



## Editorial

### Food Insecurity and Chronic Diseases: The Editorial

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**F**ood Insecurity (FI) defines as the limited or uncertain availability of nutritionally foods adequately or the inability to achieve them in ways which is socially acceptable (1). FI is considered as an international public health issue particularly in developing countries (2). In 1995 the U.S. Department of Agriculture (USDA) reported the prevalence of FI in USA as 11.9% which increased to 14.6% in 2008 (3). Its prevalence was reported 5.7% in Finland, 10% in Canada (4), 50% in Malaysia (5) and 70% in Bolivia (6).

The FI populations are at risk of low intake of fruits and vegetables, lower quality diets and so lower micronutrients intake and iron deficiency anemia (7). Limited available budget in FI subjects, leads to purchase cheaper and high dense calorie foods; which might contribute to obesity, and an increased susceptibility to chronic illnesses including type 2 diabetes, cancer, depression and other medical condition such as acne, dyspepsia and so on (8).

The very first step to reduce the burden of FI is considering understanding of its effects on health. By now, numerous studies have aimed to examine the impacts of FI on health outcomes in different age/gender groups such as children, adults and elder lies. Over the past few years, the paradox of FI and obesity/ overweight, diabetes, cancer and depression has been focused in literatures. Recently the FI have been considered in many other disorders. Literatures show a positive association between FI and acne (9), dyslipidemia (10) and dyspepsia (34% FI with hunger in patients versus 10% in counterparts) (9).

There are a set of evidences in Iran (mostly published by the author of this editorial), which show food security is significantly associated with many problems and diseases including low birth weight, short stature in children (as FI increase, the height of children decrease), pre-eclampsia in pregnancy, the

type of delivery, obesity/ overweight in women, lower intelligence quotient in children, osteoporosis (33.8% in food secure versus 66.2% in FI group), diabetes mellitus, rheumatoid arthritis and premenstrual syndrome (FI without hunger in teenagers with PMS was approximately 2 times more than those without PMS) [Published in Farsi Language]. However, other studies concerning association of FI with other diseases / problems are still needed. On the other hand, finding the prevalence of FI in different Iran provinces to draw a clear picture of FI looks necessary. Therefore, investigators are expected to work on prevalence and diseases associated to FI in their future studies.

#### Financial disclosure

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