active work. The quantities and nutritional value of dishes are based on Nutrient Requirements for Indians (ICMR-NIN, 2020). DietCal was used for dietary calculations. Two stages of accounting led to cost accumulation and assignment to the cost object, i.e., the thalis. Further, differential costing of the organic vis-à-vis conventional thali was determined.

**Results** From a nutritional point of view, the Indian thali is a balanced meal providing both macro- and micro-nutrients. However, organically grown ingredients are relatively more expensive than conventional ones, from between 4 per cent to 358 per cent. The total cost per day of two square meals (in terms of organic thalis) is ₹215.66 for females and ₹252.05 for males. Further, the organic thalis are slightly over 50 per cent more expensive than conventional ones (table 1).

**Conclusions** The trade-off between sustainability and affordability challenges our food system. Direct organic marketing initiatives can be a win-win situation for producers and consumers, leading to a ready market and better access at lower prices. From a policy perspective, a gradual expansion of organic agriculture and the integration of best organic management practices into conventional farming is the way forward.

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### Health systems


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**Background** Lower total carbohydrate intakes could have beneficial effects on cardiometabolic risk markers. However, the effects of low carbohydrate diets (LCD) on lipid markers and clinical end-points remain largely unknown. This study aimed to examine the associations between LCD and cardiovascular conventional risk factors and investigate whether these associations are mediated by body mass index (BMI), waist circumference (WC) and haemoglobin A1c (HbA1c).

**Methods** We included adults aged 45-80 years from the UK NDNS programme (2008-2016) with data on dietary intake, anthropometric and biochemical parameters. Four interventions were examined including LCD, Low Carbohydrate and High Fibre Diet (LCHF), Low Carbohydrate and High Saturated Fat Diet (LCHS), and Low Carbohydrate and High Unsaturated Fat Diet (LCHU). Obesity was measured by BMI and WC. Biochemical markers included HbA1c, total cholesterol, HDL and LDL cholesterol, triglycerides, systolic and diastolic blood pressure and C-reactive protein (CRP). BMI, WC and HbA1c were used as mediators of the effects. The analysis was adjusted for sociodemographic status, lifestyle factors and antihypertensive medication. Causal mediation analysis was used to investigate the total, indirect and direct effect of LCD on CVD markers.

**Results** BMI, WC and HbA1c fully mediated the association between LCD and triglycerides and fully mediated the effects of LCHF on LDL, although BMI and WC were sufficient to fully mediate the effects of LCHF on triglycerides and CRP. BMI alone fully mediated the effects of LCHS on HbA1c, triglycerides, LDL and CRP. None of these mediators explained the effect of LCHU on CVD risk markers.

**Conclusion** This study demonstrated that individuals on LCHF improved their CVD markers as expected, but those on LCD who increase fat intake had no effects on CVD markers mediated by obesity and diabetes. More research on the mechanisms underlying the significant increase in HDL cholesterol in people consuming LCD is needed.