

## Letter to the Editor

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### Dear Editor,

Please note that the intent of this letter is to relay to health educators, dietitians, and public health practitioners/nutritionists, and others serving in positions or roles to educate clients, consumers, and patients, on the importance of the new Dietary Guidelines. The Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA) jointly released a list of guidelines to follow for a healthy diet [1]. Obesity is a rising health issue, subsequently leading to health problems that are normally otherwise preventable with a balanced diet and exercise regimen. Education is an important aspect of disseminating information about the dietary guidelines to others.

However, the recommendations are not based on individual metabolism levels, do not involve personal nutrition assessments or personalized nutrition support. The dietary guidelines are a resource to help people make healthy food choices across food groups, while at the same time being mindful of calorie intake. Selecting nutrient-dense foods is important, especially instead of selecting choices that are not beneficial to health.

According to the National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health (NIH), a healthy eating plan allows those staying within a daily calorie goal to experience weight loss and additionally provides the body with needed daily nutrients [2]. Furthermore, a healthy eating plan will stress eating fruits, vegetables, and whole grains; low-fat or fat-free daily products; lean poultry, fish, meats, beans, eggs and nuts; limiting added sugars, and trans and saturated fats; and controlling portion sizes [2]. This is in line with the Dietary Guidelines for Americans, which recently came out due to the starting of a new 5 year period.

According to the Dietary Guidelines for Americans 2015-2020 Executive Summary [1], there are 5 key components, or guidelines incorporated, which includes: across the lifespan, following a healthy eating pattern; focusing on nutrient density, variety, and amount; limiting calories from trans and saturated fats as well as added sugars; shifting to healthier beverage and food selections; and supporting healthier eating patterns for everyone [1]. Of course considering cultural foods, traditions, customs and family values is especially important in this last step.

Is it possible to make these guidelines more specific, without focusing on a singular particular nutrient? For example, cholesterol is no longer a focus in the new dietary guidelines. Actually, saturated fat includes both animal and non-animal dietary sources, whereas cholesterol is only from animal sources; recent research indicates that saturated fat may be more important than cholesterol levels when watching one's diet. Harvard School of Public Health, the Nutrition Source, Fats and Cholesterol [3], explains that what matters most is the type of fat that is eaten. Trans fats are bad fats, as even eaten in small quantities (i.e., processed foods made with partially hydrogenated oil), disease risk is increased. Saturated fats, found in red meat, ice cream, cheese and butter also negatively impact health [3]. Instead, incorporate more fish, beans, and healthy oils in place of refined carbohydrates [3]. This is in line with the Dietary Guidelines for American 2015-2020 that states to partake of "a variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products" [1]. To reduce the amount of trans fat and saturated fat, it is important to vary the types of meats. "Consume less than 10 percent of calories per day from saturated fats," [1].

According to the key recommendations of the dietary guidelines, interconnected relationships with dietary components among one another are considered. For example, not just fruits, but whole fruits; not just grains, but half of grains consisting of whole grains; not just milk, cheese, and low-fat dairy, but also consideration of fortified soy beverages [1].

To explain the scope of the guidelines as an nutria-epidemiology approach to prevention and public health, selecting healthier food choices is a way to prevent over-consumption of calories, which leads to overweight and obesity. The typical American diet is deficient in fiber, and it is well established that a high fiber diet helps with normal bowel elimination and maintenance of healthy cholesterol levels, thus playing a role in digestive as well as cardiovascular health. Poor dietary choices, such as selecting fried and processed food, afford few health benefits, compared to that of nutrient-rich foods, such as increasing intake of whole grains, fruits, vegetables and selecting lean meat and lean or plant-based vegetable protein sources. Eating healthy is one of the best preventative approaches toward development of heart

disease, type 2 diabetes, and even cancer, for which a high fat diet plays a role, especially saturated fat intake.

Of course personalized treatment of the obese, that take into the account nutrigenomics and metabolomics diagnosis may be treated differently than a general recommendation approach. Services by qualified practitioners, Registered Dietitians, and physicians can be offered to individuals who prefer a personalized approach to establish and meet dietary goals, especially if a treatment plan is needed or specific tests are decided by the practitioner. In contrast, the dietary guidelines are general guidelines for the population.

The dietary guidelines are not meant as a treatment approach for any specific or particular illness or disease, but more of a one size fits all approach for prophylaxis, which is a more preventative approach. Eating healthy, getting adequate sleep and regular exercise/activity synergistically play a role in our maintaining a healthier status.

