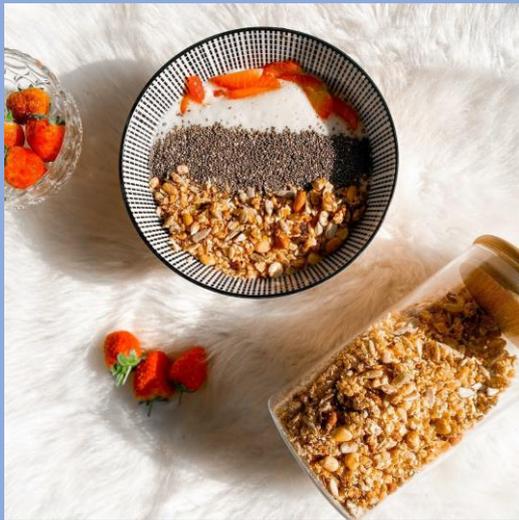




NEWSLETTER

The Nutrition Society of Sri Lanka

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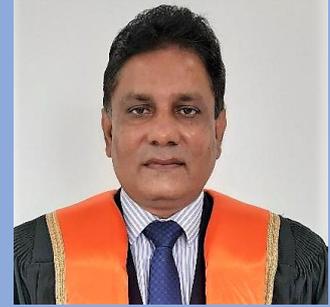


Message from the President

Dr. Dhammika Senanayake

President

The Nutrition Society of Sri Lanka



The Nutrition Society of Sri Lanka (NSSL) is one of the pioneering professional bodies dedicated to establishing links between professionals in the field of nutrition and public in order to promote the science of nutrition and its application to the health of the population in the country. It is indeed a great honor and privilege to serve as the 50th President of the Nutrition Society of Sri Lanka for the year 2022/2023 to proceed with the objectives of the Association.

I take this opportunity to express my special thanks to the 49th Executive Committee for its commitment and effort to proceed with many projects undertaken during our term for the development of the Nutritional status of the country as well as to serve the public to improve their health status and thereby the quality of life. I am proud to mention that 2020/2021 was a very successful year for NSSL and it had been possible to mark many milestones paving the way for future Presidents to drive the Nutritionists profession towards success. Our focus is towards the development of the nutritional status of the public specially the children and to enhance their knowledge, understanding and awareness regarding the nutrition. During this journey the NSSL was able to successfully organize “NutriEassy” and “NutriCa” competitions among school children in Sri Lanka. The competitions had utilized their creative skills to enhance the nutrition knowledge and thereby raising the awareness regarding nutrition. Also, for this journey we will continue with our Newsletter of the Nutrition Society to uplift the knowledge in the field of Human Nutrition. Importantly, our association will keep on continuing the scientific sessions through out every year to influence the public and society via the influence of our nutrition scholars.

The year 2022 and 2023 will be immensely challenging for the nutritionists of Sri Lanka as we are currently facing the worst economic crisis in the history of Sri Lanka that had also resulted the food inflation. Enhancing the nutrition status among Sri Lankans is regarded as a key objective of our association and we will do our level best to combat with malnutrition and nescience. In addition, I wish to express my special thanks to the Editor of the society, Dr Eranga Silva for extending her support to go ahead with Newsletter. I take this opportunity to

thank the NSSL Membership for placing confidence in me to fulfill the expectations of the society and to uplift the nutritional status the public and I believe that we will achieve our goals during our tenure of office.

Thank you!

Dr. Dhammika Senanayake

Editorial

Minimizing food wastage to face the financial challenges

Dr. E. H. Silva

Editor

The Nutrition Society of Sri Lanka



Sri Lanka is currently facing many challenges due to the economic crisis in the country. It is important to tighten the budgets in order to reduce the financial burden of the family. Therefore, it is high time to focus on minimizing food wastage, since cost of food is increasing with the cost of other essential items.

