"IN THE LAND OF UNKNOWN CALORIES"

DID YOU KNOW......

1. At fast food restaurants, fried foods generally mean “trans fat” – these act like saturated fats in raising LDL cholesterol (you know, the “bad one”) and lowering HDL cholesterol (the “good one”). French fries, chicken nuggets, chicken tenders, and fish are the biggest sources with 5-6 grams per serving.

2. McDonald’s did get rid of its Super Size fries and beverages but when it comes to burgers, “Super” and “Big” still sell. McDonald’s Quarter Pounder has 420 calories and 8 grams of saturated and trans fat. Burger King’s Whopper has 700 calories and 14 grams of saturated and trans fat. Wendy’s Classic Triple with Cheese has almost 1,000 calories and 20+ grams of saturated and trans fat.

3. McDonald’s large coke will provide you with 310 calories (of no nutritional value except carbs). Burger King has a small shake for a ‘whopping’ 410 calories, a medium for a bigger ‘whopping’ 580 calories and a large shake for a super ‘whopping’ 830 calories. McDonald’s large size Triple Shake gives you 1,130 calories.

4. Heard of the Extra Value Meals, they should be called Extra Calorie/Fat Meals. McDonald’s Quarter Pounder with Cheese Value Meal (medium fries and coke included) provides 1,070 calories, 41 grams fat (that is 34% of the calories from fat) and even 1,390 mg of sodium- oh my, where is the beverage later on when you feel that thirst return?
Burger King’s Whopper Value Meal (large fries and coke included) give you 1,690 calories, 72 grams of fat (38% of calories from fat) and 2,090 grams of sodium. Now remember, 1,500 mg of sodium is the maximum amount of sodium recommended daily.
How about a Wendy’s Big Bacon Classic with fries and coke? 1,190 calories, 53 grams of fat (40% of calories from fat) and 1,870 mg of sodium.

Keep in mind that the American Heart Association recommends no more than 30% of calories in a day from fat (less is better). For an average 2000 calorie intake, this equates to 66 grams of total fat for the day.

Don’t fret – there are choices now at fast food establishments: Wendy’s Sour Cream and Chive Potato has 340 calories and 6 grams of fat; McDonald’s Chicken Ceaser Salad has 220 calories and 6 grams of fat BUT HERE LIES THE ISSUE: add the 2 ounce packet of salad dressing and increase those calories by 190 and add another 18 grams of fat (Try asking for a low fat dressing). For dessert, McDonald’s now offers a Fruit & Yogurt Parfait – 160 calories and 2 grams fat (from granola topping).

5. In the land of coffee and frappes: Coffee (10 oz) with 1 liquid creamer and 1 sugar provides approximately 70 calories. Tim Horton’s 12 oz Iced Cappuccino gives you 300 calories and 14 grams of fat; their newest “Hot Smoothies” provides (10oz) 260 calories and 10 grams of fat. Why not order a regular (you know the coffee we used to drink black!) and ask for a “flavour” shot which would provide only 5 calories (no fat) to a whopping zero calorie beverage!!!!!!
How about Starbucks 16 oz Mocha Frappuccino – 540 calories and 16 grams for fat (more calories and fat than a McDonald’s Quarter Pounder); a 16 ounce White Chocolate Frappuccino gives you a nice shot of fat – 19 grams and enough calories for a meal – 610 calories. You might say “Yes, but 16 ounces is pretty big, I couldn’t drink that much.” Don’t fool yourself, that is their standard frappuccino size and there aren’t any complaints from customers of not being able to finish such a decadent cocktail of fat.

by Carol DeNysschen, PhD, RD, MPH
Getting Stuffed

"Provolone cheese-stuffed meatballs braised in a rich marinara sauce with a hint of crushed red pepper, layered over tender fettuccine pasta lightly blended with Parmesan cream sauce," croons Applebee’s menu.

Lightly? The menu shouldn’t print that word within a six-inch radius of the chain’s Provolone-Stuffed Meatballs With Fettuccine.

Each serving of pasta (four cups at the Applebee’s we visited) plus garlic bread harbors 1,520 calories and 43 grams of saturated fat (two days’ worth), with a side of 1½ teaspoons of sodium (3,700 milligrams). It’s like eating two of Applebee’s 12 oz. Ribeye Steaks plus a side of Garlic Mashed Potatoes. Yum.

Your waistline and arteries may want to know why pasta needs both a marinara and a Parmesan cream sauce. Way back in the pre-obesity-epidemic 1970s, pasta came dressed with a single sauce. And meatballs needed no cheese stuffing.

But that was before the dairy industry started a campaign to get restaurants to work more cheese into their menus. Whether the dairy pushers urged Applebee’s to stuff its meatballs with cheese, we don’t know. But once customers get used to seeing cheese on sandwiches, salads, soups, and pastas, restaurants may not need any prompting to cheese-up even more dishes.

At some Applebee’s, for example, you can get the provolone-stuffed meatballs in a Stuffed Meatball Sandwich (1,090 calories, 28 grams of sat fat, 3,540 mg of sodium). And you can add chili cheese fries on the side for an extra dollar or two (plus an extra 550 calories, 11 grams of sat fat, and 1,500 mg of sodium).

Nice.

King Wrong

According to Great Steak, an extra-large order of Great Fries weighs roughly ½ pounds and delivers 930 calories and 2,490 milligrams of sodium to hips, bellies, and blood vessels that probably have too much of both.

But that’s not enough for the Great Steak folks. Not when they can sell Great Fries topped with Philly Cheese (Cheese Fries), or with Philly Cheese and chili (Coney Island Fries), or with Philly Cheese and jalapeño peppers (Nacho Fries), or, last but nowhere near least, with Philly Whiz, chopped bacon, and sour cream & chives (King Fries).

An extra-large King Fries (which isn’t available at all locations) dispatches 1,500 calories to your overcrowded fat depots and 4,980 mg of sodium (more than three days’ worth) to your rapidly aging blood vessels. And all that cheese, bacon, and sour cream makes sure that the saturated fat reaches 33 grams. It’s like eating three McDonald’s Quarter Pounders with Cheese sprinkled with two-thirds of a teaspoon of salt.

Nothing like a light snack at the mall.

Steak Out

Nothing about Morton’s ("The Steakhouse") looks extreme. It’s a staid, pricey venue for a business lunch or special dinner.

But Morton’s menu is a minefield of extremes. Take the Porterhouse Steak, a classic hunk of aged prime beef that weighs 24 ounces before cooking. It’s a 1,390-calorie addition to your mainframe that comes with 36 grams of saturated fat seasoned with 1,200 milligrams of sodium, but no sides. (What do you expect for just $55 or $60?)

A side of, say, Mashed Potatoes adds 850 calories, 34 grams of sat fat, and 1,300 mg of sodium. And half of Morton’s renowned Creamed Spinach—the side serves two—tosses in 330 calories plus 15 grams of sat fat and 460 mg of sodium.

Your grand total: 2,570 calories, 85 grams of sat fat, and 2,960 mg of sodium...not counting the complimentary bread and butter. That’s the calories of eight pieces of Original Recipe chicken plus mashed potatoes and gravy, coleslaw, and four biscuits at KFC, with an extra ½ days’ sat fat on the side.

That’s giving you the business.
Meltdown

"Four fried mozzarella sticks and melted American cheese grilled between two slices of sourdough bread." That's how Denny's menu describes its Fried Cheese Melt, which is "served with wavy-cut French fries and a side of marinara sauce."

It's "grilled cheese with a twist," says Denny's. Sure sounds like "the same old cheese and bread repackaged into a new sandwich" to us. What's next? A Cheese Nachos sandwich? A Cheese Fries Melt? (A fries melt might be a tough sell with a side of fries, but you never know.)

There's a simple elegance to a dish like the Fried Cheese Melt: mozzarella cheese sticks coated with breading, embedded in melted cheese, and served between two slices of white bread toast with tomato sauce on the side.

It's as elegant as 1,260 calories (mostly from the fries and the refined carbs in the bread and breading), plus enough cheese to supply 21 grams of saturated fat (a day's worth). And don't forget the two days' sodium (3,010 milligrams).

All for just $4. "The possibilities are wide open," says Denny's Web site. They're wide, all right.

Shakedown

"Your Health—Just as Important as Taste," says the hard-to-find "Nutritional Information & Ingredients" page on the Cold Stone Creamery Web site.

That's a comfort, since the chain is all about the "Ultimate Ice Cream Experience." It's "the place to indulge your ice cream dreams."

Take the Founder's Favorite Signature Creation—ice cream, pecans, brownie, fudge, and caramel. A large ("Gotta Have It") in a chocolate-dipped waffle cone or bowl has 1,590 calories and 42 grams of saturated fat.

Clearly, health is Cold Stone's No. 1 priority. But the chain's ice cream shakes take health to a new level. A "Gotta Have It" PB&C Shake (peanut butter, chocolate, and milk), for example, squeezes a full day's calories (2,010) and 3½ days' worth of sat fat (68 grams) into each 24 fl. oz. plastic cup.

Granted, that doesn't sound so healthy, what with so many adults and children either overweight or obese. But what about those who aren't? Their fat cells and artery linings may not yet be packed solid. And don't forget the underweight.

Don't worry. Cold Stone's got them covered. Even a 16 fl. oz. small ("Like It") PB&C Shake has 1,280 calories.

See? Cold Stone cares.

Belly Burger

It's not easy to make your burger stand out these days. Adding cheese, onion rings, or an extra burger are old tricks.

You've got to be creative, like The Cheesecake Factory. Its Farmhouse Cheeseburger is "topped with grilled smoked pork belly, cheddar cheese, onions, lettuce, tomato, mayo and a fried egg." (Get it? You'd find the egg in a farmhouse and the big-bellied pig in a pen nearby.)

The Cheesecake Factory isn't the first chain to slap an egg on a burger. Red Robin calls its Royal Red Robin Burger "the aristocrat of all burgers because we crown it with a fresh fried egg." IHOP's Bacon 'N Beef Bacon & Egg Cheeseburger includes "one egg over medium." And you can get Denny's Bacon Slamburger with an "egg cooked to order."

But the pork belly—thick slabs of bacon—helps make those bacon burgers look skimpy. The Farmhouse brings 1,530 calories and 36 grams of saturated fat seasoned with 3,210 milligrams of sodium to your insides. And that's without the 460 calories and 1,460 mg of sodium in the fries.

Suggested tag line: From our pork belly to yours.
Let's get one thing clear: Restaurants have nothing to do with the nation's obesity epidemic. It's not their fault that two out of three adults and one out of three children are either overweight or obese.

True, a typical restaurant entrée (without an appetizer or dessert) has 1,000 calories. And doozies like these dishes range from 1,200 to 2,500 calories, according to the chains' own numbers. But no one's forcing us to order them.

Look at it this way: Some diners may want to put on extra weight, boost their blood pressure, and bump up their LDL ("bad") cholesterol. Restaurants are just there to help.

Information compiled by Melissa Przybylo.

**Built-In Bacon**

"Hickory-smoked bacon is blended right into the beef to make our burgers juicy and delicious with bacon flavor in every bite." That's how IHOP describes its new line of Bacon 'N Beef Burgers.

Finally, a chain has figured out how to help its patrons eat more food with less chewing. Why bother slapping bacon slabs on top of your burger, when you can grind them right into the meat? Makes 'em go down nice and smooth.

And that makes it easier for you to swallow the Monster Bacon 'N Beef Cheeseburger, which delivers not one, but "two thick, juicy, Bacon 'N Beef burger patties smothered with American and Provolone cheeses on a Romano-Parmesan bun." How thoughtful. One thick, juicy, bacon-infused burger would almost certainly leave you hungry in a few hours.

The tab: 1,250 calories and two days' worth of saturated fat (42 grams), with a bonus 1,590 milligrams of sodium (a day's supply, thanks in part to the bacon). And don't forget the sides, which range from fresh fruit (80 calories) to onion rings (620 calories). That leaves seasoned fries (300 calories) somewhere in the middle, which is where your Monster Bacon 'N Beef Burger will likely make its future home.
STAR TUNA

Remember when all tuna was canned tuna? (Okay, some people were eating fresh tuna while most of us were reaching for the mayo.) These days, tuna is just as likely to come in a pouch. That means no draining and no BPA.

Bisphenol A is a building block of some plastics that shows up in just about all can linings. In some animal studies, BPA alters behaviors that are influenced by hormones. And some—but not all—animal studies suggest that BPA may increase the risk of cancer, diabetes, and heart disease. With tuna in-a-pouch, those worries are gone.

Also gone in StarKist Low Sodium Albacore White or Chunk Light Tuna is much of the salt you'd get from canned tuna, which you need like a hole in the head (especially if you're mashing with mayo). Instead of the usual sodium you'd get in half a small can of Albacore (190 milligrams in a 2 oz. serving) or Chunk Light (180 mg), you get 70 mg (Albacore) or 130 mg (Chunk Light) in a (2.6 oz.) pouch.

And the pouch delivers just 50 or 90 calories, which are well-spent on protein (20 grams) and on EPA and DHA (200 to 290 mg total), the omega-3 fats that are linked to a lower risk of heart disease. It's less omega-3s than you'd get from salmon, but more than most DHA-fortified foods contain.

Tuna does have mercury, but even young children and nursing, pregnant, or planning-to-be-pregnant women can eat up to 12 ounces of light canned tuna (or 3 oz. of albacore for each 100 pounds of body weight) per week. Others can have up to three times that much.

So check out the pouch. It may be time for a tuna-up.

StarKist: (800) 252-1587

DIRTY SECRETS

"Made with a sprinkle of salt and a taste of butter," says the label of Pop Secret microwave HomeStyle Popcorn.

A "sprinkle" is industry-speak for "more sodium (240 milligrams per serving) than most competitors (about 160 mg)." And that "taste of butter"? It's code for "enough butter-flavored partially hydrogenated soybean oil to supply 4 grams of trans fat," which is two days' worth.

If that isn't homeestyle, what is?

It's not just HomeStyle. Nearly all Pop Secret (and Jiffy Pop) popcorms still have trans fat. In contrast, nearly all Act II, Newman's Own, Orville Redenbacher, and Smart Balance microwave popcorns have replaced partially hydrogenated oils with (mostly) palm oil.

Stick to 94% Fat Free versions of those brands, since their fatdfier cousins have 2 to 4 grams of saturated fat in a 4-cup serving. Better yet, look for Pop Weaver. Earlier this year, the brand switched to canola oil, so you don't have to worry about either saturated or trans fat.

The 94% Fat Free varieties also trim the calories from about 150 down to about 100 per 4 cups. But that's not much popcorn. Most bags hold 10 to 12 cups. (A "small" movie theater popcorn at a typical chain is 11 cups.)

Bottom line: look for no-trans microwave popcorn with the fewest calories and the least sat fat and soyim in the "1 cup popped" serving listed in the Nutrition Facts. Then multiply by 4 to estimate what you're likely to get if you eat a third to half of the bag.

Diamond Foods: (209) 467-6000

Almond Beans
Steam 1 lb. of trimmed green beans until tender. Sauté a thinly sliced onion in 2 Tbs. of olive oil until golden brown. Toss the beans with the onion. Season with up to ½ tsp. of salt and top with ¼ cup of toasted slivered almonds.
WEIGHING THE OPTIONS
Do extra pounds mean extra years?


"It's extremely frustrating," says Michael Thun, vice president emeritus for surveillance and epidemiology research at the American Cancer Society. "It perpetuates a myth." Here's how.

THE NEW META-ANALYSIS

At first glance, the new JAMA study seems impressive.1

"When we assembled all 97 studies, we had almost three million participants," explained the lead author of the meta-analysis, Katherine Flegal, senior research scientist at the National Center for Health Statistics of the Centers for Disease Control and Prevention in Hyattsville, Maryland, in a video on the JAMA Web site.

"When people talk about things being controversial, they tend to cite only one or two studies," noted Flegal. "This is the first study that assembles all the literature together in one place."

How could such a large, comprehensive meta-analysis be wrong?

Flaw #1. The meta-analysis should have excluded current or former smokers.

Overweight people have a higher risk of diabetes, heart disease, and cancers of the breast, colon and rectum, esophagus, kidney, pancreas, and uterus. So why would the normal-weight people in the meta-analysis be more likely to die than the overweight?

For starters, any group of normal-weight—or underweight—people is likely to include many smokers, who tend to be thinner. They can make the people in those groups appear more likely to die.

To address the problem, most of the studies in Flegal's analysis tried to statistically "adjust" for smoking.

"But adjusting for smoking just doesn't take care of the problem," says JoAnn Manson, chief of preventive medicine at Brigham and Women's Hospital in Boston. Why?

To fully adjust for smoking, researchers need to compare the risk of dying among people with equal exposure to cigarette smoke. But few studies ask enough about smoking habits to do that.

Most studies have limited information on how many cigarettes people smoke, how many years they've smoked, and how deeply they inhale, and few studies update the information over time," explains Manson, who is also professor of medicine at Harvard Medical School.

What's more, "some people who say that they're former smokers may have relapsed and are actually current smokers," she adds. "Many people who use smoking as a weight-control tool keep going back and forth."

Solution: look only at people who have never smoked.

"Once you look at never-smokers, it becomes clearer that overweight people have a higher risk of dying," notes Manson. (See "Factoring Out Smokers & the Sick," p. 4.)

Flegal argues that some of the studies in her meta-analysis did look at never-smokers, and it didn't matter. "The results adjusted for smoking and the results for never-smokers showed almost no difference," she says.

But most of those studies were too small to see a difference, counters Manson, who notes that larger studies do show a difference.2,3

"Also, it's almost a moot point to ask, 'What's the best body weight for a smoker?" she points out. "Smoking is such a hazardous, powerful risk factor that it dwarfs the effect of anything else. Smokers should focus on quitting, not on their weight."

Fortunately, the number of smokers is shrinking.

"Only 20 percent or less of the population now smokes," notes Manson.

"The key question from a public-health standpoint is whether being overweight or obese influences health and longevity for the 80 percent of Americans who are nonsmokers. And you can't have an answer that's skewed by biased, confounded results in smokers, who account for a disproportionately large percentage of the deaths."

Flaw #2. The meta-analysis should have excluded the sick.

Smokers are one problem. People who are thinner because they have hidden cancer, emphysema, dementia, or other illnesses can also end up in the normal-weight group.

"Although the new meta-analysis pulls together many studies, it has the same problem of including people who are sick and have weight loss caused by disease," says the American Cancer Society's Michael Thun.

"That moves high-risk people into the normal-weight range, and consequently it makes overweight look beneficial. But that is essentially a methodologic artifact."

To scientists, the problem is called "reverse causation." It's not that being thinner causes you to get sick and die. It's...
Factoring Out Smokers & the Sick

Who is least likely to die? When researchers led by the National Cancer Institute looked at the risk of dying among 1.46 million adults (orange lines), the risk was lowest for people who were near the border between normal and overweight.

However, when the scientists looked only at people who were “healthy”—that is, they had not been diagnosed with cancer or heart disease—and who had never smoked (blue lines), normal-weight people had a lower risk than the overweight or obese. (Many people who are underweight have a higher risk of dying because they have an illness other than diagnosed cancer or heart disease. Only 2 percent of the women and 0.5 percent of the men in the study were underweight.)

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Flaw #3. The meta-analysis should have looked at different ages.

“This meta-analysis had no ability to look at younger and older age groups separately,” says Willett.

That matters because many older people lose weight before they die, but the weight loss didn’t cause them to die.

“Clinicians have known for hundreds of years that it’s a really bad sign when older people start to lose weight,” says Willett.

