

wellness-cv connection

An e-newsletter from the Wellness CV RDs Subunit

AUTUMN
2014
Vol. 7, No.3

**Sports,
Cardiovascular,
and Wellness
Nutrition**
a dietetic practice group of the
Academy of Nutrition
and Dietetics

**eat
right.**



Department of Agriculture, added sugars are defined as the sugars and syrups added to foods during processing or preparation.³ Fruit juice concentrates, however, are a gray area. Some products are sweetened with juice concentrates that are highly processed, thus eliminating the fiber and vitamins that make fruit juice healthful and leading to the idea that these concentrates be considered added sugars. A precise and accurate definition of added sugars is needed to avoid the potential misuse of sweeteners to make products appear more nutritious than they actually are.⁴



A final set of changes to the nutrition facts panel relates to the other labeled nutrient content. Declaration

of potassium and vitamin D will now be required, as these nutrients have been determined to be nutrients of “public health significance” based on National Health and Nutrition Examination Survey data.² Calcium and iron contents will continue to be required, while reporting the values for vitamins A and C will become voluntary due to rarely seen deficiencies in these vitamins. Daily values for sodium, fiber, and vitamin D will be updated with the current recommendations. The new sodium recommendation will decrease from 2400 mg per day to 2300 mg per day. Fiber recommendations will be listed as 25 grams per day, and the vitamin D recommendation is proposed to be listed as 20 micrograms,⁵ which is equivalent to 800 IU.

New nutrition label requirements may encourage manufacturers to reformulate products or develop new ones with healthier profiles. For example, in 2006 when trans fat was added to the food label, manufacturers reformulated products to greatly reduce or eliminate the trans fat. The requirements may also promote nutrient fortification, especially of

the newly required components. The proposed changes were submitted for a 90-day comment period, which ended June 2, 2014 but was then extended through early August. (Ed note—As of our newsletter’s publication timeline, the comment period was closed, and the FDA is now in the process of reviewing and refining the proposal.) Once the changes are finalized and approved, manufacturers will have 2 years to fully comply.

AUTHOR'S BYLINE

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Elimination Diets: Fads & Science

By Maggie Moon, MS, RD



As dietitians, we know the major nutrition problems plaguing our modern society can be solved

with basic shifts in eating habits: more vegetables, fruits, whole grains, nuts, seafood, lean protein—sound familiar? For clinicians (versus public health professionals), however, problems are solved one person at a time, which includes helping clients understand the latest diet news (evidence based or not). Enter the elimination diet. These days an elimination diet qualifies as both fad diet and evidence-based diagnostic tool—depending on how it’s approached.



Elimination Diet History

To some extent, the concept of elimination diets is ancient and fundamental: someone ate a food, felt sick, avoided it, avoided getting sick from it again, and lived another day. It’s basic survival, not to mention application of the scientific method. However, the elimination diet as a formal therapy for food sensitivities dates back to the 1920s, when it was first used in medicine as an adjunct diagnostic tool.

Elimination diets became a fad when unqualified “experts” started to think it was feasible to prescribe a *specific* elimination diet to the *general*

population. The root problem here is that there is no single, absolute, must-follow “Elimination Diet.” That is, elimination diets are quite unique and tailored to the client. For example, unless your client’s body reacts poorly to grapefruit, why deprive them of a perfectly good source of nutrients because it’s on someone else’s not-allowed list? As registered dietitians (RDs), we know the more options omnivores have available to them, the easier it is to build an overall healthy diet.

Elimination Diets, in the Diagnostic Mix

Recall that a food allergy is a specific immune response to an otherwise safe food.¹ Major food allergies can usually be diagnosed easily, thus elimination diets are more useful for those with subclinical food sensitivities (food sensitivities include food allergies and food intolerances). Common blood and skin tests can generate false positives and false negatives in these scenarios, which is why accurate diagnosis of food sensitivities often requires a few different tests, including elimination diets.

When clients refer to elimination diets, they most likely are referring to diagnostic elimination diets. This type of elimination diet is a relatively short-term diet that someone would use with the purpose of identifying “trigger foods,” as well as “safe foods.” Once the diagnostic diet is complete, it’s important to build a healthful diet full of safe foods only. This is also referred to as a maintenance phase elimination diet.

Common Foods and Nutrients to Eliminate

Though elimination diets are individualized, there are some culprits more common than not. The big 8 allergenic foods are an easy and obvious set of foods to try eliminating: milk, eggs, fish, shellfish,

peanuts, tree nuts, soy, and wheat. Other intolerances to food substances include sulfites, benzoates, tartrazine, monosodium glutamate, lactose, other sugars, FODMAPs (fermentable oligosaccharides, disaccharides, monosaccharides, and polyols—carbohydrates and sugar alcohols the body has trouble absorbing), histamine and tyramine, and nitrates and nitrites. These are all foods and substances that may cause negative health effects.

Conditions Related to Elimination of Certain Foods

In some cases, foods make an underlying condition worse. In the case of a condition such as celiac disease, it is understood that those with the condition must avoid gluten-containing foods. However, there are other conditions where the evidence connecting food and the condition is less clear; yet, because there is some indication food plays a role, some clients may benefit from an elimination diet for these conditions. These include conditions such as irritable bowel syndrome, migraines, chronic fatigue syndrome, and eosinophilic esophagitis.²⁻⁵

Looking at the big picture, elimination diets are not really about eliminating foods. They’re actually about finding the safe foods a person can include in the diet to make it as rich,

varied, delicious, and healthful as possible. The RD plays a key role in this process of helping people who don’t respond well to specific foods, whether due to an allergy or a subclinical food sensitivity. While there is elimination of foods on these diets, this is done typically short-term and for the purposes of identifying trigger foods. More importantly for the long-term, an elimination diet helps identify the foods that will nourish and delight without causing negative side effects.

AUTHOR’S BYLINE

Maggie Moon, MS, RD, is a registered dietitian and nutrition writer based in Los Angeles, CA. Her new book, *Elimination Diet Workbook* (Ulysses Press, 2014), launched on June 10. For more about Ms. Moon, visit her website, www.maggiemoon.com.

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Basic Phases of Elimination Diets

PHASE		MAIN BEHAVIORS
1. ASSESS	» 	Keeping and analyzing a food and symptom tracker
2. PLAN	» 	Preparing oneself, others in the household, the kitchen, and grocery lists for the upcoming behavior change
3. AVOID	» 	Following the elimination diet; putting a lot of the preparation and planning into action
4. CHALLENGE	» 	Reintroducing individual foods into the diet and determining their physiologic impact
5. CHANGE	» 	Incorporating the long-term changes into everyday eating habits to keep the symptoms at bay