



“EMPODERÁNDONOS DE NUESTRA SALUD A TRAVÉS DE SABER COMER”

Factores a tener en cuenta en la alimentación y fibromialgia.

Dra. Pilar Luna Calatayud
Jefa del Servicio de Nutrición y Dietética
Dra P. Luna, Jefa S. Nutrición HUR
Hospital Universitario de La Ribera

La Era de la INFORMACION-DESINFORMADA



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- ✓ fibromialgia y Nutrición: 490.000 artículos
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- PubMed:

- ✓ Fibromialfgia y Nutrición 102
- ✓ Fibromialgia y dieta: 116 50 en los 5 últimos años

Evidencia científica: ¿qué es?



Fuente: Universidad de New Hampshire/SUNY Downstate

Salutogénesis

Generar salud

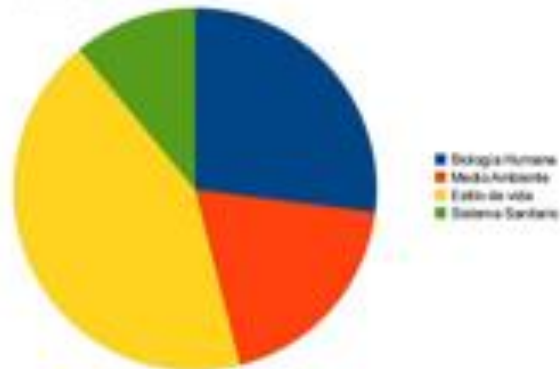
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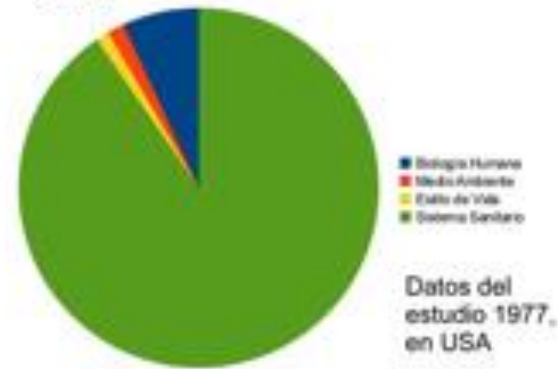
Determinantes para la salud

