

KITCHEN CREATIONS FACULTY NEWSLETTER #11  
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ARE YOU GETTING QUESTIONS ABOUT THE 'NEW' CRISCO?

With the flurry of 'no-trans-fat' or 'low-trans-fat' products showing up on the grocery shelves come questions.

**Why – “NO Trans Fat”, “Low Trans Fat”?** Beginning January 1, 2006, products that contain half a gram or more of trans fat per serving must include that information on the Nutrition Facts Label, right under saturated fat.

**Why do we care? Short answer: Trans fat is as bad as saturated fat, or worse. Trans fat behaves like saturated fat by raising low-density lipoprotein (LDL or “bad”) cholesterol that increases your risk of coronary heart disease (CHD). Even worse, unlike saturated fat, trans fat lowers high-density lipoprotein (HDL or “good”) cholesterol, further increasing risk of CHD.**

**What can we do?** Remember that old refrain, 'Moderation and variety', it still applies.

**Foods most likely to contain trans fats include: margarines, vegetable shortenings, crackers, cookies and doughnuts, pastries, commercially prepared baked goods, tortilla shells, chips, cake mixes, salad dressings, commercially fried foods, any food listing a hydrogenated or partially hydrogenated fat in the ingredient list.**

- Look for Trans Fat Free on the label. Then check the Ingredient List. Some zero grams trans fat products are made with palm oil that eliminates trans fats, but raises saturated fat content.
- Check the Nutrition Facts panel to compare foods. For saturated fat and cholesterol, remember 5% Daily Value or less is low, 20% or more is high.
- Use olive and canola oils, or soybean, corn, and sunflower oils and nuts. Avoid lard and butter.
- Use soft margarines containing vegetable oils (except coconut and palm kernel oils).
- Eat baked or broiled fish one or two days a week. Most fish are lower in saturated fat than meat. Some (mackerel, sardines, salmon) contain omega-3 fatty acids considered protective against heart disease.
- Replace chips and crackers with healthy choices such as low-fat cheeses, fruits and vegetables.
- Limit/avoid commercially fried foods, whether from the supermarket freezer, restaurant, or fast food.
- Look for replacements for foods typically made with hydrogenated or partially hydrogenated fats.
- Purchase or make your own vinaigrette salad dressing.
- Limit foods high in cholesterol such as liver and other organ meats and full-fat dairy products. Watch portion sizes and frequency of meats, eggs and cheese in the diet.
- Choose foods low in saturated fat: fat free or 1% dairy products, lean meats, fish, and skinless poultry.
- Increase consumption of whole grain foods, and fruits and vegetables.

Delving into food technology literature, it seems this may be a trade off of less trans fat for more saturated fat. The bottom line is to reasonably limit total fat and saturated fat intake and choose to increase whole grain products, fruits and vegetables in the diet.

### **The Rest of the Story**

**The “Trans Fat Rule”** -- the FDA final rule on trans fatty acids requires that the amount of trans fat in a serving be listed on a separate line under saturated fat on the Nutrition Facts panel. There is NO guideline as to how much trans fat is acceptable. Research continues. Trans fat does not have to be listed if the **total** fat in a food is less than 0.5 gram per serving and no claims are made about fat, fatty acids or cholesterol content, but, a footnote will be added stating that the food is “not a significant source of trans fat”.

Although trans fats (or, more correctly, trans fatty acids) are not beneficial, it is not recommended that we attempt to eliminate them from the diet. To do so would require such *extraordinary* dietary changes that the result would likely be an inadequate intake of some nutrients and creation of additional health risks.

A recent survey conducted by the Food Marketing Institute found shoppers were persuaded by health claims related to reducing the risk of disease. 83% of shoppers report they regularly read Nutrition Facts for ‘first time’ purchases and 91% stated they would make a purchasing decision based on that information.

**Want to know more – check out these references**

### **REFERENCES**

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## Cholesterol Guidelines

Updated cholesterol guidelines have been issued by the National Cholesterol Education Program (NCEP). The guidelines list goals for LDL cholesterol. The goals are based on an individual's number of risk factors for heart disease. Risk factors include cigarette smoking, blood pressure above 140/90, being on blood pressure medication, low HDL cholesterol (less than 40), having diabetes and a family history of early coronary heart disease (having a father, brother or son with coronary heart disease less than 55 years old or having a mother, sister, or daughter with coronary heart disease less than 65 years old. For a man being over 45 years and for a woman being over 55 years is a risk factor for heart disease.

For a person at low risk (0-1 risk factors) the LDL cholesterol goal is below 160. A person with LDL cholesterol levels of 160 or above should start lifestyle changes. Lifestyle changes include nutrition, physical activity and weight control. A person with LDL cholesterol levels of 190 or above should start LDL-lowering drug therapy. For a person with LDL cholesterol between 160-189 LDL-lowering drug therapy is an option, such as when a severe risk factor is present.

