

GI News—August 2007



Just back from the American Diabetes Association meeting in Chicago, we have to say we could feel a bit despondent at the number of health professionals, especially dietitians, who like to trumpet their belief that the glycemic index doesn't work or that it's too complicated for ordinary people or too hard to understand. And perhaps it is for them. But, sometimes we wonder if this is a genuinely informed position based on research and experience or simply an entrenched one. What immediately cheers us however, are your stories, letters and posts on *GI News* – the ones where you tell us that when diagnosed with diabetes you took responsibility for making the necessary lifestyle changes into your own hands, checked out the internet, discovered the GI and gave it a go. You make our day when you tell us how making the switch to low GI foods within an overall balanced diet (plus a bit more exercise), has transformed your health, your life and your blood glucose levels. And often in remarkably quick time too as you'll read in Karen's, Louisa's and Toma's 'Success Stories'. Cinnamon is back in the news with a study on how eating around 6 grams at a sitting can help with blood glucose levels. To make sure you don't go barking up the wrong tree we ran a background check in 'Food of the Month'. Of course there are all our regular features too: the latest research, low GI recipes, new GI values for Yakult and your questions answered plus 10 tips to help you eat to beat stroke from dietitian Nicole Senior.

Enjoy August *GI News*.

*"Think of extra incidental activity
as an opportunity, not an inconvenience."*

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Posted by GI Group at [7:15 AM](#) [0 comments](#) __

Food for Thought

Reduce your risk of stroke

Stroke affects millions of men and women around the world, and can lead to disability and death. The number one risk factor is high blood pressure. Others are smoking and high levels of LDL 'bad' cholesterol. People with diabetes are at greater risk of stroke. In fact, overall, the health risk of cardiovascular disease (including stroke) is about two-and-a-half times higher in men and women with diabetes.



‘Living a healthy lifestyle makes a real difference to reducing your risk,’ says dietitian Nicole Senior. ‘The right diet can not only lower your LDL cholesterol, but it is also effective in lowering your blood pressure, controlling your blood glucose levels and managing your body weight. Of course you need to make sure you are active every day and if you smoke cigarettes you know you need to quit.’



10 tips to eat to beat stroke

1. Get your fats right – out with the vessel-clogging saturated fats in butter, cream, cheese, fatty meats and sweet treats such as pastries, cakes and cookies, and in with the good polyunsaturated fats in sunflower oil and margarine, soy bean oil and walnuts. Monounsaturated fats such as olive, canola and peanut oil are also good for replacing saturated fats.
2. Obtain omega 3 fats – you’ve heard that fish is brain food and it is in more ways than one. It not only helps your brain-computer process at top speed, it also prevents ‘fatal errors’ such as ischemic stroke. Your target is fish at least twice a week.
3. Aim for five serves of vegetables a day – and make sure you eat your greens and keep your mind sharp. Green vegetables contain brain-boosting folate which helps reduce age-related cognitive decline as well as maintaining healthy blood vessels.
4. Enjoy two fruits each day – variety is the spice, so eat fresh what’s in season and choose different colours and types for all the phytochemical protection your brain needs.
5. Include 2 serves or more of low-fat dairy foods – low fat milk and yoghurt have all the essential nutrients without the bad fats and are essential components of the blood-pressure beating DASH diet (Dietary Approaches to Stop Hypertension).

6. Lean towards legumes – such as chick peas, lentils, kidney beans and soy beans. Include these highly nutritious and versatile foods into two meals a week for their cholesterol-beating plant protein and soluble fibre
7. Go grains! – ensure at least half your grains foods are whole kernel grains for the extra nutrients and fibre they contain, such as wholegrain breads, crispbreads and breakfast cereals, brown rice and wholemeal pasta
8. Select smart carbs - choose lower GI foods at each meal, such as oats, muesli, orchard fruits, mixed grain breads, pasta, legumes, and low fat milk and yoghurt.
9. Go nuts – these super-food snacks are perfect for settling hunger between meals. A small handful most days is the ideal amount.
10. Fill up on fibre – ensure most of what you eat is minimally processed plant foods such as vegetables, fruits, wholegrains, legumes and nuts and you'll score high on the fibre-meter. Remember that oats, barley, lentils and fruits contain soluble fibre to beat cholesterol.

– Nicole Senior is an Accredited Practising Dietitian and author of *Eat to Beat Cholesterol* (with Veronica Cuskelly).


Posted by GI Group at [7:14 AM 0 comments](#) __

[GI News Podcast](#)

Weight control with the GI

In the sixth of the New Glucose Revolution podcasts, Prof. Jennie Brand-Miller talks about good and bad fats, and why weight control works with the GI.