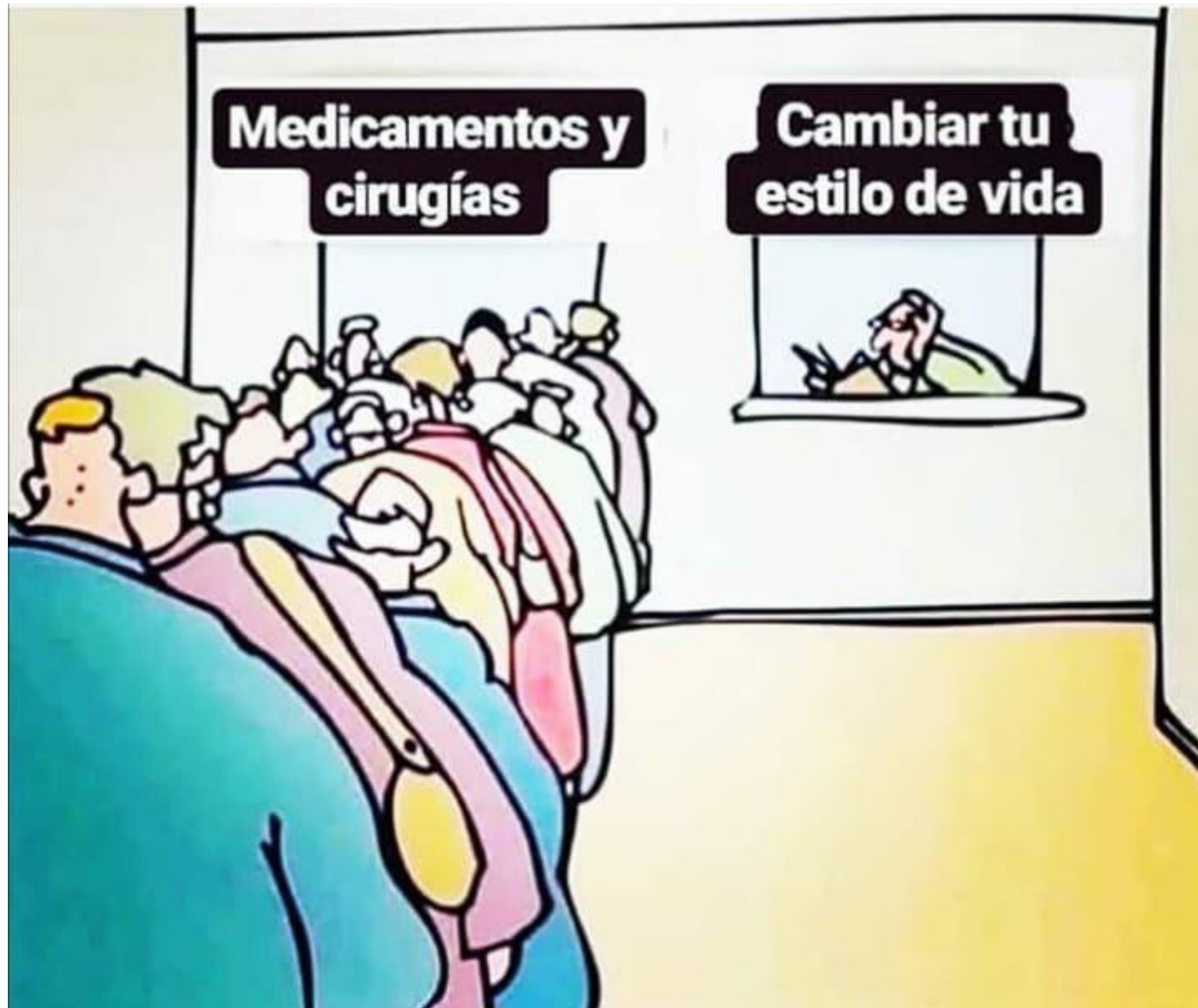


Importancia del factor en la salud



Gasto público en cada factor





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Dieta saludable

Actividad física

Gestión emocional



Dentro de un entorno socialmente equitativo y saludable

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OBJETIVOS **DE DESARROLLO SOSTENIBLE**



Xarxa de Salut: implicación en Municipios. Salud en todas las políticas

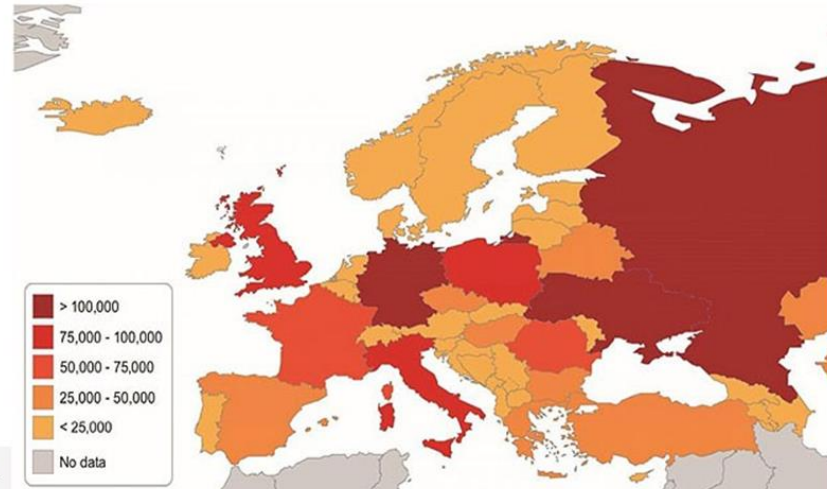
ASOCIACIONES COMO CREADORAS DE SALUTOGÉNESIS

ESPECIALIDADES/ CARDIOLOGÍA

La mala alimentación causó en España más de 44.000 muertes en un año

En España solo 1 de cada 3 muertes por causas cardiovasculares estuvo causada por la dieta

Muertes en Europa por enfermedad cardiovascular asociada a la dieta en 2016.