“They get into this vicious circle of losing lean muscle mass, and then because they lose strength, they don’t exercise as much, and then they lose more lean mass. It’s really a downward spiral.”

You’d expect a good study to look separately at younger and older people, but Flegal’s meta-analysis didn’t because many of the studies it compiled didn’t.

“If you mix younger and older people together, your data is going to be heavily weighted by people dying at older ages,” says Willett.

In fact, an older person’s weight loss may be caused by a middle-aged pouch.

“A typical course is that at age 50 someone may develop diabetes that’s very much related to being overweight, but they don’t die immediately of diabetes,” Willett explains. Instead, diabetes raises the risk of heart disease.

“By age 65 they may have a heart attack or kidney failure, and they usually don’t die of that either. But maybe five or 10 years later, the cardiovascular disease shows up as congestive heart failure.”

In the early stages of heart failure, people may gain weight because they retain fluid. “But toward the later stages, they lose lean mass and lose weight,” says Willett.
So if your study is picking up thinner people at age 65 or 70, that won’t reflect the excess weight that was the underlying cause of their death.”

**THE BIGGER PICTURE**

**Better Studies Were Ignored**

What frustrates many experts isn’t just that the new meta-analysis was flawed. It’s that better studies didn’t make a splash.

One of the best, a huge collaboration led by the National Cancer Institute (NCI), was released in 2010 in the *New England Journal of Medicine*.

“The investigators from 19 different studies submitted their original data to the NCI,” says Willett, one of 33 co-authors. “The NCI had the active involvement of many of the top epidemiologists around the country. The collaboration provided a very powerful and very detailed look at this issue.”

Katherine Flegal, who led the new *JAMA* meta-analysis, was invited to contribute data she had gathered earlier from the National Health and Nutrition Examination Survey, or NHANES.

“But she refused to participate,” says Willett.

Her data wouldn’t have mattered much, though, because NHANES has only around 37,000 participants. The NCI collaboration included 1.46 million people who were tracked for roughly 10 years.

“The NCI study showed very clearly that people who are overweight have higher risks of dying than those in the lean group,” notes Willett.

Other large studies have come up with the same results. For example, in 2006, the National Cancer Institute published an analysis on 527,000 men and women in the National Institutes of Health-AARP study. And in 1999, the American Cancer Society (ACS) published data on one million participants in its Cancer Prevention Study. Both found that normal-weight people were least likely to die.

Flegal left much of that data out of her meta-analysis. But adding another million people might not have influenced her results. That’s because she insisted on including smokers and sick people.

“Only the results from healthy never-smokers provide a valid measure of the effect of weight on survival,” explains the ACS’s Michael Thun. “Otherwise, the results are confounded by the effect of illness on weight.”

**Rate Your Weight**

Your body mass index (BMI) gauges your weight in relation to your height. To see which BMI group you fall into, find where your height and weight intersect. Although a BMI between 18.5 and 24.9 is considered normal, the risk of diabetes, high blood pressure, and breast and uterine cancer starts to climb within that range.

**Height (feet and inches)**

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240 48 47 46 45 44 44 43 42 41 40 29 28 27 27 24
245 49 48 47 46 45 45 44 43 42 40 29 28 27 27 24
250 50 49 48 47 46 46 45 44 43 40 29 28 27 27 24

[Underweight] [Normal Weight] [Overweight] [Obese]

Note: BMI shouldn’t be used to evaluate the weight of children, the frail elderly, serious body-builders, or pregnant or breastfeeding women. If your extra weight comes from muscle, not fat, you may have a high BMI even though you’re healthy. Frail or older people may be unhealthy even though they have a low or normal BMI.


And Flegal’s study won the media battle. “Flegal did an end run around the NCI’s collaboration with this meta-analysis,” says Willett. “And it got all the publicity because it was new and it raised doubts about previous work.”

“It feeds into the whole stream of news that confuses the public,” he adds. “Even the average physician doesn’t understand these issues in depth.”

**Living Longer Isn’t Living Well**

If something raises your risk of dying, that may sound like the whole ball of wax, but it’s not.

“All around the world, life expectancies in developed countries are going up, but health expectancy is lagging way behind,” says Yale’s David Katz, referring to a recent report funded by the Bill & Melinda Gates Foundation called “The
Global Burden of Disease Study 2010. "Modern medicine and modern technology are remarkably good at staying off death, and as we rely more and more on interventions and technology, we have this tendency to look at forestalling death as the goal," adds Katz. "But if you're not living well, you're not really living.

"The number of years we spend with serious and debilitating chronic diseases is on the rise as we live longer," says Katz. "We're living longer but less well.

The JAMA meta-analysis was blind to that. Americans may be living longer than we used to, but not as long—or as well—as people in 16 other affluent countries.

Major drivers of our poorer health is diabetes," says Katz. "And the major driver of diabetes all around the world is obesity and even mild degrees of overweight.

And who wants to get cancer, even if it doesn't kill you? People who are overweight have a higher risk of cancers of the breast, colon and rectum, esophagus, kidney, pancreas, and uterus. Evidence suggests that that may also be true for cancers of the gallbladder, liver, cervix, and ovary, as well as multiple myeloma, non-Hodgkin lymphoma, and aggressive forms of prostate cancer.

"In 2003, we estimated that 90,000 deaths due to cancer could be prevented borne by Medicare and Medicaid.

Odds are, the worst is yet to come. "One of the most ominous aspects of the obesity epidemic is that it has taken diseases that were bad enough when they happened later in life and converted them into pediatric problems," notes Katz.

"When I went to medical school, I was taught about juvenile-onset diabetes and adult-onset diabetes. Those names are now obsolete because what used to be adult-onset diabetes now happens routinely in kids.

Todays trend does not show up in a study of current death rates. "These kids are still too young," says Katz. "Over the last decade we've watched more and more 7-and 8-and 10-year-olds develop what used to be adult-onset diabetes. But they're only 20 years old now. They're sick, but they're not dying yet. It's a young generation burdened with a serious chronic illness.

Will they die prematurely? "Probably, but we're not going to know that for another 40 or 50 years," says Katz.

"The meta-analysis is blind to a loss of years of life among kids who are developing serious chronic disease at a very young age because they haven't grown yet to an age where there's a risk of dying."

10-Year Risk of Disease

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Live...but Unhealthy

Whether or not they're more likely to die, the overweight have a higher risk of diabetes, gallstones, high blood pressure, heart disease, and colon cancer, according to a study that tracked 7,000 women from the Nurses' Health Study.

Diabetes is the greatest threat. Obese women are 18 times more likely than lean women to get the disease. The most obese women are 30 times more likely (not shown).

Results are similar for the 46,000 men who were tracked as part of Harvard's Health Professionals Follow-Up Study, except that extra weight raises the risk of heart disease and stroke more in men than in women.

Waist Matters More than Weight as We Age

Could extra pounds be unhealthy when you're younger, but healthy when you're older?

Not if the excess weight is fat. "Even in older age groups, people with excess body fat have a higher risk of diabetes, heart disease, stroke, and cancer," says Harvard's JoAnn Manson.

But older people may have excess body fat even if they're normal weight.

"In older individuals, weight doesn't reflect fatness as reliably because you lose muscle as you age," says Manson. In other words, a normal-weight 50-year-old may be muscular, while a normal-weight 80-year-old may have a big belly.

And belly fat matters. "A higher waist circumference still predicts a higher risk of dying," notes Manson.

"It's not that once you get to age 70, you can gain as much weight as you want. We know that's not right. Anyone like Australia, Canada, Japan, and many Western European nations, according to "U.S. Health in International Perspective: Shorter Lives, Poorer Health," a recent report from the Institute of Medicine of the National Academy of Sciences.

And excess weight is key. "One of the each year in the United States if men and women could maintain normal weight," says the American Cancer Society's Michael Thun. The medical-care costs of obesity are a "staggering" $147 billion, according to the Centers for Disease Control and Prevention. Much of that cost is
Obesity Rises...Diabetes Follows

The Epidemic Arrives. As the percentage of adults who are obese has climbed (upper row), the percentage of adults who have been diagnosed with diabetes has followed (lower row).

The Bottom Line

- As your weight increases, so does your risk of heart disease, cancer, diabetes, stroke, and death.
- If you’re older, your waist may matter more than your weight. A large waist (at least 35 inches in women or 40 inches in men) is a risk factor for diabetes, heart disease, and some cancers at any age.
- No matter what you weigh, eat a healthy diet built around vegetables, fruit, beans, whole grains, seafood, poultry, low-fat dairy, and modest amounts of oils, nuts, and other unsaturated fats.
- Shoot for 30 to 60 minutes of exercise each day.


Image Credit: CDC

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One out of four American adults now have what experts call the metabolic syndrome. Its five features—a large waist, low HDL ("good") cholesterol, and higher-than-normal (but not necessarily high) blood sugar, triglycerides, and blood pressure—often occur together. If you have at least three of the five, you have the syndrome, which means an increased risk of diabetes and heart disease.

Most researchers believe that the underlying problem is that insulin no longer works efficiently. The cause: too much waist. Here's how a bulging belly leads to metabolic meltdown...and how to fix it.

Q: What causes the metabolic syndrome?
A: The body’s inability to effectively process nutrients like fats and sugars. The central problem is that we’re eating too much and exercising too little.

The metabolic syndrome raises our risk of type 2 diabetes and heart disease. Although genetics plays a role, it is important to point out that type 2 diabetes was unheard of in young adults under the age of 35 just a generation ago.

Q: And too many overstuffed fat cells are to blame?
A: Some researchers believe that insulin resistance is the key problem, while others blame it on the fat cell.

We do know that belly fat generates factors that increase inflammation and the risk of heart disease. Fat cells also release factors that can drive up blood pressure by reducing the ability of the blood vessel lining to relax. And fat cells produce proteins that increase insulin resistance.

Q: What is insulin resistance?
A: Insulin is a hormone that allows glucose, or blood sugar, to be taken up from the bloodstream into muscle, where it’s burned for energy, and into fat, where it’s stored. Insulin resistance means that the insulin is less efficient at “delivering the goods,” so sugar levels rise in the blood.

Q: And that can cause diabetes?
A: Yes. It leads to a vicious cycle because the pancreas goes into overdrive to make more insulin to fight to lower blood sugar levels. Over time, if you don’t lose weight and exercise, your insulin and sugar levels continue to climb until your blood sugar rises above 125, which means you have diabetes.

Q: Does insulin resistance raise triglycerides?
A: Yes. Insulin doesn’t just admit sugar into cells. It also helps to store free fatty acids in your fat cells. If your insulin is working, it’s going to keep fat in fat cells until it is needed to serve as fuel for exercising muscles.

But if you have insulin resistance, the fat comes out of the fat cells. It ends up in the liver, which packages the free fatty acids as triglycerides. So there’s no question that insulin resistance drives that process.

Q: What are triglycerides?
A: They’re the main fat in foods, and they’re also found in the bloodstream. Even though triglycerides are fats, diets high in carbohydrates, especially sugars that contain fructose—like table sugar and high-fructose corn syrup—can raise triglycerides in the blood.

Q: Do some features of the metabolic syndrome matter more than others?
A: Some of us think that what’s most important is a bigger waist and...
high triglycerides. We sometimes call it a hypertriglyceridemic waist, which really supports a pro-inflammatory state. And we sometimes call triglycerides a barometer of metabolic health because high triglycerides are a sign of a disturbed metabolism. High triglycerides tell you that you need to eat better, exercise more, and lose weight.

Lipoproteins like LDL, HDL, and VLDL carry triglycerides (blue circles) and cholesterol (yellow circles) through the blood. As VLDLs shed their triglycerides, they become less dense and turn into artery-clogging LDL.

THE METABOLIC BAROMETER

Q: Do many people have high triglycerides?
A: Yes. About one in three adults have triglyceride levels of 150 or higher. We're especially concerned about the continuing rise in triglyceride levels in adults under 35, which mirrors our current epidemic of obesity and diabetes.

Q: Are triglycerides under 150 ideal?
A: No. The American Heart Association recently issued a statement saying that an optimal triglyceride level is under 100. From a metabolic standpoint, if your triglycerides are under 100, it means that your body is efficiently processing fats. It also tells me that your risk of insulin resistance is low.

Q: Why is 150 the cutoff for the metabolic syndrome?
A: The data suggest that your risk for heart disease increases above 150. Levels between 150 and 199 are borderline high, 200 to 499 is high, and 500 or above is very high.

Q: Do triglycerides end up in the plaque that clogs arteries?
A: Yes, because they're broken down in the body into free fatty acids, which are stored or burned for energy. In contrast, cholesterol cannot be broken down, so the excess is gobbled up by scavenger cells in the artery wall and becomes part of the plaque.

Q: Why are triglycerides linked to heart disease?
A: When you eat fat, it first shows up in the bloodstream as chylomicrons—lipoproteins that are triglyceride-rich. A lipoprotein is a particle that consists of some protein and some lipid, like fat or cholesterol. [See illustration.] When chylomicrons are broken down in the bloodstream, the triglycerides' free fatty acids get deposited in fat or muscle cells and you're left with particles that are cholesterol-rich. We call these remnant particles.

Remnants can promote plaque build-up in arteries. Like LDL, or low-density lipoproteins, the remnants can be taken up by scavenger cells and lead to the process we call hardening of the arteries.

Q: Don't carbs raise triglycerides more than fat does?
A: Yes. If more than about 60 to 65 percent of your calories come from carbs, that sends a signal to the liver to produce more triglyceride-rich particles. The average American gets 50 percent of calories from carbs.

Q: Do sugars raise triglycerides more than other carbs do?
A: Yes. Fiber-rich carbs like vegetables and beans are healthy from a cardiovascular standpoint. But diets that contain a high amount of sugars raise triglyceride levels. The major culprit is fructose, which makes up about half of table sugar, high-fructose corn syrup, and most other sweeteners. Compared with other sugars or starches, fructose is more adept at stimulating the liver to produce remnants and triglyceride-rich particles called VLDL, or very-low-density lipoproteins.

Overall, we eat way too much sugar and drink too much soda containing high-fructose corn syrup.

Q: What is VLDL?
A: It is a particle that carries cholesterol and triglycerides through the bloodstream. As VLDL travels, it loses triglycerides and eventually turns into cholesterol-rich LDL.

About 60 to 80 percent of cholesterol entering the artery wall comes from LDL. The rest comes from remnants of chylomicrons and of VLDL.

Q: Do we know more about the risks of high LDL than high triglycerides?
A: Yes. We know that high levels of LDL increase the risk of heart attacks, and we have clinical trials showing that lowering LDL lowers your risk.

Even though high triglycerides are linked to a higher risk of heart disease, researchers haven't established whether lowering these high levels reduces heart attacks.

Q: But triglycerides still matter?
A: Yes. Having a high level of both LDL cholesterol and triglycerides is a heart attack marker. It is called combined or mixed hyperlipidemia, and it's due to overproduction of VLDL by the liver.

And you don't have to have super high elevations. Just a triglyceride of 220 and an LDL cholesterol of 150 and boom, your risk is markedly increased compared to Waist Not...

How to measure your waist circumference: Place a tape measure snugly around your bare abdomen just above your hip bone. Exhale, then take the measurement.

Metabolic Syndrome: More Features = More Risk

Q: Are high triglycerides as bad for women as for men?
A: High triglycerides are a better predictor of heart disease in women than in men. We don't have a good explanation for it. Most of the women with heart disease whom we take care of have low HDL and some degree of elevated triglycerides.

In a Scottish study, the more features of the metabolic syndrome that men had (see illustration on p. 3), the higher their risk of having— or dying of—a heart attack (left) or being diagnosed with diabetes (right). For example, men with 4 or 5 features had a 24 times greater risk of diabetes than men with no features.


DIET & EXERCISE

Q: What signs of metabolic health do you look for in your patients?
A: The average person just needs to know how large his or her gut is. As one of my colleagues says, when the gut is the first thing you see when a patient walks in the door, that is not a good sign.

There are a few exceptions. Liposuction may make you look better, but it just gets the subcutaneous fat. That is the fat just under the skin. It’s the deeper abdominal fat—around and between your organs—that’s a problem. You may not always see that by looking at your waist. But having a big gut is a rough indicator because as you get a larger waist, your visceral fat is likely to increase.

Q: And a woman’s waist should be less than 35 inches and a man’s less than 40 inches?
A: Those are the criteria for the metabolic syndrome. The problem is that a lot of men may have a disturbed metabolism before they reach 40 inches.

If my patient has a triglyceride level of 220 but no other risk factors, I ask, “How much did you weigh when you were in your early 20s? What was your waist size?”

By and large, most people are in pretty good shape in their early 20s. And if they follow a healthy lifestyle, we would expect them to gain up to about 10 pounds or two inches in waist circumference. Women who have had children may gain more than two inches and still be healthy.

So if I see a guy who appears normal, but he says, “When I was 20, my waist size was 30, and now it’s 36,” I’d be concerned. Even though you may appear normal, you may still not be metabolically normal.

If your waist size has increased more than two inches, that could be an early signal that you’re above and beyond where you need to be.

Q: Do most people get their triglycerides measured?
A: Yes, but there are a couple of tricks here. Let’s say you go to a screening health fair and get your blood lipids measured without fasting. If your triglycerides come back at, say, 400, your doctor may say, “Well, don’t worry about it because it’s not fasting.” Those are the people I’m worried about.

Q: Why?
A: I’m here to tell you that a triglyceride level of 400 is very abnormal. No healthy person should ever get to that level no matter how many McMuffins they just ate. If your fasting triglycerides are optimal—say, less than 100—and if you eat a lot of fat before the blood test, the level might go up by 50 percent or even double. So after you eat, your level might rise to 150 or 200. It’s not going to get to 400.

If somebody goes to a screening fair and gets a triglyceride level in that range, it should be followed up by their physician, or a new physician if the first one isn’t concerned.

Q: How can people fix a disturbed metabolism?
A: For many people, the biggest problem is that they just eat too much. I have patients who come in and say, “Doc, I’m doing the right thing,” but they’re just overloading the system.

Our bodies aren’t designed to eat as much as we do—unless you’re Michael Phelps. Even too much of the right foods can be a problem.

Q: What do you tell those patients?
A: I’ll never be able to publish a diet book because I have a very simple recommendation: cut out two slices of bread or cut out a bagel. Two slices of bread range between 100 and 250 calories. And a typical bagel has about 250 to 350 calories without anything on it. Amazing.

My message is simple. Reduce energy intake by cutting a bagel or two slices of bread a day. That’s column A. And increase energy output by walking a mile above and beyond what you do daily. That’s column B. Or find substitutes for columns A and B that best fit your lifestyle.

Q: Is quick weight loss bad?
A: In the AMA Guide to Preventing and Treating Heart Disease, we recommended a weight-loss goal of one to two pounds per week.

We don’t recommend losing more. I’ve encountered patients in my practice who developed an abnormal heart rhythm when they lost too much weight too quickly—five pounds or more per week.

Q: What triggers the problem?
A: Very-low-calorie diets or diets with induction phases that cause rapid weight loss can lead to dehydration and electrolyte imbalances. We recommend a healthier approach.

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Omega-3 Fats in Seafood

For each gram of EPA plus DHA you eat per day, you get a 5 to 10 percent drop in triglycerides. Here's the EPA plus DHA in 4 ounces of cooked seafood.

