



# communicating Food for Health



IT'S SOUP MONTH!

WHAT'S IN YOUR BOWL?

January 2013

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## Multivitamin Use Does Not Reduce CVD

**I**n a randomized study of nearly 15,000 middle-aged (and older) male physicians, a daily multivitamin for more than 10 years of treatment and follow-up did not result in a reduction of major cardiovascular events, heart attack, stroke, or death from cardiovascular disease [JAMA.2012;308[17]: 1751-1760]. The study is being released early online to coincide with its presentation at the American Heart Association's Scientific Sessions.

“Despite uncertainty regarding the long-term health benefits of vitamins, many U.S. adults take vitamin supplements to prevent chronic diseases or for general health and well-being,” according to background information in the article. Individuals who believe they are deriving benefits from supplements may be less likely to engage in other preventive health behaviors. “Although multivitamins are used prevent vitamin and mineral deficiency, there is a perception that multivitamins may prevent cardiovascular dis-

(continued on next page)

## “CVD cannot be prevented or treated with vitamins”

ease (CVD). Observational studies have shown inconsistent associations between regular multivitamin use and CVD, with no long-term clinical trials of multivitamin use.”

Howard D. Sesso, Sc.D., M.P.H., of Brigham and Women’s Hospital and Harvard Medical School, Boston, analyzed data with his colleagues. The data was regarding multivitamin use and major cardiovascular events from the Physicians’ Health Study (PHS) II, a large-scale trial testing the effects of long-term use of a common multivitamin on the risk of major cardiovascular events and cancer. The Physicians’ Health Study II is a randomized, placebo-controlled trial that began in 1997 with continued treatment and follow-up through June 1, 2011. A total of 14,641 male U.S. physicians initially 50 years of age or older (average age was 64), including 754 men with a history of CVD at randomization, were enrolled.

This analysis measured the composite end point of major cardiovascular events, including nonfatal myocardial infarction (MI; heart attack), nonfatal stroke, and death from CVD. Secondary outcomes included heart attack and stroke individually. Participants were randomized to multivitamin (n = 7,317) or placebo (n = 7,324).

During a median (midpoint) follow-up of 11.2 years, 1,732 men had major cardiovascular events, including 652 cases (first events) of heart attack and 643 cases of stroke. 829 men had

cardiovascular death, with some men experiencing multiple events. A total of 2,757 (18.8 percent) men died during follow-up (multivitamin, n = 1,345; placebo, n = 1,412). In an analysis of the rate of events for men in each group, the researchers found that there was no significant effect of a daily multivitamin on major cardiovascular events, total MI, or total stroke. Taking a daily multivitamin was not significantly associated with a reduction in CVD mortality. There were fewer total deaths among multivitamin users, but this difference was not statistically significant. The authors also found no significant effect of a daily multivitamin on rates of congestive heart failure, angina, and coronary revascularization. Also, the effect of a daily multivitamin on total MI, total stroke, and other cardiovascular end points did not differ between men with and without CVD at the beginning of the study.

“The PHS II represents to our knowledge the only large-scale, randomized, double-blind, placebo-controlled trial testing the long-term effects of a commonly available multivitamin in the prevention of chronic disease,” the authors write. “These data do not support multivitamin use to prevent CVD, demonstrating the importance of long-term clinical trials of commonly used nutritional supplements. Whether to take a daily multivitamin requires consideration of an individual’s nutritional status, because the aim of supplementation is to prevent vitamin and

mineral deficiency, plus consideration of other potential effects, including a modest reduction in cancer and other important outcomes in PHS II that will be reported separately.”

In an accompanying editorial, Eva M. Lonn, M.D., M.Sc., of McMaster University and Hamilton General Hospital, Hamilton, Ontario, Canada, writes that “robust data from multiple trials clearly confirm that CVD cannot be prevented or treated with vitamins.”

“Nonetheless, many people with heart disease risk factors or previous CVD events lead sedentary lifestyles, eat processed or fast foods, continue to smoke, and stop taking lifesaving prescribed medications, but [... purchase and use vitamins and other dietary supplements] in the hope that this approach will prevent a future myocardial infarction or stroke. The misleading claims made by some food supplement companies may serve as a distraction from effective CVD prevention and be the main hazard of using vitamins and other unproven supplements. The message needs to remain simple and focused: CVD is largely preventable, and this can be achieved by eating healthy foods, exercising regularly, avoiding tobacco products, and, for those with high risk factor levels or previous CVD events, taking proven, safe, and effective medications.” [Lonn EM. JAMA.2012;308:1802-180].