Magnitud del problema en España, el 39% de los adultos presenta sobrepeso y el 22% obesidad y esta se asocia a más de 50 enfermedades y a un aumento de mortalidad

Se estima que hasta el 90% de las diabetes tipo 2, el 80% de las enfermedades cardiovasculares y el 30% de las neoplasias se podrían prevenir siguiendo hábitos de vida saludables

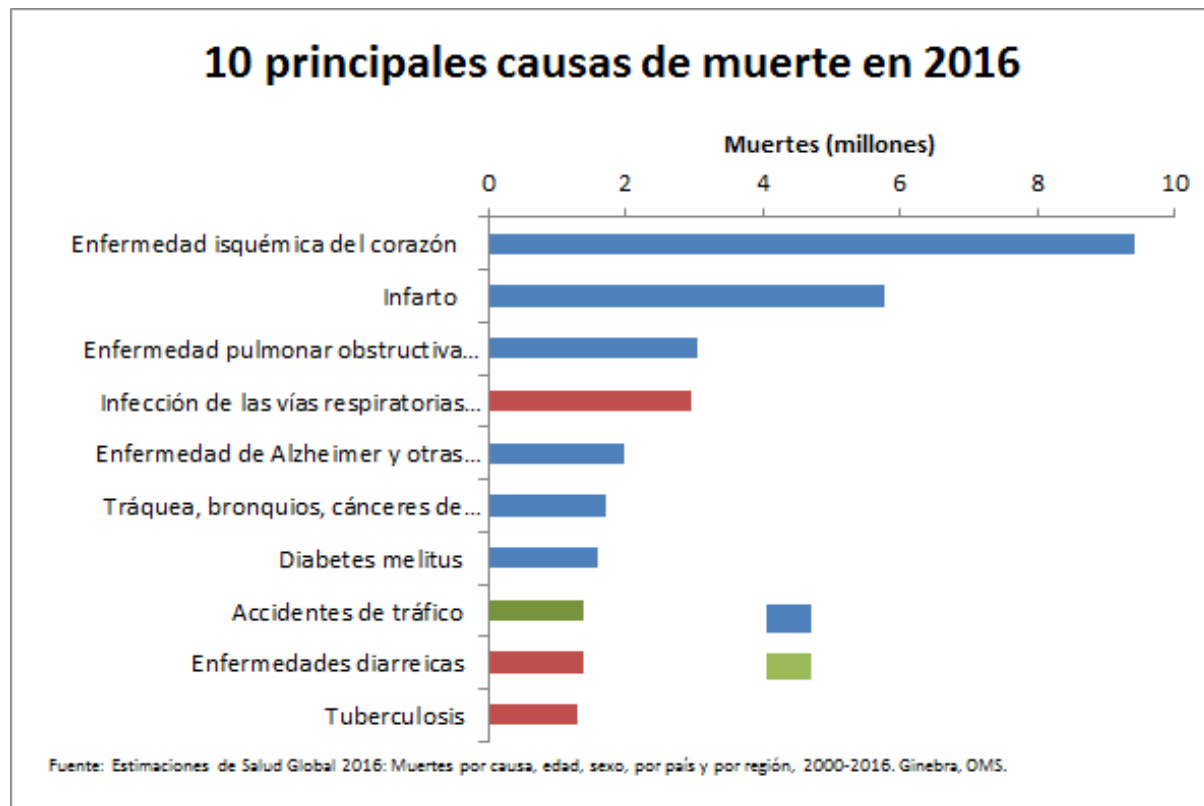
Recomendaciones PAPPS en alimentación ‡

1. Las intervenciones en personas sin evidencia de enfermedad cardiovascular ni factores de riesgo atendidas **en AP deben realizarse de forma individualizada,**

2. Se recomiendan **estrategias conductuales** sobre dieta y hábitos saludables en **personas adultas con sobrepeso/ obesidad o con otros factores de riesgo cardiovascular**

3. ‡Dentro de los patrones de **dieta saludable, la mediterránea** es la que **mayor nivel de evidencia** ha demostrado, reduciendo la morbimortalidad por enfermedades no transmisibles y es una de las que debería recomendarse (evidencia alta, recomendación fuerte a favor)

- Algunos datos:



- **7% del gasto sanitario** en España. Mas de 3.000 millones de euros en gasto sanitario derivado de la obesidad
- De las 10 causas de **muerte más frecuentes, 5% se relacionan con el patrón de alimentación actual**
- Reduce la **esperanza de vida en 10 años.**

Búsqueda realizada en Noviembre de 2018 = 116 artículos

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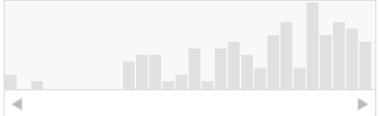
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Best matches for fibromyalgia diet:
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[A low fermentable oligo-di-mono-saccharides and polyols \(FODMAP\) diet is a balanced therapy for fibromyalgia with nutritional and symptomatic benefits](#)
Marum AP et al. Nutr Hosp. (2017)

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Gluten-free diet in the management of patients with irritable bowel sync [Arthritis Res Ther. 2014]

