

Editorial

Does it matter what children eat? On the whole, the simple answer is yes. We are what we eat. Furthermore, as unfair as it might be, we are what our mothers eat; or furthermore, we are what our parents eat. Slogans such as these reflect the current understanding that nutrition is linked to our health. Special emphasis is placed on nutrition during early life that may have consequences extending into adulthood. The pathogenesis of a number of diseases, such as cardiovascular diseases, obesity, diabetes mellitus, allergy and other immune diseases, some forms of cancer, mental health problems, osteoporosis, chronic respiratory disease, and musculoskeletal conditions, has been linked, among other factors, to maternal and early infant diet and nutrition.

This issue of *Annals of Nutrition and Metabolism* starts with a discussion of the needs of premature infants. With the increasing number of low-birth-weight infants, there is a need to define and meet the nutritional needs of this highly vulnerable group in an optimal way, i.e. by ensuring normal growth and development uncomplicated by infections and/or metabolic disturbances, and reducing the risk of certain diseases. Currently, the position of both the European Society for Paediatric Gastroenterology, Hepatology and Nutrition and the American Academy of Pediatrics is that the preferred food for premature infants is fortified human milk from the infant's own mother. If the mother's own milk is unavailable or its use contraindicated, the American Academy of Pediatrics recom-

mends that pasteurized donor human milk, appropriately fortified, should be used. All of these options are comprehensively discussed in the first chapter by Jatinder Bhatia.

The second chapter, by Ferdinand Haschke et al., focuses on feeding patterns during the first 2 years of life and associated health outcomes. Among other data, selected findings, especially with regard to the rates of breastfeeding determined from the Demographic and Health Surveys' nationally representative household surveys, may be of interest, especially for readers practicing in developing countries. Considering the apparent increase in allergic disorders worldwide, especially in industrialized countries, the long-term data (up to 10 years) show that reducing the risk of atopic eczema in high-risk children is possible with the use of certain protein hydrolysates; this has been highlighted by the authors as one of the interventions that does work. Finally, new data suggest that lowering the protein intake in formula-fed infants to closer to that of breastfed infants seems to be a reasonable potential approach to reducing the risk of obesity.

The third chapter, by Jose M. Saavedra et al., focuses on what children really do eat by presenting the findings of a cross-sectional study carried out in the US. This trial, known as the 2008 Feeding Infants and Toddlers Study (FITS), was designed to obtain information on the diets and feeding patterns of the US population of that age.

Compared to similar earlier surveys, some positive changes were noted, including longer duration of breastfeeding, delayed introduction of complementary foods, and decreased consumption of desserts and sweets in some age groups. However, inadequate iron in infant diets; lack of fruits and vegetables; diets too high in sodium and saturated fat, but lacking in essential fats, fiber, and whole grains, and last but not least, excessive caloric intakes remain major concerns. Clearly, child eating habits are determined by adult caregivers. If so, the FITS showed that we are not doing very well. Those of us living outside of the US may rightly think that the results cannot be extrapolated to other settings. While this may be true, unfortunately, we cannot be sure that in other settings the situation is any better, although specific problems may differ.

Can we influence children's dietary behavior? The authors of the final chapter, by Tom Baranowski et al., discuss influences on behavior. They also sought to establish whether there are effective strategies to improve vegetable and fruit intake, as there is evidence of associations between the intake of vegetables and fruits and the risks of several chronic diseases. One of the ideas presented by the authors, changing/modifying children's dietary behavior

with serious video games, is an exciting concept. Children who played the specific video games increased vegetable and fruit consumption, although it was still below the recommended levels. Soundly designed studies are still required to evaluate the short- and long-term effectiveness of this and other strategies to promote healthy eating and behavior, but the use of new technologies may be the way to go.

In summary, it has become common knowledge that healthy eating and exercising appropriate dietary behavior throughout early childhood can be fundamental in preventing many of the diseases in adulthood. Consequently, parents and caregivers expect precise and practical advice from health care professionals. This issue has been designed to meet this need. Due to the complexity of human nutrition, there are still more questions than answers. A single component in the diet hardly ever, if at all, makes a difference. Foods act in concert with other foods but also with other factors (e.g. genes, environment, health behavior, and health care). This complexity makes it exciting, albeit hard, to conduct studies. More research will certainly come.

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