... Some dietary myths dispelled ...

Will caffeinated drinks make you dehydrated? Should you limit egg consumption or avoid cooking vegetables? Can eating certain nutrients at certain times of the day help you lose weight? Fact is not always easy to distinguish from fiction.

Do caffeinated drinks have a dehydrating effect and increase fluid requirements?

Studies have shown that normally consumed amounts of caffeine in drinks such as tea, coffee and colas do not increase fluid loss. But caffeine has been reported to have a diuretic effect above 250 mg per day and it can therefore lead to increased water loss and possibly to body water deficit (this effect may be less pronounced in regular caffeine consumers). So, the water we get from caffeinated drinks can contribute to our total fluid when consumed in moderation. National authorities around Europe recommend a water intake from beverages of at least 1.2 litres (4-6 glasses) in adults. This is in addition to the water we get from food and our metabolism, to replace losses through urine, faeces, perspiration and the lungs.1,2

Should you eat no more than three eggs per week?

High blood cholesterol levels are a known risk factor for coronary heart disease. This has led to the idea that egg yolks, which are rich in cholesterol (about 225 mg in a medium sized egg), must be bad for your heart. However, we make over 75% of the body's cholesterol ourselves, and the dietary cholesterol generally has very little effect on the level in the blood. While some people may respond to dietary cholesterol, saturated fat has a much greater effect on blood cholesterol, especially LDL-cholesterol, and eggs are low in saturated fat. Most health and heart advisory bodies in Europe and elsewhere no longer set a limit on the number of eggs consumed, provided they are eaten as part of an overall healthy balanced diet that is low in saturated fats.3,4

Does cooking destroy all the goodness in vegetables?

Vitamin C and folic acid are water soluble and susceptible to oxidation, so much is lost when foods containing these vitamins, such as green vegetables, are cooked in large volumes of water which is discarded. This loss and that of other vitamins and minerals can be minimised if vegetables are not cut up, plunged straight into boiling water and served immediately, or better still are steamed or cooked with very little water in a microwave oven. However, other important constituents, such as fibre, lycopene in tomatoes and other antioxidants remain in the vegetables and may become more available to the body through cooking. Additionally, proper cooking increases the microbiological safety of foods and enhances their flavour.5-7

Can “chrono-nutrition” help you lose weight?

The concept of “chrono-nutrition” was developed by a French nutritionist in 1986. The theory behind it is that there is an ideal time for digesting the macronutrients protein, carbohydrates and fat. For example, foods containing proteins, fats and slowly digested carbohydrates (such as those from wholegrain and fibre-rich sources) should be eaten at breakfast and mainly protein containing foods at lunch. Macronutrients eaten outside the periods of optimal digestion will not be utilised but stored as fat, resulting in weight gain.

It is true that we all have a circadian rhythm, a biological clock linked to sunlight and temperature, which is reflected in small fluctuations through the day and night in the levels of various substances, such as hormones, in our bodies. However, whenever we eat proteins, fats or carbohydrates our body responds by increasing the production of all substances needed to digest and utilise them. Any weight loss experienced with this diet is likely due to the reduction of calorie intake that tends to occur when individual meals are restricted to certain food items.8,9

References


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...Meat: a lot in a little...

Fossil evidence indicates that humans have been eating meat for a very long time. Meat contains a wide variety of important nutrients, including high-quality protein, vitamin D, B vitamins, particularly vitamin B12, as well as iron, zinc and selenium. Consumed in moderation, meat forms part of a healthy balanced diet.

Rich in nutrients

Protein

The protein in meat is high quality, containing a complete and well-balanced range of amino acids, the building blocks for growth. Protein is particularly important for children and teenagers, athletes and pregnant women, as well as older people, when recovering from surgery or illness.

Minerals – iron, zinc and selenium

Meat is a major source of iron, and in general, the redder the meat, the higher the iron content. Although iron is found in a number of foods, meat and seafood are the only sources of haem iron. This type of iron is absorbed by the body much more easily than the iron in vegetables and cereals. Iron is needed to produce healthy blood, carrying oxygen as part of haemoglobin to all parts of the body, including the brain and muscles. A lack of iron can cause tiredness, difficulty concentrating and a reduced ability to fight infection. It is still one of the most common nutritional deficiencies across Europe. Eating meat regularly is one way to help prevent iron deficiency.2

Like haem iron, zinc from meat is more available to the body than plant zinc, making meat a significant source of this mineral, and one of the most common in Europe. Zinc is needed for growth and reproduction as well as to fight infection and heal wounds.3

Meat is also an important source of selenium. The selenium content of soil determines how much is found in the pasture and grain on which animals are fed and, therefore, in meat. In our body, certain selenium-requiring proteins are involved in antioxidant defence and DNA repair.

Vitamin B12

Vitamin B12 contains a number of B vitamins, but vitamin B12 is particularly important as it is only found, naturally, in animal foods (e.g. meat, milk and dairy products, eggs and seafood). Vitamin B12 is needed to build our genetic material, DNA, so has many functions in the body, including the production of healthy blood and a well-functioning nervous system. Deficiency of this vitamin, which can cause neurological dysfunction, is becoming of increasing concern amongst older people due to a reduced rate of absorption as well as inadequate intake.