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("fibromyalgia"[MeSH Terms] OR "fibromyalgia"[All Fields]) AND ("diet"[MeSH Terms] OR "diet"[All Fields])
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[Characteristics and determinants of dietary intake and physical activity in a group of patients with multiple chemical sensitivity.](#)
1. Aguilar-Aguilar E, Marcos-Pasero H, de la Iglesia R, Espinosa-Salinas I, Ramirez de Molina A, Reglero G, Loria-Kohen V.
Endocrinol Diabetes Nutr. 2018 Oct 8. pii: S2530-0164(18)30193-9. doi: 10.1016/j.endinu.2018.07.009. [Epub ahead of print] English, Spanish.
PMID: 30309810
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[Fibromyalgia Syndrome: A Case Report on Controlled Remission of Symptoms by a Dietary Strategy.](#)
2. Lattanzio SM, Imbesi F.
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Best matches for fibromyalgia diet:

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1. Danet Danet A, Prieto Rodríguez MÁ, Toro Cárdenas SM, Garrido Peña F, Escudero Carretero MJ, March Cerdà JC. Aten Primaria. 2019 Apr 11. pii: S0212-6567(18)30422-0. doi: 10.1016/j.aprim.2018.09.020. [Epub ahead of print] Spanish. PMID: 30982640 [Free Article](#) [Similar articles](#)

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Nurs Res. 2019 Apr 1. doi: 10.1097/NNR.0000000000000361. [Epub ahead of print]

Mediterranean Diet, Body Composition, and Activity Associated with Bone Health in Women with Fibromyalgia Syndrome.

Correa-Rodríguez M¹, Mansouri-Yachou JE, Tapia-Haro RM, Molina F, Rus A, Rueda-Medina B, Aguilar-Ferrandiz ME.

Author information

Abstract

BACKGROUND: There is very little scientific literature on the potential relationships between modifiable factors, including body composition, dietary pattern and physical activity (PA), and bone status in patients with fibromyalgia: A musculoskeletal condition characterized by chronic, widespread pain that is often accompanied by a broad spectrum of symptoms.

OBJECTIVES: To investigate the impact of body composition parameters, adherence to the Mediterranean diet (Med Diet), and PA on bone health in a population of premenopausal and postmenopausal women with fibromyalgia syndrome (FMS).

METHODS: Ninety-five women diagnosed with FMS were included in this cross-sectional study. Body composition, including fat mass (FM), percentage of fat mass (PFM), and lean mass (LM), were calculated using a body composition analyzer. Adherence to the Med Diet was measured through a validated 14-item questionnaire. The International Physical Activity questionnaire was used to assess PA. Bone mass at the calcaneus was estimated through quantitative ultrasound (QUS).

RESULTS: Linear regression analysis revealed that LM had a significant association with broadband ultrasound attenuation (BUA) ($\beta = 0.211$, 95%CI [0.046, 1.259]; $p = 0.035$) and stiffness index (SI) parameters ($\beta = 0.201$, 95%CI [0.019, 1.654]; $p = 0.045$) after adjusting for age and menopausal status. The Med Diet was also significantly associated with BUA ($\beta = 1.693$, 95%CI [0.508, 2.879]; $p = 0.006$).

DISCUSSION: LM and the Med Diet were consistently associated with calcaneal QUS parameters, supporting the hypothesis that LM and adherence to the Med Diet play determinant roles in bone health in FMS women. Training programs to maximize LM and strategies for promoting good adherence to the Med Diet should be considered in order to prevent the development of osteoporosis in FMS women. Since nurses are involved in implementing preventive programs, their roles in promoting this adherence to the Med Diet and maximizing LM in patients with FMS should help reduce the impact of osteoporosis.

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Dietary antioxidant quality score (DAQs) is associated with bone mass as [Nutr Hosp. 2017]

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La adherencia a la Med Diet desempeñan un papel determinante en la salud ósea en mujeres con FMS.

Las estrategias para promover una buena adherencia a la Dieta Med deben considerarse para prevenir el desarrollo de osteoporosis en mujeres con SMF **Abril de 2019**

Characteristics and determinants of dietary intake and physical activity in a group of patients with multiple chemical sensitivity.

[Article in English, Spanish]

Aguilar-Aguilar E¹, Marcos-Pasero H¹, de la Iglesia R¹, Espinosa-Salinas I¹, Ramírez de Molina A¹, Reqlero G², Loria-Kohen V³.