*By James J Kenney, PhD, FACN*

## THE LOWDOWN ON PRE-DIABETES

So many patients believe that pre-diabetes indicates that a problem might be in their future. Instead, pre-diabetes is the problem. In fact, the problem probably started years before the pre-diabetes diagnosis. Both type 2 diabetes and pre-diabetes result from insulin resistance.

When fat and muscle cells first become resistant to insulin's action, the pancreas sends out more and more insulin to allow blood glucose into the cells. Glucose levels in the blood normalize without any sign that something is awry. However, this resistance to insulin, with its high levels of insulin circulating throughout the body, silently causes damage in people who are unaware they have the condition.

Though best known for its role in glucose control, insulin has many jobs and acts on tissues throughout the body. While fat and muscle cells are resistant to insulin's action and demand additional insulin, other tissues throughout the body retain normal insulin sensitivity or even become hypersensitive to insulin stimulation. The extra insulin circulating throughout the body wreaks havoc on these other systems. For example, since the kidneys do not become resistant to insulin, the excess insulin may

cause excess retention of salt and uric acid, which may contribute to both high blood pressure and gout. Thanks to the varied role of insulin in the body, elevated levels frequently lead to low HDL cholesterol and high LDL cholesterol, as well as increased blood triglyceride concentrations and nonalcoholic liver disease. High insulin levels may also affect the brain leading to dementia, including Alzheimer's disease. The enzyme that breaks down insulin also breaks down amyloid beta, a peptide that accumulates in the brain with Alzheimer's disease. In theory, if insulin levels are high, this enzyme is busy degrading insulin, and amyloid beta builds up.

I struggle to help my patients with pre-diabetes take their condition seriously without overly alarming them. I find that tackling one manifestation at a time (such as hypercholesterolemia or high blood pressure) and linking it to the overall problem often eases them into the proper mindset.

*By Jill Weisenberger, MS, RD, CDE*

Reaven GM. Insulin resistance: from bit player to center stage. *Canadian Medical Association Journal*. March 22, 2011, 183(5) DOI:10.1503 /cmaj.101430

### Additional Dining Out Tips from Dr. Jo

- **Be Predictable.** I have a few favorites (that I know won't blow my calorie budget) at every restaurant. I order the Guiltless Grillers at Chili's. It's the BK Whopper Jr (no mayo) or the BK Veggie Burger at Burger King. At Outback Steakhouse, I'll generally order the petite sirloin, salmon, or the scallops. My book, ***Eat Out Healthy***, offers plenty of the better options.



Dr. Jo® Lichten is a PhD nutritionist, registered dietitian, and the author of several books including ***Eat Out Healthy***.

## Dine Smart!

People are often surprised to see me in the line at a fast food restaurant. I may be "Dr. Jo", but I'm still just your average "Jo." So, how does the average "Jo" with a PhD in nutrition eat out in restaurants and maintain a normal, healthy weight? Here are my tips:

- **Know Thyself.** If you overeat when you get too hungry, plan an earlier meal. If you just can't help but finish everything on your plate, then split a meal or order a smaller portion.
- **Pick Your Pleaser, Skip Your Teasers.** Before ordering I ask myself what I'm craving (my "pleaser"), and I plan my meal around it. That way I can avoid those less tasty "teaser" foods.
- **Do Your Research.** Let's face it, those tantalizing descriptions on the menu make you want to order everything! Before you go, review the online menu and nutrition information to plan what you will order.
- **Call the Manager.** If you have any questions about the menu while researching online, call the restaurant manager. The manager knows portion sizes, added ingredients, and what substitutions can be made.
- **Be Mindful.** Dr. Brian Wansink, the author of ***Mindless Eating***, reminds us to eat slowly and savor every bite! You'll enjoy the food more, feel full faster, and eat less!

# BBQ Chicken Salad

## Ingredients:

- 1 cup chicken breast tenders
- 1/2 cup light barbecue sauce
- 6 cups chopped, ready-to-serve romaine lettuce
- 2 sliced tomatoes
- 1/2 cup sliced green onions
- 1/2 cucumber, sliced
- 1 tablespoon olive oil
- 3 tablespoons cider vinegar

## Directions:

1. Preheat oven to 350 degrees.
2. Place chicken in a small baking pan and cover with barbecue sauce. Place pan in oven and bake until

chicken is fully cooked. This should take about 20 minutes.