Following are some facts which can help reduce food wastage;

- **Be mindful when shopping**
Have a basic meal plan before going for grocery shopping. Then think about the number of people who will be there for each meal. Think about the food that is already available at home. Prepare a shopping list before going to the grocery.
- **Find ways to use all the food that you bring home.**
Ex: Try making a soup with leftover vegetables and meat
- **Have an understanding about the amounts to be cooked**
Think about the proportion of food that will be consumed by the family prior to cooking.
- **Use of proper storage conditions**
Proper storage conditions can increase the lifetime of food and can reduce spoilage.
- **Check the expiration date when buying food items.**
- **Apply food preservation techniques.**
When you have excess food try some preservation techniques to make food last longer, thus reducing waste.
Ex: Pickling, drying, fermenting, freezing etc;
- **Do not throw away the seeds**
Some seeds have high nutritional value. Throwing them away is a waste.
Ex: Pumpkin seeds
- **Keep your serving sizes in check**
Being more mindful of how hungry you are and practicing portion control are great ways to reduce food waste.



Let's try to minimize food waste and contribute to the economic development of the country.

Nutrigenetics/Nutrigenomics to Personalised Nutrition: Are we ready to practice?

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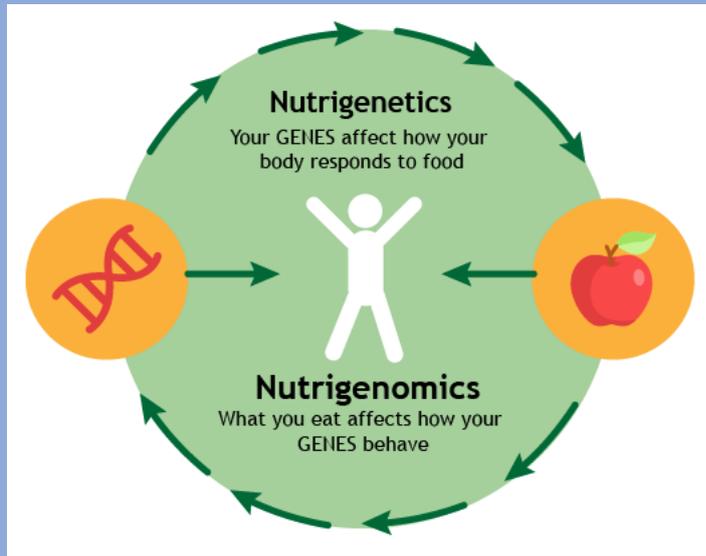
Cardiometabolic diseases in particular cardiovascular diseases (CVDs) are the leading cause of death in both the western and the developing world. It is a multifactorial disease which is influenced by many environmental and genetic factors. The current knowledge of both modifiable and non-modifiable risk factors for CVD is comprehensive and well-established. Although the public health advice to date to prevent CVD has been fundamentally in the form



of prescribed population-based recommendations, this strategy has been unsuccessful in reducing CVD risk. Comprehensive understanding of the aetiology of this this complex

multifactorial condition may require exploration of the interactions between genetic factors and the environment. Over the past decade research in the field of nutrition science has shifted to genetic epidemiology, which includes the fields of ‘Nutrigenetics’ and ‘Nutrigenomics’ research to provide a better understanding of the mechanisms of diet-related cardiometabolic disease will ultimately facilitate to tailor individual diets to enable optimal response according to individual genotypic variation to prevent, mitigate or cure high prevalent cardiometabolic diseases in the community. Although the theories of Nutrigenetics Nutrigenomics are closely interrelated, their meanings and purpose are basically different in relation to understanding the association between diet and genes. **Nutrigenetics** refer to the effects of fixed genetic variation, e.g. the effects of a single-nucleotide polymorphism (SNP) on responsiveness to diet, whereas **Nutrigenomics** considers the influence of specific nutrients or bioactive food compounds on gene expression and may facilitate prevention of diet-related cardiometabolic diseases. Both these approaches have the potential to support the prevention of multifactorial diseases such as CVD; nutrigenetics via an individualized approach to diet, nutrigenomics by a generic gene expression response to nutrients or

bioactive food constituents. Regardless of these distinct meanings, the terms nutrigenomics



and nutrigenetics are generally used interchangeably in genetic epidemiology research.