⊕ Author information

Abstract

BACKGROUND AND OBJECTIVE: Multiple chemical sensitivity (MCS) is a complex, acquired, chronic syndrome of multifactorial etiology with multiple symptoms. The aim of the study was to assess the nutritional habits, dietary characteristics and physical activity, as well as their determinants, of a population diagnosed with MCS, which may allow for a more precise approach to nutritional improvement.

PATIENTS AND METHOD: A descriptive, cross-sectional study in patients diagnosed with MCS. Information was collected using adapted questionnaires. Data included presence of comorbidities, nutritional (use of supplements, types of diet) and food purchasing habits. Dietary intake, food intolerances, and physical activity were also recorded.

RESULTS: The study included of 52 patients (48 female) aged 50.9±10.3 years. Diagnosis of MCS was commonly associated to chronic fatigue syndrome (70.1%), fibromyalgia (65.4%), or electrosensitivity (51.9%). The most common comorbidities were irritable bowel, gastroesophageal reflux, and depression/anxiety-depressive disorder. Exclusion diets were followed by 57.7%, 52.1% commonly used supplements (6.4±5.2 per person), and 16.0% took more than 10 daily. A high proportion of volunteers did not take the recommended amounts of dairy products (84.3%), fruit (82.3%), and cereals (64.7%), the foods to which intolerance was greatest. As regards physical activity, active subjects only represented 12.5%.

CONCLUSIONS: The data collected support the need to improve food pattern and to perform physical activity according to individual characteristics. Nutritional education and diet personalization could prevent incomplete, monotonous, and unbalanced diets which impair quality of life and physiological status.

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KEYWORDS: Actividad física; Calidad de vida; Dietary habits; Food intolerance; Hábitos dietéticos; Intolerancias alimentarias; Multiple chemical sensitivity; Physical activity; Quality of life; Sensibilidad química múltiple

PMID: 30309810 DOI: [10.1016/j.endinu.2018.07.009](https://doi.org/10.1016/j.endinu.2018.07.009)

Debemos mejorar las pautas Nutricionales y dar dietas personalizadas acompañadas de pautas de actividad física, lo que mejora la calidad de vida de pacientes con Fibromialgia y fatiga crónica

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[Biomed Pharmacother](#). 2018 Jul;103:531-538. doi: 10.1016/j.biopha.2018.04.056. Epub 2018 Apr 24.

Fibromyalgia and nutrition: Therapeutic possibilities?

[Björklund G](#)¹, [Dadar M](#)², [Chirumbolo S](#)³, [Aaseth J](#)⁴.

⊕ Author information

Abstract

Fibromyalgia (FM) is a complex chronic condition of unknown etiology, characterized by deep and widespread pain, sleep problems, cognitive impairment, fatigue, and other well-known functional symptoms. Recently, it has been proposed that an imbalance of nutritive components, including essential metal ions and vitamins, might play a critical role in the development of FM. Muscle pain has been associated with deficiencies in amino acids, magnesium, selenium, vitamins B and D, as well as with the harmful effects of heavy metals, such as mercury, cadmium, and lead. Research indicates that patients deficient in certain essential nutrients may develop dysfunction of pain inhibitory mechanisms together with fatigue and other FM symptoms. Additionally, mercury and other toxic elements may interfere with the bioavailability of essential nutrients. This review examines the many effects of metals and vitamins in pain evaluation of FM patients. Dietary guidance is therefore critical for FM patients to help them in correcting a suboptimal or deficient intake of essential nutrients. When optimal levels of nutrition are achieved, pain levels are usually lowered. Additional research is recommended in the field of FM and nutrition to disclose further possible relationships.

Deficiencias de aminoácidos, magnesio, selenio, vitaminas B y D, así como con los efectos dañinos de los metales pesados, como el mercurio, el cadmio y el plomo.

Las investigaciones indican que **los pacientes con deficiencia de ciertos nutrientes esenciales pueden desarrollar disfunción de los mecanismos inhibidores del dolor, junto con la fatiga y otros síntomas de la FM**. Además, el mercurio y otros elementos tóxicos pueden interferir con la biodisponibilidad de nutrientes esenciales. Por lo tanto, **la guía dietética es fundamental para que los pacientes con FM los ayuden a corregir una ingesta de nutrientes esenciales sub-óptima o deficiente**. Cuando se alcanzan niveles óptimos de nutrición, los niveles de dolor generalmente disminuyen. Se recomienda la investigación adicional en el campo de la FM y la nutrición para revelar otras posibles relaciones.

