

# GI News

**1 April 2007**

GI News—April 2007



Food for Thought is gestational diabetes, prompted by dietitian Kaye Foster-Powell mentioning recently that she had seen nine new patients with gestational diabetes that week, whereas a couple of years ago she might only see one or two in a week. The same day, we opened our Success Stories mailbox and read about how Claire and Rachel coped with gestational diabetes, and how the diet and lifestyle changes they made has completely changed the way they feed their families. ‘A real wake up call’ says Rachel. But the news lots of you have been waiting for is about spuds. SUGiRS manager Fiona Atkinson has just tested a lower GI potato and you can read all about it in New Values. For those of you who like to listen, tune into Jennie’s interview with Margaret Throsby in What’s New where she talks about diabetes, pre-diabetes and the miracle of her cochlear implant. It’s inspirational.

*‘Good food really does nourish the spirit  
as well as the body.’*

— Petrea King, Quest for Life Centre

**GI News Editor:** Philippa Sandall

**Web Design and Management:** Scott Dickinson

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## Food for Thought

### **Gestational diabetes – a growing concern**

We spoke to dietitian Kaye Foster-Powell about the growing numbers of women being diagnosed with gestational diabetes. ‘I had nine new patients with gestational diabetes this week alone,’ said Kaye. ‘Even two years ago I would have averaged one or two new patients per week. I see them briefly at their routine antenatal clinic visit and will see them all again next week plus any others referred from private practitioners for education and management. That will make at least ten women next Monday morning. The explosion in numbers is just amazing, although universal screening in Australia at 28 weeks may account for some of the increase in the numbers of women I am seeing, it doesn’t tell the whole story. Many are overweight.’



‘If a pregnant woman has gestational diabetes, her blood glucose levels will usually return to normal after the birth and the gestational diabetes disappears. But, the risk of developing type 2 diabetes later in life remains. She has a risk factor. That’s why it’s vital that she make some lifestyle changes including eating well, watching her weight and exercising to reduce her risk of developing type 2 diabetes later in life. She should also have regular blood checks for diabetes as it can develop "silently". As Claire and Rachel say in Success Stories this month, it’s a wake-up call.’

### **What is it?**

Gestational diabetes is the type of diabetes that women can develop during pregnancy. In any pregnancy, some insulin resistance develops as a pregnant woman’s insulin needs are 2–3 times her normal needs. But, if you are overweight at the same time, it’s worse. And if your body can’t produce enough insulin to overcome the insulin resistance, your blood glucose levels increase above normal. If your gestational diabetes is undetected and untreated, your baby is at risk of growing too big in the womb, which can make the birth difficult. Your beautiful baby is also at risk of other complications and is more likely to be overweight as a child and develop health problems such as high blood pressure, heart disease and diabetes later in life.

### **Who gets it?**

About 5 per cent, or one in every twenty pregnant women, develop gestational diabetes, and those numbers are increasing. It is more common in women of African American, Asian American, Australian Aboriginal, Carribean, Hispanic, Indian, Mediterranean, Native American and Pacific Islander descent. It is also more likely in women over 30, with multiple pregnancies, in overweight women, and in those who have a family history of diabetes or previous gestational diabetes.

### **How is it managed?**

Most women can manage their gestational diabetes with healthy eating, exercise and regular

blood glucose monitoring. Some may need insulin injections. Studies show that insulin does not cross the placenta and will not harm the baby.

### **The good news**

1. Your baby will not be born with diabetes.
2. If you manage your blood glucose levels you can safely have a full term pregnancy and a normal delivery.

### **5 healthy eating tips for you and your baby**

You do need a special diet to help you manage gestational diabetes. It's one that will help you manage your blood glucose levels while meeting your and your baby's nutrient needs during pregnancy.



1. Eat regular meals and mid-meal snacks, and avoid getting overly hungry.
2. Limit sugary foods and drinks including soft drinks, cordials, confectionery and desserts.
3. Limit fatty foods, especially foods high in saturated fats such as crisps, pastries, take-aways, butter and cream, biscuits and cakes.
4. Include low GI (slow release) carbohydrate foods at each meal and snack.
5. Eat a wide variety of nutritious foods

And be active in as many ways as you can each day!

Source: Kaye Foster-Powell and [The Diabetes and Pre-diabetes Handbook](#).

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### **[GI News Podcast](#)**

#### **GI News Podcast: Prof Jennie Brand Miller talks about GI**

Prof. Jennie Brand-Miller, co-author of *The New Glucose Revolution*, explains what carbs really do in the body and why they're necessary, despite the trend towards low-carb diets over the past several years. She offers practical advice about appetite control, what we should focus on in our diets to create lifelong healthy habits, and why indulging can be a good thing.