Currently in practice, disease management is initiated by the diagnosis of disease at onset, which often involves with the identification of clinical symptoms or biochemical biomarkers such as raised plasma cholesterol, glucose, triglycerides etc. This method has been relatively ineffective in disease management as

public health recommendations failing to result in appreciable benefit to the individual due to lack of compliance and motivation on the individual's itself. However, with the advancement of nutrigenetic and nutrigenomic research a shift to a 'personalised nutrition' strategy appears achievable. In personalised nutrition counseling, dietary recommendations are more often tailored according to an individual's biological parameters to improve the disease condition. For a clinical dietitian or nutritionist, these features include anthropometric, biochemical and clinical measurements, along with assessments of dietary intake, physical activity and lifestyle. However, with the advancement of nutrigenetics and nutrigenomics research, personalising dietary recommendations according to genetic makeup would improve an individual's response to nutrition interventions and offers a new strategy for improving health and decreasing disease risk. Personalised or precision nutrition includes strategies for preventing and treating diseases and improving health, considering individual variations in genes, lifestyle, dietary intake, gut microbiome, epigenetic markers and environment by precisely assessing a person's nutritional status. Furthermore, the precise measurement of nutritional biomarkers would be useful in terms of early prediction of disease risk, identifying individuals who might benefit from a nutrition and wellness programme, determining the effectiveness and efficacy of a dietary intervention. Nutrigenetics and nutrigenomics have now created new avenues to link genetic testing with nutritional advice to further assist improving nutrition-associated diseases.

Strategies for ‘nutrigenetic’ research

There are several different approaches employed to study diet–gene interactions: (1) the genome-wide approach; (2) the candidate-gene approach.

A genome-wide linkage and association studies determine polymorphisms in the complete genome and relates these polymorphisms to a dependent variable. This process allows identification of genes that have a statistically significant relationship with the variable of interest. The genome wide association studies (GWAS) have been tremendously involved in the detection of huge number of SNPs associated with cardiometabolic diseases and their related traits. The Fat Mass and Obesity associated gene (*FTO*) was the first and strongest GWAS-identified gene associated with obesity.

The candidate gene approach to conducting genetic association studies focuses on associations between genetic variation within pre-specified genes of interest, and phenotypes or disease states. Candidate genes are identified based on previous knowledge suggesting the involvement of these genes in the disease biology and pathophysiology (a biological candidate), or because of its location in a chromosomal region that has been associated with the disease (positional candidate). Once a candidate gene is selected, investigators determine the most useful genetic variants for examination based on previous knowledge of existing polymorphisms and decide which of those SNPs lead to proteins functionally altered that may impact the trait of interest. As an example, the first update of the Human Obesity Gene Map in 2005 identified 127 genes as candidate genes of obesity traits.

Challenges in nutrigenetic research

Nutrigenetics is a fairly new area of public health nutrition especially in Sri Lankan context and standardised protocols are not yet established. Comparison of studies is challenging while conclusions often difficult to draw. Most of the Nutrigenetics studies have conducted in retrospective design and hence have been insufficient power to identify nutrient–gene associations. Prospective genotyping is much more guaranteed the power to determine these associations and should be encouraged to use whenever possible. Many studies published in the area of nutrigenetics have considered one SNP in a single gene, with little attention is given to address the polygenetic nature of most cardiometabolic diseases. Although the single nutrient-gene interaction studies are scientifically valid and invaluable for determination of mechanistic disease aetiology, the development of specific personalised nutritional advice requires the determination of multiple gene–nutrient–environment–gender interactions. The

advancement of techniques use in nutrigenetic research is very rapid, yet these methods are still relatively new and under continuous development. It is critical for the determination of individualised nutrition advice based on nutrigenetic approach that nutritionists/dietitians with specialist knowledge of interaction between nutrients and biological systems are involved in the development of data interpretation.