<table>
<thead>
<tr>
<th>Fish</th>
<th>EPA</th>
<th>DHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salmon, Atlantic (farmed)</td>
<td>2.4</td>
<td>1.0</td>
</tr>
<tr>
<td>Herring, Atlantic (pickled)</td>
<td>1.6</td>
<td></td>
</tr>
<tr>
<td>Sardines (canned in tomato sauce)</td>
<td>1.6</td>
<td></td>
</tr>
<tr>
<td>Salmon, coho</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Halibut, Greenland</td>
<td>1.3</td>
<td></td>
</tr>
<tr>
<td>Salmon, pink or red (canned)</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>Sardines (canned in oil)</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>Trout, rainbow (wild)</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>Trout, rainbow (farmed)</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Tuna, white (canned in water)</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Salmon, sockeye</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Crabs</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Halibut, Atlantic or Pacific</td>
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<td></td>
</tr>
<tr>
<td>Shrimp</td>
<td>0.3</td>
<td></td>
</tr>
<tr>
<td>Tuna, light (canned in water)</td>
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<td></td>
</tr>
<tr>
<td>Tuna, white (canned in oil)</td>
<td>0.3</td>
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</tbody>
</table>

Source: USDA Nutrient Database.

After all, you didn’t gain 20 pounds over the course of a month by overeating—unless you’re an actor who needs to gain weight for your part.

Q: How can you help people keep the weight off?
A: It’s hard to stick to any diet, so we say enjoy yourself and feast either one day of the week or one breakfast, one lunch, and one dinner spread throughout the week.

My patients seem to be able to follow that approach, because there's a built-in reward. They say, "I'll go out on Saturday night or have a Sunday brunch because I've worked hard all week." Just don't overindulge to the point where you defeat all your hard work.

Q: Can lifestyle changes lower triglycerides?
A: Yes. The beautiful part about triglycerides is that they are so responsive to lifestyle. I'm not talking 5 or 10 percent lowering—which is typical for LDL cholesterol after lifestyle adjustments—but closer to 30 percent or more.

It does take some effort to lose weight with healthier diets and a regular routine of aerobic activities. But my patients are often surprised by the results.

Q: Does exercise lower triglycerides even if you don't lose weight?
A: Yes, because exercise activates lipoprotein lipase, the primary enzyme that breaks down triglycerides.

Q: What else can lower triglycerides?
A: Eat less sugar. Follow the American Heart Association's recommendation to limit these empty calories to fewer than six teaspoons a day in women and nine teaspoons in men. And cut back on saturated fat and eliminate trans fats. And do not drink alcohol in excess.

Q: Should we replace some carbs with unsaturated fat?
A: That's a reasonable recommendation, because it lowers LDL cholesterol and triglycerides and it was beneficial in the Lyon Diet Heart Study and the OmniHeart study. [See page 7.] But people shouldn't douse their salad with olive oil or they might get too many calories.

Q: What about fish oil?
A: Love it. Well, I love fish, because EPA and DHA, the marine-derived omega-3 fats, lower triglycerides. For each gram of EPA and DHA, you get somewhere around 5 to 10 percent triglyceride lowering.

Both EPA and DHA do it. Flaxseed, which has a shorter-chain omega-3 fat, ALA, is much less effective at lowering triglycerides. Fish contain EPA and DHA because they prey upon omega-3-rich algae.

What to Do

- Lose excess weight. Dropping 5 to 10 percent of your body weight should improve every feature of the metabolic syndrome.
- Eat an OmniHeart-like diet. That's a diet rich in vegetables and fruit but low in saturated and trans fat (see p. 7).
- Decrease carbs. There's only room for four small servings of (whole) grains in an OmniHeart diet for someone who eats 2,100 calories a day.
- Cut added sugars. The American Heart Association recommends no more than six teaspoons of added sugars a day for women and nine for men. The 2,100-calorie OmniHeart diet has room for just two teaspoons. That includes the sugar in your cereal, yogurt, and sweets.
- Eat fatty fish. Each gram of EPA plus DHA can lower triglycerides by 5 to 10 percent. A modest serving of salmon (4 oz.) has one or two grams of EPA plus DHA. If you have high triglycerides and don't eat fish, take fish oil capsules with two to four grams of EPA plus DHA a day.
- Move. Aerobic exercise can help you lose weight and sidestep the metabolic syndrome.
In the OmniHeart study, two diets—one higher in unsaturated fat and one higher in protein—cut heart disease risk the most. Here’s a hybrid of the two diets, designed for someone who needs 2,100 calories a day. (It may look skinny if you typically eat more.) It’s low in saturated fat, added sugars, and salt but high in potassium, magnesium, and fiber. Grains are limited because most of the carbs come from fruits and vegetables.

**BREAKFAST**

Whole-grain cereal served with banana and a sprinkling of nuts plus a cup of fat-free milk (shown here in a glass). Add a second serving of seasonal fruit. Unsweetened coffee or tea (not shown) is unlimited.

**LUNCH & AFTERNOON SNACK**

A grilled chicken salad includes a generous serving of greens plus tomato, avocado slices, nuts, and onion, dressed with creamy Parmesan and served with a whole-grain roll. Snack on fruit or veggies if you want an afternoon snack or an appetizer before dinner.

**DINNER & EVENING SNACK**

Grilled salmon with sautéed vegetables seasoned with teriyaki sauce and a side of brown rice. Dessert is two petite cookies. Snack on a cup of fat-free plain yogurt garnished with berries and toasted sliced almonds after dinner (or any time of day). We used the day’s “wild card” (see below) for the salmon, a second serving from the Poultry, Fish, & Meat group.

Below are the OmniHeart study’s targets for a day’s worth of food: The nutrient targets for a 2,100-calorie diet are: sat fat—no more than 14 grams; protein—105 grams; fiber—at least 30 grams; potassium—4,700 mg; magnesium—500 mg; calcium—1,200 mg; sodium—no more than 2,300 mg; cholesterol—no more than 150 mg. Our day’s worth of food (pictured above) roughly matches those targets.

**A DAY’S FOOD**

- **Grains**: 4 servings per day
- **Legumes & Nuts**: 2 servings per day
- **Low-Fat Dairy**: 2 servings per day
- **Poultry, Fish, & Meat**: 1 serving per day
- **Oils & Fats**: 2 servings per day
- **Wild Card**: 1 serving per day

**Serving Amounts**

- 1 cup milk or yogurt
- 1½ oz. cheese
- ¼ cup nuts
- ½ cup cooked beans or tofu
- 1 tsp. oil
- 1 Tbsp. margarine or mayo
- 1 small cookie
- 1 tsp. sugar

**Full Servings**

- 1 slice bread
- 1½ cup cereal, pasta, or rice
Still Not Getting It?
10 messages that don’t seem to stick

We're doing some things right. As a nation, we've cut back on sugar and soft drinks. We've replaced much of our shortening with oil. We've switched from whole milk to lower-fat milk. We've swapped much of our beef for chicken. And we're eating more vegetables (not counting potatoes). Clearly, some messages are getting through, loud and clear.

But others, not so much. Here are 10 things that many of us have heard before, yet they just don't seem to sink in.

1. Extra weight increases your risk of cancer.
   If you asked a thousand people why it's unhealthy to gain weight, what would you expect to hear? Maybe that extra pounds boost your odds of getting diabetes or a heart attack or a stroke.
   Fewer people would guess that excess weight may increase your risk of cancer. Yet in January, the American Cancer Society (ACS) released the latest update of its Guidelines on Nutrition and Physical Activity for Cancer Prevention. One of its key recommendations: “Be as lean as possible throughout life without being overweight.”
   Obesity is clearly linked to breast cancer in postmenopausal women, adenocarcinoma of the esophagus, and cancers of the colon, rectum, uterus, kidney, and pancreas. Evidence is growing that obesity is also linked to cancers of the gallbladder, liver, cervix, and ovary, along with non-Hodgkin lymphoma, multiple myeloma, and aggressive prostate cancer.

   "After tobacco cessation, maintaining healthy body weight through physical activity and diet is one of the main ways people can reduce their risk of developing cancer," says Marjorie McCullough, strategic director of nutritional epidemiology at the ACS and co-author of the Guidelines.

   Losing excess weight (after treatment) may also raise your odds of keeping some cancers (like breast, colon, and prostate) from returning, says the ACS's new Nutrition and Physical Activity Guidelines for Cancer Survivors. How?

   "The obesity–inflammation connection is likely to be relevant for both risk and recurrence of cancer," said Andrew Dannenberg, director of the Weill Cornell Cancer Center in New York, at a recent workshop on “The Role of Obesity in Cancer Survival and Recurrence” held by the Institute of Medicine. Other culprits may also play a role.

   "Insulin could be a major player, not just as an indicator of insulin resistance, but actually as a hormone that is driving cancer growth," suggested Derek Lerroth of the Mount Sinai School of Medicine in New York at the same workshop. (When you’re insulin resistant, your insulin doesn’t work properly.)

   To prevent cancer, the ACS doesn't just recommend that people lose excess weight, but that they avoid putting on pounds in the first place.

   "For most adults, a reduction of 50 to 100 calories per day may prevent gradual weight gain," says the Prevention guidelines.

   "It's so easy to inadvertently add 50 to 100 calories to your diet," notes McCullough. "It can really add up if you do the math. So it makes sense to start cutting back a little bit."

   That way, you can stay lean, rather than try to return to your old leaner self.

   "People who maintain a healthy weight have a lower risk of cancer than people who have gained and then lost weight," McCullough points out. "So the ideal thing is not to gain in the first place."

   But if you’re already overweight, it’s still worth trying to lose. Even if you repeatedly lose and regain the weight, your risk of dying from cancer, heart disease, or other illness is no higher than that of someone who started at the same weight.

   "Yo-yo dieting isn’t dangerous," says McCullough. "So you might as well try to lose weight rather than not try at all.

2. Subtle cues can make you eat more (or less).

   "Bet you can’t eat just one," dared the classic Lay’s potato chip ads. In fact, how many chips—or other foods—you eat may depend on cues below your radar.

   Losing extra pounds may curb the risk of getting and dying of some cancers.
by more than 50 percent," says co-author Brian Wansink of Cornell University. "That meant that they consumed about 250 fewer calories."

Another benefit: "The dividers made students much better at estimating how many potato chips they ate," notes Wansink. "On average, those without red divider chips underestimated their intake by 13 chips, while those with divider chips were off by less than one chip."

Wansink, author of Mindless Eating (Bantam, 2007), has found that all sorts of below-the-radar cues influence how much we eat. For example, people tend to consume more from larger plates and bowls and when food is visible and within reach. (See "Under the Influence," May 2011.)

What to do? Create your own dividers. "Repackage food into small containers, bowls, or baggies," suggests Wansink. "Don’t say, ‘Now that I know, it won’t influence me.’ Set up your environment so that you mindlessly eat less."

3 We’re eating too many grains.

Too many grains? We’ve all heard the advice to switch to whole grains, to eat less sugar and bad fat, and to cut back on excess calories. But why less grains?

In 1970, the average American got 450 calories a day from wheat, corn, oats, rye, and other grains. By 2009, we were up to 620 calories a day.6

Chalk up the increase to more bread, pasta, rice, tortillas, crackers, cereal, pancakes, pizza crust, pretzels, pastries, and other foods made with grain. And an estimated 90 percent of the grain we eat is refined flour.

"Refined grains are a big part of the imbalance in our diets," says Susan Krebs-Smith of the National Cancer Institute, who analyzed diet data on more than 16,000 Americans.

The other parts: We eat too many servings from the "meat" group (which also includes poultry, fish, and eggs) and too few servings of fruits, vegetables, and low-fat dairy. We also don’t come close to making at least half of our grains whole. And we eat too much of what health authorities call SoFAS (solid fats and added sugars).

"Refined grains are not only consumed in excess, but tend to be carriers of SoFAS," says Krebs-Smith. "They show up in grain-based desserts, cakes, cookies, grain-based chips, and snacks."

And the U.S. Department of Agriculture may be too generous when it recommends six servings a day of grains for a 2,000-calorie diet. (A serving is just half a cup of cooked pasta or rice or one slice of bread.)

The healthiest diets in the Omnivore study—which lowered blood pressure, triglycerides, and LDL ("bad") cholesterol—had only four servings of grains a day (see October 2009, p. 1).8 Instead, the diets’ carbs came from fruits, vegetables, and beans. But that’s a quibble when most people get far more than six servings of grains a day.

"It’s not as though people were having either extra grains or extra solid fats and added sugars," says Krebs-Smith. "People were having quite a bit extra of all three."

4 Animal protein can help, not hurt, bones.

Does animal protein leach calcium from bones, as some people claim?

"Protein does increase calcium excretion," says Sue Shapses, professor of nutrition at Rutgers University in New Jersey. "But with a higher protein intake, there’s also a higher absorption of calcium."

Whether that leads to a net loss or gain in bone seems to depend on how much calcium you consume.

Researchers divided more than 3,700 residents of Framingham, Massachusetts, by how much calcium they got from food and supplements. Among residents who consumed less than 600 milligrams of calcium a day (they averaged about 500 mg), those who ate the most animal protein had nearly three times the risk of a hip fracture than those who ate the least animal protein.

However, among those who consumed at least 800 mg of calcium a day (they averaged about 1,000 mg), those who ate the most animal protein had an 85 percent lower risk of a hip fracture than those who ate the least animal protein.9

"As long as there’s adequate calcium, protein is good for bones," says Shapses. Shapses has also looked more closely at what protein does to bone in dieters.

"In the past, we found that there’s a decrease in calcium absorption when you’re dieting," she notes. "And when you’re dieting, you may be decreasing your calcium and protein intake, too."

In a study funded by the National Institute on Aging, Shapses and her colleagues assigned 47 overweight postmenopausal women to either a high-protein or a normal-protein diet.10 All the women cut 500 to 600 calories a day and got 1,200 mg a day of calcium (from food and supplements) and 400 IU of vitamin D. The protein came mostly from fish, lean meat, poultry, beans, and dairy foods.

After one year, the high-protein group lost less bone from the hip, spine, and wrist.

"All three are high-risk sites for fracture," notes Shapses, who adds that "I think the results would be even more significant in older people. Fractures don’t generally begin until after 70 years of age, so they were still a youngish group for osteoporosis." (The average age was 58.)

"And older people may not eat enough protein," notes Shapses. That can lead to loss of muscle too.

Even the women in her study had trouble getting enough protein.
“Our goal was to have the higher-protein group get 30 percent of their calories from protein, but they only reached 24 percent,” says Shapes. They averaged 86 grams of protein a day, while the normal-protein group got 18 percent of their calories from protein, or 60 grams a day.

Shapes’ bottom line: “Getting about 25 percent of your calories from protein seems like a good target to reduce bone loss.”

5 Eating 3,500 fewer calories doesn’t mean you’ll lose a pound.

“If you google how many calories are in a pound, you’ll get something like 11 million hits, and they all basically say the same thing,” explained Kevin Hall at the 2012 annual meeting of the American Association for the Advancement of Science in Vancouver in February.

“They all say there’s 3,500 calories in a pound,” continued Hall, who is an obesity researcher and physicist at the National Institute of Diabetes and Digestive and Kidney Diseases.

For decades, people have used the 3,500-calorie rule to estimate how much weight they’ll lose.


Using the 3,500-calorie rule, weight keeps dropping (red line). In reality, weight loss plateaus (blue line).

The usual assumption: If you cut, say, 500 calories a day from your diet, said Hall, “then after a week, I’m going to get one pound of weight change, and that will keep going forever.” But that’s not what happens (see graph). Why?

The 3,500-calorie rule assumes “that there’s going to be no change in the number of calories that you’re expending,” said Hall. In fact, the body starts burning fewer calories as you lose weight.11

“The resting metabolic rate drops,” Hall noted. Resting metabolic rate—the rate at which your body burns calories to keep you alive at rest—accounts for 60 to 75 percent of the calories that a typical person burns.

When you lose weight, your resting metabolic rate drops because your body thinks you’re starving, so it tries to burn fewer calories. And that’s not all.

“The physical activity cost also drops,” added Hall. That’s because your body doesn’t need to burn as many calories to move the new, lighter you.

What happens if you don’t just cut calories, but get out and walk or run a few miles every day?

“Let’s say I start cranking up my physical activity and start burning a lot more calories,” said Hall. “In some people, that’s going to cause them to eat more, and our model doesn’t know how much that’s going to be, because in other people, that’s going to cause them to eat less.”

In carefully controlled studies where people participate in supervised exercise, weight loss varies. The studies “see this large range of weight changes, from people who gain weight...to people who lose more weight than would be expected,” said Hall.

The bottom line: Don’t expect to lose weight quickly.

“We have a new weight-loss rule of thumb, which is 10 calories per day per pound of weight change,” said Hall.

“About half of this weight change will occur after one year and about 95 percent will occur after three years.”

So if you want to lose, say, 10 pounds, you have to permanently cut 100 calories a day. After a year you will have lost 5 of the 10 pounds and after three years you will have lost nearly all 10 pounds.

To estimate how long it will take to reach your weight goal, try using Hall’s body weight simulator (bwimulator.niddk.nih.gov).

6 We don’t get enough potassium.

How much potassium are you supposed to get? The Recommended Dietary Allowance (RDA) is 4,700 milligrams a day. The average American gets roughly half that much.

And potassium matters. “Many randomized trials have shown that an increase in potassium intake lowers blood pressure,” says Graham MacGregor, professor of cardiovascular medicine at the London School of Medicine and Dentistry.12

But potassium may do more than help blood pressure.

For four weeks, MacGregor and his colleagues gave an extra 2,500 milligrams of potassium a day or a placebo to 42 people with high blood pressure who were already getting about 2,200 mg of potassium from their food.13 The participants’ arteries were less stiff when they got the extra potassium than when they got the placebo.

Want more potassium? Eat more fruits and vegetables.

People with stiffer arteries have a higher risk of heart attacks, strokes, and memory loss. (See “Keep it Supple,” Oct 2010.)

What’s more, they also had less thickening of the heart muscle when they were given potassium. A thicker muscle around the left ventricle—left ventricular hypertrophy—is linked to a higher risk of heart disease. (The left ventricle is the chamber of the heart that pumps oxygen-rich blood throughout the body.)

“High blood pressure and left ventricular hypertrophy are both important risk factors for heart failure,” says MacGregor, who heads World Action on Salt and Health, which is working to gradually reduce salt intake in 85 countries.

In a U.S. study of 1,000 healthy young adults without high blood pressure, those who consumed more potassium and less sodium also had less thickening of the heart muscle.14

“The best way to increase potassium intake is to increase the consumption of fruits and vegetables,” says MacGregor.

Why? Fruits and vegetables have other nutrients that may lower blood pressure, and they displace foods with more saturated fat and cholesterol. The OmniHeart diets, which lowered blood pressure and LDL (“bad”) cholesterol, included 11 (half-cup) servings of fruits and vegetables a day.

And don’t forget salt. “For the most effective blood pressure control, reduce...”
sodium intake and increase potassium intake," says MacGregor.

Don’t expect vitamins to prevent cancer.

"With bone & breast health support," says the One A Day Women’s Formula multivitamins box.

"Supplementing with selenium may decrease your prostate cancer risk," says GNC’s Web site. ("GNC provides the information as a service but does not endorse it," notes the site. The information comes from Aisle7, an "integrated wellness marketing" firm that promises to "drive in-store sales." How convenient.)

In fact, few studies have found that multivitamins, selenium, or other supplements prevent cancer. Yet half of all U.S. adults take them.

"Undoubtedly, use is driven by a common belief that supplements can improve health and protect against disease, and it at worst, they are harmless," wrote five cancer researchers in the Journal of the National Cancer Institute in April.15

But that belief may be wrong. For example, selenium (200 micrograms a day) raised the risk of squamous cell skin cancer in one trial.16 And high doses of beta-carotene (33,000 to 50,000 IU a day) raised the risk of lung cancer in heavy smokers in two others.17

"Antioxidants may well be a two-edged sword," wrote the researchers, because they "could serve as pro-oxidants or interfere with any of a number of protective processes."