Jennie Brand-Miller

Play the Podcast above or download here 

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## [GI News Briefs](#)

### **WHO's beating the trend?**

WHO's predicted 39% rise in the global rate of diabetes from 2000 to 2030 might be an underestimate write Canadian researchers in *The Lancet* (March 3). When Drs Lorraine Lipscombe and Janet Hux tracked the trends over 10 years in Ontario, Canada, they found that between 1995 and 2005 the prevalence of diabetes rose to nearly 9 per cent, already surpassing the global rate of 6.4% predicted by the World Health Organization (WHO) to occur by 2030. 'We found that the rising number of new cases of diabetes, coupled with declining mortality rates due to people living longer with the disease, have led to steady increases in the overall prevalence of diabetes in Ontario,' said Dr. Lorraine Lipscombe, ICES Research Fellow and lead author of the study.

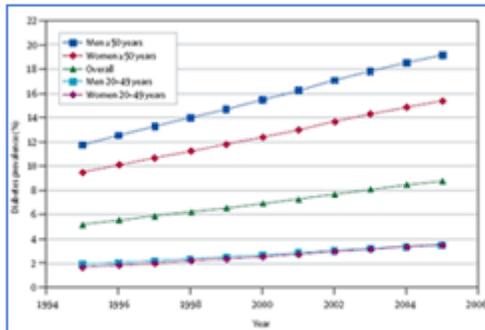


Figure 2: Yearly diabetes prevalence rates, by sex and age-group, (fiscal years 1995-2005)  
Overall prevalence rates are age-adjusted and sex-adjusted with 2001 census data. Yearly rates are based on prevalence by March 31 of each year.

Yearly diabetes prevalence in Ontario

In their study, they tracked all Ontario adults aged 20 years and older to examine trends in diabetes prevalence (the number of both new and existing cases) and mortality between 1995 and 2005, and trends in incidence (the number of new cases only) from 1997 to 2003. The results showed that:

- Diabetes prevalence has increased 69%, from 5.2% in 1995 to 8.8% in 2005.

- Although prevalence rates have remained higher among persons aged 50 years and older compared to persons aged 20 to 49 years, rates increased to a greater extent in the younger population (94% for those 20 to 49 years vs 63% for those aged 50 and older).
- There was a 31% increase in annual incidence, from 6.6 per 1,000 persons in 1997 to 8.2 per 1,000 persons in 2003.
- The mortality rate among persons with diabetes declined by 25% between 1995 and 2005.

‘Given this linear growth in the prevalence of diabetes, more than 10 per cent of the adult population of Ontario will be diagnosed with diabetes before 2010,’ said Dr Lipscombe. ‘If similar trends are occurring throughout the developed world, then the magnitude of the emerging diabetes epidemic is far greater than we anticipated,’ said Lipscombe.

Ethnicity may matter too. Where Ontario may differ slightly from other regions may be in the ethnic makeup of its immigrant population. ‘Although we did not look at the impact of ethnicity in the paper, we do know that Ontario has seen a large increase in immigration of at-risk populations such as people of South Asian origin,’ comments Lipscombe. ‘So it’s possible that that has also contributed to the increased rate, in that our mix has changed over the past 10 years and we’re seeing more susceptible populations within our province.’



Ontario, Canada

In their discussion of the findings, the authors say: ‘We showed that most cases of diabetes were in older individuals. However, rates of diabetes grew most rapidly in the population under 50 years and in particular, in young women. This pattern might be due to a greater rise in obesity in younger than in older adults. The greatest effect of diabetes in developed countries might thus be emerging in young individuals. Although the yearly cost of caring for elderly people with diabetes might be higher than caring for younger people with diabetes, the lifetime health burden and cost will be greater still for young people because they have longer to live with the disease.’  
 – *The Lancet*, 3 March 2007; Media release ICES (Media Contact: Julie Dowdie, Media Relations Officer, ICES (416) 480-4780 or cell (416) 432-8143.

### **Job burn-out may increase diabetes risk**

People who suffer from job burn-out may be prone to developing type 2 diabetes, research suggests. An Israeli study of 677 mostly male, middle-aged workers found people who

experienced job burn-out were nearly twice more likely than others to develop type 2 diabetes, even when factors like age, sex and obesity were taken into account. When the possible effect of blood pressure levels was eliminated, the risk was more than four-fold higher. The study, in *Psychosomatic Medicine*, suggests stress can be added to other factors known to increase risk of diabetes. The research doesn't definitively confirm a link between workplace stress and diabetes. But it does suggest that burnout could boost the risk of illness by a 'magnitude similar to other risk factors, such as high body mass index, smoking and lack of physical exercise,' said study lead author Samuel Melamed, an associate professor at Tel Aviv University in Israel.  
– *Psychosomatic Medicine*, November/December 2006