Rather than saying to limit intake of sodas or juices, overall, to just look at all sources of added sugar and make that a small part of the calorie intake is advised. "Consume less than 10 percent of calories per day from added sugars" [1]. For example, if eating 2,000 calories per day, 10% of those calories would be 200 calories from added sugar. In reading labels, the amount of sugar is found under total carbohydrates. Knowing that carbohydrates are 4 calories per gram, that would be calculated as no more than 50 grams of added sugar as the carbohydrate source ( $50 \times 4=200$ ) for a 2,000 calorie diet, for example. Then there is the guidelines to "consume less than 2,300 milligrams (mg) per day of sodium" [1]. This sodium level aligns closely with sodium recommendations from the American Heart Association.

According to the American Heart Association ([www.heart.org](http://www.heart.org)), optimal health is achieved for those eating no more than 1,500 milligrams of sodium per day, which is associated with a significant reduction in blood pressure, which also reduces stroke and heart disease risk; however, because of the excessive intake of sodium that occurs (more than 3,400 mg daily of sodium for many Americans), cutting back to no more than 2,400 milligrams daily will significantly improve heart health and blood pressure [4].

Consumers need to be mindful of additional sodium or salt sources in the diet. Not all foods that are salty will taste salty. According to the Center for Disease Control and Prevention (CDC), 40 percent of our daily sodium comes from 10 types of food such as cold cuts or cured meats, pizza, soups and pasta dishes [5]. Other sources of sodium include canned foods (such as tuna), salad dressings, condiments, boxed mixes (for example, a packet of sauce mix with pasta), bottled sauces or marinades, and frozen dinners [6]. In just one meal, 1,500 mg of sodium may be incorporated due to the sodium content of the deli meat, pickle relish and other toppings.

To recap the Dietary Guidelines of 2015-2020, foods to incorporate into a healthy eating pattern include nutrient dense foods. This means eating a variety of colors (white, purple, yellow, orange, and dark green) vegetables and fruits; including whole fruits as well as whole grains; including low-fat

dairy products or fortified soy beverages; varying protein sources to include lean poultry and meats, seafood, eggs, nuts, soy, seeds and legumes; consuming healthy oils (such as olive oil) [1].

Additionally, Americans in general need to exercise more-to maintain a healthy weight or to lose weight. In addition to activities of daily living, or ADLs, it is recommended for adults to minimally have 150 minutes of moderate-intensity physical activity weekly (stretching, slow dancing, walking, light yard work) or a range of 150-300 minutes of moderate intensity activity weekly (yoga, brisk walking, or weight training, and weight-bearing exercises may improve bone health) [7]. When in doubt how much and what level of physical activity is appropriate, it is advisable to check with a physician or qualified healthcare practitioner.

In closing, we need to select foods and beverages that are healthier and practice mindful eating in regard to portion sizes. The following websites provide educational tips and on-line tracking, which is a helpful resource to recommend to clients/patients for success of personal exercise and nutrition regimes:

USDA food tracker to record meals (<https://www.supertracker.usda.gov/foodtracker.aspx>)

USDA Physical Activity tracker (<https://www.supertracker.usda.gov/physicalactivitytracker.aspx>)

Exploring the 2015-2020 dietary guidelines <http://health.gov/dietaryguidelines/2015/guidelines>

Learning portion sizes with ([www.choosemyplate.gov](http://www.choosemyplate.gov))

## Author Biography

Cheryl Reifer, PhD, RD/LD, is a public speaker, educator, clinical dietitian, clinical nutrition manager, food industry consultant executive, and published researcher with more than 20 years of experience. Cheryl is presently a research scientist with Genesis PURE, Inc. in Frisco, TX. Cheryl has worked internationally in business development to assist food companies with needs in research, regulatory affairs, and health marketing. Clinically, Cheryl has worked in outpatient clinics, hospitals, and nursing homes in areas of medical nutrition therapy, such as diabetes, heart disease, organ failure, nutrition support, and many others. She has also served as a manager over dietitians, developing and implementing policies and systems. As a speaker, Cheryl has appeared on the Health and Science TV network, served on pharmacy speaker bureaus and on panels such as the Fort Worth Life Sciences Coalition. Cheryl's published research interest areas include diabetes and probiotics. Current weight loss interests include teaching/implementing a heart-healthy program for contractors to the military. Cheryl is the 2016-2018 newsletter editor for the Dietitian's Research Practice group (DRPG) of the Academy of Nutrition and Dietetics (formerly, the American Dietetic Association). Cheryl is serving on the national board of trustees for Research and Ethics for the Society of Public Health Education (SOPHE), 2016-2018. Cheryl has a PhD in health studies from Texas Woman's University, a BS in nutrition and an MS in adult

education, including graduate hours in nutrition from Texas A&M University, and is a Registered Dietitian and Licensed Dietitian for Texas.

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