3. Meanwhile, layer the lettuce and fresh vegetables in a large salad bowl. You can even arrange them in a colorful pattern.
4. When the chicken is done, slice it thinly and place the slices on top of the vegetables. Sprinkle with olive oil and vinegar, then serve immediately.

## Chef's Tips:

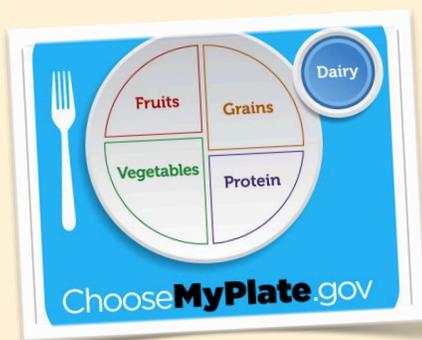
For a kick of vital nutrients, replace half the romaine with spinach leaves.



Feel free to use your favorite flavored vinegar in place of the cider vinegar too.

## Nutrition Facts:

Serves 4. Each 2 cup serving: 230 calories, 10 g fat, 2 g saturated fat, 0 g trans fat, 21 mg cholesterol, 483 mg sodium, 27 g carbohydrate, 3 g fiber, 12 g sugars, 9 g protein.



## Nutrition Facts: Milk

### Skim milk (per cup):

90 calories, 0 g fat, 5 mg cholesterol, 298 mg calcium, 12 g sugar

### 2% milk (per cup)

120 calories, 5 g fat, 3 g saturated fat, 20 mg cholesterol, 301 mg calcium, 12 g sugar

## WHICH MILK SHOULD YOU PICK?

### Debunking Dr. Oz

Dr. Oz recently asserted that people should drink 2% milk instead of skim milk because skim milk contains too much sugar. That is simply not true.

Removing the fat and cholesterol from milk does not change its lactose content. That is the only sugar in whole, 2%, and skim milk. Lactose is a naturally-occurring milk sugar.

Of course, drinking 2% milk increases the percentage of calories from fat and saturated fat



and increases the cholesterol content. None of this is good news for your health, especially for your heart. Skip this dubious claim and stick to skim milk.

By James J. Kenney, PhD, FACN

BROUGHT TO YOU BY:

# Caffeine: What You Need to Know

## How Caffeine Affects Your Body

Caffeine has long been known to **elevate blood pressure** acutely. A well-designed study examined the impact of 250 mg of caffeine in subjects who consumed no coffee in the previous 3 weeks. These researchers found that the average blood pressure increased by 14/10 mmHg one hour after the caffeine was consumed.

Coffee raises blood pressure by both increasing vasoconstriction and reducing vasodilation. A clinical trial of patients with hypertension who stopped drinking coffee did find a significant drop in blood pressure, at least in the short-term.

## Typical Amounts of Caffeine

All caffeinated drinks are not created equal. Some contain as little as 10 milligrams per cup, while others can have more than 100 milligrams per cup. Here's a rundown of the most common caffeinated drinks...

- Up to **10 milligrams** of caffeine: decaffeinated tea and coffee.
- Up to **50 milligrams** of caffeine: most sodas, green tea, iced tea, and energy gum.
- Up to **70 milligrams** of caffeine: most energy drinks and coffees.
- **More than 100 milligrams** of caffeine: some energy drinks, strong coffee, espresso.

## Sneaky Caffeine Pitfalls

Most beverages are served in large portion sizes.

There can be **multiple servings** in a single container!

Many energy drinks recommend having **multiple containers** per day. When

that container is already huge, your caffeine consumption can go through the roof!

## Be Smart About Caffeine

Green tea, decaffeinated tea or coffee, and diet soda are the best bets in terms of **caffeine content and calories**.

If you are **caffeine sensitive** or if your health professional advises that you skip caffeine, be aware that decaffeinated coffee and tea do contain some caffeine.

**Make coffee with filters.** This is better for your heart – coffee made without filters has been shown to raise cholesterol.

## A Note About Energy Shots

Some energy drinks come in tiny, caffeine-rich containers called “shots.”

**5 Hour Energy**, for example, contains **138 milligrams of caffeine** in just two ounces. It's also low in calories. The manufacturers recommend taking two shots per day, spaced apart. That's 276 milligrams of caffeine per day, which is a serious amount of caffeine!