### **Protecting women with PCOS**

PCOS is a hormone disorder that affects up to 10% of women. Symptoms include irregular or absent periods, infertility or reduced fertility, facial hair, acne, obesity and difficulty losing weight. As Kate Marsh wrote in October 2006 *GI News*, 'We don't know why PCOS develops, but we do know that there are a number of different causes and for many women, it's high levels of insulin in the blood resulting from insulin resistance'. In March *Diabetes Care*, Medical researchers from the Jean Hailes Foundation for Women's Health and Monash University report that metformin, used for more than 60 years to treat diabetes, has a greater role in the treatment of PCOS than previously thought. The findings revealed that for women with symptoms of PCOS, low-dose and high-dose contraceptives and metformin were all effective at treating symptoms. However, the high-dose Pill increased insulin levels, increasing future diabetes risk. The low-dose Pill had no effect on insulin and metformin considerably reduced insulin levels.



Ovaries produce excess androgens

Lead writer Prof Helena Teede says: ‘Significantly, these results suggest that long-term use of the high-dose Pill for PCOS sufferers is not ideal as it increases insulin resistance, increasing diabetes risk. It’s extremely important for women with PCOS to change their lifestyles by incorporating regular physical activity into their daily routine and eating a well-balanced, low-fat diet with plenty of fresh vegetables and fruit. Lifestyle changes, as well as medication, are vital for a reduction in symptoms and insulin resistance. This is an important study which will help the medical profession and women choose the best clinical treatment for this common hormone disorder.’ For more information call Aleeza Zohar on 613 9562 6771.

*Diabetes Care* 2007 30: 471-478; Jean Hailes Foundation Press Release

**GI Group:** Dietitian Kate Marsh shows you how to take charge and manage your symptoms in *The Low GI Guide to Managing PCOS*.



Posted by GI Group at [1:13 PM](#) [1 comments](#) \_\_

## [Low GI Food of the Month](#)

### **Rice – the lower GI ones**

Rice can have a very high GI value, or a low one, depending on the variety and its amylose content. Amylose is a kind of starch that resists gelatinisation. The colour or the length of the grain is not a guide to the GI. Although both white and brown rice are 'whole' grain foods, when you cook them, millions of microscopic cracks in the grains let water penetrate right to the middle of the grain, allowing the starch granules to swell and become fully 'gelatinised', thus very easy to digest. So, if you are a big rice eater, opt for the lower GI varieties with a higher amylose content such as basmati, Doongara Clever Rice™ or Moolgiri (see [GI Symbol News](#) for more information). These high-amylose rices stay firm and separate when cooked and combine well with Indian, Thai and Vietnamese cuisines. But keep those portions moderate. Even when you choose a low GI rice, eating too much can have a marked effect on your blood glucose. Here's our tip: a cup of cooked rice combined with plenty of mixed vegetables can turn into three cups of a rice-based meal that suits any adult's daily diet.

### **Indian mango and rice salad**

Serves 6

Cooking time 10 minutes



### Dressing

- 1 tablespoon vegetable oil
- 1 small Spanish onion, diced
- 2 teaspoons brown mustard seeds
- 1 clove garlic, crushed
- 1 teaspoon grated ginger
- 2 teaspoons curry powder
- ½ cup (125 ml/4 fl oz) mango chutney
- ½ cup (125 ml/4 fl oz) warm water

### Salad

- 1 cup (80 g/2½ oz) frozen peas
- 3 cups (525 g/1 lb 2 oz) cooked basmati rice
- 55 g (2 oz) unsalted roasted cashew nuts, roughly chopped
- 1 large mango, peeled, seeded and cut into 4 cm cubes
- ½ cup (a small handful) fresh mint leaves, roughly chopped

1. Heat the vegetable oil in a small saucepan on medium heat. Add the onion and fry for 2 minutes. Add mustard seeds and fry for 1 minute. Add garlic, ginger and curry powder. Fry for 2 minutes then stir in the mango chutney and water. Bring to the boil and remove from heat.
2. Meanwhile steam or microwave the peas until tender.
3. In a large bowl, combine the peas, rice, cashew, mango and mint leaves. Pour over the dressing and toss well. Serve warm or cold. In the photograph the salad is served with baked chicken kofta and plain yoghurt.

This recipe and picture are reproduced courtesy Healthy Food Guide magazine. Check out their [OFFER](#) for Australian-based GI News readers who subscribe by 30 April 2007.



### **Nutritional analysis per serving**

Energy 1105 kJ/ 264 Cal; 7 g fat (includes saturated fat 1 g); 4 g fibre; 6 g protein; 42 g carbohydrate

### **Jean Carper talks about controlling dangerous blood glucose**

Jean Carper, one of America's most trusted sources of nutritional information, wrote about food, GI and blood glucose in a recent 'EatSmart' column in USA Weekend Magazine. If you missed her story, click [HERE](#).