Significance in Nutrigenetic research

The inter-individual variability in the response to a diet is particularly evident in South Asian and Southeast Asian countries with diverse ethnic backgrounds with the experiencing of a rapid socio-economic and nutrition transition. It is well evident that this epidemiologic transition has not affected worldwide equally among all ethnic groups. The substantial increase in the prevalence of cardiometabolic diseases in particular CVD and type 2 diabetes mellitus in South Asian Indians. The science of nutrigenetics investigates the effect of genetic variation on an individual's response to dietary interventions, with an ultimate aim of customizing dietary advices based on the individual's genetic profile, seems achievable to prevent or treating cardiometabolic diseases.

Application of evidence-based approach is very important in nutrigenetics in order to provide more scientific evidence between diet-gene interactions. There is a need for more studies and more variety in examined population. When considering the Sri Lankan context, it is a timely requirement to initiate large epidemiological studies investigating diet-gene interactions representing different ethnic groups in the management of high prevalent cardiometabolic diseases in the country. Representativeness in nutrigenetics research is a challenging ethical and scientific issue. Yet, if nutrigenetics is to benefit whole populations and be used in public and global health agendas, fair representation as well as clear descriptions of participants in publications are crucial.

Personalised nutrition – ready for practice?

For personalised nutrition to become a realistic option there are numerous considerations and unavoidable assumptions that need to be considered before it can be widely applied. Moreover, it is important to consider whether the genetic tests and personalised food products will be affordable, cost-effective and socially acceptable. It is of concern that only those well informed and with sufficient resources would be able to take advantage of such genetic profiling tests and personal advice. Indeed, it is still not known much whether individuals will

want to undertake genetic tests. It is of concern that, if genetic testing has been undertaken, would this information be available to a third party, such as insurance companies, who could use it to the detriment of the individual, potentially affecting the availability of insurance or increasing the premium cost. The nutrigenetics field is still very much in its infancy, but the potential for targeting dietary recommendations to individuals based on genotype will improve further with the characterisation of links between polymorphisms and cardiometabolic risk factors. Although there is enormous potential in personalising dietary advice, the practical application of nutrigenetics in the management of diet-related disease is still not received due recognition in both developed and developing world due to various reasons.

In conclusion, most impact on health and disease prevention could be achieved in the short term if personalised nutrition focused on helping individuals to choose healthy dietary choices from existing natural food products followed by lifestyle modifications. This should, for the moment, be based on population dietary and lifestyle advices but where possible, also take into consider environmental factors and individual genotypes, where scientifically justified.

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Fatty acid profiles of Sri Lankan rice varieties: valuable scientific information for healthy dietary intervention

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Non-communicable diseases (NCDs) are rapidly increasing worldwide and has become a worldwide public health issue. According to the most recent health statistics by the World Health Organization (WHO), NCDs are identified as the most leading cause of deaths than all other causes of deaths combined. Among NCDs, cardiovascular diseases (CVDs) are ranked as the number one leading cause of deaths worldwide. In many research studies it has been clearly showed that increase consumption of foods containing more of saturated fatty acids (SFA) as a high-risk factor for CVDs and related diseases. On the other hand, foods with more of monounsaturated fatty acids (MUFA) and polyunsaturated fatty acids (PUFA) have shown protective effect against CVDs and related complications. Thus, in current food and nutrition guidelines foods containing more of healthy fatty acids namely MUFA and PUFA are recommended for people having greater risk of CVDs and related diseases. In this regard, identification of foods with low SFA and more of unsaturated fatty acids are of immensely valuable.



Rice is the dietary staple for half of the world population including most of the Asian countries. In most of the Asian countries, annual per capita consumption of rice is greater than 110 kg and it is reported to provide major nutrients like carbohydrates, proteins and also fat in significant quantities. Further, the contribution of rice towards the dietary fat intake in some of the Southeast Asian countries is high as 17 – 27%. Unlike most of the other foods, rice is reported to have high quantities of MUFA and PUFA compared to SFA. Further, fatty acid composition of rice has shown that it is abundant in linoleic acid, an essential fatty acid for human. Therefore, rice and rice

products may have the potential to use as vehicles for prevention and management of CVDs and related complications.

