other, there would be some criticism that the portion strategy was not easy to understand.

Some issues related to food, such as when, why, where and with whom meals are consumed, which are not usually included in dietary guidelines, are present in the Brazilian version. All these circumstances influence what kind of food is consumed and in what quantities, its digestion and absorption and the pleasure in eating.²⁷ The diet also includes the symbolic and emotional values of food, dishes and meals, which contribute to the pleasure of eating, building memories and customs, as well as strengthening relationships and connections, which are aspects of health and well-being.²⁸ The new Brazilian food guide tries to retrieve these values and places them in the same plane of the other orientations. For this, it emphasizes the importance of cooking and commensality, in which one should eat in some person's company, in appropriate environments, with regularity and attention, contributing to the pleasure of eating, being this a differential for the other guides, which do not address these questions.

Regarding the type of language adopted in each guide, the American one, because it presents a more technical language, seems more oriented to health professionals than to the population in general. The 2006 Brazilian dietary guide had as a principle the positive referential of its recommendations, that is, emphasizing the advantages and benefits of healthy eating rather than prohibiting or condemning unhealthy eating practices. This is maintained in the current Brazilian guide, which adopts expressions such as "avoid," "limit" and "prefer," as well as the American one, which uses "choose," "add," "consume" and "replace" to advise on healthier habits. In this context, the Portuguese guide presents imposing messages to transmit its recommendations, such as certain food "should be" or "should not" be consumed, differing from the others.

In relation to didactic strategies, the Brazilian and the American guides provide key guidelines to facilitate understanding and direct the reader to the main points addressed in the guides. The Portuguese one, dealing with the idea of food portions, uses images of homemade measure sizes, such as spoons, glasses and cups, making it easy to identify the portions recommended.

Conclusion

The process of building a food guide, regardless of the country, is complex and covers several stages until its implementation and dissemination. The food guides analyzed are very different from each other. The idea of this study was not to identify what the best food guide would be since, as previously mentioned, the process of developing each guide involves social, cultural, economic and political issues, among others, which are specific to each context. However, it is worth noting that the Brazilian food guide has been considered an important reference among current dietary guides due to valuing issues such as eating in some person's company, cultural diversity and especially the political position that it advocates in recommending the limited use of highly processed foods, taking into account the current scientific evidence.

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