Play the Podcast above or download here 

Posted by GI Group at [7:13 AM 0 comments](#) __

[GI News Briefs](#)

Carbohydrate quality counts in preventing heart disease

Carbohydrate quality counts in reducing risk of heart disease according to the findings of a study of 15,714 Dutch women on the effect of GI and GL on heart disease risk. The study draws attention to Australia's [GI Symbol Program](#) showing how food labelling can play a role in

helping consumers reduce the GI of their diet.

In commenting on the study in an editorial in the *Journal of the American College of Cardiology*, Frank B. Hu MD, PhD writes: 'It's time to shift the diet-heart paradigm away from restricted fat intake and towards reduced GL.' We know that *GI News* readers get confused about GI and GL and what should they do. This study makes it clear that reducing total carbohydrate intake is not helpful. Reducing the GI of your diet (choosing the smart carbs), not increasing fat and protein is the solution to reducing GL.

Discussing their findings the study's authors clearly state that it was the quality of the carbohydrate in the diet that made the difference (the GI) not the quantity. Here's what they say: '... the concept of glycemic load and glycemic index is criticized for limited applicability in daily practice, also given recent results from large-scale diet interventions. However, the concept is currently implemented in nutrition guidelines in Australia through labeling of foods with a symbol and their glycemic index value, suggesting that it is applicable in public health recommendations.'

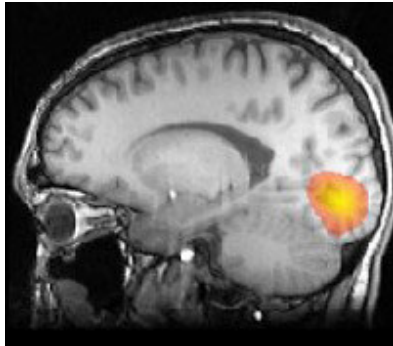
– *JACC* Vol 50, No 1, 2007



Diabetes doubles stroke risk

Canadian researchers writing in the American Heart Association's journal *Stroke* report that 'the risk of stroke within 5 years of treatment for type 2 diabetes is more than double the rate for the general population.' And they found that the risk is substantially greater for younger than older people. The findings stem from a study involving 12,272 adults with type 2 diabetes. While the over-75s have a 1.8-fold increased risk for stroke compared to those of similar age in the general population; the 30–44-year-olds have a 5.6-fold increase in stroke risk. The researchers believe there's an urgent need for 'early aggressive cardiovascular risk management for type 2 diabetes' – that means controlling hypertension (high blood pressure), quitting smoking, and dealing with elevated cholesterol.

– *Stroke*, June 2007



Pre-diabetes has a deadly impact on the heart

People with pre-diabetes are more than twice as likely to die of cardiovascular disease compared with those with normal glucose tolerance according to researchers at the International Diabetes Institute. The finding comes from research involving 10,429 Australians (average age of 51–63) taking part in the AusDiab study. Diabetes and pre-diabetes accounted for 65 per cent of all heart disease deaths in the group they report. ‘The five-year risk of cardiac mortality was 2.6 times higher among people who had diabetes and was 2.5 times higher in those with impaired fasting glucose,’ writes lead author and epidemiologist Elizabeth Barr.

– *Circulation* 2007, doi:10.1161/CIRCULATIONAHA.106.685628

Kids and diabetes – which type?

‘In the past, when a child was diagnosed with diabetes, the typical symptoms of weight loss, dehydration and thirst made it easy to classify as type 1, juvenile onset or insulin-dependent diabetes,’ write Prof Jennie Brand-Miller and her co-authors in *The New Glucose Revolution for Diabetes*. ‘In recent years a new picture has emerged: instead of being thin this child is overweight (or close), and instead of their body not making insulin, their body is making lots of insulin. For example, in Australia, nearly 1 in 10 young people with diabetes now has type 2. Twenty years ago it was almost unheard of in this age group.’



Whether type 1 or 2, diabetes is for life, which is why getting the numbers right is vital so that health services have the plans, services and budgets in place to provide appropriate care for children and young adults with diabetes and its complications. In June 2007, the SEARCH for Diabetes in Youth Study Group reported its data on the incidence diabetes among young people in the US. They found that the vast majority of all new cases of diabetes in children younger than 10 regardless of race/ethnicity was type 1. Even among children over 10, type 1 is still the most common form of diabetes. Although type 2 is relatively infrequent in kids overall, it becomes

more common after the age of 10, especially among US minority populations.