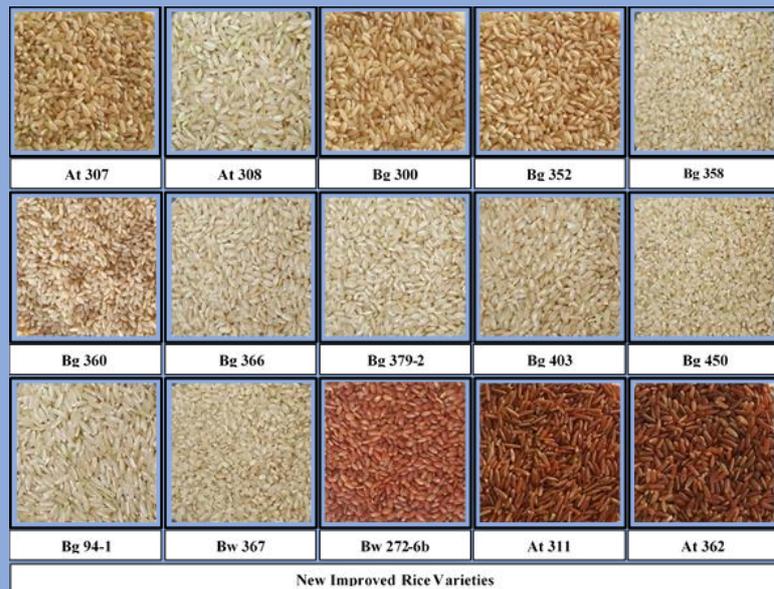


In Sri Lanka also rice is the dietary staple and per capita consumption is around 107 kg/year. There are thousands of traditional rice varieties and more than 60 new improved rice varieties available in the country and it provides significant amounts of carbohydrates, proteins and fat for

the rice consumers in the country. Research conducted during last 10-12 years in Sri Lanka have shown that variation in nutritional composition and other important biological activities of Sri Lankan rice are highly depend on the rice variety, presence of pigments in the rice grain (pigmented and non-pigmented rice) and traditional or improved rice varieties. On the other hand, health statistics of Sri Lankan population have shown that there is an increasing trend of NCDs including CVDs in the country. According to latest WHO data published in 2018, 83% of deaths in Sri Lanka in 2016 were associated with NCDs and among 34% was due to CVDs. Therefore, rice as the staple food in the country it is vital to identify rice varieties having healthy fatty acid profiles. This article highlights the research findings on fatty acid profiles of a range of pigmented and non-pigmented commercially cultivating traditional and new improved rice varieties (*Oryza sativa* L.) of Sri Lanka.

Ten traditional rice varieties (namely Rathel, Suwadel, Madathawalu, Pachchaperumal, Herath Banda, Kalu Heenati, Kahawanu, Pokkali, Kurulu Thuda, and Murungakayan) and fifteen new improved rice varieties (namely At 307, At 308, At 311, At 362, Bg 300, Bg 352, Bg 358, Bg 360, Bg 366, Bg 379-2, Bg 403, Bg 450, Bg 94-1, Bw 272-6b and Bw 367) collected from Rice Research and Development Institute (RRDI), Batalagoda, Sri Lanka were studied for fatty acid profiles. To evaluate fatty acid profiles, crude fat was extracted from whole grain rice flour using automated Soxhlet fat extraction method, derivatized to methyl esters and finally analyzed by gas chromatography-flame ionization detection (GC-FID).

Results showed statistically significant ($p < 0.05$) differences in crude fat contents and fatty acid profiles among studied rice varieties. The crude fat contents ranged from 1.94 - 3.22 % on dry weight basis and highest in new improved red rice variety, Bw 272-6b and lowest in traditional red rice variety,



Murungakayan. All the studied rice varieties comprised more unsaturated fatty acids compare to saturated fatty acids and total SFA, MUFA, PUFA and unsaturated fatty acid contents of rice varieties varied from 20.2-26.3%, 41.2-48.3%, 29.7-36.4% and 73.7-79.8% by total fatty acid content present in rice respectively. The new improved white rice variety Bg 94-1 was the highest in total unsaturated fatty acid and lowest in SFA contents. Most predominant fatty acids present were oleic, linoleic and palmitic acids and ranged from 39.5-47.0%, 28.3-35.3% and 18.1-21.4% respectively. Interestingly, these three fatty acids together comprised 89.6-95.6% of the total fatty acids present in tested rice varieties of Sri Lanka. The essential fatty acid, linoleic was highest in traditional white rice variety, Kahawanu. A commonly used indices for evaluating the impact of food on cardiovascular diseases namely PUFA/SFA ratio of tested rice varieties ranged from 1.22-1.80. Overall, nutritionally sound properties were observed in both traditional and new improved rice varieties as well as in both red and white rice varieties of Sri Lanka.