Fat

Meat fat is an important source of energy, some fat soluble vitamins and essential fatty acids. The type of fat found in meat is almost evenly split between saturated and monounsaturated. Small amounts of polyunsaturated fat may be found in meat, and these will be higher in meat from animals raised on pasture or given a specific diet, compared to those fed traditional grain. The overall fat content of meat has decreased over the years through breeding, feed changes and an increased level of trimming, these will be higher in meat from animals raised on pasture or given a specific diet, compared to those fed traditional grain. The protein in meat is high quality, containing a complete and well-balanced range of amino acids, the building blocks for growth. Protein is particularly important for children and teenagers, athletes and pregnant women, as well as older people, when recovering from surgery or illness.

Safely to eat

Most countries now have quality assurance schemes, which cover all aspects of meat production from farm to fork and which promote good farming practices and food safety. In addition, legislation may be set at either national or European Union (EU) level. Most countries now have quality assurance schemes, which cover all aspects of meat production from farm to fork and which promote good farming practices and food safety. In addition, legislation may be set at either national or European Union (EU) level. For example, the use of growth-promoting hormones is banned in the EU, and some countries (e.g. Denmark) allow antibiotics only for medicinal purposes. If treated, animals cannot be slaughtered until residues have dropped below a defined level.5,6 While most dietary guidelines in Europe recommend to have meat, poultry or fish on a daily basis, the World Cancer Research Fund advises to limit the intake of red meat (such as beef, pork and lamb) to a maximum of 500 g (cooked weight) per week.7

Table 1. Nutrient composition of various meats

<table>
<thead>
<tr>
<th>Nutrient/Energy</th>
<th>Beefa</th>
<th>Porka</th>
<th>Lamba</th>
<th>Chickenb</th>
</tr>
</thead>
<tbody>
<tr>
<td>kcal/kJ</td>
<td>108/455</td>
<td>105/443</td>
<td>117/491</td>
<td>145/607</td>
</tr>
<tr>
<td>Protein (g)</td>
<td>22.0</td>
<td>22.0</td>
<td>20.8</td>
<td>22.2</td>
</tr>
<tr>
<td>Fat (g)</td>
<td>1.9</td>
<td>1.9</td>
<td>3.7</td>
<td>6.2</td>
</tr>
<tr>
<td>Iron (mg)</td>
<td>2.1</td>
<td>1.0</td>
<td>1.6</td>
<td>1.1</td>
</tr>
<tr>
<td>Zinc (mg)</td>
<td>4.3</td>
<td>2.4</td>
<td>2.9</td>
<td>no data</td>
</tr>
<tr>
<td>Selenium (µg)</td>
<td>5.4</td>
<td>12.0</td>
<td>4.1</td>
<td>6.2</td>
</tr>
<tr>
<td>Vitamin B12 (µg)</td>
<td>5.0</td>
<td>2.0</td>
<td>2.7</td>
<td>0.4</td>
</tr>
</tbody>
</table>

a muscle tissue
b breast with skin
Source 8

References


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... Nutritional programming – mother’s diet and baby’s health ...

Pregnancy is a time of constant change as the new baby develops in the mother’s womb. However, have you considered that the food the mother eats during pregnancy can affect her child’s health even decades later? Understanding such ‘nutritional programming’ may help prevent diet-related diseases early on.

Programming health before birth

For some time scientists have suggested that the nutritional conditions that exist while a baby is developing in the mother’s womb, and the nutrition it receives during infancy, affect a person’s development and future health. This seems to be especially true for some chronic diseases such as heart disease and diabetes. It is thought that there are critical periods during pregnancy and infancy where 'nutritional programming' occurs.

Research into nutritional programming

The research into nutritional programming (or the ‘foetal origins of disease’ as it is sometimes known) is growing rapidly. In particular, a study of survivors of the Dutch famine of 1944-1945 showed that when pregnant women were exposed to famine conditions, their children were more likely to develop type 2 diabetes, obesity, hypertension and cardiovascular disease.

The people of the Dutch Famine cohort are still being followed and interesting findings continue to be revealed. For example, it was recently shown that those who were exposed early prenatally – during the first 16 weeks of gestation – to the famine prefer eating fatty foods, which could increase the risk of developing high blood cholesterol if high in certain saturated fatty acids or trans fatty acids. But also, those people tended to be less physically active.

It is clear from this research that changes in nutrition at specific stages of pregnancy can result in very different outcomes for the child’s health. Currently two EU-funded projects, EDEN (Study of pre- and early postnatal determinants of the child’s development and health) and EARNEST (Early Nutrition Programming Project) are looking in detail at these issues.

What aspects of development and health are affected by nutritional programming?