Here are the figures for those who want more detail:

- The incidence of type 1 diabetes (per 100 000 person-years) was 24.3.
- The highest rates of type 1 were observed in non-Hispanic white youth (18.6, 28.1, and 32.9 for age groups 0–4, 5–9, and 10–14 years, respectively).
- Overall, type 2 was still relatively infrequent, but the highest rates (17.0 to 49.4 per 100 000 person-years) were documented among 15-to 19-year-old minority groups.

– JAMA. 2007;297:2716-2724 www.jama.com

Posted by GI Group at [7:12 AM](#) [0 comments](#) [__](#)

[Low GI Food of the Month](#)

Cinnamon and cassia – don't go barking up the wrong tree

Back in August 2006 we wrote about two promising studies reporting that as little as the equivalent of ¼ teaspoon of cinnamon daily may improve blood glucose control. Cinnamon is in the news again with a report in the June *American Journal of Clinical Nutrition* (Vol 85 No. 6) concluding that adding 6 grams (about a teaspoon) of cinnamon to 300 grams of rice pudding delays stomach emptying and reduces blood glucose levels. We wondered how feasible it is to eat 6 grams of cinnamon (that's more than a teaspoon) at a sitting? 'Perfectly feasible,' says Ian Hemphill author of the *Spice and Herb Bible* (*Spice Notes* in Australia), 'so long as it really is true cinnamon. I do it every morning stirring it into my porridge while it is cooking.' But then he asked a curly question – had the researchers used true cinnamon in their study or was it cassia they were actually talking about!

Why? Well, true cinnamon (*Cinnamomum zeylanicum* Ceylon cinnamon) is easily and regularly confused with cassia (Chinese cassia *C. cassia*, Batavia cassia *C. burmannii* and Saigon cassia *C. loureirii*). 'Everybody is confused,' says Ian 'from consumers, to traders, processors and even the growers themselves. It is virtually impossible for the average consumer to tell the difference. In some countries it is illegal to sell cassia as cinnamon, but there's very little policing, so it hardly has any effect. And the label won't help although the country of origin may give a clue. In the US for example, true or Ceylon cinnamon is almost unheard of, so anything called cinnamon is bound to be cassia, unless it's Mexican cinnamon – this is because Mexico buys so much true cinnamon from Sri Lanka that the traders there have a grade of cinnamon called 'Mexican'!



So, what's the difference between 'true' cinnamon and 'cassia' cinnamon and does it matter? 'For starters,' says Ian, 'the best cinnamon is a very thin underneath layer of bark from a quite young piece of branch, while cassia is the complete thickness of bark from the fully grown tree. And there are some significant differences in aroma and use. The aroma of cinnamon is delicate, sweet and subtle, and it's virtually impossible to use too much in your cooking. Cassia has a highly fragrant cinnamon aroma when it is ground, but you need to use moderation – too much cassia spoils the flavour and 6 grams in some dishes might be rather unpalatable.'

In addition, if people want to add 'cinnamon' to their cooking to help with blood glucose levels, then they need to be adding the one that's been tested. Cassia cinnamon was actually the spice (or supplement) used in the various studies published to date in *Diabetes Care* 26:3215-3218, 2003, the *European Journal of Clinical Investigation* Vol 36, No 5, and the latest one in the *American Journal of Clinical Nutrition*. Why? Well cassia has significant amounts (around 5%) of coumarin, while true cinnamon only has traces. If you want to know more about coumarin in cinnamon (and other foods for that matter), check out the fact sheet on Germany's Federal Institute for Risk Assessment (BfR) website: <http://www.bfr.bund.de/cd/8487>.

Meanwhile whether it's true cinnamon in your spice rack or cassia cinnamon, 'they are both a great addition (in appropriate amounts) to smoothies, cakes, poached and stewed fruit for breakfast or a dessert, and for spicing up veggies such as pumpkin and zucchini (courgettes),' says Ian. For more ideas check out Herbies Spices: www.herbies.com.au

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[Low GI Recipes of the Month](#)

Fish, tomato, saffron and white bean soup

This low GI recipe for two is rich in fibre and contains omega-3. It's also delicious and warming – real comfort food. Just in case this isn't enough to get you into the kitchen, count how many 'eat to beat stroke' foods you can spot in the ingredients list!