This research was conducted at the Industrial Technology Institute, Sri Lanka in collaboration with the University of Colombo and Rice Research and Development Institute, Batalagoda, Sri Lanka and was funded by Treasury, Sri Lanka (Grant No: TG 18/146). Research activities were carried out by Ms. Madara D.W. Samaranayake under the supervision of Dr. W.K.S.M.



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Healthy dietary practices to mitigate the epidemic of childhood overweight and obesity

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Burden of childhood obesity and its associated factors

There is a tendency of increased prevalence in childhood overweight and obesity among South Asian children including Sri Lankan children (Adikaram et al., 2019; Misra, Jayawardena, & Anoop, 2019). A recent study had revealed that the rate of overweight/obesity as 13.4% among urban Sri Lankan primary grade school students (Shinsugi et al., 2019). A survey done after COVID-19 has revealed the rate of obesity/overweight among children as 8.3% (Jayatissa et al., 2021).

Childhood obesity could be multifactorial in origin. The genetically susceptible children are influenced by the permissive environment from in-utero extending to childhood. **Unhealthy diet and other lifestyle factors (sedentary lifestyle, screen time)** play a significant role in the development of childhood obesity (Styne et al., 2017). Obesity occurs as a result of excess energy deposited in the form of fat in the adipose tissue when there is imbalance between energy intake and expenditure.

Sugar-sweetened beverage consumption is known to promote childhood overweight/obesity (Keller & Bucher Della Torre, 2015). A research conducted in Nepal revealed that **junk food consumption** and sedentary lifestyle are associated with obesity (Karki, Shrestha, & Subedi, 2019). A systematic review revealed that unhealthy dietary behaviours such as **missing breakfast, excessive fat and refined carbohydrate intake with low micronutrient due to low consumption of fruits, vegetables and milk/diary** are associated with obesity in children in the Middle East (Albatineh, Badran, & Tayyem, 2019).

Childhood obesity projects a magnitude of long-term health related comorbidities such as non-communicable diseases and psychological impact on the social esteem of the child. Therefore, prevention of the development of overweight and obesity by promoting healthful diet, adequate physical activities/exercise and by creating conducive environment should be a primary goal. This would be helpful in achieving effective and long-lasting results with lifestyle modification, because once obesity occurs it is difficult to reverse. The existing evidence is most favorable for **a combination of interventions in the management** as diet along with exercise, behavioral therapy for the prevention of obesity.

Useful dietary practices to prevent childhood obesity

The local guidelines developed to intervene and prevent childhood obesity suggest the following nutrition plan (Family Health Bureau, 2018).

- Eat regularly.
- Take 3 main meals and 2 snacks in between.
- Do not miss main meals. This will lead to eating energy dense food as snacks.
- Eat breakfast (full meal) every day.
- Include starchy foods like rice, bread, cereals at every main meal. The amount should be little less than the ½ of the plate (40%). Always try to take whole grain cereals as it will increase the fiber content and also provide many other nutrients.
- Include vegetables, green leaves and fruits to each meal. Vegetables and green leaves should fill about 1/3 of the plate at each main meal with at least 2 vegetables and one green leafy vegetables
- Snacks must be healthy: Boiled grams, peanuts, fresh fruits, yoghurt or some milk product with less or no sugar are recommended as healthy snacks.
- Fresh milk must be promoted as a snack but not as a main meal.
- Limit food high in sugar such as sweets, chocolate and biscuits.
- Limit food high in fat such as crisps, chips, pastries and other short eats.
- Limit fried food especially deep fried foods. Eat food with healthy fat (nuts and seeds- almond, cashew, peanuts, pumpkin seeds and sesame, fish, avocado)
- Water is the best drink. Discourage frequent intake of sweet, carbonated drinks.
Healthy drinking options: king coconut, fresh fruit juice, tea or coffee without added sugar, soup, kola kanda, belimal
- Encourage consumption of 5 or more servings of vegetables and fruits daily.