Jean Carper

Posted by GI Group at [1:13 PM](#) [0 comments](#) \_\_

## **[Low GI Recipes of the Month](#)**

### **Lentil and custard apple bake**

Discover a new low GI fruit. Custard apples (GI 54) start appearing in fruit markets and the fruit section of your supermarket early autumn (Fall) and taste rather like a tropical fruit salad. Our recipe is reproduced courtesy the [Australian Custard Apple Growers Association](#). Choose one that's just soft to touch (like an avocado) without splits or bruises. A few black spots on the skin don't matter. Ripe fruit will yield to gentle pressure. To eat, simply cut in half or twist open and eat the creamy flesh straight away with a teaspoon discarding the black seeds or scoop out the flesh and add to salads. As the flesh discolours fast, brush it with a little lemon or lime juice if you aren't using immediately. Once you've opened a custard apple, it will last about 4 or 5 days in the fridge, although with their sweet and juicy flavour, they may not be around long. They are perfect on a cheese platter, mashed, blended with orange juice or eggnog, or just au naturel.

### **Serves 4**

Preparation time: 10 minutes

Cooking time: 35 minutes



1 onion, finely chopped  
2 teaspoons olive or canola oil  
3 eggs  
1/3 cup (80 ml/2½ fl oz) buttermilk  
Pinch salt (optional)  
Freshly ground black pepper  
2 teaspoons nutmeg  
Pulp 1 custard apple  
400 g (14 oz) can lentils rinsed and drained  
1 large roma tomato, diced  
2 cups cooked and drained buckwheat noodles or wholemeal spaghetti

**To serve**

Fresh herb and vegetable salad tossed in a vinaigrette dressing

1. Preheat the oven to 200°C (400°F) and lightly grease a 6-cup(3-pint) ovenproof dish with spray oil.
2. In a medium frying pan, heat the oil and cook the onion until soft and golden – about 5 minutes.
3. Meanwhile, in a small mixing bowl, combine the eggs, buttermilk, salt, pepper and nutmeg and whisk until creamy. Combine the custard apple, lentils, tomato, noodles (or spaghetti) and onion in a large mixing bowl. Pour over the egg mixture and stir to mix well.
4. Spoon into the greased ovenproof dish into the dish bake for 25–30 minutes or until set and heated through.

**Nutrition analysis per serve**

Energy 1310 kJ/ 312 Cal; 8.8 g fat (includes saturated fat 2.3 g); 8.6 g fibre;14.2 g protein; 40.2 g carbohydrate

### **GI Express: Chicken kebabs with pear salsa**

Petrea King says ‘good food really does nourish the spirit as well as the body’. This recipe is from her new book: *Food for Life*. Petrea runs the [Quest for Life Centre](#), which gives people practical strategies for living well in challenging circumstances and for finding meaning in the midst of life’s unexpected events.

**Makes 8 kebabs (serves 4–6)**

Preparation time: 10 minutes

Cooking time: 6–8 minutes



3 teaspoons sesame oil  
2 teaspoons ground coriander  
2 teaspoons ground cumin  
800 g (1 lb 12 oz) skinless chicken breast fillets

#### **Pear salsa**

2 just ripe pears, washed and finely diced  
½ Spanish (red) onion, finely chopped  
1 stick celery, finely diced

#### **Dressing**

1 tablespoon chopped chives  
2 tablespoons lemon juice  
2 teaspoons Dijon mustard  
½ avocado, peeled and stone removed  
¾ cup (125 ml/4 fl oz) water

To serve

100 g (3 ½ oz) mixed lettuce leaves

1. Combine the sesame oil, coriander and cumin in a bowl. Cut the chicken into 2.5 cm (1 inch) pieces and toss in the marinade mix. Thread onto 8 skewers and heat a barbecue or

grill. Cook the kebabs over medium heat, turning occasionally, for 6–8 minutes or until cooked through. Loosely cover and keep warm while you prepare the salsa.

2. For the salsa, combine the pears, onion and celery in a bowl. For the dressing, place the chive, lemon juice, mustard, avocado and water in a food processor and blend until smooth.
3. Place an equal amount of lettuce leaves on each serving plate, top with the kebabs (allow 2 per person), drizzle with the dressing and serve with the pear salsa.

Energy 1461 kJ/ 348 Cal; 17.6 g fat (includes saturated fat 4.4 g); 2 g fibre; 38.3 g protein; 8.6 g carbohydrate

Posted by GI Group at [1:12 PM 0 comments](#) \_\_

## [Your Success Stories](#)

### **‘Listening to the wake up call’ – Claire**

‘It was June 2003 and I was 26 weeks into my first pregnancy. I was off to the pathologist’s for a second glucose test (GTT), having had a slightly abnormal reading previously. There was no history of diabetes in my family and despite having reactive hypoglycaemia, I assumed I’d be in the clear. Little did I know that this fairly routine visit to the pathologist would end up changing my life.