## A Closer Look at Caffeine Content:

Drink	Caffeine per 8 oz	Total Caffeine in Container
Hot Cocoa	5 mg	5 mg (in 8 oz)
Decaf Coffee	7 mg	10 mg (in 12 oz)
Coca-Cola	23 mg	34 mg (in 12 oz)
Green Tea	25 mg	25 mg (in 8 oz)
Diet Coke	30 mg	45 mg (in 12 oz)
Bawls	54 mg	67 mg (in 10 oz)
Full Throttle	72 mg	144 mg (in 16 oz)
Red Bull	80 mg	80 mg (in 8 oz)
Monster	80 mg	160 mg (in 16 oz)
Coffee	95 mg	143 mg (in 12 oz)
Espresso	411 mg	77 mg (in 1.5 oz)
5 Hour Energy	552 mg	138 mg (in 2 oz)

Sources: [www.peapod.com](http://www.peapod.com), [www.energyfiend.com](http://www.energyfiend.com)

BROUGHT TO YOU BY:

# Get the Lowdown on Fiber

More and more food labels and packages are proudly displaying claims about added fiber. Even certain sweeteners are sporting new fiber claims. Check out Splenda Essentials for an example of a product adding fiber and discussing its health benefits.

We asked Dr. James J Kenney if these products were worth all the fuss. This is his response...

“The truth is that most of these designer fibers for the most part are not designed to mimic the health benefits of natural fibers and few of them have been tested to see what impact they have on metabolism. Certainly these designer fibers cannot be assumed to provide all the health benefits of consuming foods naturally rich in fiber. However, since there is little data on these designer fibers they should not be assumed to provide anywhere near the same health benefits of eating natural foods rich



in fiber. It would be nice if we had more data on the impact of these semi-synthetic fibers but without hard data no health claims are made for them so the food industry may hope that people just assume their designer fibers are just as healthy as the real thing. Of course, with no good data it is hard to say much about any specific type of fiber.”

## F-Factor Fiber Tips

If you choose to purchase foods with added fiber, be savvy and check the nutritional information. **If the food is high in calories and fat with added fiber, the fiber does not override the high calorie and fat content.** You want to look for foods that have a close carbohydrate to fiber ratio and are low in fat. Aim for foods that have at least five grams of fiber and a close amount of carbohydrate. The general rule is that a food should have no more than 45 grams of carbohydrate and at least five grams of fiber per serving. Food items that have added fiber are not necessarily healthy choices. It is important to think about whether the food is a healthy item to begin with; a cookie with

added fiber is still a cookie and not a healthful food. However, sugar-free jelly with added fiber (Polaner's), for instance, is a great way to add a few extra grams of fiber into your diet in combination with a healthful diet full of fruit, vegetables, and whole grains.

*By Tanya Zuckerbrot, MS, RD*  
You can learn more about Tanya Zuckerbrot and her amazing F-Factor Diet at [http://www.ffactor.com/meet\\_tanya](http://www.ffactor.com/meet_tanya).

Check out some of the F-Factor's delicious cereals for a fiber boost without extra fat and calories.

- [Mini Cinnamon Os](#)
- [Skinny's 'n Fruit](#)

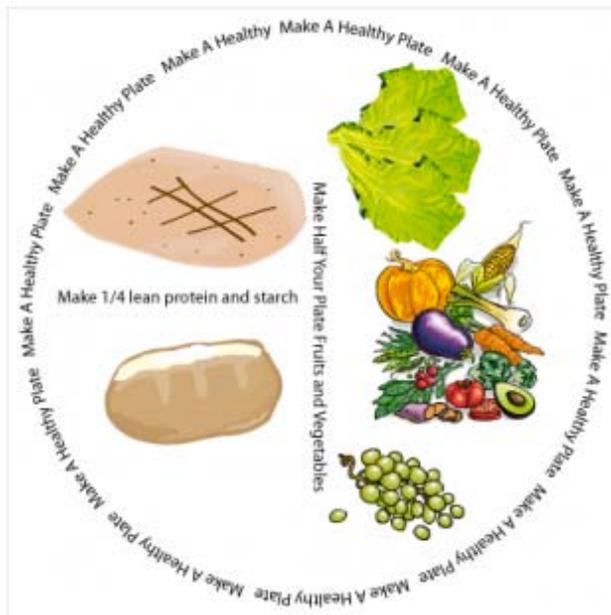
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## IDEAS YOU CAN USE: CUSTOMIZE

As one of nine kids (growing up in a one-bathroom house), I never seemed to have anything “my way.” All that all changed as I ventured out on my own in the 1970’s. Armed with a degree in nutrition, a copy of the new book, *The Assertive Woman*, and the fresh new Burger King commercial, “[Have It Your Way](#),” playing in my head, I took it upon myself to see if I really could have it MY way at other restaurants.