For a person at moderate risk (2 or more risk factors, having less than a 10% chance of having a heart attack in 10 years) the LDL cholesterol goal is below 130. Lifestyle changes should be started with a LDL cholesterol level of 130 or above. LDL-lowering drug therapy should be started with a LDL cholesterol of 160 or above.

For a person at a moderately high risk (2 or more risk factors, having a 10%-20% chance of having a heart attack in 10 years) the LDL cholesterol goal is less than 130. Lifestyle changes should be started with a LDL cholesterol level of 130 or above. LDL-lowering drug therapy should be started with a LDL cholesterol of 130 or above. For a person with a LDL level of 100-129 LDL-lowering medication is an option.

A person with coronary heart disease or with multiple risk factors such as diabetes, smoking, metabolic syndrome, or who is hospitalized for a heart attack is high risk. A person with multiple risks that give a greater than 20% chance of having a heart attack in 10 years is considered high risk. For a person at high risk the LDL cholesterol goal is less than 100. Lifestyle changes and LDL-lowering drug therapy should be started with a LDL cholesterol of 100 or above. There is an **optional** goal for a high risk person of lowering LDL cholesterol to below 70.

To see the NCEP cholesterol guidelines go to:

[www.nhlbi.nih.gov/guidelines/cholesterol/atp3upd04.pdf](http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3upd04.pdf)

This information can also be found in *Circulation* 110:227-239, 2004 and DOC News (Practical Insights on Preventing and Treating **Diabetes, Obesity and Cardiovascular** Disease) October 2004

DOC News is published by the American Diabetes Association and members receive it.

## LDL Cholesterol Goals and Cutpoints for Lifestyle Changes and Drug Therapy

Risk Category	LDL goal mg/dl	Start lifestyle changes	Consider drug therapy
High risk (coronary heart disease or risk equivalent)	less than 100 (optional goal less than 70)	100 or more	100 or more ( less than 100, drug therapy optional)
Moderately high risk (2 or more risk factors, 10%-20% 10-year risk)	less than 130	130 or more	130 or more (100-129 drug therapy optional)
Moderate risk (2 or more risk factors, less than 10% 10-year risk)	less than 130	130 or more	160 or more
Low risk (0-1 risk factor)	less than 160	160 or more	190 or more (160-189 drug therapy optional)

### Comments:

I have heard from some of you that physicians are saying that everyone should get their LDL cholesterol below 70. This is not what the guidelines say. The goal of having LDL cholesterol below 70 is an **optional** goal for people at high risk. An example of high risk would be a person with cardiovascular disease and diabetes or someone who is hospitalized for a heart attack.

For all of us to get our LDL cholesterol below 70, most of us would have to take a LDL-lowering drug (statin). This doesn't seem feasible as statins are expensive and can have an effect on the liver.

There has been controversy over this update because eight of the authors had ties to the pharmaceutical industry such as accepting honoraria for speeches and research grants. Many of the trials to determine if statin drugs would be useful in controlling lipids were financed by pharmaceutical companies. The companies had no control over the outcomes as the trials were done with a double-blind, randomized, placebo-controlled design.

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**ALLIANCE OF DIABETES, HEART AND CANCER ASSOCIATIONS  
RECOMMENDS PREVENTION GUIDELINES TO REDUCE DEATHS FROM  
DIABETES, CANCER, HEART DISEASE AND STROKE.**

**DOCNEWS**, a new publication from the American Diabetes Association, is directed at “practical insights on preventing and treating **DIABETES, OBESITY AND CARDIOVASCULAR DISEASE**”. An article by Bruce Goldfarb points out that two out of three deaths in the United States are due to diabetes, cancer, heart disease or stroke. American Diabetes Association, American Heart Association and American Cancer Society have formed an alliance to issue a single set of recommendations aimed at reducing the impact of these diseases.

The campaign, “Everyday Choices for a Healthier Life”, targets healthy diet and body weight, physical activity, tobacco avoidance, and doctor visits to assess personal health risk.

The Advertising Council is partnering with the Associations to get out the word. A free educational booklet is available by calling toll-free 1-866-399-6789.

A web site provides more information – <http://www.everydaychoices.org>. Under “Health Tools” available at this web site are actually links to AHS, ADA and ACS web sites. They include a Nutrition and Physical Activity Quiz, Virtual Grocery Store Tour, Cardiovascular Risk Assessment, where to find a CPR Class, and others. Under “Healthcare Providers” click MORE and find the Recommended Health Screenings (Requires Adobe Acrobat).

Scientific papers detailing the recommendations and rationale were simultaneously published in July 2004 *Diabetes Care*, June 15, 2004 *Circulation* and July/August 2004 *CA*, published by the American Cancer Society.

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**DIETARY GUIDELINES FOR AMERICANS – 2005**

As many of you know, the new Dietary Guidelines for Americans, 2005 were released January 11<sup>th</sup> and introduced in a Press Conference by HHS Secretary Thompson and USDA Secretary Veneman. The most interesting aspect of the Press Conference was the questioning by the Press Corps that often was leading and slanted in a particular direction. The various articles by those particular reporters/journalists that were available in the following days were very revealing and often far a field from the actual Guidelines document.