A couple of days later, via voicemail, I was diagnosed with gestational diabetes (gestational diabetes). The diagnosis and treatment for gestational diabetes is focused on looking forward and delivering positive outcomes. However, for the next few weeks I went through enormous feelings guilt and concern for my unborn child. I was told it was nothing I had eaten; yet I still worried about everything I’d consumed in the last six months.



Claire and her son

My gestational diabetes journey started with a visit to Diabetes Australia where I was given a blood glucose level (BGL) tester. I had to test my levels four times a day; which involved a painful finger pricking, putting blood onto a test strip and then recording the reading in my little green book. Next I saw a dietitian to put me on the righteous path of eating well; however, it seemed I was a fairly healthy eater already. My next visit was to my endocrinologist, who

essentially became my BGL (blood glucose level) 'personal trainer'. After a few weeks, as my BGL was controlled through diet, I able to get away with a weekly fax of my levels rather than a weekly visit. I regularly received a post-fax call from my endocrinologist, to discuss my performance with praise for good levels and a scolding for minor slip ups.

My next experience was with the chemists who sold the strips for the BGL tester. Whilst I didn't need a prescription, it took a frustrating journey to track down a chemist who was licensed to sell me the strips despite the fact that many stocked them. It was a fairly ostracising experience due to the lack of knowledge about gestational diabetes. Once I found my 'local' chemist, 20 minutes away, I was slightly more immune to the questioning looks I received queuing behind the 'oldies' who were also handing over their diabetes membership cards.

The turning point was when my mother, who has always been my healthy eating mentor, found a fabulous book which has since become my bible – The New Glucose Revolution. This book changed my life and showed me that whilst it looked like I had a well balanced diet; I ate too many high glycemic index (GI) foods. By making simple changes I was able to manage my BGL with a balanced, low GI diet for the rest of the pregnancy and I was fairly convinced I'd be in the clear post-partum.

Two months later, after giving birth, I went for my next GTT and was diagnosed with impaired glucose tolerance (IGT or pre-diabetes). This was despite losing somewhere between 10–20 kilos (depending whether you read my scales or my doctor's). I was told that if I wanted another child and a healthy life without type 2 diabetes I had to lose weight and get fit. I took it very seriously and had great success. Within six months I was cleared of IGT... or as my trainer said 'you are not abnormal any more'.

I have since had another child and despite doing all the right things I was diagnosed with gestational diabetes again, from week 28 of my pregnancy. This time it was much less daunting for me; I was taught how to prick my finger painlessly, I knew which chemist to visit and generally it made little impact on my life.

Post-partum I made a big effort to get back to my pre-pregnancy weight and I was given the all clear within three months and have continued to stay healthy since. However, the stark reality is that I will see my pathologist for the fabulous 2 hour GTT every year of my life until I go through menopause ... at 32 that seems rather a long way down the track.

Whilst it was a fairly emotional and stressful experience for me I am so thankful that I had the wake up call early enough. Not only am I living a healthy life, but so is my family. The knowledge I have gained from The New Glucose Revolution and subsequent online research has proven invaluable in starting to teach healthy eating habits to my kids – despite the sugar marketers' minefield in the supermarket. In retrospect, I am so positive about my experience that I hope other people can perhaps catch my enthusiasm and realise the benefits I have brought not only to my family but to my friends and others around me.'

**'We are focused on healthy eating now so we can teach our children how to make good food choices early on.'** – Rachel

'About halfway through my second pregnancy, I found out that I had gestational diabetes. I was putting on weight fast and was told that if I didn't change my eating habits, I would be putting my baby--and myself--at risk. I had to see a nutritionist and learn what foods had a low GI and relearn how to eat so my blood sugar stayed level and so my baby continued to gain weight at a healthier pace. The health of my baby was a huge motivator, so I was able to stick to my diet and lose weight everywhere else on my body as my belly expanded a little more slowly. My baby was born a bit large (9 lb.11oz.), but had no blood sugar problems after birth. (Whew!) And I was so pleased with what the low GI diet had done to the rest of my body (my thighs and backside literally shrunk) that I stayed the course and lost more weight. Within a year of giving birth, I had dropped four sizes from my pre-pregnancy weight. My husband has recently joined me in eating more low GI foods, and he's looking and feeling healthier than he has in years!'