Dra P. Luna. Jefa S Nutricion HUR

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[World J Gastroenterol](#), 2018 Apr 14;24(14):1521-1530. doi: 10.3748/wjg.v24.i14.1521.

Extra-intestinal manifestations of non-celiac gluten sensitivity: An expanding paradigm.

[Losurdo G](#)¹, [Principi M](#)², [Iannone A](#)², [Amoruso A](#)², [Ierardi E](#)², [Di Leo A](#)², [Barone M](#)².

Author information

- 1 Section of Gastroenterology, Department of Emergency and Organ Transplantation, University "Aldo Moro" of Bari, Bari 70124, Italy. giuseppelos@alice.it.
- 2 Section of Gastroenterology, Department of Emergency and Organ Transplantation, University "Aldo Moro" of Bari, Bari 70124, Italy.

Abstract

Non celiac gluten sensitivity (NCGS) is a syndrome characterized by a cohort of symptoms related to the ingestion of gluten-containing food in subjects who are not affected by celiac disease (CD) or wheat allergy. The possibility of systemic manifestations in this condition has been suggested by some reports. In most cases they are characterized by vague symptoms such as 'foggy mind', headache, fatigue, joint and muscle pain, leg or arm numbness even if more specific complaints have been described. NCGS has an immune-related background. Indeed there is a strong evidence that a selective activation of innate immunity may be the trigger for NCGS inflammatory response. The most commonly autoimmune disorders associated to NCGS are Hashimoto thyroiditis, dermatitis herpetiformis, psoriasis and rheumatologic diseases. The predominance of Hashimoto thyroiditis represents an interesting finding, since it has been indirectly confirmed by an Italian study, showing that autoimmune thyroid disease is a risk factor for the evolution towards NCGS in a group of patients with minimal duodenal inflammation. On these bases, an autoimmune stigma in NCGS is strongly supported; it could be a characteristic feature that could help the diagnosis and be simultaneously managed. A possible neurological involvement has been underlined by NCGS association with gluten ataxia, gluten neuropathy and gluten encephalopathy. NCGS patients may show even psychiatric diseases such as depression, anxiety and psychosis. Finally, a link with functional disorders (irritable bowel syndrome and fibromyalgia) is a topic under discussion. In conclusion, the novelty of this matter has generated an expansion of literature data with the unavoidable consequence that some reports are often based on low levels of evidence. Therefore, only studies performed on large samples with the inclusion of control groups will be able to clearly establish whether the large information from the literature regarding extra-intestinal NCGS manifestations could be supported by evidence-based agreements.

Una **expansión de los datos de la literatura** con la consecuencia inevitable de que algunos **informes a menudo se basan en bajos niveles de evidencia**. Por lo tanto, solo los estudios realizados en muestras grandes con la inclusión de grupos de control podrán establecer claramente si la información extensa de la literatura con respecto a las manifestaciones extra-intestinales de NCGS podría estar respaldada por acuerdos basados en la evidencia

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Nutr Hosp. 2018 Mar 1;35(2):392-399. doi: 10.20960/nh.1341.

[Effects of lacto-vegetarian diet and stabilization core exercises on body composition and pain in women with fibromyalgia: randomized controlled trial].

[Article in Spanish]

Martínez-Rodríguez A¹, Leyva-Vela B, Martínez-García A, Nadal-Nicolás Y.

Author information

Abstract

BACKGROUND: fibromyalgia is a disease of unknown origin characterized by chronic muscular pain. The lack of knowledge about this disease is one of the main causes that makes complex to make a diagnosis and an appropriate treatment.

OBJECTIVE: the main objective of this study was to know the efficacy of a physiotherapy treatment combined with a lacto-vegetarian dietary-nutritional intervention, on low back pain and body composition in women with fibromyalgia.

METHODS: twenty-one women were randomly divided into three groups: A (core stabilization exercises + lacto-vegetarian diet), B (placebo + lacto-vegetarian diet) and C (control). The intervention lasted 4 weeks. Pain assessments (EVA scale) and body composition (bioimpedance) were performed at the beginning and at the end of the intervention.

RESULTS: group A showed significant changes in pain reduction and body composition at the end of the intervention, increasing muscle mass and decreasing fat mass. In addition, this group significantly improved outcomes compared to groups B and C. The correlations showed a relationship between muscle mass and pain reduction referred to at the end of the study in patients in group A.