Many aspects of a newborn’s health and wellbeing seem to be affected by the mother’s nutritional status, her weight before pregnancy and how much weight she gains during pregnancy. This in turn affects the size of the baby at birth and also has an influence on whether the baby is born prematurely. It is known, for example, from several population studies that small size at birth is associated with greater risk of developing cardiovascular disease.

One study from the EARNEST project found that eating a healthy diet during pregnancy, including some good sources of omega-3 fats (e.g. oily fish such as salmon, herring and mackerel) may give some protection against chronic diseases such as asthma, possibly by having a beneficial effect on the immune system.

Other studies have shown that a high intake of omega-3 fats during pregnancy benefits the growth of the baby before birth and also reduces risk of preterm delivery, but these did not take the mother’s body mass index (BMI) into account. The EDEN project has examined in detail the type of fat a woman eats just before and during pregnancy and the growth of the unborn child. In particular, it would seem that in overweight women, a higher pre-pregnancy intake of omega-3 fats (relative to total polyunsaturated fat intake) is associated with improved (closer to normal) foetal growth.

Beyond birth

Health in adulthood may also be determined to some extent by nutrition during infancy. Breastfeeding is optimal for the baby for a number of psychological and physiological reasons. Studies have found that breastfed infants are less likely to become obese as adults, and 5-7 months of breastfeeding seem to produce the most favourable outcome. This is in line with the World Health Organization’s recommendations advocating exclusive breastfeeding for the first 6 months of life.

Clearly, more research is needed to understand what could be the optimal diet during pregnancy and infancy, but currently, there appears to be strong evidence that a balanced diet and a healthy weight during pregnancy programmes many aspects of good health in infancy and beyond.

Further information:
EDEN website: http://www.metabolic-programming.org/
EDEN publications: http://www.ifred96.idf.inserm.fr/page.asp?page=2248

References


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Physical activity is part of a healthy, balanced lifestyle as it helps individuals to maintain a healthy weight, is beneficial for bone and muscle health, helps with psychological well-being and reduces the risk of certain diseases including cancers, heart disease and diabetes. But it is important to be aware of safety concerns that can be associated with engaging in physical activities.

**Cardiovascular Risk**

It is known that physical activity generally decreases the risk of certain diseases, including heart disease in individuals, but cardiovascular problems such as a heart attack or arrhythmia are some of the risks that may arise when taking part in physical activity. While some may feel that the majority of heart attacks happen to individuals during exercise, approximately 90% of all heart attacks actually occur at rest and not while exercising.¹

For an individual without existing heart disease the risk of a serious heart complication during exercise is 1 in 400,000 – 800,000 hours of exercise, whereas an individual who already has existing heart disease has an average risk of 1 in every 62,000 hours of exercise.² In comparison, a person training for 1.5 h on 5 days per week accumulates a total of 11,700 h of exercise over 30 years. This essentially shows that even individuals who exercise regularly and extensively have a very low risk of serious cardiac events. It has also been noted that the risk of a heart attack in a sedentary person doing exercise is 50% greater than that of a person who exercises five times a week, which yet again translates into a very low risk.

Although the risk of a heart complication is small it is always wise to know the warning signs of a heart attack which include a feeling of discomfort in the chest (which may include pain that radiates to the arms, back or shoulder areas ("pins and needles"), heart rhythm abnormalities like palpitations, skipped or thudding patterns, an unusual breathlessness or shortness of breath, dizziness or light-headedness.

**Joint and mobility risk**

Joints of the body, including the knees and ankles, have to bear a lot of stress from movement, especially in overweight or obese individuals. The body weight of an individual, along with the activity that they participate in, and the mechanical movement determines the load of force on a joint.³ For example, running has a greater impact on the joints than biking, and this effect is compounded by higher body weight.

Muscle weakness is also a factor which can cause joint problems and it has been shown that even small reductions in body weight can significantly reduce the stress on an overweight individual’s joints.⁴ However, research shows that those healthy individuals who participate in moderate, lower impact activities (such as walking, swimming, rowing) without previous joint problems do not have an increased risk of osteoarthritis - a degenerative joint disease - in the knee, however elite athletes who perform in vigorous activities such as running, squash and tennis, may be at higher risk of developing osteoarthritis in the knee due to the higher impact of these activities.⁵

**How to play it safe**

Physical activity is essential for a healthy body and mind and although there are valid safety concerns, generally more good than harm comes from engaging in physical activity. Choosing an appropriate environment for one’s preferred activity contributes to a high safety level and may be guided by the following list:⁶

- Physical separation from motor vehicles, such as pavements, walking paths, or bike lanes;
- Neighbourhoods with traffic-calming measures that slow down traffic;
- Places to be active that are well-lighted, where other people are present, and that are well-maintained (no litter, broken windows);
- Shock-absorbing surfaces on playgrounds;
- Well-maintained playing fields and courts without holes or obstacles;
- Padded and anchored goals and goal posts at soccer and football fields.

Additionally, it is recommended to wear appropriate protective gear and get professional advice before embarking on an exercise programme so that the schedule is tailored to the individual’s needs and abilities.

**Further information:**
EU Physical Activity Guidelines 2008

**References**


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