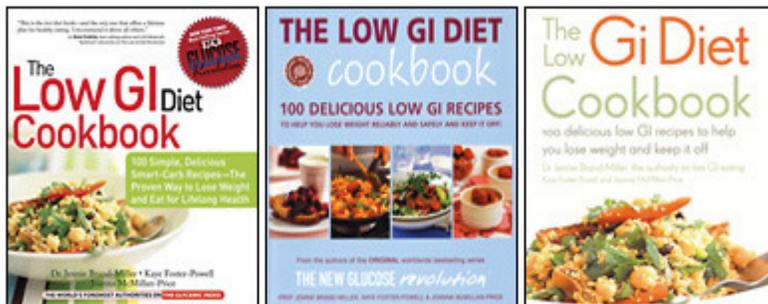
**'I knew that it needed to be a lifestyle change to improve my overall health.'** – David

'Four years ago, I was diagnosed with diabetes. Since then I have increased my exercise program but the nutrition adjustments I needed to make were very confusing but I did my best. I wanted to lose weight but knew that it needed to be a lifestyle change to improve my overall health. At 220 pounds (100 kg) I was able to get to 200 pounds (91 kg) in about three years. I started reading your information in mid-December and began to make your recommended changes to my diet and today I weigh 185 pounds (84 kg). My fitness level is excellent but most importantly I feel healthy.'

**Inspire others. Share your GI story.**

If healthy eating the GI way has made a difference to your life by helping you achieve blood glucose control or lose weight, **please share your story** with readers of *GI News*. It's the real life success stories that give people the motivation they need to get started and help them appreciate that they are not alone. Just click anywhere in this text box to share your story. As a thank you, we will send you a copy of *The Low GI Diet Cookbook* or *The Low GI Vegetarian Cookbook* if your story is published in *GI News*.

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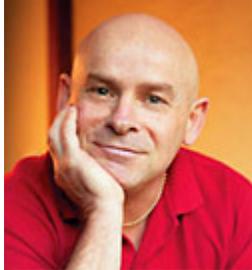


## Get Physical

### **Let's Get Physical**

Glenn Cardwell's 10 tips why you need to get your body on the move.

'It's what your body was designed for,' says Glenn Cardwell, author of [\*Gold Medal Nutrition\*](#). 'Being pressed against the lounge or office chair most of the day is not what the body was designed for. Get that heart a-pumping and those legs a-jumping, well walking at least. Here's why the health benefits of activity are so extraordinary.'



Glenn Cardwell

1. It burns up body fat and helps you avoid getting podgy and plump.
2. It's a great stress reducer. Had an awful day? Don't take it out on family and friends. Take it out on the footpath and walk all over it.
3. It raises endorphin levels so you feel good (endorphins are those happy chemicals released by the brain).
4. It increases muscle mass, which in turn increases your metabolic rate.
5. It helps stop you from overeating. Exercise tends to dampen the appetite. Even if you do lots of exercise, it is very hard to eat more kilojoules/calories than you have burned.
6. It cranks up your brain and improves your self-esteem. Fit people generally don't feel grumpy.
7. It is very good for your immune system. Fit people are less likely to get colds and flu.
8. It helps keep you regular and avoid constipation. Active bodies don't generally suffer from a clogged downpipe.
9. It's good for your wellbeing helping to keep your healthy HDL cholesterol levels up, reducing your risk of type 2 diabetes, protecting you from colon cancer, maintaining healthy blood pressure, good for the bones and joints, and great for helping you sleep better.
10. It slows down the ageing process, slowing the loss in stamina, strength, flexibility etc.

### **Your exercise goals for April**

Joanna McMillan-Price says: 'Aim to walk at a steady, comfortable pace for a total of 20 minutes on four days each week. Plus complete the resistance exercise below on three days each week.'



Joanna McMillan-Price

### **Walking**

Walk at a pace where you feel comfortable at all times and can carry out a conversation while walking. You should feel warmer as the blood flow around the body increases, taking fuel to your working muscles – this means you are burning more fat and increasing your daily energy expenditure.

### **Resistance exercise: squats**

The squat is one of the best lower body exercises you can do. The muscles of your thighs and bottom are the biggest muscle group in the body and this means exercises involving these muscles use the most energy – exactly what you want to help you lose body fat. Throughout the exercise, keep your weight on the back two-thirds of your feet: you should be able to wiggle your toes. One last thing – don't forget to breathe normally. Do 2 sets of 10 with a short rest in between.

1. Stand with your feet parallel and just wider than hip-distance apart. Extend your arms directly in front of you at chest height, with hands clasped.
2. Lengthen your spine by standing tall and pulling in your belly below the navel to support the lower back.
3. Imagine you have a chair behind you and sit back until you 'touch' the imaginary chair. As you sit back, make sure you keep your arms parallel to the floor and your chest 'proud'.
4. Squeeze your bottom muscles and push your heels into the floor to get back to the standing position.