Dr. Oz shows how omega-3s (yellow) fight omega-3s (blue) in the body.

"Breast health"? What could that mean except "helps prevent breast cancer"?

But so far, it appears that most supplements are neither harmful nor helpful.

"For most people, who are basically well nourished, these supplements don’t have the role in preventing that people expect," says John Baron, professor of medicine at the University of North Carolina and one of the article’s authors.

 Granted, the studies testing supplements may have been too short for a disease that can take a decade to develop.

"Trials on vitamin C or E found no benefit after five or six years," notes Baron.

"It’s conceivable that there’s some benefit after a longer period, but it’s unlikely."

That’s not to say that all supplements are dangerous or useless. In one of Baron’s trials, for example, calcium lowered the risk of precancerous colon polyps.18 And trials are under way to find out if vitamin D can lower the risk of several different cancers.

Just remember: when you see claims that a vitamin “maintains a healthy prostate” or “supports breast health,” what it really means is “there’s no good evidence that the vitamin lowers the risk of prostate or breast cancer.”

Omega-6 fats don’t cause inflammation.

"The anti-inflammatory diet counteracts the chronic inflammation that is a root cause of many serious diseases that become more frequent after age 60," explains Dr. Andrew Weil’s Web site.

"We now know that inflammation also plays a causative role in heart disease, Alzheimer’s and Parkinson’s diseases," the site adds, "as well as other age-related disorders, including cancer."

One cause of inflammation, says Weil: "Most people consume an excess of omega-6 fatty acids from which the body synthesizes hormones that promote inflammation."

In contrast, he continues, "omega-3 fatty acids have an anti-inflammatory effect and are found in oily fish, walnuts, flax, hemp, and to a smaller degree in soy and canola oils and sea vegetables."

Weil’s advice: "Avoid regular safflower and sunflower oils, corn oil, cottonseed oil, and mixed vegetable oils." Instead, he recommends olive or canola oils, which are lower in omega-6 fats than those other oils. (Oddly, he implies that soy oil is largely omega-3 fatty acids, even though it’s much higher in omega-6.)

Weil isn’t alone in his criticism of omega-6 fats.

"If you’ve got too much omega-6, inflammation wins," explains Dr. Mehmet Oz on his Web site. "Not only do you lose the power of the omega-3s...but you do serious damage to your body."

Only one problem: omega-6 fats don’t seem to promote inflammation.

"Eating less omega-6 vegetable oils doesn’t matter for two reasons," explains William Harris of the University of South Dakota Sanford School of Medicine.

"First, the body converts so little of the omega-6’s linoleic acid into arachidonic acid that its levels don’t budge." (Arachidonic is the fatty acid that supposedly leads to inflammation.)

"And second, the body converts arachidonic acid into both pro- and anti-inflammatory compounds, so it can’t be pigeonholed as one or the other," adds Harris.

In a recent Swedish study, 61 people with abdominal obesity were fed a diet that got 15 percent of its calories from either saturated fat (butter) or omega-6 fat (sunflower oil).19 The omega-6 diet had 14 times as much omega-6 as omega-3 fat.

Yet after 10 weeks, the researchers saw no rise in inflammation or in arachidonic acid in either group. What’s more, the people eating the omega-6 diet had less liver fat, which suggests that their insulin was working better.

Similar findings led the American Heart Association to caution consumers in 2009 not to cut back on omega-6 oils.20

"So far, there is no good evidence that omega-6 fats cause inflammation in people," says Harris, who chaired the panel of scientists who wrote the Heart Association’s advice.

"Eating less omega-6 fats is more likely to increase than to decrease the risk of heart disease," adds Harris. One reason: omega-6 fats lower LDL (“bad”) cholesterol.

It’s still important to get omega-3 fats from fatty fish (like salmon) or, if you’re a vegetarian, from DHA pills made from algae or yeast. Omega-3s lower LDL and may
also lower the risk of heart disease in other ways. (See "From Sun & Sea," Nov. 2009).

And don’t worry that the omega-6 fats from the soybean oil in most salad dressings, mayonnaise, and restaurant foods cause inflammation.

You need to cut calories as you get older.

Still eating the same-size sandwich, plate of pasta, or bowl of cereal that you always have? Maybe that’s why your waist is starting to spread out.

“Food lover that I am, the worst part about getting older is that I can’t eat as much as I used to without putting on weight,” says Marion Nestle, professor of nutrition, food studies, and public health at New York University.

“I hate this,” she adds. “But the reality is that bodies change with age in ways that reduce calorie needs.”

Resting metabolism—the rate at which we burn calories to keep our lungs, heart, kidneys, brain, and other organs running—starts to drop appreciably at around age 40 in men and age 50 in women.

“Muscle mass is replaced by fat—which burns fewer calories than muscle—and people generally become less active,” notes Nestle. Exercise helps, “but some of the change seems to be inevitable,” she adds. “I consider this the worst dirty trick about aging.”

The only consolation: You’re not alone.

“Every postmenopausal woman I know complains about how hard it is to main-
tain weight,” says Nestle. “It’s no fun to feel as though you can’t even look at food without adding on pounds.”

That’s one of the topics she addresses in Why Calories Count: From Science to Politics (University of California Press, 2012), her new book co-authored by Malden Nesheim, professor emeritus of nutritional sciences at Cornell University.

“We wrote the book in part to help everyone realize that we are all in this together,” says Nestle.

Magenesium may lower your risk of diabetes.

Want to avoid type 2 diabetes? Lose extra pounds, exercise daily, and limit sweeties, especially sugary drinks. That’s no surprise.

But eating more magnesium-rich foods like leafy greens, beans, whole grains, nuts, and wheat bran may also help. Yet many people fall short. A typical woman gets 250 milligrams of magnesium a day, but should get 320 mg. A typical man gets 335 mg, but should get 420 mg.

“We have very consistent evidence from population studies that higher magnesium status is associated with lower risk of type 2 diabetes,” says Yiqun Song, assistant professor of medicine at Harvard Medical School.

For example, in a meta-analysis of seven studies that tracked more than 286,000 people for 4 to 17 years, the risk of diabetes was 15 percent lower for each 100 mg a day of magnesium that people reported eating. That’s how much you’d get in four slices of whole wheat bread, one cup of beans, a quarter cup of most nuts, half a cup of cooked spinach, or half a cup of Original All-Bran cereal.

Still, questions remain because those studies weren’t designed to prove cause-and-effect. Something else about people who eat magnesium-rich foods may lower their risk of diabetes.

So researchers have tried to give people magnesium to see if it lowers their blood sugar or makes their insulin work better.

For example, a recent German study gave either magnesium (365 mg a day) or a placebo to 52 overweight people with insulin resistance.25 (If you’re insulin resistant, your insulin doesn’t work efficiently, and you have a higher risk of diabetes and heart disease.)

After six months, the magnesium takers had lower fasting blood sugar levels and less insulin resistance than the placebo takers.

Magnesium hasn’t worked in all studies, though. “We have inconsistent results from small trials,” says Song.

“But they used different doses and most were short term and tested people who already have diabetes. We’d like to do a larger and longer trial in people who don’t have diabetes to see if magnesium supplementation prevents the disease.”

Beans, greens, whole grains, and nuts are good sources of magnesium.

How might magnesium keep diabetes at bay? Some enzymes that regulate blood sugar need magnesium to work.

“Magnesium is also anti-inflammatory,” says Song. “And its antioxidant function may protect beta-cells.”

Diabetes occurs when blood sugar rises because beta-cells in the pancreas can no longer secrete enough insulin.

In the meantime, “we don’t have direct and conclusive evidence to recommend that people take magnesium supplements for preventing type 2 diabetes,” says Song.

“But it’s safe to consume magnesium-rich foods like green leafy vegetables, which are beneficial for many chronic diseases.”}

References:
Food Rumors

Have you heard...

Food rumors can start anywhere: a newspaper article, a TV show, a food label, something your mother or co-worker or friend says is absolutely true.

Some rumors are backed by decent evidence. Others sound more solid than they are or are wrong. Here’s the real story behind some of the latest crop.

Don’t bother taking calcium or vitamin D

“Healthy women advised not to take calcium and vitamin D to prevent fractures,” ran the headline in The New York Times last June.

The U.S. Preventive Services Task Force, an independent panel of scientists appointed by the Department of Health and Human Services, had issued a draft statement that left many people baffled.1

“It is clear that lower doses of calcium and vitamin D do not prevent fractures, and there is a small but measurable risk of vascular disease at higher intakes that I would say don’t go over the RDA. And no one has demonstrated any even faint possibility of benefit above that threshold, so there’s no point in taking any risk at all.”

In fact, that may be the one plus from the task force report.

“Many physicians, out of busyness, say ‘take 600 milligrams twice a day,’” thinking, ‘Oh, that will cover them,’” she says. “That should stop.”

Vitamin D is a different story. “This task force says there is no need for low-dose supplements,” says Dawson-Hughes. “But what about other doses?”

Even the task force acknowledged that 400 IU “would not be considered sufficient today.”

“Two trials that used 400 IU a day found no effect on fractures,” explains Dawson-Hughes. Another trial that gave 800 IU a day also found no lower risk.

“But two years into that five-year study, people were taking only half of their pills, so in essence, that was a low dose.”

In contrast, she says, “trials using doses of 700 to 800 units that have reasonable compliance do show benefit.” When she and other researchers looked at 11 trials on more than 31,000 people, they found a 30 percent lower risk of hip fracture in those who were given at least 800 IU a day of vitamin D.4

What’s more, she notes, a different U.S. Preventive Services Task Force concluded in May that 800 IU a day of vitamin D helps prevent falls in people aged 65 or older.5

“Well, thanks for the news,” Dawson-Hughes says. “People should take vitamin D for falls but not fractures?” asks Dawson-Hughes. “Falls are how you get to the fractures.”

The Real Story: To prevent fractures, shoot for the RDA for calcium (1,200 mg a day) and vitamin D (400 IU a day up to age 70 and 800 IU a day over 70) from foods and supplements.

If you eat too few calcium-rich foods, take a supplement...but only to reach the RDA.

Kidney stones,” Kirsten Bobbins-Domingo, a member of the task force and an associate professor of medicine at the University of California, San Francisco, told The Times.

“A ‘low dose’ is up to 1,000 milligrams calcium and 400 IU of vitamin D, said the task force. What about higher doses? We provide evidence was ‘insufficient’ to know. However, the largest trial testing calcium and vitamin D—which had a huge impact on the task force’s conclusions—doesn’t a realistic test of whether calcium...
higher fiber intakes tend to have healthier body weights."

People who eat fiber-rich foods like fruits, vegetables, and beans may stay leaner. But that doesn’t mean that the fiber is responsible. And there’s little or no evidence that most processed fibers—mostly white powders—that companies add to many foods keep you lean.

“We fed people whole breakfasts where we tested oatmeal, blueberries, and nuts versus Naked Juice with Fibersol,” says Joanne Slavin, a fiber expert at the University of Minnesota. (Slavin used Naked’s Blue Machine Juice Smoothie, which is mostly apple juice, banana and blueberry purée, and Fibersol-2, which is the processed fiber maltodextrin.)

“The breakfasts had the same amount of fiber, calories, protein, carbohydrate, and fat,” adds Slavin. Nevertheless, “people felt fuller on the whole foods.”

One possible explanation: “The whole-food breakfast stayed in the stomach longer,” she says. Other results also sug

...
as much weight on high-carb diets as they do on low-carb diets. So you need to lift not just a finger, but your feet.

Popcorn beats fruits and vegetables

"Popcorn packed with antioxidants," announced CBS News in March. "Popcorn, already known to be a good source of fiber, has higher levels of healthy antioxidants than some fruits and vegetables."

Whoa! So a bucket of popcorn at the movie theater or a bag of popcorn from your microwave beats cantaloupe, carrots, or nectarines?

"Based on fiber, whole grains, and antioxidant levels, popcorn is the king of snack foods," said Joe Vinson, the chemistry professor at the University of Scranton who carried out the tests that got so much press.

Well, except for the caveats:

- Absorbed? Vinson analyzed what's in popcorn, not how much gets absorbed into the body.
- Vitamins? Most fruits and vegetables are far richer in vitamin A, vitamin C, vitamin K, folic acid, potassium, and lutein than popcorn.
- Antioxidants? In theory, antioxidants should protect the body from damage done by unstable molecules known as free radicals. But so far, no studies have shown that antioxidants lower the risk of heart disease, cancer, or diabetes.

Calories, calories. Most fruits and vegetables have around 30 to 100 calories per serving. And lower-fat microwave popcorns like Pop Secret Butter 94% Fat Free and Orville Redenbacher's Smart Pop! Butter have around 100 calories per serving (6 cups).

But most microwave popcorn hits 250 calories per serving. And the last time we looked at movie theaters (December 2009), a small (6 cups) at AMC had 400 calories and a large (16 cups) had about 1,000 calories. That's without "butter." Calorie-wise, a large is like eating an 8 oz. bag of potato chips.

The king of snack foods? Fruits and vegetables still rule.

The Real Story: Fruits and vegetables are a better snack than popcorn.

ACE inhibitors, and other medications.

So taking fish oil with those drugs doesn't add much. "The medications are working through similar pathways as fish oil—decreasing lipids, clotting, and inflammation," says Manson. "So it's possible that the improved treatment of heart disease is obscuring the benefits of omega-3s."

It's also harder to see a difference between the placebo and fish-oil takers because both have fewer heart attacks than they used to.

But fish oil may help people who have not had a heart attack.

"Omega-3s may still have a benefit for a population that's not high-risk where the use of statins and aspirin and other anti-platelet medications is relatively infrequent," says Manson.

Her Vitamin D and Omega-3 Trial (VITAL) is testing 1,000 mg a day of the two major fish oil omega-3s, EPA and DHA, on men aged 50 and older and women aged 55 and older with no history of heart disease or stroke.

"In VITAL, fewer than half of the participants are using statins or aspirin," notes Manson. In contrast, roughly 80 percent of people who have had a heart attack are taking statins, and nearly all use aspirin.

The study will look at far more than heart disease.

"We now have 14 ancillary studies," says Manson. "In addition to looking at cancer and cardiovascular disease—the trial's main goal—we'll be looking at diabetes, memory loss, depression, atrial fibrillation, cardiac function, bone health, ..."
fractures, falls, knee pain, asthma, and autoimmune conditions like thyroid disease, rheumatoid arthritis, and lupus."

What to do until the results are out, which is likely to be 2017?

"Go ahead and eat two or more servings of fish a week," suggests Manson. "Not only has fish intake been linked to a reduced risk of cardiovascular disease in many populations, it often replaces less healthy sources of protein in the diet such as red meat."

But fish oil capsules? "The jury is still out," says Manson. "The early evidence was promising for secondary prevention, but now with better treatments, there may be only a small incremental benefit. But it's still appropriate to treat very high triglyceride levels" with fish oil capsules.

For people who haven't had a heart attack, it may be a completely different story. "We're still holding out hope that omega-3s will have benefits for preventing first cardiovascular events." 

The Real Story: Eat fish at least twice a week. For people who have already had a heart attack or stroke and are on medication, taking fish oil may not help. For others, the jury is still out.

**Constipation boosts your risk of colon cancer**

"America is a constipated nation," charged Denis Burkitt more than 30 years ago. The Irish surgeon argued that our low-fiber diet was a cause of colorectal cancer, diverticulosis, appendicitis, and more.

"If you pass small stools, you have to have large hospitals," he famously said. Burkitt suggested that "prolonged contact between concentrated stool content and the mucosa" lining the bowel gave carcinogens a chance to form and attack the colon.

"It's conventional wisdom, especially with older people," says the University of Minnesota's Joanne Slavin.

Yet large studies haven't found a greater risk of colorectal cancer in people with less frequent bowel movements. In fact, they may have a lower risk.

For example, in the Netherlands Cohort Study on Diet and Cancer, which tracked more than 68,000 men for 13 years, those who reported suffering from constipation "sometimes or more often" had a 25 percent lower risk of colorectal cancer than those who reported never being constipated. The lower risk was mostly due to a 60 percent lower risk of rectal cancer.

What's more, the men who reported having a bowel movement once or twice a day had a 30 percent higher risk of colorectal cancer than the just-once-a-day group. Four other large studies (in the U.S., Japan, and Europe) found similar results or no link at all.

"There isn't any good data that constipation is linked to a higher risk of colon cancer," says Slavin. "It's very weak."

The Real Story: No one wants to be constipated. But one consolation if you are: no need to worry that it will boost your risk of colorectal cancer.

**Sugar causes cancer**

"If you limit your sugar, you decrease your chances of developing cancer?" Sanjay Gupta asked Lewis Cantley, director of the Cancer Center at Beth Israel Deaconess Medical Center in Boston, on "60 Minutes" in April.

"Absolutely," replied Cantley. "When we eat or drink sugar, it causes a sudden spike in the hormone insulin, which serves as a catalyst for certain types of cancers," explained Gupta. "Nearly a third of common cancers, including breast and colon, have something called insulin receptors on their surface."

Cantley explained what he believes happens next: "If you happen to have a tumor that has insulin receptors on it, it will get stimulated to take up the glucose that's in the bloodstream. So rather than going into fat or muscle, the glucose now goes into the tumor, and the tumor uses it to grow. The cancers have evolved the ability to hijack that flow of glucose going by in the bloodstream into the tumor itself."

But so far, the results from studies on people are iffy.

"There isn't much evidence that sugar per se is related to cancer risk," says Walter Willett, chair of the nutrition department at the Harvard School of Public Health.

Being overweight clearly raises the risk of breast, colorectal, pancreatic, kidney, endometrial, esophageal, and some other cancers. And the high insulin levels in people who are overweight may at least partly explain how spare tire leads to cancer. But sugar alone doesn't account for high insulin levels.

"Sugar is too narrow a focus, because starch also contributes importantly to insulin response," says Willett. So does that spare tire.

"I don't think we have the final answers yet," he adds. "While the cancer story is not yet settled, the strongest reasons to keep sugar low are to reduce the risk of obesity, diabetes, heart disease, gout, and dental caries."

That should be enough, no?

The Real Story: Cut back on sugar, though the jury is still out on whether that will lower your risk of cancer.
Cutting back on salt is useless...or dangerous


In the article, freelance science writer Gary Taubes charged (among other things) that studies have failed to prove that eating too much salt "will raise our blood pressure, cause hypertension, then strokes, and then kill us prematurely." What's more, he claimed that "a slew of studies [suggest] that reducing sodium...is likely to do more harm than good."

Really? Every major health authority—from the Institute of Medicine of the National Academy of Sciences to the National Institutes of Health and the Centers for Disease Control and Prevention—got it wrong? No. Taubes did.

No benefit? Two recent meta-analyses are at the heart of Taubes' arguments. Each examined trials in which people were—or were not—told to eat less salt. One of the two was suspect because many of its trials lasted only a few weeks. But in the studies that lasted four or more weeks, the meta-analysis "shows significant falls in blood pressure with salt reduction," notes Graham MacGregor of Barts and the London School of Medicine and Dentistry. Shorter studies, he adds, "are of no relevance to a public health policy."

The second meta-analysis also had flaws. For starters, it should have omitted a trial on people with heart failure.

"The participants were severely salt and water depleted due to aggressive diuretic therapy," wrote MacGregor and colleague Feng He in a commentary on the meta-analysis published in the medical journal The Lancet. "A lower salt intake is likely to worsen the salt and water depletion and therefore, unsurprisingly, resulted in worse outcomes."