Well, I couldn’t. Even ten years later, it was still a struggle to get a restaurant menu item customized the way I wanted it. At Fuddruckers I noticed the cooks slathering oil on the burger buns before grilling them so I asked if they could skip it for me. After some discussion with the manager, they finally relented. But for many years this special request required the person at the cash register to yell to the back, “No butter on the buns” (can you say “embarrassing”?).

Eventually, though, Fuddruckers got a special request key on the cash register keypad that spelled out “Dry Bun.” And, around the



same time (after many requests on my behalf), Papa John’s Pizza added a “light on the cheese” button on their cash registers. Other restaurants followed suit.

Now I’m guessing I wasn’t the only one that made special requests that prompted the industry to change, but I am proud to say that I was finally getting it MY way! So, for all of you that make special requests at restaurants – for health, allergy, or taste preferences... please keep it up! The only way restaurants are going to change to meet our ever changing needs... is if we all ask for it!

Dr. Jo (Joanne Lichten, PhD, RD)

*How do you customize your favorite meals -- at restaurants or at home? Tweet us your thoughts (@foodhealth) today!*

# January

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[Hot Tea Month](#)  
[Oatmeal Month](#)  
[Soup Month](#)  
[Thyroid Awareness Month](#)

[Diet Resolution Week](#) (January 6-12)  
[Healthy Weight Week](#) (January 20-26)  
[National Folic Acid Awareness Week](#) (January 6-12)  
[Salt Awareness Week](#) (January 27-February 2)

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# Single Fast Food Meal Damages Arteries

By James J. Kenney, PhD, FACN

**D**r. Anil Nigam at the ÉPIC Center of the Montreal Heart Institute conducted a study to determine if the type of fat in a meal impacted the ability of arteries to dilate. He presented his findings at the Canadian Cardiovascular Congress. Dr. Nigam compared the effects of consuming either a typical Mediterranean-style meal or a fast food meal on the vascular endothelium. By measuring endothelial function, it is possible to determine how easily the arteries will dilate after a temporary, five-minute occlusion, following the consumption of the two types of meals. Endothelial function is closely linked to the long-term risk of developing coronary artery disease. The subjects consumed either the Mediterranean-style meal or the saturated fat-rich fast food meal one week apart and each after a 12-hour overnight fast. The Mediterranean-style meal was composed of salmon, almonds,

and vegetables cooked in olive oil, with 51% of total calories coming from fat. The second meal consisted of a sausage, egg, and cheese sandwich with 3 hash browns. This meal contained 58% fat calories and was extremely rich in saturated fatty acids and cholesterol. At two hours and four hours after each meal, participants underwent further ultrasounds to assess how the food had impacted their endothelial function. Dr. Nigam and his team found that after eating the fast food meal, his subject's arteries dilated 24% less than they did when in the fasting state. In contrast, the arteries were found to dilate normally and maintain good blood flow after the Mediterranean-type meal. Participants with higher blood triglyceride (TG) levels seemed to benefit more from the healthy meals than those whose fasting TG levels were lower. "We believe that a Mediterranean-type diet may be

particularly beneficial for individuals with high triglyceride levels, such as patients with metabolic syndrome, precisely because it could help keep arteries healthy," Dr. Nigam said.

The results of this recent study are consistent with earlier studies. A study of type 2 DM subjects found that endothelial function was impaired a few hours after a saturated fat and cholesterol-rich meal but not when polyphenol-rich olive oil replaced the butterfat. [Tentolouris N, et al. Differential effects of two isoenergetic meals rich in saturated fat or monounsaturated fat on endothelial function in subjects with type 2 diabetes. *Diabetes Care* 2008;31:2276-8].

**Bottom Line:** Each meal rich in saturated fat and cholesterol appears to alter blood lipids and promote inflammation that impair endothelial function in ways associated with increased CVD risk.

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### Executive Editor

Judy Doherty, PC II

### Contributing Writers

James J. Kenney, PhD, FACN  
Lauren Swann, MS, RD, LDN  
Victoria Shanta Retelny, RD, LD  
Jill Weisenberger, MS, RD, CDE  
Jo Lichten, PhD, RD  
Stephanie Ronco

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