- Minimized added salt and salty food.
- Eat most meals at home and as a family, minimize dining out.

However, **personalized nutrition** is more effective in paediatric age groups as well though far from practical application (Milani et al., 2021). Improved diet quality has shown effective in weight reduction and improvement of micronutrient deficiencies in obese children (Ojeda-Rodríguez et al., 2018).

Indian Academy of Pediatrics, has suggested to avoid the caffeinated drinks and limit higher free sugar and energy intake for children and adolescence. Adequate fruit intake is necessary to maintain the dietary diversity. It is more favourable to have the fruits in full than consuming in the form of fruit juices. The daily fruit juice intake should be limited according to the age of the children (Gupta et al., 2019). When fruit juices are made, we add sugar and water. Moreover, there is loss of micronutrients such as vitamin C during preparation.

School based dietary interventions showed improvement in targeted dietary behavior in children according a meta-analysis (Micha et al., 2018). **Promotion of physical activity at school, promotion of healthy food choices by taxing unhealthy foods, imposing mandatory quality standards for meals at preschools and schools and a ban on unhealthy food advertisement** addressing children are identified as important initiative to be implemented (Blüher et al., 2016). The school canteen policy was introduced to the national health services in 2007 and was revised in 2015 (School canteen policy, 2015). A recent study conducted has shown that implementation of school canteen policy is not satisfactory (Malwenna, et al, 2020).

Healthy diet plays a key role in the prevention of childhood overweight/obesity. Change in knowledge, attitude and dietary practices at household is primary importance to achieve the goal. Moreover, creation of enabling environment at preschool/school is a useful strategy (eg: improving cafeteria menus). However, effective prevention of childhood obesity is not achieved by single interventions but by **integrated multicomponent approaches** involving all the stakeholders that address children, families, and societal standards (Koletzko et al., 2020).

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එන්. එම්. ලක්මිණි රාධිකා, වත්තල