What's more, when the authors of the meta-analysis looked at the other six trials in the meta-analysis, they separated people who had normal vs. high blood pressure. That left each group with too few "events" like heart attacks and strokes. When MacGregor and He reanalyzed the data without breaking up the groups, they found a statistically significant 20 percent drop in events among the salt trimmers.

Even the meta-analysis authors noted that they had too few people to see the impact of cutting back on salt. "Our meta-analysis only had 10 percent power to detect a 10 percent reduction in [risk]," they wrote.

But the Trials of Hypertension Prevention (TOHP)—which was part of the meta-analysis—had reported a 30 percent reduction in cardiovascular events among people assigned to cut salt. So why did the meta-analysis find no lower risk among salt trimmers?

Less salt means a lower risk of heart attack, stroke, heart failure, and kidney failure.

Because TOHP made sure that its results were not due to age, race, sex, or other factors. The meta-analysis did not.

"The original TOHP analysis likely had more statistical power to see a reduced risk because it took those important factors into account," explains Jason Wu, a research associate at the Harvard School of Public Health.

Harm? What about Taubes' "slew" of studies on the dangers of eating less salt? Only one of those studies—the one on people with heart failure—was a trial that randomly assigned people to either cut salt or not. The other studies simply reported that people who consumed less salt (for whatever reason) had a higher risk of heart disease.

Did they eat less salt because they were health conscious? Or because they were ill? In some of the studies Taubes cites, the low-sodium group included people who consumed only 500 mg of sodium a day. That's a red flag that they were not eating much food...or that they may not have collected all of their urine over 24 hours.

"It is well recognized among experts that underestimating sodium intake is a common and serious problem that invalidates the results of many studies," notes Lawrence Appel, director of the Welch Center for Prevention, Epidemiology and Clinical Research at the Johns Hopkins Bloomberg School of Public Health in Baltimore.

"Taubes ignores persuasive yet inconvenient evidence which does not align with his own biases," adds Appel. Others agree.

"The facts show that our habitual high salt intake contributes to high rates of prehypertension and hypertension and the high rates of heart attack, stroke, heart failure, and kidney failure induced by adverse blood pressure levels," says Jeremiah Stamler, professor emeritus at Northwestern University's Feinberg School of Medicine in Chicago.

"Taubes espouses erroneous opinions that have the potential to do damage to the health of the population," he adds.

"They need to be dismissed."

The Real Story: Cutting back on salt isn’t dangerous and lowers the risk of heart attacks and strokes.\(^1\)

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1. [www.uspreventiveworksitesallords.org/uspreventive/index.htm](http://www.uspreventiveworksitesallords.org/uspreventive/index.htm)
5. [www.uspreventiveworksitesallords.org/uspreventive/index.htm](http://www.uspreventiveworksitesallords.org/uspreventive/index.htm)
SERVINGS ON STEROIDS

STILL SUPER SIZED

BY JAYNE HURLEY & BONNIE LIEBMAN

In 2004, McDonald’s phased out its super size fries and drinks. The decision was widely attributed to “Super Size Me,” an independent film that documented the filmmaker’s “growth” as he ate nothing but McDonald’s food for a month. A company spokesperson claimed at the time that the decision had “nothing to do with that whatsoever.” Yeah, right.

In fact, super sizes are alive and well, not just at fast-food

chains, but at restaurants of all stripes. Of course, menus don’t call them super-sized. They’re just the typical servings we now think of as normal.

Here’s how a sampling of restaurant foods (the left photo of each pair) compares to the government’s official serving sizes (the right photo). The government servings are supposed to reflect what people actually eat. Yeah, right.

Information compiled by Danielle Hazard.

SANDWICHES. If you ask the U.S. Department of Agriculture (USDA), a typical sandwich weighs 5 ounces. Maybe that would work if you stuck two 1 oz. slices of meat on two 1 oz. (smallish, Wonder-type) slices of bread and if your garnishes (cheese, lettuce, tomato, mayo, etc.) added up to only 1 oz.

But at many restaurants, 5 oz. is closer to half a sandwich. At Panera, for example, a Smoked Ham & Swiss (ham, Swiss, lettuce, tomatoes, red onions, mayo, and mustard) served on Stone-Milled Rye weighs about 14 oz., according to the company.

That’s why it delivers 700 calories along with half-a-day’s worth of saturated fat (10 grams) and a ½-day supply of sodium (2,350 milligrams). (Nearly 300 of the calories and 900 mg of the sodium come from the sandwich’s 4 oz. of bread.)

It’s not just Panera. At Au Bon Pain, a Ham and Swiss on Country White Bread hits 11 oz. and 530 calories (make it 600+ if you add mayo).

On the plus side, Panera offers half a sandwich (7 oz. and 350 calories) plus soup or a half salad. And Au Bon Pain sells a “Demi” (about 8 oz. and 400 calories).

Repeat after us: half is the new whole.

MUFFINS. A muffin weighs 2 ounces, according to the Food and Drug Administration (FDA). Not according to restaurants.

At Dunkin’ Donuts, the blueberry muffins we bought weighed about 5 oz. They’re in the same ballpark as the muffins at Panera, Starbucks, and Au Bon Pain.

No wonder a single blueberry muffin can leave anywhere from 360 calories (Starbucks) to 490 calories (Au Bon Pain) for your fat cells to store. Other kinds of muffins do about the same damage.

Where do the 480 calories in Dunkin’s Blueberry Muffin come from? You get about 180 from the roughly 11 teaspoons of added sugar (a two-day supply for women), around 150 each from the white flour and oil, and about 10 from the blueberries (assuming Dunkin’ uses, say, 10 or 15 berries per muffin).

Dunkin’s Reduced Fat Blueberry Muffins trim the calories w-a-a-y down to 430 (and the added sugar to around 10 teaspoons). Wow. Thanks.

The only way to really trim a muffin: eat half. Better yet, skip the muffin—and Dunkin’ Donuts and Starbucks and Panera and Au Bon Pain—and find yourself a handful of berries.

*Estimate.
PIZZA. When did we go from one slice to one pizza per person? Pizza Hut’s (610-calorie) Personal Pan Pepperoni Pizza weighs 2 ounces more than the USDA’s standard serving size of 5 oz. But it’s puny next to the individual pepperoni pizzas at California Pizza Kitchen (about 13 oz.) or a Thin Crust at Uno Chicago Grill (15 oz.). What aren’t puny are the calories: roughly 1,000 in each pizza. Other individual pizzas at sit-down restaurants range from 700 to 1,200 calories.

But there are exceptions. Uno’s (19 oz.) Deep Dish Prima Pepperoni Pizza, for example, smacks 1,830 calories and 3,120 milligrams of sodium (a two-day supply) down your gullet. Mmmm.

Why does the pizza appear to have only 610 calories on Uno’s Web site? It’s as obvious as the “Servings Ind.3 Reg.6” that’s tucked into the corner of the Web page. Translation: multiply 610 by 3 to get the calories, etc., for an individual pizza and multiply by 6 to get the numbers for a regular. How convenient.

*Estimate.

SMOOTHIES. At Smoothie King, a serving ranges from 20 to 40 ounces. So much for the FDA’s official 8 oz. serving. But who cares? Smoothies are mostly fruit, right?

Wrong. At Smoothie King, even a 20 oz. Stay Healthy Pomegranate Punch Smoothie packs a 460-calorie punch. And two-thirds of the calories come from juice concentrate, not fruit, which means that they won’t curb your appetite like the calories from solid foods do. Needless to say, stay away from the 930-calorie, 40 oz. Pomegranate Punch unless you’re hoping for a Smoothie King-size middle.

At Jamba Juice, the servings range from 16 oz. (“Sixteen”) to 30 oz. (“Power”). So you walk away with, say, 370 calories in a 22 oz. (“Original”) Pomegranate Pick-Me-Up. Not too smooth.

BURGERS. A burger weighs 5 ounces, says the USDA. That would work if the bun were 2 oz. and the meat were 3 oz. Other than a Burger King Whopper Jr. (5 oz.) or McDonald’s Quarter Pounder (6 oz.), good luck finding one of those babies.

A McDonald’s Big Mac or Big N’ Tasty weighs about 7 oz. An Angus Burger weighs 11 oz. That’s closer to what you’re likely to get at most sit-down restaurants.

If you can even find a burger with no cheese or bacon, like Chili’s Oldtimer Big Mouth, you’re still talking a 5 oz. (cooked) patty and a 4 oz. bun. That explains the Oldtimer’s 880 calories. (Make it 1,260 if you eat the fries that come on the side.)

If 1,200+ calories for a sit-down-restaurant burger plus fries seems unusually steep, it’s not. The other Chili’s Big Mouth Burgers (with fries), for example, clock in at 1,500 to 2,140 calories plus 21 to 44 grams of saturated fat and 3,330 to 6,710 mg of sodium.

Big Mouths eventually turn into Big Bellies...and Big Coronaries.

*Estimate.
SERVINGS ON STEROIDS

300 calories
4 oz.
Starbucks Bagel

1,190 calories
11 oz. cooked
Outback Steakhouse 14 oz. Ribeye Steak

150 calories
2 oz.

330 calories
3 oz. cooked

STEA K • A typical serving of steak (like all other meats) is only 3 ounces cooked (or 4 ounces raw), says the USDA. Really?

On mid-priced steakhouse menus (which list raw weights), a ribeye is typically 14 oz. That cooks down to 11 oz., nearly four times the USDA serving. That’s why a 14-ouncer from Outback, LongHorn, or Lone Star brings about 1,000 calories to your plate. Most New York strip, sirloin, and other boneless steaks range from 8 to 14 oz.

The good news: many chains now offer 6 oz. sirloin steaks, which cook down to 4½ oz. That’s within sight of the USDA’s elusive 3 oz. serving. Now you’re talking around 350 calories.

Think of it this way: cowboys aren’t supposed to be chubby.

970 calories
21 oz.
Chipotle Chicken Burrito

230 calories
5 oz.

BURRITOS. A burrito weighs 5 ounces, says the USDA. At Chipotle, a Chicken Burrito weighs 21 oz. and delivers 970 calories (and 2,120 mg of sodium). Why?

The tortilla starts you off with nearly 300 calories of white flour. Fill it with rice (310 calories), beans (120), chicken (190), cheese (100), sour cream (120), and tomato salsa (20), and you’re there. Guacamole? Add another 150 calories.

It’s not just Chipotle. You can expect 1,000 calories in a (17 oz.) Qdoba Grilled Chicken Burrito. And it’s not just chicken. Just about any burrito—chicken, pork, beef, veggie—is going to set you back some serious calories. Ay caramba!

840 calories
1 cup
Olive Garden Capellini Pomodoro

240 calories
3½ cups*

360 calories
3 oz.
Starbucks Chocolate Chunk Cookie

PASTA. A serving of pasta with sauce is 1 cup, says the FDA. At Olive Garden, the dinner-size Capellini Pomodoro (thin spaghetti with Roma tomatoes) measures about 3½ cups. That’s why you end up with 840 calories, plus whatever the free breadsticks (150 calories a pop) or dressed salad (350 calories per fill-up) add. Our advice: get a (480-calorie) lunch-size order.

At California Pizza Kitchen, the Tomato Basil Spaghetti measures about 3 cups…and 1,040 calories. In fact, CPK’s pastas almost always come in at 1,000 calories or more.

Pasta packs 200 calories per cup before you add any sauce. How many cups can you afford?

COOKIES. A serving of cookies is 1 ounce, says the FDA. That’s equal to three ordinary Chips Ahoy! Chocolate Chip Cookies. How 1950s. At Starbucks, the 3 oz. Chocolate Chunk Cookie delivers 360 calories’ worth of white flour, chocolate, sugar, butter, and eggs. That’s more than Corner Bakery’s Old Fashioned Chocolate Chip (300), equal to Dunkin’ Donuts Triple Chocolate Chunk (360), and less than Panera’s Chocolate Chipper (440).

Starbucks does sell a 1 oz. (130-calorie) Double Chocolate Cookie. They call it Treat-Sized. We call it sensible.

Since when is a cookie the size of a McDonald’s Quarter Pounder patty? Since Americans started growing bigger buns.
HOW TO GET A GUT

BY BONNIE LIEBMAN

It creeps up on you. One day you can't seem to fasten your skirt, your pants feel snug, you notice a bulge over your seat belt.

You're not alone. The average adult American gains about a pound per year. And fat around your middle is the worst for your health, because it raises the risk of heart disease, diabetes, and possibly dementia.

Not sure where that gut came from? Here's some of the latest research on what makes us gain weight...and waist.

Continued on page 3.
1 Don't bother getting up.

You sit in the car, at the office, at your home computer, and in front of the TV. Why move when you can work, e-mail, shop, and talk on the phone without so much as standing up (except to walk to the bathroom, kitchen, or car)? Moving your limbs is becoming obsolete.

"Throughout evolution, we needed muscle and bone because we spent a lot of time walking around," says Janet Rubin, professor of endocrinology and metabolism at the University of North Carolina School of Medicine in Chapel Hill. "Now we don't do much of that, so we're defaulting toward having more fat instead of muscle and bone."

Rubin is one of a cadre of researchers who are studying whether inactivity may drive the body to make new fat cells. "Any mesenchymal stem cell can become a bone cell, a muscle cell, or a fat cell," she explains. "The question is whether the mechanical signals from exercise can alter the decision of cells to end up as fat."

When researchers put mice on a barely vibrating platform for 15 minutes a day to simulate very-low-level muscle movement, the mice committed fewer stem cells to becoming fat cells.1

"We know you can control the size of fat cells with calories," says Rubin. "The question is whether you can control the number of fat cells through exercise."

Of course, even if stem cells have little to do with your gut, it's clear that burning calories is critical.

For example, researchers assigned 168 overweight postmenopausal women to either aerobic exercise—most walked or rode stationary bicycles—for at least five days a week for 45 minutes a day, or to stretch at least once a week for at least 45 minutes.2

"Most Americans gain one to two pounds on average every year, and that adds up to dangerous levels over a lifetime," says McTiernan. "Regular, moderate-intensity exercise can help keep the weight from creeping on, which can translate to a lower risk of diabetes, cardiovascular disease, or cancer in the long run."

After one year, those who came closest to following that advice—they exercised for 195 minutes a week, which is roughly equivalent to 40 minutes a day, five days a week—lost 7 percent of their intra-abdominal fat. Those who exercised five days a week for about 30 minutes a day lost 6 percent, and those who exercised five days a week for less than 30 minutes a day lost 3 percent.

On average, the women in the stretch group lost no weight. But those who were the least overweight when the study began ended up with 7 percent more intra-abdominal fat.

"Even if you don't see dramatic weight loss, exercise reduces overall body fat and hidden intra-abdominal fat, the most dangerous type," says study author Ann McTiernan of the Fred Hutchinson Cancer Research Center in Seattle.

It's not just walking and running that matters. Scientists assigned more than 160 overweight and obese women aged 25 to 44 to do strength training twice a week or to receive a brochure recommending aerobic exercise.3 After two years, the strength-train-ers had a 4 percent drop in total body fat, but a 7 percent rise in belly fat. Far worse, the brochure group lost virtually no total body fat, and had a 21 percent rise in belly fat.

Why worry about your waist? "That's where people tend to gain fat," explains Eric Rimm, associate professor in the departments of epidemiology and nutrition at the Harvard School of Public Health in Boston. And it's not just a matter of appearance.

"We look at the waist because it's a strong predictor of a number of chronic diseases like diabetes and heart disease," says Rimm. "It's especially strong among older men, because they lose muscle mass as they age, so their weight stays constant while their girth is getting larger."

Here are eight tongue-in-cheek tips that can bulk up your belly.
Keep eating as much as you ate in your 20s.

You always have chips with your sandwich, always clean your plate when you go out for Italian, always order egg rolls when you have Chinese, always get a pastry with your coffee. It's never been a problem, so why change now?

Here's why. "As you get older, calorie requirements go down," says Susan Roberts, director of the Energy Metabolism Laboratory at the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University in Boston.

You need fewer calories as you age because your metabolic rate is falling, because you're burning fewer calories to process the food you eat, and because you're making fewer spontaneous movements.

"You use fewer calories per year, even if you keep up the same level of activity," explains Roberts, who served on the National Academy of Sciences' Institute of Medicine panel that estimated calorie needs.

And who's as active as they were in their 20s anyway? How many people spend as much time running, biking, or playing tennis or soccer as they did back then?

Even if you put in the same hours exercising, your ability to transport and use oxygen drops with age, so it feels harder to get the same workout, says Roberts.

"Someone who's 70 years old is just not capable of the same level of exertion as a 20 year old."

Many people realize that they have to cut calories as they age, but they don't realize how many. "Women going through menopause know that their calorie needs do go down, but the magnitude of how much is a big shock," says Roberts.

For men, the drop in calorie needs is even greater.

"At the age of 20, a guy has lots of room for discretionary foods like cake, brownies, chips, whatever," says Roberts. "But by the time he gets to 60, there's no room for any of that stuff. It requires a profound shift in what he eats."

Men are willing to make small cuts, she adds, "but they don't realize that they may need to eat 1,000 less calories at 60 versus at 20."

3 Bump up your calories per bite.

Chocolate. Butter. Cream. Brownies. Who says you can't have your cake and eat it too?

Foods like cookies, cakes, pies, doughnuts, croissants, chips, and pretzels are calorie-dense.

That means they pack a lot of calories into each bite, so more calories reach your still-room-for-more fat depots.

"We've done a series of short-term studies where we reduced calorie density by one-third and people didn't even notice," explains Barbara Rolls, professor of nutritional sciences at Pennsylvania State University in University Park.

When people eat the same number of spoonfuls, they don't notice if each one has fewer calories. "They eat a consistent weight or volume of food. It's a pretty fundamental response."

In longer-term studies, cutting calorie density helps people lose weight. For example, Rolls and her colleagues randomly assigned nearly 100 obese women to either eat less fat or to eat less fat and increase water-rich (non-calorie-dense) foods, especially fruits and vegetables.

"After six months, the group that combined reducing fat and eating more fruits and vegetables lost five more pounds," Rolls notes. The women also reported feeling less hungry.

In another study, people who cut their calorie density the most lost more weight (13 pounds) over six months than people who cut their calorie density the least (they lost 5 pounds).

On the flip side, calorie-dense foods seem to leave a lasting impression on your bathroom scale. In a recent study of 186 women, those who reported eating more calorie-dense foods—like baked desserts, refined grains, and fried potatoes—gained 14 pounds over six years, while those who ate foods with a lower calorie density gained only 3½ pounds.

How do you lower calorie density? "The biggest influence is the water content of foods," explains Rolls. "So you can eat more fruits and vegetables, broth-like soups, lean protein foods like chicken and fish, and whole grains, which absorb water. Cutting fat also helps."

"We're not talking about a very-low-fat diet," says Rolls. "But you can reduce..."
Drink 4 calories

Thirsty? Have a glass of water. Some apple juice with breakfast. Some ice tea. A cup of coffee with milk.\n
But it goes down further and stays down longer after the drink.\n
After we eat our dinner, we go down faster and stay down longer after we eat our dinner.\n
And sodas and juices may cause more trouble than milk or smoothies. The bottom line is don't drink any more of these drinks.\n
Best that artificial sweeteners may mess up the body's internal warning systems. Let's not count these drinks.\n
Fat out

Fast food versus slim drinks make people want to eat more rather than less.\n
We found that people may get sick of eating less. They may be more likely to eat more.\n
The solution is obvious: drink plain water and switch to calorie-free beverages.\n
What is not only easy to do, but will change the way you eat, is to not eat as much. You can eat less and still get the same number of calories.\n
Diet sodas may create other problems. The calories in restaurant foods are not the same as the calories in home foods.\n
Why dine in when you can go out and enjoy a restaurant meal instead of eating at home? You get the same number of calories.\n
The calories in restaurant foods are not the same as the calories in home foods. You get the same number of calories.\n
And few people go out only on the weekends. You can eat less and still get the same number of calories.\n
5 more often
like offering pasta in more than one shape—makes people eat more. 13

Of course, giving up restaurants completely is unnecessary. "It's part of the fabric of many people's lives," says Roberts. "But eating out less frequently is one of the easiest things you can do" to keep your gut from growing.