– Source: [The Low GI Diet](#) and [The Low GI Diet Revolution](#).

Posted by GI Group at [1:11 PM](#) [3 comments](#) \_\_

### **[Books, DVDs, Websites: What's New?](#)**

**GI News Broadcast:** Jennie Brand-Miller talks to Margaret Throsby about diabetes, pre-diabetes, the miracle of a cochlear implant and music.



Play the Podcast above or download here 

## The PCOS Project

Ashley Tabeling talked to *GI News* about this new website for women and girls with PCOS and for health professionals working in this area.

‘When I was diagnosed with PCOS in 2000, I looked for information that would help me manage my symptoms. Like so many women with PCOS, I found there was a lack of reliable resources and support and so I became an advocate, starting in 2000 as the PCOS Chat moderator on About.Com’s Infertility Boards. Shortly after that I created PCOS Pals, the now top PCOS Message Board on Yahoo. I have also volunteered with PCOSA, served as an advisory board member to PCOStrategies, created the online PCOS Awareness Petition and appeared on Discovery Health Channel, TLC, The 10! WCAU Philadelphia, Gloucester County Times, Woman’s World Magazine and PCOS Today Magazine to raise PCOS awareness. Despite all this I knew that something more was needed to provide an ongoing comprehensive resource online for women and girls with PCOS and for PCOS health professionals – hence Project PCOS. Working with a team of PCOS community advocates, we have created a website that we believe delivers reliable and up-to-date information, and gives women and girls with PCOS some of the tools that will help them take control of their lives.’



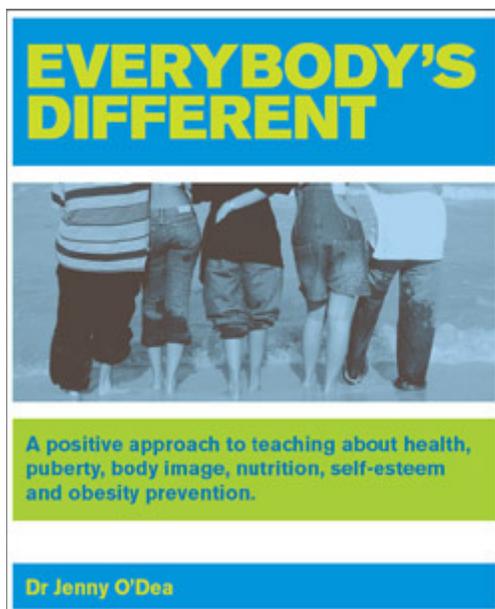
Click and check out the site

## Everybody’s Different

A positive approach to teaching about health, puberty, body image, nutrition, self-esteem and obesity prevention

By Dr Jenny O’Dea ACER Press 2007

978-0-86431-773-5 \$59.95



Click photo for PDF preview (140 Kb)

Overall body dissatisfaction in young people has increased dramatically in the last few decades, with a heightened prevalence of dieting, eating disorders, obsessive exercise and steroid abuse. *Everybody's Different* sets out how anyone working with young people can apply a proven self-esteem approach in schools, community settings and clinical situations to improve body image conceptions, prevent eating disorders and obesity, and foster health, nutrition and physical activity in young people.

Dr Jenny O'Dea is a dietitian, health and nutrition education researcher and Associate Professor in the Faculty of Education and Social Work at the University of Sydney.

Posted by GI Group at [1:11 PM](#) [1 comments](#) \_\_

### **[Feedback—Your FAQs Answered](#)**

**I am a 40-year old American woman with a history of slow and steady weight gain. My doctor says I have insulin resistance and should adopt a low GI diet. I have looked at your books on Amazon but can't decide which one would be best for me.**

Low GI eating means adopting a 'this for that' approach to changing what you eat – swapping high GI foods for low GI foods within the same food groups that you are already eating. Any of the following books would be helpful and all contain GI tables.



- If you want to keep it simple, we would recommend *Low GI Eating Made Easy*. It includes a week of suggestions for low GI eating plus the top 100 low GI foods and ideas and simple recipes for including them in your diet. Many people find it's all they need to make the switch.
- If you would like a specific weight loss plan to motivate and guide you, then *The Low GI Diet Revolution* with its detailed 12-week menu and exercise program would be a better choice.
- If you want to read about the science behind the GI and get the answers to the 50 most common questions we have been asked over the years, you should take a look at *The New Glucose Revolution*. The 3rd US edition has just been published. It also has 50 recipes.
- *The Shopper's Guide* is an annual publication that helps people stay up to date with all the latest GI values.
- *The Diabetes and Pre-diabetes Handbook* by Jennie and her co-authors has just been published in Australia and New Zealand. The US edition is expected out in July 2007.