CONCLUSIONS: four-week intervention program combining core stabilization exercises plus lacto-vegetarian diet in patients with fibromyalgia who have low back pain contributes to pain reduction and improved body composition.

PMID: 29756974 DOI: 10.20960/nh.1341

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Mejoría de los síntomas con una dieta lactovegetariana + ejercicio físico
N= 21 mujeres en 3 grupos. Estudio casos-contróles
Recomendación de profundizar en los estudios

Conclusiones de la Revisión:

- Una dieta Saludable y equilibrada es fundamental para la salud
- No hay evidencia científica para hacer “restricciones” en TODOS los pacientes de FM O SFC
- La adecuación del peso es fundamental. Disminuir el sobrepeso mejora el dolor y la calidad de vida
- Eliminar nutrientes de la dieta, produce desequilibrios
- La suplementación “farmacológica” para cubrir aportes, no es necesaria en dietas que superan los 1.200 kcal/D, siempre que estén bien equilibradas y no tengan restricciones específica



¿Qué es la DIETA MEDITERRÁNEA?



Dra P. Luna. Jefa S Nutricion HUR

¿Tenemos o teníamos una dieta sana ?

La dieta mediterránea, se perdió a partir de los años 60.

Alimento	1960	2006 <small>* Kg/pers/año</small>
Legumbres	7 *	1*
Pan	3 barras	0.5 barras
Patatas	178*	74*

¿Tenemos o teníamos una dieta sana ?

Alimento	1960	2006 <i>* Kg/pers/año</i>
Carnes	47 Kg.	103 Kg.
Queso	8,8 Kg.	21,8 Kg.
Azúcar	2,7 Kg.	36 Kg.

Errores Frecuentes

Alimento	Kcal/100g	Grasas/100g
Bollería industrial y/o casera	456	15,2
Galletas María	436	14,5
Magdalenas	469	22
Pan	239	1,2
Cereales integrales	386	0,4

Errores Frecuentes

Alimento	Kcal/100g	Grasas/100g
Pizza	234	11,5
Empanadilla atún	243	12,4
Bocadillo de chorizo (75g pan + 40 g fiambre)	378	18,2
Pan 75 g + tomate y aceite 3 ml	178,4	2,8

Errores Frecuentes

Alimento	Kcal/100g	Grasas/100g
Longanizas	326	30
Hamburguesa	209	15
Lomo	208	29,5
Pollo	121	4,3

Errores Frecuentes

Alimento	Kcal/100g	Azucares/100g
Cocacola	48	12
Cerveza	50	4 + alcohol
Agua	0	0
Zumo de naranja	47	10

Errores Frecuentes

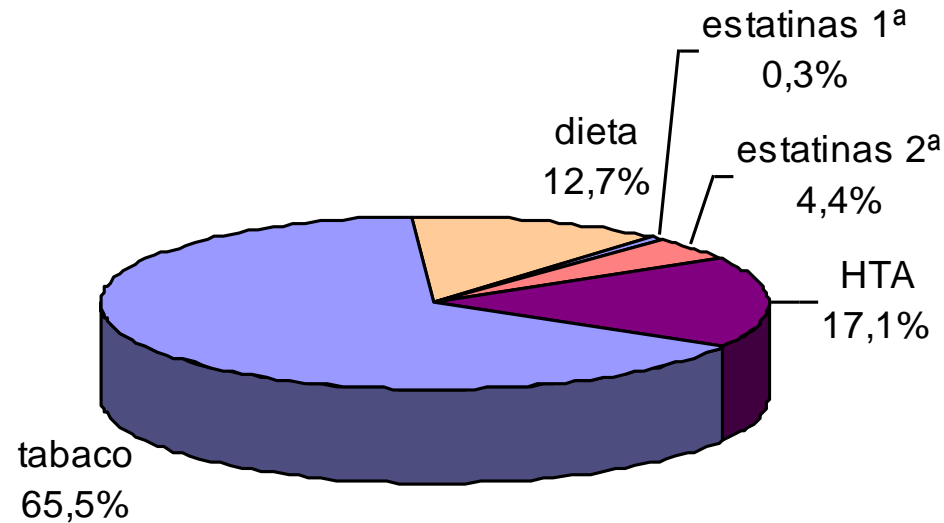
Alimento	Kcal/100g	Grasas o azucares/100g
Caramelos	378	94 a.
Gominolas	172	44,8 a
Ganchitos	504	26,2 g
Papas	544	37 g
Helado	139	29,1 g + 1,8 g