6 Look for trans fats.

It's getting harder to find trans fat these days, but you can still get it buried inside some pie crusts, pastries, microwave popcorns, frozen pizzas, and biscuits. You can also get it in restaurant foods, unless you're eating out in New York City, Philadelphia, or a few other cities where trans fats are virtually banned.

What does trans have to do with your waist?

The first clue came in 2003, in a study of more than 16,000 men. Harvard researchers found that those who ate more trans fat were more likely to gain waist circumference over eight years. 14

Four years later, researchers at Wake Forest University School of Medicine in Winston-Salem, North Carolina, reported on a study of 42 male African green monkeys. 15 For six years, half the monkeys were fed diets rich in trans fats and the other half were fed diets high in monounsaturated fats. The researchers tried to give the monkeys only enough calories to keep their weight constant, but the transfed-monkeys' weight jumped 7 percent, while the monofed-monkeys' weight rose only 2 percent.

What's more, the transfed monkeys had higher post-meal blood insulin levels, suggesting that they had become insulin resistant, which could raise the risk of diabetes and heart disease.

"Trans fat could be interfering with the ability to send signals through cell membranes," says Harvard School of Public Health researcher Eric Rimm. "And that could interrupt normal fat storage and fat burning."

7 Surround yourself with food.

When someone offers you something yummy, why not oblige? You don't want to be rude. And even if it's not a person, but, say, the counter at Starbucks that's making the offer, why not go for it? Turns out you're hungrier than you realized.

Sound familiar? If so, you may be what researchers call "dissimulated."

"These are people who take food opportunities," says Tufts University's Susan Roberts.

"It's the person who takes a slice of birthday cake even though it's 2 p.m. and they're still full from lunch."

Disinhibition isn't just a matter of willpower.

"It's the person who goes into Dunkin' Donuts to buy coffee and looks at the doughnuts and 30 seconds later they're hungry," says Roberts. "So whether they buy the doughnut or not, they probably eat more overall, because the doughnuts have stimulated their hunger."

Having willpower is closer to what scientists call restraint. "A restrained eater will think about which salad dressing to buy and will eat salad for lunch five days a week because it has 400 calories versus a burrito, which has 700," says Roberts. "Being restrained helps a small amount, but not as much as if you're not disinhibited in the first place."

In a study of over 600 postmenopausal women, disinhibition was a stronger predictor of weight gain than restraint or hunger. 16 If you're extremely disinhibited, you gain some-

thing like 40 pounds between the ages of 30 and 55," says Rimm.

Restaurant food isn't only to blame. Surrounding yourself with food at home or at work is also a recipe for gut expansion. For example, secretaries ate more candy if a bowl sat on their desk rather than six feet away, and they ate more if the bowl was clear than if they did if it was opaque. 17

The solution: keep your distance. "For example, don't go into Dunkin' Donuts and try to tough it out with the doughnuts if they tempt you," says Roberts. "Just don't go in."

8 Get less sleep.

So what if you stay up late again? You'll just drag yourself out of bed and double the caffeine tomorrow morning. No one gets a good night's sleep these days anyway. In fact, roughly one out of three men and women aged 30 to 64 reported sleeping less than six hours a night in 2004, up from one out of four in 1985. 18 (Experts recommend at least seven hours of sleep a night.) What on earth does sleep have to do with your belly?

"Large epidemiological studies have found a relationship between short sleep duration and obesity," explains James Gangwisch, an assistant professor in the division of cognitive neuroscience at the Columbia University College of Physicians and Surgeons in New York.

For example, in a study that tracked more than 68,000 nurses for 16 years, the odds of gaining at least 33 pounds were 32 percent higher among those who slept no more than five hours a night than among those who slept at least seven hours. 19

No one could easily explain the link, says Gangwisch, until researchers at the University of Chicago kept healthy young men from sleeping more than four hours a night for two nights in a row. 20

"When they were deprived of sleep, their appetites went way up," says Gangwisch.
A BREAKTHROUGH PLAN FROM THE EDITORS OF Prevention.

Flat Belly Diet

A FLAT BELLY IS ABOUT FOOD & ATTITUDE. PERIOD. NOT A SINGLE CRUNCH REQUIRED.

Sick, I mean really sick, of all that belly fat, dear friend?’ asks the “special announcement” that hundreds of thousands of women received in the mail last summer about “a remarkable fat-melting breakthrough from the folks you trust at Prevention magazine.”

If you sent in the card and bought the Flat Belly Diet (only $32 plus shipping and handling), you would have learned that the “new belly-flattening nutrient” is monounsaturated fats (MUFA's). Yup. The same monos you’ll find in olive oil, canola oil, avocado, nuts, and peanuts.

“Yes, my friends, I am talking about chocolate and peanut butter,” writes Prevention’s editor. “The more you eat...the MORE you lose.”

The “Research.” What’s the evidence that monounsaturated-fats “target your belly fat and help make it vanish”? Here’s what the book’s introduction claims.

“It wasn’t until the spring of 2007 that we realized just how amazing these fats are. That was when Spanish researchers published a study in the journal Diabetes Care showing that eating a diet rich in MUFA’s can actually help prevent weight gain in your belly.

“The researchers looked at the effect of three different diets—one high in saturated fat, another high in carbohydrates, and a third rich in MUFA’s... All three diets contained the same number of calories, but only the MUFA diet was found to reduce the accumulation of belly fat and, more specifically, visceral belly fat.

“Bear in mind. No other nutrient can do this.”

Wow. Pretty impressive... if it were true.

The Truth. First of all, the study involved a measly 11 people—a bit skimpy for “breakthrough science.” And all 11 were the offspring of people with diabetes, so it’s hard to know whether the results apply to anyone else.

Second, no one lost any weight. Instead, the researchers found more fat in the upper body (chest and abdomen) and less fat in the lower body (hip, thigh, and leg) after a month on the high-carb diet than after a month on the diets that were high in either monounsaturated or saturated fats.

Does a high-carb diet shift fat from your hips to your waist? It would take more than one study on 11 people to know. In other studies, fat deposits were no different when overweight people cut calories with either high-MUFA or high-carb diets.

The Flat Belly Diet has recipes for healthy dishes and exercise routines. That’s fine. But “a NEW discovery” that helps “dieters lose more weight and keep it off longer”? Don’t bet your gut on it.

12 Obes. Res. 7: 564, 1999.
17 Int. J. Obes. 30: 671, 2006.
to trim the 1,060 calories, 15 grams of sat fat, and 2,370 mg of sodium. Order it light on cheese to let the veggies and Honey-Wheat with Whole Grain crust shines through.

- Goat Cheese with Roasted Peppers. "Mild goat cheese with roasted red & yellow peppers, grilled Japanese eggplant, Mozzarella cheese, caramelized onions, fresh Italian parsley and our tomato sauce" sounds (and is) delish. Ordering it on a thin crust cuts the calories from 1,180 to 1,010. And skipping the mozzarella should trim a few grams off the 23 grams (a full day's worth) of saturated fat. (The creamy goat cheese has more than enough oomph without another cheese.) Don't even think about the applewood smoked bacon that the menu offers. Who needs an extra 130 calories, 4 grams of sat fat, and 540 mg of sodium?

**SALAD PICKS**

A meal-size salad can deliver 1,000 calories and 1,000 to 2,500 milligrams of sodium. That's why it's best to stick to smaller (Half or Small Cravings) salads.

Sbarro has more than 1,000 locations—mostly in shopping malls, airports, and train stations—in 30 countries. Most people buy just a slice...and never realize that they're downing the equivalent of half a typical thin-crust pizza at California Pizza Kitchen or Uno.

Of course, you'd never figure that out from Sbarro's Web site, which has a "Nutrition Information" page that has been "currently under construction" for what seems like a decade. We got numbers by calling Sbarro outlets in cities like New York and Seattle, where menu labeling is required. (We had to make some estimates for saturated fat, which the chain ignores.) Unfortunately, Sbarro doesn't offer even part-whole-wheat crust.

**PIZZA PICKS**

- Thin-Crust Cheese or Fresh Tomato & Basil or Mushroom. All three pizzas keep the calories at about 450 per slice, the sat fat at a third of day's limit, and the sodium at around 1,000 milligrams (the Mushroom has 1,310 mg).

- Field Greens Half Salad. It's hard to see how "a blend of fresh field greens, pears and candied walnuts tossed in our homemade Dijon balsamic vinaigrette" reaches 500 calories without the optional grilled shrimp, sautéed salmon, or Gorgonzola cheese add-ons. (The half salad's two tablespoons of vinaigrette contribute just 180 calories.) At least the sodium (100 mg) isn't through the roof.

- Classic Caesar Half Salad. It's less interesting than the Field Greens Salad, but it delivers just 280 calories. The 520 mg of sodium is par for the course for restaurant salad.

Here are a few of the better options:

- Small Cravings Asparagus & Arugula. If you're looking for a side salad, look no further. "Fresh arugula, asparagus and sun-dried tomatoes tossed in our homemade lemon-herb vinaigrette, topped with toasted almonds and shaved Parmesan cheese" clock in at just 170 calories and 390 mg of sodium. It's a lighter, delicious alternative to the 340-calorie Tuscan Panzanella Salad or the 280-calorie The Wedge Salad.

**NUTRITION ACTION HEALTHLETTER • MARCH 2011**

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<tr>
<th>New York Style Thin-Crust Pizzas (1 slice)</th>
<th>Calories</th>
<th>Sat Fat</th>
<th>Sodium (mg)</th>
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<tr>
<td>Fresh Tomato &amp; Basil</td>
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<td>Cheese</td>
<td>460</td>
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<tr>
<td>Chicken &amp; Vegetable</td>
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<td>Pizza Bianca (White Pizza)</td>
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<tr>
<td>Pepperoni</td>
<td>730</td>
<td>19</td>
<td>2,200</td>
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Pan Pizzas (1 slice):

- Classic Pan Cheese                       | 660     | 8      | 1,460       |
- Sautéed Fresh Spinach & Yellow Peppers  | 670     | 10     | 1,470       |
- Hawaiian (ham, Canadian bacon, pineapple)| 680     | 11     | 1,820       |
- Fresh Tomato & Basil                     | 700     | 10     | 1,650       |

**Stuffing Pizzas, Calzone, & Stromboli (1 piece or slice):**

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<td>Meat Delight</td>
<td>780</td>
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**Daily Limits** (for a 2,000-calorie diet): *Sodium: 1,500 milligrams.
Saturated Fat: 20 grams.

Source: Company information. The use of information from this article for commercial purposes is strictly prohibited without written permission from CSPI.
With more than 260 restaurants in 32 states and 10 foreign countries, California Pizza Kitchen has traveled far beyond its namesake state. And with 34 pizzas—from Tostada and Thai Chicken to Pear & Gorgonzola and The Greek—you won’t get bored for some time.

But you—and your medical bills—may get bigger if you keep eating one pizza per person. Here are the best pizzas to share... and the best salads to pair them with.

**PIZZA PICKS**

- **Roasted Artichoke & Spinach Thin Crust.** Oven-roasted artichoke hearts, sautéed spinach, garlic, three cheeses (fontina, mozzarella, and Parmesan), and spinach artichoke sauce means “only” 990 calories, nearly a day’s saturated fat (19 grams), and more than a day’s sodium (2,500 milligrams). Still, it’s the lowest-calorie pizza on the menu. Our advice: order it light on the cheese. It’ll still be packed with flavor.

- **Tricolore Salad Pizza Thin Crust.** If you think it’s odd to eat a pizza topped with salad, just try it. The “caramelized Parmesan pizza crust topped with chilled arugula, baby red leaf lettuce, radicchio, diced tomatoes and shaved Parmesan cheese, tossed in our homemade Dijon balsamic vinaigrette” is delectable, with or without grilled shrimp (100 calories), sautéed salmon (230 calories), or grilled chicken breast (240 calories). Bonus: you won’t have to order a side salad.

  The downside: The Tricolore packs 1,000 calories, 15 grams of sat fat, and 1,910 mg of sodium. You can lose 180 calories, 3 grams of sat fat, and 250 mg of sodium by getting the salad topping dressed with just half of the generous four-tablespoon serving of Dijon balsamic vinaigrette.

- **Vegetarian with Japanese Eggplant.** Baby broccoli, grilled Japanese eggplant, roasted corn, sliced red onions, mushrooms, and sundried tomatoes. You’d be hard-pressed to find a pizza packed with more delectable vegetables. Eat no more than half a pizza.

---

**Within each section, main items are ranked from least to most calories, then saturated fat, then sodium.** Pizzas are shown with crusts featured on the menu. Use the “Crust vs. Crust” section to calculate how numbers would change with a different crust.

### Thin Crust Pizzas (1 slice)

<table>
<thead>
<tr>
<th>Pizza Description</th>
<th>Calories</th>
<th>Saturated Fat</th>
<th>Sodium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roasted Artichoke &amp; Spinach with grilled chicken</td>
<td>990</td>
<td>19</td>
<td>2,480</td>
</tr>
<tr>
<td>Tricolore Salad Pizza with grilled shrimp</td>
<td>1,060</td>
<td>15</td>
<td>1,910</td>
</tr>
<tr>
<td>with sautéed salmon</td>
<td>1,230</td>
<td>18</td>
<td>2,060</td>
</tr>
<tr>
<td>with grilled chicken breast</td>
<td>1,240</td>
<td>16</td>
<td>2,200</td>
</tr>
<tr>
<td>Goat Cheese with Roasted Red Peppers</td>
<td>1,010</td>
<td>21</td>
<td>2,480</td>
</tr>
<tr>
<td>Peperonini Supremo</td>
<td>1,020</td>
<td>21</td>
<td>3,050</td>
</tr>
<tr>
<td>Four Seasons</td>
<td>1,050</td>
<td>16</td>
<td>3,470</td>
</tr>
<tr>
<td>Margherita</td>
<td>1,110</td>
<td>20</td>
<td>2,010</td>
</tr>
<tr>
<td>Sicilian</td>
<td>1,230</td>
<td>29</td>
<td>3,110</td>
</tr>
<tr>
<td>Pesto Chicken</td>
<td>1,380</td>
<td>21</td>
<td>2,620</td>
</tr>
</tbody>
</table>

### Traditional Crust Pizzas, unless noted (1 slice)

<table>
<thead>
<tr>
<th>Pizza Description</th>
<th>Calories</th>
<th>Saturated Fat</th>
<th>Sodium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Cheese</td>
<td>1,000</td>
<td>16</td>
<td>2,160</td>
</tr>
<tr>
<td>Italian Tomato &amp; Basil</td>
<td>1,030</td>
<td>17</td>
<td>2,330</td>
</tr>
<tr>
<td>Vegetarian with Japanese Eggplant on Honey-Wheat with Whole Grain crust with mild goat cheese</td>
<td>1,050</td>
<td>15</td>
<td>2,370</td>
</tr>
<tr>
<td>Hawaiian with pepperoni instead of Canadian bacon</td>
<td>1,060</td>
<td>16</td>
<td>2,410</td>
</tr>
<tr>
<td>White Pizza with applewood smoked bacon</td>
<td>1,240</td>
<td>26</td>
<td>3,000</td>
</tr>
<tr>
<td>Five Cheese &amp; Fresh Tomato</td>
<td>1,110</td>
<td>25</td>
<td>2,540</td>
</tr>
<tr>
<td>Roasted Garlic Chicken</td>
<td>1,120</td>
<td>18</td>
<td>2,120</td>
</tr>
<tr>
<td>The Original BBQ Chicken</td>
<td>1,140</td>
<td>19</td>
<td>2,570</td>
</tr>
<tr>
<td>Peperonini</td>
<td>1,140</td>
<td>22</td>
<td>2,640</td>
</tr>
<tr>
<td>The Hawaiian BBQ Chicken</td>
<td>1,160</td>
<td>19</td>
<td>2,570</td>
</tr>
<tr>
<td>Goat Cheese with Roasted Peppers with applewood smoked bacon</td>
<td>1,180</td>
<td>23</td>
<td>2,640</td>
</tr>
<tr>
<td>Chipotle Chicken with grilled steak instead of chicken</td>
<td>1,220</td>
<td>19</td>
<td>2,770</td>
</tr>
<tr>
<td>Pear &amp; Gorgonzola</td>
<td>1,260</td>
<td>24</td>
<td>2,180</td>
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### Salads with dressing

<table>
<thead>
<tr>
<th>Salad Description</th>
<th>Calories</th>
<th>Saturated Fat</th>
<th>Sodium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Cravings Asparagus &amp; Arugula</td>
<td>170</td>
<td>2</td>
<td>390</td>
</tr>
<tr>
<td>Small Cravings The Wedge</td>
<td>280</td>
<td>6</td>
<td>340</td>
</tr>
<tr>
<td>Classic Caesar Half Salad</td>
<td>280</td>
<td>7</td>
<td>520</td>
</tr>
<tr>
<td>Small Cravings Tuscan Panzanella</td>
<td>340</td>
<td>3</td>
<td>560</td>
</tr>
<tr>
<td>Field Greens Half Salad</td>
<td>500</td>
<td>6</td>
<td>600</td>
</tr>
</tbody>
</table>

### Crust vs. Crust

<table>
<thead>
<tr>
<th>Pizza Type</th>
<th>Calories (Thin)</th>
<th>Calories (Traditional)</th>
<th>Calories (Dijon)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thin</td>
<td>440</td>
<td>960</td>
<td>1,500</td>
</tr>
<tr>
<td>Honey-Wheat with Whole Grain</td>
<td>590</td>
<td>950</td>
<td>1,500</td>
</tr>
<tr>
<td>Traditional</td>
<td>610</td>
<td>1,120</td>
<td>1,500</td>
</tr>
</tbody>
</table>

### Daily Limits (for a 2,000-calorie diet): Sodium: 1,500 milligrams. Saturated Fat: 20 grams.

Source: company information.
Uno Chicago Grill, with 160 locations in 24 states and Washington, D.C., is known for its signature Deep Dish Pizzas. Think of them as building materials for your deep-belly fat.

Some locations have a banner that proclaims Uno “The Healthiest Chain Restaurant in America.” You have to wonder what Kool-Aid the editors of Health Magazine were drinking in 2008, when they made that award.

And be suspicious of the nutrition information that’s dispensed by the computers at the kiosks near the entrance at many locations. The calories, saturated fat, and sodium look so good only because, in many cases, the numbers apply to just a third or half of a serving of pizza, soup, etc. So bring along your calculator. Message to corporate: It’s not nice to trick your customers.

On the plus side, Uno offers its tasty Five-Grain Thin Crust on any pizza. Give it a whirl.

**PIZZA PICKS**

- **Roasted Eggplant, Spinach & Feta Thin Crust.** It’s got less saturated fat (11 grams) and sodium (1,680 milligrams) than any other Uno pizza, and its calories (870) are lower than any pizza other than the pedestrian Cheese & Tomato. The eggplant tasted undercooked at the two Unos we visited. Here’s hoping other locations do better.