The 41 key recommendations are grouped as:

Adequate Nutrition within Calorie Needs	Carbohydrates
Weight Management	Sodium and Potassium
Physical Activity	Alcoholic Beverages
Food Groups to Encourage	Food Safety
Fats	

The short message seems to be: more whole grains, more fruits and vegetables, low fat dairy products, selective choices of fats/oils used, and EXERCISE. Secretary Veneman used the 'variety and moderation' theme used by nutrition professionals for years.

To quote Secretary Thompson, "The Guidelines are science-based and common sense." There was a strong message that the report was based on the best available evidence-based science. Dr. Eric Hentges (USDA) made the point that the Guidelines are federal policy and "will give direction for all of our programs such as School Lunch; Women, Infants and Children's programs; education programs that go with Food Stamps".

The education tools that support the Guidelines are not yet available. The revised Pyramid will "follow in several months". The document released concurrent with the Press Conference is "written with the health-provider, the dietitian, the extension nutritionist, the public health professional in mind". You can access that document and a consumer brochure at <http://www.healthierus.gov>.

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### Websites, etc

The American Diabetes Association has a new cookbook. It's called Healthy Calendar Diabetic Cooking. It has a dinner meals for a year and grocery lists. Each recipe has nutrition analysis. Check it out at <http://store.diabetes.org>

The Diabetic Four Ingredient Cookbook by Linda Coffee and Emily Cale. This is available from [www.amazon.com](http://www.amazon.com) It could probably be ordered from a local book store also. The recipes really do just have 4 ingredients and they have nutrition analysis. In addition to this cookbook the authors have written 3 other 4 Ingredients Cookbooks.

The Center for Science in the Public Interest has proposed **Guidelines for Marketing Food to Kids**. To see them go to [www.cspinet.org/new/200501051.html](http://www.cspinet.org/new/200501051.html)

"New and Improved" [www.diabetesatwork.org](http://www.diabetesatwork.org)

This website has been mentioned before, but check it out. It has overheads, power point presentations and handouts. All are available in English and most are available in Spanish. They are from the University of Georgia Cooperative Extension.

For free patient handouts go to <http://www.learningaboutdiabetes.com/What2.html>  
The free materials are available in both English and Spanish. There are also diabetes education materials for sale.

### [www.portfolioeatingplan.com](http://www.portfolioeatingplan.com)

The Portfolio Eating Plan was developed at the University of Toronto. The combination of foods highlighted in the portfolio plan reduced cholesterol by 35% in four weeks, which is about the same that can be expected with starting a statin medication. There was also a lowering of C-reactive protein, which is a measure of inflammation. Researchers have been learning that inflammation of the arteries may also be a risk factor for heart disease. The portfolio eating plan includes almonds, foods high in soluble fiber (such as

oats, barley and certain fruits and vegetables), plant sterols (Benecol or Take Control margarine) and soy protein foods (tofu, soy meat alternatives and soy milk).

<http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/>

This website has information on the DASH Eating Plan for consumers. The Dash Eating Plan is mentioned in Dietary Guidelines for Americans 2005. You can also get a tear pad on the DASH Eating Plan from Dairy Max. Call 1-800-332-4790 or Jan Newquist at 505-286-1686 to order the tear pad. Another way to get the tear pad is to go to <http://www.dairymax.com> and click on Health Professionals, then look under Free Patient Education Materials.

The Dash Eating Plan is low in saturated fat, cholesterol and total fat and emphasizes fruits, vegetables, and low fat dairy foods. It also includes whole grain foods, fish, poultry, and nuts. It is reduced in red meat, sweets, and sugar-containing beverages. The DASH Eating Plan is rich in magnesium, potassium, and calcium.

[www.nationaldairycouncil.org/health/index.asp](http://www.nationaldairycouncil.org/health/index.asp)

This is the National Dairy Council website. Click “Nutrition Education Materials”, then on “more free education materials” for materials that can be downloaded. Under “Nutrition Education Materials” click on “Health Education Kits” which has more materials that can be downloaded.

[www.cadre-diabetes.org](http://www.cadre-diabetes.org)

This is the website for CADRE (Council for the Advancement of Diabetes Research and Education) **There is a core slide set of 250 slides that can be downloaded.** There are notes for each slide that can be downloaded also.

The slides are divided into 7 sections:

Pathogenesis and Classification of Glycemic Disorders

Insulin Deficiency and Insulin Resistance

Microvascular and Macrovascular Complications: Epidemiologic Studies

Evidence for Benefits of Tight Control: Intervention Studies

Therapeutic Options: Secretagogues, Sensitizers, and Prandial Regulators

Therapeutic Options: Insulins

Therapeutic Tactics

[www.eatbettermovemore.org](http://www.eatbettermovemore.org)

The Strategic Alliance for Healthy Food and Activity is a coalition of nutrition and physical activity advocates in California. Check out their recent publication “Recommendations to Improve Healthy Food and Activity Options”. There is a link at the right side of the page. The information is focused on California, but the concepts should be applicable anywhere.

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