**My friend states categorically that sugar is sugar whether it's in drinks or fruit. She says it's the total amount of sugar that counts, not the type.**

We are often asked if there's a difference between naturally occurring sugars and refined sugars that you add to food. Here's what Prof Jennie Brand Miller says in *The New Glucose Revolution* (3rd US edition). 'Naturally occurring sugars are those found in milk and other dairy products and fruits and vegetables, including their juices. Refined sugar means added sugar, table sugar, honey, maple syrup, or corn syrup. Both sources include varying amounts of sucrose, glucose, fructose, and lactose. Some nutritionists make a distinction between them, because natural sugars are usually accompanied by micronutrients such as vitamin C. The rate of digestion and absorption of naturally occurring sugars is no different, on average, from that of refined sugars. There is, however, wide variation within food groups, depending on the food. The GI of fruits varies, from 25 for grapefruit to 76 for watermelon. Similarly, among the foods containing refined sugar, some are low GI and some are high. The GI of sweetened, low-fat yoghurt is only 26 to 28, while a Milky Way bar (a Mars bar in Canada) has a GI of 62.

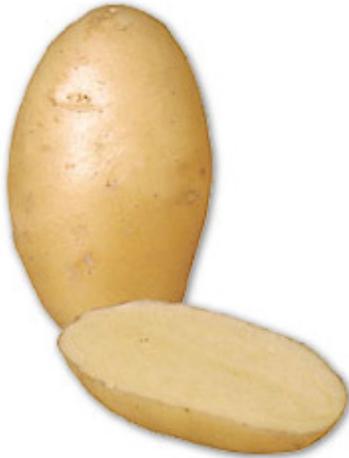


Posted by GI Group at [1:10 PM 0 comments](#) \_\_

## **[GI Values Update](#)**

**Eureka! A spud with a GI of 58 plus new values for parsnip, pumpkin, nectarines and hummus**

Fiona at SUGiRS has been working overtime this month and has sent us the GI values for several popular staple foods. First of all she discovered a lower GI potato thanks to chef and potato expert Graham Liney, owner of restaurant/guest house Willow Vale Mill, near Goulburn. Less than a year ago, Fiona, Jennie and Philippa sat down with Graham and asked him what sort of potato he thought might have a lower GI. He suggested we check out a general purpose, waxy variety called Nicola, which is what's known in the trade as a 'hard cooking' potato (doesn't go mushy) that's suitable for potato salads as well as steaming, boiling or baking. He was spot on. Nicola potatoes have a GI of 58. They are available in major supermarkets and produce markets as well as farmers' markets and from organic growers around the world. Remember, however, to keep those portions moderate. For more information about Nicola potatoes contact: Graham Liney, Willow Vale Mill, Laggan, Ph: 612 4837 3319 Fax: 612 4837 3343



### **Graham's tips for baking potatoes**

1. Scrub potatoes clean then boil them for about 16–17 minutes in a pot with the skin on. They needed to be what he called ‘cooked to crunch’.
2. Drain and pat dry with a clean cloth or kitchen paper.
3. Place in a baking dish, spray or brush with a little olive oil and bake in a preheated oven (200°C/400°F) until golden and crisp on the outside.

Other healthy low GI fruit and vegetables staples for the month include:

Nectarines (fresh): GI 43

Butternut pumpkin/winter squash (boiled): GI 51

Parsnips (boiled): GI 52

As for our favourite low GI spread: hummus. We have just tested Chris brand Traditional Hummus – GI 22. But look at the GL on this one: with a 20 g serve size (about a tablespoon), you get 3.6 g carbohydrate and a GL of 1 (actually 0.8).



### **The latest North American values**

Stonemill Sprouted Grains 3 Grain Bread GI 55

Tested by Glycemic Index Laboratories, Toronto.

Gustav Boehringer, master baker and founder of Stonemill Bakehouse, has been baking great tasting breads for over 50 years. To make the low GI Sprouted Grains 3 Grain Bread, the whole wheat kernel is sprouted for 48 hours. Each grain kernel grows a new shoot then the 'live' sprouted whole grains are mashed into the dough. Everything stays, the bran, germ and endosperm. The bread is made with no added sugar and is dairy and egg free. It's available in major supermarkets across Ontario and greater Montreal. For more information contact: [Stonemill Bakehouse](#) on 1 416 757 7567.



### Where can I get more information on GI testing?

#### North America

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### **Where can I get more information on the GI symbol program?**



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Web [www.gisymbol.com.au](http://www.gisymbol.com.au)

### **GI Symbol News**

Moolgiri medium grain rice (GI 54) branded by Freedom Foods joins the GI Symbol Program. In Australia, you'll find it in the health or gluten-free section of your supermarket. It will be available worldwide over the coming year.



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