- **Mediterranean Thin Crust.** With spinach, plum tomatoes, kalamata olives, pesto, feta, and Parmesan, you escape with a low-for-pizza 15 grams of sat fat. But 2,400 mg of sodium is a lot to swallow, even if you eat just a third or half. The feta and olives are the likely culprits.

Within each section, items are ranked from least to most calories, then saturated fat, then sodium. Pizzas are shown with crusts featured on the menu. Use the “Crust vs. Crust” section to calculate how numbers would change with a different crust.

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**Traditional Thin Crust Pizzas (1 pizza)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Calories</th>
<th>Saturated Fat</th>
<th>Sodium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheese &amp; Tomato</td>
<td>840</td>
<td>15</td>
<td>1,770</td>
</tr>
<tr>
<td>Roasted Eggplant, Spinach &amp; Feta</td>
<td>870</td>
<td>11</td>
<td>1,680</td>
</tr>
<tr>
<td>Mediterranean</td>
<td>930</td>
<td>15</td>
<td>2,400</td>
</tr>
<tr>
<td>Harvest Vegetable on Five-Grain Thin Crust</td>
<td>990</td>
<td>18</td>
<td>1,620</td>
</tr>
<tr>
<td>Pepperoni</td>
<td>990</td>
<td>21</td>
<td>2,340</td>
</tr>
<tr>
<td>BBQ Chicken</td>
<td>1,020</td>
<td>21</td>
<td>1,980</td>
</tr>
<tr>
<td>Four Cheese</td>
<td>1,080</td>
<td>24</td>
<td>2,130</td>
</tr>
<tr>
<td>Sausage</td>
<td>1,080</td>
<td>24</td>
<td>2,700</td>
</tr>
<tr>
<td>Wowza Chicken</td>
<td>1,110</td>
<td>21</td>
<td>2,130</td>
</tr>
<tr>
<td>Lobster BLT</td>
<td>1,530</td>
<td>30</td>
<td>3,480</td>
</tr>
</tbody>
</table>

**Individual Deep Dish Pizzas (1 pizza)**

<table>
<thead>
<tr>
<th>Item</th>
<th>Calories</th>
<th>Saturated Fat</th>
<th>Sodium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken Fajita</td>
<td>1,560</td>
<td>30</td>
<td>2,610</td>
</tr>
<tr>
<td>Farmer’s Market Pie</td>
<td>1,620</td>
<td>27</td>
<td>2,250</td>
</tr>
<tr>
<td>Cheese &amp; Tomato</td>
<td>1,740</td>
<td>36</td>
<td>2,490</td>
</tr>
</tbody>
</table>

---

**Harvest Vegetable on Five-Grain Thin Crust.** “Our house-made salsa, cherry tomatoes roasted with garlic, basil and olive oil, peppers, spinach, broccoli and caramelized onions finished with Cheddar and mozzarella” make for a delicious combo, but only if you like your pizza spicy. (If not, ask for Chunky Tomato or All-Natural Tomato sauce instead of salsa.) Uno calls the Harvest Vegetable pizza a “Mindful Choice.” While it may be more mindful (whatever that means) than other Uno pizzas, its day’s worth of sodium (1,620 mg) is anything but.

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**SIDE SALAD PICKS**

- **House.** It’s mostly iceberg lettuce, but the calories stay under 200—and the sodium under 200 milligrams—if you get a vinaigrette (Fat Free, Low Fat Blueberry Pomegranate, or Classic) on the side and use just half. (According to the company, the salad comes with four tablespoons of dressing. Two should be more than enough for a side salad.)

- **Caesar.** It’s the usual, featuring Romaine lettuce, croutons, and shaved Parmesan. But even with its 5 grams of saturated fat (more than half from the two tablespoons of Caesar dressing), the salad still beats eating the second half of your pizza.

- **Field Greens with Goat Cheese & Glazed Walnuts.** Far more interesting than a House (or Caesar) salad, but its 530 calories are about what you’d get in half a thin-crust pizza. You can cut that down to 350 (and slash the sodium from 450 mg to 270 mg) by ordering the rich Lemon, Basil and Olive Oil Vinaigrette on the side and using just two tablespoons.

---

**Nutrition Information**

<table>
<thead>
<tr>
<th>Item</th>
<th>Calories</th>
<th>Saturated Fat</th>
<th>Sodium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prima Pepperoni</td>
<td>1,830</td>
<td>36</td>
<td>2,910</td>
</tr>
<tr>
<td>Spinach</td>
<td>1,860</td>
<td>33</td>
<td>2,340</td>
</tr>
<tr>
<td>Numero Uno</td>
<td>1,920</td>
<td>36</td>
<td>3,510</td>
</tr>
<tr>
<td>Chicago Classic</td>
<td>2,310</td>
<td>54</td>
<td>4,650</td>
</tr>
</tbody>
</table>

**Side Salads**

- **Caesar (with 2 Tbs. Caesar dressing) | 250 | 5 | 430**
- **House (with 4 Tbs. Classic Vinaigrette) | 260 | 4 | 290**
- **Field Greens with Goat Cheese & Glazed Walnuts (with 4 Tbs. Lemon, Basil and Olive Oil Vinaigrette) | 530 | 10 | 450**

**Crust vs. Crust**

- **Traditional Thin Crust | 490 | 1 | 850**
- **Five-Grain Thin Crust | 500 | 1 | 380**
- **Individual Deep Dish | 1,320 | 18 | 1,320**

**Daily Limits** (for a 2,000-calorie diet): Sodium: 1,500 milligrams; Saturated Fat: 20 grams.

Source: company information.
Pizza for One
Have It Your Way
BY JAYNE HURLEY & BONNIE LIEBMAN

Pizza isn’t what it used to be.

Most take-out pizza may still come with a choice of pepperoni, sausage, mushrooms, etc. But at table-service restaurants, you can get your personal pizza covered with everything from Japanese eggplant and arugula to artichoke hearts and lobster. Tired of mozzarella? There’s Gorgonzola, Gouda, fontina, feta, or Romano.

Even crust is no longer just crust. You’ve got thin or deep-dish, honey-wheat or five-grain, all-natural or gluten-free. And why stick with the same old tomato sauce when pesto, salsa, or spicy peanut sauce is on the menu? Pizza has gone global.

Yet the dish still has serious problems: too many calories and too much saturated fat, sodium, and refined flour. Here’s how to minimize the downsides at three popular chains. Odds are, the same advice applies at other pizzerias.

Zehra Hassanali compiled the information for this article.

Pizza 101

People used to eat pizza by the slice. At sit-down restaurants, we now eat it by the pie. Translation: roughly 1,000 calories if it’s thin crust and 1,800 if it’s deep-dish.

Even if you could afford the calories in an individual pizza—if, say, you’re competing in a triathlon next week—your arteries would have to find storage space for the roughly 20 grams of saturated fat (a day’s worth) in a thin- or regular-crust pizza.

That’s cheese for you. Make it 30 grams if you order your pie meat-heavy or deep-dish.

And your blood pressure won’t soon forget the 2,000 to 3,000 milligrams of sodium (one to two days’ worth). Roughly 1,000 mg of that comes from the crust alone. Expect 4,000 mg of sodium if you order multiple meat toppings like bacon, sausage, pepperoni, and ham.

Nothing can turn restaurant pizza into a low-sodium, low-calorie meal. But you can minimize the damage.

Here’s how:

1. **Eat no more than half.** Stop at a third to half of an individual pizza. Take the rest home.

2. **Add a salad.** Replace some white-flour dough and cheese with nutrient-rich vegetables by adding a side salad.

3. **Order a thin (preferably whole-grain) crust.** Thinner is better. Odds are, you’ll save calories—mostly from white flour you could do without—and some sodium.

   At California Pizza Kitchen, for example, just the crust for a Thin Crust pizza (not counting any toppings) has 440 calories. That’s less than the roughly 600 calories in a regular or Honey-Wheat with Whole Grain Crust (which is three-quarters white flour anyway). Even though the thin crust saves calories, you’re still eating the equivalent of six slices of Wonder bread (in addition to the complimentary Italian bread that the waiter kindly deposits on your table). The Thin Crust (or Honey-Wheat) also shaves about 150 mg of sodium off the regular crust. (Too bad that still leaves you a hefty 950 mg.) And at CPK, you can order any pizza on a Thin Crust.

   At Uno, avoiding the signature Deep Dish Pizzas is Rule #1. According to the company, the crust alone delivers 1,320 calories and 1,320 mg of sodium. And its baked-in mozzarella helps guarantee that you’ll get a day’s worth of saturated fat (18 grams) before you add any toppings. (As if the cheese on the crust weren’t enough.)

   Both of Uno’s “All Natural” Thin Crusts—Traditional and Five-Grain—trim the calories to around 500. The Five-Grain—which has more whole wheat than white flour and contains wheat germ, oat bran, sesame seeds, and flaxseeds—slashes the sodium from the Traditional’s 850 mg to a hard-to-believe 380 mg. (At least that’s what the company told us.)

4. **Ask for less cheese.** Chances are, you won’t notice the difference. You can also curb the saturated fat by skipping pizazz made with multiple cheeses. For example, at California Pizza Kitchen, a Traditional Cheese Pizza has 16 grams of sat fat, while the Five-Cheese & Fresh Tomato hits 25 grams.

5. **Choose vegetable, chicken, or seafood toppings.** To curb calories, saturated fat, and (often) sodium, stick with veggies, chicken, or seafood toppings instead of fatty meats like bacon, ground beef, pepperoni, salami, sausage, or steak.

Meat mixtures are the worst. Take California Pizza Kitchen’s The Works (pepperoni and sausage) or The Meat Cravers (pepperoni, sausage, Canadian bacon, ham, and salami). Each supplies roughly 1,400 calories, 30 grams of sat fat, and more than 3,000 mg of sodium. Would you order three Quarter Pounders with Cheese for dinner? You might as well.
At a Restaurant

Appetizer: order a side salad.

"I wasn't that hungry, so I ordered an appetizer instead of an entrée," we recently overheard a young woman say. Yikes.

At a restaurant like The Cheesecake Factory, appetizers like quesadillas, spinach and cheese dip, nachos, buffalo wings, and Thai lettuce wraps have 1,000 to 1,600 calories. They're as bad as or worse than an entrée.

Your best bet: order a house or side salad...or just wait for your entrée.

Pack up half your meal.

"Every portion of food at a restaurant is two to three times what you need," says Susan Roberts. "Restaurants are toxic because they condition you to expect large portions. So at home, regular portions seem stingy."

Solution? "Before the food gets to your plate simply tell the server, 'I only want half. Could you put the rest in a container and I'll take it with me?" she suggests. "It's really easy thing to do, and it means that the calories aren't sitting in front of you."

No bread or chips, thanks.

Do you need a basket of bread or tortilla chips on your table? Didn't think so.

Asian: veggies, not noodles.

At Asian restaurants, order mixed vegetables with sautéed (not deep-fried and breaded) chicken, tofu, shrimp, or scallops. You'll end up with 600 to 900 calories, but that's still better than the 1,000 to 1,500 calories in noodle dishes like lo mein and pad Thai, or in deep-fried dishes like Orange or Crispy Beef, Sweet & Sour Pork, and General Tso's, Lemon, Honey, and Sesame Chicken.

Pizza: thin, not thick, crust.

Thin crust should save 150 calories (at California Pizza Kitchen) to 800 calories (at Uno Chicago Grill). Also ask for just half the cheese, a whole-grain crust (if available), and veggies instead of meat or multiple cheese toppings.

Mexican: tacos, not a burrito.

Order one or two tacos or one enchilada à la carte with a green (not taco) salad and you have a chance of leaving a Mexican restaurant with fewer than 1,000 calories. Fajitas? Fine, if you share.

Mexican: a bowl, not a burrito.

Even a chicken burrito at Chipotle or Qdoba has 1,000 to 1,300 calories. A burrito bowl has no tortilla, so it trims 300 calories' worth of white flour off your plate. You save another 200 calories if you skip the rice.

Greek: souvlaki, not a gyro.

A gyro (pita sandwich with fatty shaved meat) packs about 800 calories and a day's saturated fat and sodium. Get a chicken souvlaki pita and you'll cut the calories in half.

Steak: sirloin or filet mignon.

With about 400 calories, those leaner cuts beat the 600 to 1,200 calories in fattier cuts like ribeye, Porterhouse, New York strip, T-bone, prime rib, or anything else (except grilled chicken or fish) on a steakhouse menu.

Salad, not sandwich.

Not sure whether to pick a main-dish salad or a sandwich? Go with the salad. Most restaurants offer enough chicken, nuts, beans, and other toppings to fill you up.

Double the veggies.

Instead of potatoes, rice, or pasta, ask for two sides of vegetables or extra salad. For variety, check out the veggies that come with other entrées on the menu.

Think petite.

Look for appetizers, sandwiches, desserts, or other items that the restaurant calls "small," "mini," "demi," or "treat" size. Think of them as normal, and everything else as supersized.

Bagels: make it mini or thin.

Who wants to spend 300 to 400 calories on a (typically) white-flour bagel? And replace the thick layer of cream cheese with a light swipe. At Au Bon Pain, a serving of plain lite cream cheese still has 120 calories (and almost no protein).

Get salad dressing on the side.

Salad dressings can add 400 to 600 calories to a typical main-dish salad. Order your dressing on the side so you can at least (which works if you toss it well).

Coffeehouse: go light or "skinny"

In a (16 oz.) grande "skinny" latte or M chiato at Starbucks, the sugar-free syrup and the non-fat milk each cuts 70 calories A Light Frappuccino saves about 200 calories, thanks to non-fat milk, no whippe cream, and Splenda instead of sugar.

Potato: sour cream, not butter

Love potatoes? A loaded baked potato (cheese, bacon, sour cream, butter) has 500 calories. A side of mashed has 400. Go with a plain baked potato (300 calories) and just 1 tablespoon of sour cream (25 calories and 1.5 grams of saturated fat) rather than butter (100 calories and 7 grams of fat).

No cheese, please.

Restaurants squeeze cheese in or on nearly every sandwich, salad, pasta, and burger, and on many kinds of steak, chicken breasts, vegetables, soups, breads, biscuits, and rolls. At some restaurants, you'll find cheese on pretty much every non-Asian dish on the menu. Why needs the calories and saturated fat?

Ice cream: get "kid" size.

Order the smallest serving (not necessarily a "small") of ice cream or frozen yogurt. Add 25 calories for a cake cone, 60 for a sugar cone, and 160 for a waffle cone. A chocolate-dipped waffle cone adds about 300 calories. Ugh.

And beware the Nutrition Facts at you favorite frozen-yogurt shop. The imaginary half-cup serving may be less than even the smallest size the chain offers.

1 www.cleandrancercarereport.org
10 www.cdc.gov/HealthyVegetables/Guidelines.html
EAT more fruits and vegetables. Cut back on salt, saturated fat, and sugar. Switch to whole grains. Exercise for at least an hour a day.

Many people know all that and more. But how do you translate those broad strokes into the dozens of diet and exercise decisions you make each day? Here are some of our favorite tips to get you started.

AT THE STORE

Buy a bag of cut veggies. Maybe you shouldn’t be too tired (or rushed or distracted) to wash and cut up your own broccoli, carrots, and cauliflower. But you are. Don’t sweat it.

Companies like Dole and Mann’s are happy to do it for you. And the cost isn’t much higher if you consider that there’s no waste.

Other options: buy your broccoli, carrots, and other vegetables at the salad bar or buy a bag of frozen (unseasoned) veggies, which come in Asian, Mediterranean, and other blends. Open bag, dump into a skillet or wok, add sauce, and cook (see p. 7). Dinner is served.

Replace processed meats with no-nitrite-added deli meats.

Red and processed meats are a “convincing cause of colorectal cancer,” say the World Cancer Research Fund and the American Institute for Cancer Research. Eat no more than about 18 ounces of red meat (beef, pork, lamb) a week and no processed meats at all, advised the experts. “Ounce for ounce, consuming processed meat increases risk twice as much as consuming red meat,” said their report.

The nitrates that are added to processed meats may make them worse than other red meats. To avoid them—and to dodge some sodium—look for no-nitrite-added, lower-sodium or no-salt-added deli meats by Applegate Farms, Boar’s Head, Dietz & Watson, and Wellshire Farms.

Try a veggie burger.

People who eat more red meat have a higher risk of colorectal cancer. Seafood and poultry eaters do not.

But fish and chicken don’t taste like burgers. Some veggie burgers do. And soy-based burgers (like Morningstar Farms Grillers) are protein-rich. (Check the label. Grain- or veggie-based burgers, like Gardenburgers, have less than 10 grams of protein.)

Veggie burgers have more salt than ground beef, but at least you don’t have to worry about food poisoning from E. coli.

Switch to “thins” or light bread.

The landmark OmniHeart study tested diets that were rich in vegetables, fruit, and low-fat dairy foods and low in saturated fat, salt, and sugar. All of them lowered blood pressure and LDL (“bad”) cholesterol.

Each had just four or five servings of grain (preferably whole grain) for someone who needs 2,000 calories a day. Instead, people got most of their carbs from vegetables, fruit, and beans. A serving of grain was just one slice of bread or a half cup of rice, cereal, or pasta. Uh-oh.

One way to stretch your grains: try thin whole-grain rolls (like Pepperidge Farm Deli Flats or Arnold or Oroweat Sandwich Thins), which have just 100 calories per bun.

Or try light breads (like Arnold or Oroweat Bakery Light or Pepperidge Farm Carb-Style or Very Thin), which have just 40 to 60 calories per slice—about half what you’d get in ordinary whole-grain breads.

Turn spinach into salads.

A 9 oz. bag of spinach makes three three-cup servings, says the Dole label. (In the OmniHeart study, one cup was a serving.)

A three-cup serving has 10 percent of a day’s potassium, plus 510 percent of a day’s vitamin K, 160 percent of a day’s vitamin A, 40 percent of a day’s vitamin C and folate, 15 percent of a day’s magnesium and iron, and 8 percent of a day’s calcium and fiber. All for 20 calories. 20!

Any greens are good greens, but spinach is a superstar. And so easy. (See p. 7 for recipes.)
Go for a whole-grain version of your favorite cereal.
Kashi 7 Whole Grain Nuggets instead of Post Grape-Nuts, bran flakes instead of corn flakes, and General Mills Total instead of Kellogg's Product 19 (though you don't need the vitamins that are added to either of them if you take a multivitamin).

Buy sliced mango, cantaloupe, pineapple, or other fruit.
You'll still pay less than you would for a fruit salad at a restaurant.

Try a new vegetable.
"People who eat a wider variety of vegetables tend to be thinner," says Susan Roberts, director of the Energy Metabolism Laboratory at the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University in Boston. That's probably because the vegetables are displacing higher-calorie foods.

"Something like half of all Americans' vegetables are iceberg lettuce, potatoes, onions, and canned tomatoes," says Roberts. "So there's a lot of room for increasing the variety of vegetables."

Buy a set of ramekins.
Look for ramekins (or other bowls) that hold just a half cup (4 oz.) of food. Use them to serve frozen yogurt, ice cream, or other sweets. The serving may look small, but it matches the serving on Nutrition Facts labels. It's a single scoop of ice cream.

Use frozen fruit for smoothies.
Blend unsweetened frozen strawberries or blueberries with milk or plain yogurt to make an instantly cold smoothie. Homemade smoothies trouble the sugar-loaded concoctions sold in restaurants.

Read labels to dodge salt.
You can now find canned tomatoes, tuna, and beans with no salt added. Zip.
Fresh chicken used to have no salt added. Now you have to check to make sure.
Check the Nutrition Facts label to see if a competing brand of any packaged food has less sodium. You'd be surprised.