යාවජීව සාමාජිකා

ශ්‍රී ලංකා පෝෂණවේදීන්ගේ සංගමය



සවිමත් සුවැති දිවි පෙවතක් ලබන්නට - සුවපත් දිවිය නිති සතුටින් විඳින්නට

වියපත් වන තුරා සුවයෙන් සිටින්නට - ඔබටත් අවැසි වෙයි අහරක් රැකෙන්නට

රසවත් ව්‍යංජනද සුවඳක් දැනෙන්නට - බතකුත් බෙරි නොකර නිසි ලෙස පිසින්නට

නැණවත් ගෘහණියක් යුහුසුළු නොවන්නට - සුවපත් බව පලායයි දුක් විඳින්නට

ලිපිඩත් සමඟ ප්‍රෝටීන් සමබල වෙන්ට - බණිජත් සමඟ විටමින් ගුණ සපිරෙන්ට

තිබුනත් පිෂ්ඨයද කොටසක් සරිලන්ට - ජලයත් අවැසිමැයි රස ගුණ දනවන්ට

තිබුණොත් බණිජ ලැදි එළවළු පළතුරට - බොහොමත් ලැබෙයි විටමින් රසයට ගුණට

ජලයත් නොඅඩුවම පානය කරනවිට - කොහොමත් ලැබෙයි ඉඩ නිසි පෝෂණයකට

නොයෙකුත් අහර බහුලයි පිෂ්ඨය එමට - රනිලත් සුපිරි වෙයි ප්‍රෝටීන් පිරි රසට

තිබුනත් පොල් එඬරු තල් තෙල් සිඳගන්ට - තවමත් අහර ගන්නේ ඇයි වැරදියට

ලැබගත් දිවිය රස ගුණයෙන් පුරවන්ට - ගුණවත් අහර පිසගමු නැණවත් ලෙසට

දැනුවත් වෙමින් දිවියට ලෙගතු වෙන්ට - සුවපත් ආහර ගමු ආයුෂ වැඩි වෙන්ට

**LIST OF WINNERS OF THE MOBILE PHOTOGRAPHY
CHALLENGE**

NSSL – 2021

	Award Category	Name	Address
01	Best Photography	R.A Ushani Chanika	No.102/9, Weerathungapura, temple rd, Hatton
02	Most Creative Photography	M.R.M Rislin	324, Ranwediya, Galewela
03	Most Innovative Photography	H.A.C.J Hettiarchchi	64, Gorakagahalanda watta, Paramulla, Weyangoda
04	Merit place -01	Lakma Wickramarachchi	Udani, Pawankattiya, Hedigalla, Gurulubedda
05	Merit place -02	Parami Chandrasiri	No 170/4, Heediyawala, Bokalagama, Mirigama
06	Merit place -03	Thyagika Nethmi Ekanayaka	181/9, 5 th lane, School Rd, New Town, Ambilipitiya
07	Merit place -04	R. Asma	156/2 A, Watadeniya, Welamboda
08	Merit place -05	M.A.M Asangika	No:356/A, Niwandama South, Ja-Ela

Winning photograph for the Best Photography

Winner: R.A Ushani Chanika



**Winning photograph for the Most Innovative
Photography**

Winner: H.A.C.J Hettiarchchi

**Winning photograph for the Most Creative
Photography**

Winner: M.R.M Rislin



Annual Academic Sessions 2022 and Golden Jubilee Celebrations

The Golden Jubilee celebration and Annual Scientific Sessions of The Nutrition Society of Sri Lanka were held at the Auditorium of The Institute of Sports Medicine, virtually on 22nd - 23rd of January 2022. The theme of the session was " Nutrition, health and well-being in a challenging era: Moving forward with 50 years of experience". The Chief Guest of the event was Dr. Francesco Branca, The Director of the Department of Nutrition for Health and Development, World Health Organization, Geneva. The Keynote address was done by Prof. Narada Warnasooriya, Senior Professor of Paediatrics, Department of Paediatrics, Faculty of Medicine, General Sir John Kotelawala Defense University, Sri Lanka. The topic of the keynote speech was "Recollection on nutrition in a professional career as a clinical teacher in Paediatrics".

Organizing a mobile photography challenge for youth, NutriEssay competition and NutriCa Arts competition for school children and printing a desk calendar were among the events planned for the 50th Anniversary celebrations. Along with the golden jubilee, the council has organized the launching of an official journal for the NSSL-The Journal of Nutrition and Food Sciences and a webpage for the digital repository of nutrition-related local research publications and a fund-raising programme to establish a permanent office of NSSL. In addition, a celebration dinner was held at Hilton Colombo Residencies for the NSSL members to celebrate the 50th anniversary.



Seated from Left to Right-

Dr. Dhammika Senanayake (Vice President), Ms. R.P.M. Sandamali (Joint Secretary), Prof. Chandina Wickramatilleke (President)
Dr. Ananda Chandrasekara (Joint Secretary), Mr. M.R.K. Dharmapriya (Treasurer).

Standing from Left to Right-

Dr. N. Jeewakarathne, Ms. Eranga Harshani Silva, Ms. Malika Gayathri Fernando, Ms. Joshepkumar Thamilini,
Dr. W.V.R.T.D.G. Bandara, Prof. Terrence Madhujith, Dr. N. Jeewakarathne

Absent:

Dr. Dina Kumari (Editor), Prof. Anoma Chandrasekara, Ms. Pramudi Hasanga Rathnayake

Council of NSSL 2020-2021



President's Speech by Prof. Chandima Madhu Wickramatilake



Lighting the traditional oil lamp



Prof. Renuka Silva, Past President of NSSL, Prof. T. W. Wickrmanayake Orator



Introduction of NSSL Journal by Prof. Terrence Madhujith



Awarding certificates for the winners of mobile photography competition