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Efecto dieta frente a la medicación

PAPEL DE LOS PRINCIPALES FACTORES DE RIESGO EN LA DISMINUCION DE LA MORTALIDAD ATRIBUIBLE A LA REDUCCION DE FACTORES DE RIESGO



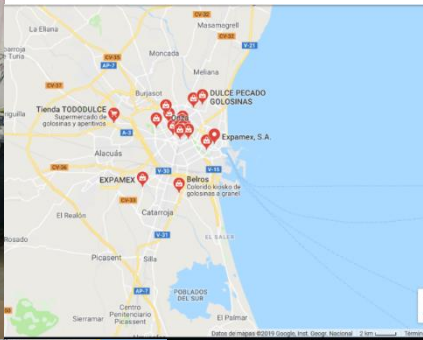


30 % de obesidad y sobrepeso

¿Dieta Mediterránea?



Dra P. Luna. Jefa S Nutricion HUR



Alicante San Joan



Sueca Paellas



Fallas
Valencia

**Informe de la Comisión para acabar
con la obesidad infantil**

Informe de la Directora General



THE LANCET

The best science for better lives

Ninguna intervención por sí misma puede frenar la creciente epidemia de obesidad.

Es necesario prestar atención al entorno obesogénico y transformar el entorno y las pautas sociales obesogénicas

1. Factores que influyen en el entorno obeso-génico:
2. Factores políticos y comerciales (acuerdos comerciales, políticas fiscales y agrícolas y sistemas alimentarios),
3. El entorno construido (disponibilidad de alimentos sanos, infraestructura y oportunidades para la actividad física en el barrio)
4. Normas sociales
5. Entorno familiar

Dra P. Luna. Jefa S Nutricion HUR

¿Qué podemos hacer ?













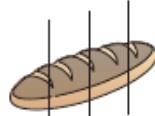









Recuperar nuestra dieta mediterránea

‘La esencia de la dieta mediterránea es casi una dieta vegetariana: pasta, guisada de diferentes maneras, verduras aliñadas con aceite de oliva, toda clase de vegetales de temporada, a menudo queso y finalizando con frutas, todo ello frecuentemente regada con vino’

Ancel Keys

*Mediterranean diet and public health: personal reflections.
Am. J. Clin. Nutr. (1995), 61(suppl.): 1321S-1323S*

Plan de Alimentación por Raciones en Población Sana

Grupo Alimento	Lácteos 	Llegumbres Pasta Arroz Patatas 	Pan 	Proteínas animales 	Fruta Ensalada Zumos 	Verdura cocida 	Grasa Aceite 	Fuentes de Magnesio 
Cantidad de Alimento de una Ración	 200 c.c. de leche o 2 yogures  60 grs. de queso fresco o 40 grs. de queso curado	 Crudo: 40-50 grs.  Cocido: 250 grs	 50 grs.	 1 huevo = 60 grs  1 filete de carne o pescado: 100 grs Jamón: 25 grs.	 Medio vaso de zumo  200 grs. ensalada  1 pieza mediana pelada	 Plato mediano: 250 grs. de verdura cocida	 1 cucharada sopera de 5 c.c.	  12 grs. o 1 onza
Raciones/día*								

* Estas raciones son de orientación general. Consulte con su especialista.
 Dra. Pilar Luna. Servicio de Nutrición y Dietética. Hospital Universitario de La Ribera.

¿Restricción de sodio o de sal?



- 5% añadida en cocina
- 6% durante la comida
- 12% fuentes naturales
- 77% alimentos preparados y procesados

**Si le han pautado una dieta hiposódica,
lea estas normas con atención**

No todos los Hipertensos se benefician de la restricción de sodio (menos de 2.000 mg/de sodio al día).

Para conseguirla podemos seguir usando sal en la elaboración de la comida, pero debemos evitar: dulces y bollería elaborados con levadura química, congelados, enlatados, salsas comerciales, helados.

La sal debe ser yodada y el pan debe ser elaborado con levadura madre.

Consulte su restricción con su centro de salud.

LOS QUE DICEN QUE ES IMPOSIBLE
NO DEBERÍAN MOLESTAR
A LOS QUE LO ESTÁN HACIENDO

A.EINSTEIN

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GRACIES PER LA
VOSTRA ATENCIÓ

Dra P. Luna. Jefa S Nutricion HUR