Make junk food boring.
Trying to cut calories? Don't stock your kitchen with five kinds of cookies, ice cream, pastries, or other sweets.
"If you have a greater variety, you eat more," says Roberts. That also applies to a meal. "In a one-day study, people who were offered pasta in three different shapes ate 600 calories, but people who were offered pasta in one shape ate 500 calories," she notes.

Variety is one reason people eat more food at restaurants, adds Roberts. "You never go out to eat the same thing you have in your fridge."

Eat plain yogurt or mix plain with sweetened yogurt.
Unsweetened yogurt offers the most nutrient bang for your calorie buck. For extra protein, try creamy-even-if-it's-fat-free plain Greek yogurt. If plain yogurt is too tart for you, mix plain and sweetened.

Replace a side of rice, potatoes, or pasta with beans.
Swap that side of rice or pasta or potatoes for a bean or lentil dish (see p. 7). Why?
In the OmniHeart study, the higher-protein diet (and the higher-unsaturated-fat diet) led to lower blood pressure, triglycerides, and LDL ("bad") cholesterol than the higher-carb diet. And half the protein came from plant foods.

"You can make bean salads and bean soups," says Janis Swain, the dietitian who planned the OmniHeart meals. "Beans are inexpensive, so it's an economical way to get a good protein-vegetable mix."

Eat fish twice a week.
Their omega-3 fats may protect your heart. A fatty fish like salmon or trout is best.

Cover half your plate with vegetables or fruit.
Forget the "side" of veggies. They should occupy more plate real estate than protein or pasta, rice, or potatoes.

The OmniHeart diets have 11 servings of fruit and vegetables a day. A serving piece of fruit, a half cup of cooked vegetables, or one cup of raw vegetable (like lettuce), so it's not that much. Your half salad could easily be four servings.

Check serving sizes. Check serving sizes. Check serving sizes.
Does your cereal have 200 calories per or per half cup? Does your can of corn soup contain one serving or 2½ servings? Does that frozen lasagna, pizza, burrito, macaroni and cheese, or stir-fry dish serve one, two, or more?
Don't check the calories or any other Nutrition Facts until you check the serving size. Even we sometimes forget.

Snack tip:
Lay slices of cantaloupe, honeydew, mango, or papaya on a plate, squeeze fresh lime juice, eat.

Drink (mostly) calorie-free
"Liquid calories don't register," says Roberts. "If you drink a liquid in the middle of the morning, you eat as much at lunch as if you never drank anything else.
That applies not just to sodas, but fruit juices, energy drinks, and sweetened tea or coffee. (Milk, shakes, and smoothies do register, just not as much.)
"The average American gets 22 percent of their calories from liquids," says Roberts. "That's a huge amount. Switch to calorie-free beverages "ought to be easy way to get rid of calories."

In one study, people gained weigh...
after three weeks of drinking three cans a day of regular soft drinks, but not after drinking that many diet soft drinks. And soda drinkers are more likely to gain weight than non-drinkers, according to dozens of studies.2

“Good grief,” says Roberts. “Why would anyone drink a 12 oz. can of regular soda when you can save 150 calories with a diet soda?”

Better yet, avoid the questionable artificial sweeteners in most diet soft drinks by drinking water instead. Or sweeten your tea or coffee or lemonade (fresh-squeezed lemon plus ice water) with safe Splenda.

Add veggies to boost potassium and lower salt.
Mix a bagged salad kit with a bag of undressed lettuce. Add a pound of steamed broccoli to your favorite Chinese take-out dish. Add fresh or frozen veggies to frozen skillet meals. You can also add unseasoned bulgur, quick-cooking brown rice, or whole wheat couscous or orzo to an equal amount of a prepared seasoned grain.

Each mouthful ends up with more potassium and less salt. Why not give the old blood pressure a break?

Snack tip:
Open a bag of sugar snap peas. Rinse. Eat.

Make your snacks fruit or vegetables.
What better way to tide you over to your next meal than a low-calorie, light-yet-filling orange, half cantaloupe, peach, plum, banana, or a bowl of cherries, berries, or grapes? Try baby carrots, grape tomatoes, or slices of bell pepper or cucumber with a few tablespoons of hummus or bean dip. Yum.

Cook with canola or olive oil.
Replacing saturated fats (in meat and dairy) with unsaturated fats lowers LDL.

(“bad”) cholesterol. Most people get plenty of polyunsaturated-rich soybean oil in restaurants and prepared foods (including mayonnaise and salad dressing). So at home, use either extra-virgin olive oil (when you want its flavor) or canola oil. Both are rich in monounsaturated fat.

Switch from tuna to salmon.
Canned salmon has more healthy omega-3 fats than canned tuna, and the salmon is almost always wild. Raincoast Trading and other companies offer unsalted canned salmon.

Squeeze in fruits and veggies.
Add diced bell pepper and halved grape tomatoes to tuna salad. Add grapes and diced apples to chicken salad. Add sautéed mushrooms, bell peppers, and onions to pasta. You’ll feel full on fewer calories.

Try nuts instead of croutons.
Nuts and seeds have some plant protein and polyunsaturated fat, but they’re too calorie dense to eat, but they’re too calorie dense to eat. So sprinkle them on salads instead of salad dressings (which are usually salty white-flour bread). Or add them to yogurt, cereal, fruit, and vegetable dishes. For extra flavor, toast them first in the oven or on a skillet until they start to turn brown.

Drink water before meals.
Trying to lose weight? Many people believe that drinking water helps them eat less. Researcher Brenda Davy has evidence that it works.

The associate professor of nutrition at Virginia Tech assigned 48 overweight men and women aged 55 to 75 to eat a low-calorie diet. Half were told to drink roughly two cups of water before each meal.2

After 12 weeks, the water drinkers lost about 16 pounds while the others lost 11 pounds. “It’s an easy way to manage hunger and lose weight,” says Davy.

Stick to one small cookie or chocolate or other sweet a day.
Sugars raise damaging triglycerides, and most people don’t have space for their empty calories. In the OmnilHeart trial, the healthiest diets had room for only one or two teaspoons of added sugars a day. A 6 oz. “fruit” yogurt or half cup of ice cream has 3 to 5 teaspoons of sugar.

Many breakfast cereals have 2 teaspoons in a small (1/4-cup) serving.

Still, it may be unrealistic to banish nearly all sweets from your diet. Instead, stick with one piece of chocolate, a frozen fudge bar, or one small cookie a day. A 440-calorie, eight-teaspoons-of-sugar Panera Chocolate Chipper Cookie doesn’t qualify. Sorry.

Snack tip:
Rinse your cookies. Eat.

Buy a pedometer.
Okay, you can’t just buy it. You have to wear it. “Get a pedometer and aim for a 10,000-a-day step goal,” says Davy. “That’s about five miles of walking.”

In a review of 26 studies on more than 2,700 people, researchers found that using a pedometer boosted activity by 27 percent. It helps to have a step goal.

“The nice thing is that the 10,000 steps can be accumulated over the day,” says Davy. “If you know that you need to get your step count up and you’re sitting at a computer, you’re more inclined to get up and walk around.”

Work out to TV.
Watching TV? Why not do some strength training? Crunches, push-ups, biceps curls, lunges, you name it—they may even be easier to get through in front of the tube.

Got a treadmill or stationary bicycle? You know where to park it.

Shoot for 8 to 12 reps.
To build strength, you have to use enough—but not too much—weight. Rule of thumb: if you can do at least 8, but no more than 12, repetitions, you’re using the right weight.8 Up to 13? It’s time to switch to a heavier weight. (Yay.)
Dietary Fiber: Essential for a Healthy Heart

Adapted from www.mayoclinic.org

What is Fiber?
Fiber, also known as "roughage", is the indigestible component of foods, particularly plant foods. Fiber is commonly described as soluble (dissolves in water) or insoluble (doesn't dissolve).

- **Soluble fiber.** This type of fiber dissolves in water to form a gel-like material. It can help lower blood cholesterol and glucose levels. Soluble fiber is found in oats, peas, beans, apples, citrus fruits, carrots, barley and psyllium.

- **Insoluble fiber.** This type of fiber promotes the movement of material through your digestive system and increases stool bulk, so it can be of benefit to those who struggle with constipation or irregular stools. Whole-wheat flour, wheat bran, nuts, beans and vegetables, such as cauliflower, green beans and potatoes, are good sources of insoluble fiber.

Heart Benefits of a High-Fiber Diet
A high-fiber diet has many benefits, which may include:

- **Cholesterol-lowering effects.** Soluble fiber found in beans, oats, flaxseed and oat bran may help lower total blood cholesterol levels by lowering low-density lipoprotein, or "bad," cholesterol levels. Studies also have shown that high-fiber foods may have other heart-health benefits, such as reducing blood pressure and inflammation.

- **Blood sugar control.** In people with diabetes, fiber — particularly soluble fiber — can slow the absorption of sugar and help improve blood sugar levels. A healthy diet that includes insoluble fiber may also reduce the risk of developing type 2 diabetes. Steady levels of glucose reduces the risk of developing heart disease!

- **Weight management.** High-fiber foods tend to be more filling than low-fiber foods, so you're likely to eat less and stay satisfied longer. And high-fiber foods tend to take longer to eat and to be less "energy dense," which means they have fewer calories for the same volume of food.

Daily Fiber Recommendations for Adults

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<tr>
<th></th>
<th>Age 50 or younger</th>
<th>Age 51 or older</th>
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<tbody>
<tr>
<td>Men</td>
<td>38 grams</td>
<td>30 grams</td>
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<tr>
<td>Women</td>
<td>25 grams</td>
<td>21 grams</td>
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Your Best Fiber Choices

- Whole-grain products
- Fruits
- Vegetables
- Beans, peas and other legumes
- Nuts and seeds
- Fiber supplements

Refined or processed foods (pulp-free juices, white breads and pastas, non-whole-grain cereals) are lower in fiber. The grain-refining process removes the outer coat (bran) from the grain, which lowers its fiber content. Enriched foods have some of the B vitamins and iron added back in after processing, but not the fiber. Juicing extracts the fiber from the fruit, leaving a cup of liquid packed with vitamins and minerals, but completely devoid of fiber.

Tips for Fitting in More Fiber

Need ideas for adding more fiber to your meals and snacks? Try these suggestions:

- **Jump-start your day.** For breakfast choose a high-fiber breakfast cereal — 5 or more grams of fiber a serving. Opt for cereals with "whole grain," "bran" or "fiber" in the name. Or add a few tablespoons of unprocessed wheat bran to your favorite cereal.

- **Switch to whole grains.** Consume at least half of all grains as whole grains. Look for breads that list whole wheat, whole-wheat flour or another whole grain as the first ingredient on the label and have least 2 grams of dietary fiber a serving. Experiment with brown rice, wild rice, barley, whole-wheat pasta and bulgur wheat.

- **Bulk up baked goods.** Substitute whole-grain flour for half or all of the white flour when baking. Try adding crushed bran cereal, unprocessed wheat bran or uncooked oatmeal to muffins, cakes and cookies.

- **Lean on legumes.** Beans, peas and lentils are excellent sources of fiber. Add kidney beans to canned soup or a green salad. Or make nachos with refried black beans, lots of fresh veggies, whole-wheat tortilla chips and salsa.

- **Eat more fruit and vegetables.** Fruits and vegetables are rich in fiber, as well as vitamins and minerals. Try to eat five or more servings daily.

- **Make snacks count.** Fresh fruits, raw vegetables, low-fat popcorn and whole-grain crackers are all good choices. An occasional handful of nuts or dried fruits also is a healthy, high-fiber snack — although be aware that nuts and dried fruits are high in calories.

Adding too much fiber too quickly can promote intestinal gas, abdominal bloating and cramping. Increase fiber gradually over a period of a few weeks. Also, drink plenty of water. Fiber works best when it absorbs water, helping to eliminate intestinal cramps, constipation, and gas.
Mindful Eating

Eating With More Focus

Busy lives often mean eating on the go or in front of a screen. This can lead to the consumption of excess calories and develop habits of bored eating. Slowing down, thinking about your food choices and eating intentionally and with focus is your best bet for creating a healthier lifestyle for you and your loved ones.

Here are some tips to help you use mindfulness to connect with your emotions, physical cravings, and your food.

1. **Treat each meal like a gift.** Appreciate and respect your food. Food insecurity is a very real crisis for many people. Be grateful for each bite you take. Others are not always so lucky. Try using those fancy plates you save for company and make each meal feel as special as it really is.
2. **Slow down.** By eating slowly you’re more likely to notice subtle flavors and aromas, chew your food fully to better aid in digestion, and discover that often elusive sensation of fullness. Did you know that your brain and digestive tract communicate signals of fullness through the vagus nerve? Give your body time to let that feeling develop by slowing down and chewing with intention.
3. **Enjoy the silence.** Eating in complete silence is not always realistic, especially if you have kids in the house. But this doesn’t mean that silence is off the table. Try spending two minutes of every meal without talking. Give yourself some quiet time to listen to the sounds of eating. It will help you savor the experience.
4. **Turn off devices and screens.** Make mealtime a no-fly zone for electronic devices. By limiting distractions you’ll not only spend more time savoring each bite of food, but you’ll find it easier to connect with others at the table.
5. **Eat when hungry.** Avoid mindless eating out of boredom and listen to your body’s hunger cues. Is your stomach growling or are you simply thirsty? Dehydration is often masked by overeating.
6. **Love your food.** Food sustains us. It is meant to provide our bodies with vitamins, minerals, and nutrients to keep us functioning optimally. But it also deeply personal. Don’t be afraid to try a new food or season an old favorite differently. Mealtime should be fun.
Whole Grains and Health

Eating the whole grain gives your body extra antioxidants, fiber, vitamins, and minerals, all of which are essential to good health. Adding whole grains to your diet can significantly lower your risk of chronic diseases and illnesses such as:

- stroke
- diabetes
- heart disease
- inflammatory diseases
- some cancers
- high blood pressure

Switching to whole grains also helps with weight control. Benefits kick in with even one serving, but aim for three or more servings daily for best health results.

Easy Recipes for Whole Grains

Cooking whole grains is simple. Most grains can be cooked like rice (in just enough water) or like pasta (in lots of water, then drained). Some whole grains cook in just 10-15 minutes! Try delicious ideas such as:

- Hearty Chicken Rice Soup
- Quinoa Stuffed Peppers
- Coconut Almond Granola Bars
- Baked Blueberry & Peach Oatmeal

For recipes and for details on the latest scientific studies about whole grains, turn to the world’s leading whole grains organization:

www.WholeGrainsCouncil.org

Welcome to Whole Grains
Healthy, Convenient, Delicious

Brought to you by
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Oldways/Whole Grains Council

Whole Grains at Every Meal
Whole Grains on Every Plate

It's easy to make at least half your grains whole, with delicious, convenient options like these at every meal.

**Breakfast**
Make your morning meal healthier by switching to whole grain breads and cereals, a bowl of oatmeal or a multigrain waffle or pancakes.

**Lunch**
Look for whole wheat breads for your sandwiches for added flavor and a boost of energy, or make a salad or soup with brown rice or bulgur wheat.

**Dinner**
Add a side of wild rice or quinoa to your dinner plate and you'll get all the extra benefits of fiber and antioxidants.

**Snacks & Sweets**
Satisfy your sweet tooth or midday hunger pangs with a whole grain choice, like a granola bar, crackers or pop corn.

Adults and most children should eat at least three servings (48 grams or more) of whole grains daily.

When grains grow in the fields, they have three edible parts: the outer bran layers, rich in fiber and B vitamins; the germ, full of antioxidants; and the starchy endosperm.

If the bran and germ (the healthiest parts) are removed, the grain is said to be refined. Refined grains are missing about two-thirds of many essential nutrients. Some grains are then enriched—but this only returns about five of the missing nutrients.

Your best bet for good health? Look for whole grains. Even if they’ve been ground into flour, or rolled into flakes, they’re still whole grains if all of the three original parts are still present in their original proportion.

**Gluten Free Doesn’t Mean Whole Grain Free**

Some people have blue eyes and some brown. Some are tall and some are short. Most people can eat all kinds of grains—but some can’t digest gluten, a protein found in wheat, rye, and barley. This doesn’t mean they cannot enjoy the many benefits of a whole grain diet.

Most whole grains are gluten-free, including:
- corn
- rice
- oats*
- wild rice
- amaranth
- buckwheat
- quinoa
- millet
- sorghum
- teff

* Oats are naturally gluten-free but may be contaminated by wheat gluten during growing or processing. Look for certified gluten-free oats.
Whole grains make a difference.

Whole-grain foods help keep your heart healthy and are good for digestion and a healthy weight. Choose foods with “100% whole wheat” or “100% whole grains” on the label. Or check the ingredient list to see if the word “whole” is before the first ingredient listed (for example, whole wheat flour). If it is, it’s whole-grain.

How to Tell If It Is a Whole Grain?

Some foods that seem to be whole grains may not be, it’s important to know what to look for. Here are some tips that work:

- **Choose foods that are naturally whole grains**
  Some foods are always whole grains, like oatmeal, brown rice, wild rice and popcorn.

- **Check the information on the package**
  Buy bread, cereal, tortillas, and pasta with “100% Whole Grain” or “100% Whole Wheat” on the package.
  Foods with the following words on the label are usually *not* 100% whole-grain products.

  ✓ 100% wheat  ✓ Cracked wheat
  ✓ Multi-grain  ✓ Made with whole grains
  ✓ Contains whole grain  ✓ Made with whole wheat
  ✓ 7 grains  ✓ Bran
• **Check the ingredient list:** Take a few seconds to see if the food is made from whole grains. Look for the word “whole” before the first ingredient. Some examples of whole-grain ingredients include:

  ✓ brown rice          ✓ whole-grain barley
  ✓ buckwheat          ✓ whole-grain corn
  ✓ bulgur              ✓ whole oats
  ✓ graham flour        ✓ whole rye
  ✓ oatmeal             ✓ whole wheat
  ✓ quinoa              ✓ wild rice

• **Colors can be misleading.** Foods like breads, pasta, rice, and tortillas that are dark in color may not be 100% whole-grain foods. And, some lighter color grain foods may be 100% whole-grain foods, such as “100% White Whole Wheat” bread. To make sure a food is a whole-grain food, check the ingredients using the tips above.

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**Give it Try!**

Can you tell which food is a whole-grain food based on the ingredients? Look for the word “whole” before the first ingredient.

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<tbody>
<tr>
<td><strong>A)</strong> Bread</td>
<td>Ingredients: Wheat Flour, Malted Barley Flour, Niacin, Iron, Riboflavin, Folic Acid</td>
</tr>
<tr>
<td><strong>B)</strong> Tortilla</td>
<td>Ingredients: Whole Wheat Flour, Soybean Oil, Salt, Corn, Starch, Wheat Starch</td>
</tr>
<tr>
<td><strong>C)</strong> Dry Cereal</td>
<td>Ingredients: Whole Corn Meal, Whole Grain Oats, Corn Starch, Canola Oil, Cinnamon, Brown Sugar</td>
</tr>
<tr>
<td><strong>D)</strong> Cracker</td>
<td>Ingredients: Whole Grain Brown Rice Flour, Sesame Seeds, Potato Starch, Safflower Oil, Quinoa Seeds, Flax Seeds, Salt</td>
</tr>
<tr>
<td><strong>E)</strong> Roll</td>
<td>Ingredients: Unbleached Enriched Wheat Flour, Sugar, Salt, Soybean Oil, Oat Bran, Yellow Corn Meal, Salt, Barley, Rye</td>
</tr>
</tbody>
</table>

*Answer: b, c and d are whole grains because they list ‘whole’ grains.*