Preparation time 10 minutes • Cooking time 15 minutes • Serves 2



1 tablespoon olive oil
1 clove garlic, finely chopped
½ cup (60 g/2¼ oz) diced white onion
½ cup (60 g/2¼ oz) diced carrot
Pinch saffron threads, dissolved in 2 tablespoons boiling water
1 cup (200 g/7 oz) canned whole peeled tomatoes in juice (no added salt)
½ cup (125 ml/4 fl oz) water
½ cup (75 g/2½ oz) drained and rinsed canned white beans (butter beans/fagioli)
150 g/5½ oz cubed boneless white fish
1 tablespoon chopped parsley
2 small warm mixed grain rolls or wholemeal pita breads

1. Heat the oil in a saucepan over a medium heat. Add the garlic, onion and carrot and stir until the onion is soft, about 2–3 minutes.
2. Stir in the dissolved saffron threads and water, tomatoes and water. Stir to break up the tomatoes while bringing to the boil, 1–2 minutes. Stir in the beans, reduce heat, cover and cook for 5 minutes, stirring occasionally. Add the fish and stir occasionally for 2–3 minutes or until the fish is cooked. Stir in the parsley and serve with the rolls.

Per serve

Kilojoules 1501/357 calories; Protein 25 g; Total fat 12 g (includes saturated fat 2 g; Fibre 8.5 g; Carbohydrate 36 g; Sodium 345 mg

– From *Eat to Beat Cholesterol* by Nicole Senior and Veronica Cuskelly (published by New Holland). For news, recipes, food facts and links about cholesterol and health, check out: www.eattobeatcholesterol.com.au

Blueberry cheesecakes

Originally created for *The Low GI Diet Revolution* (the UK and Australian editions are called *The Low GI Diet*), chef Peter Howard has given this delicious dessert cover billing in his new cookbook endorsed by Diabetes Australia, *Delicious Entertaining* (New Holland, 2007).

Preparation time 20 minutes • Refrigeration time 1 hour • Makes 4 cheesecakes



300 g (10½ oz low fat ricotta
1 tablespoon honey
1 teaspoon finely grated orange rind
1 cup (150 g) fresh blueberries
1/3 cup (40 g) walnuts, finely chopped
4 strawberries, sliced

1. Line 4 x ½ cup (125 ml) capacity ramekins with plastic wrap.
2. Place the ricotta, honey and orange rind in a bowl and mash with a fork.
3. Combine two-thirds of the blueberries with the ricotta mixture and divide between the
4. ramekins. Press in firmly and smooth the surface.
5. Sprinkle over the walnuts. Smooth out with the back of a spoon and press the nuts into the mixture. Refrigerate for 1 hour, to firm and chill.
6. To serve, invert onto a plate and peel away the plastic wrap. Top each cake with a sliced strawberry, and serve with the remaining blueberries.

Per serve

kJ/Cal 875/206; Protein 10 g; Fat 13 g (includes saturated 5 g) Carbohydrate 12 g; Fibre 2 g

Chicken, walnut and red bean salad

In this tasty salad from *Eating the Greek Way* you can use baby spinach leaves instead of lollo rosso and chickpeas instead of red kidney beans if you prefer or that's what you have in your pantry. Substitute sugar for fructose if you wish and of course hold the salt if you need to keep a watch on your sodium levels.

Preparation time 15 minutes • Serves 4



1 ripe avocado
1 cup canned red kidney beans, rinsed and drained
3 cups diced cooked chicken
1 small red onion, thinly sliced
Bunch rocket (arugula), about 5 oz/150 g
1 small lollo rosso or other red lettuce torn into pieces
2 ripe tomatoes, cut into wedges
Scant ½ cup chopped walnuts

Dressing

Juice of 1 lemon
3 tablespoons olive oil
1 tablespoon balsamic vinegar
1 tablespoon soy sauce
1 tablespoon Dijon mustard
1 teaspoon fructose powder
Salt and pepper

1. Halve the avocado, remove the pit, and peel off the skin. Cut the avocado flesh into small dice. Combine the avocado with the beans, chicken, onion, arugula, lettuce and tomatoes in a salad bowl.
2. To make the dressing, stir together the lemon juice, oil, vinegar, soy sauce, mustard, fructose and salt and pepper to taste, or shake them in a screwtop jar. Add to the salad and mix together gently. Sprinkle with walnuts before serving.

Nutrition analysis per serve

Protein 40 g; carbohydrates 27 g; fat 32 g (includes 5 g saturated fat); fibre 10 g

Posted by GI Group at [7:11 AM 0 comments](#) _

[Your Success Stories](#)

‘My symptoms have disappeared and I'm medication free all thanks to a little education and the GI Revolution’ – Karen

‘It was about 18 months ago, at the age of 28, when I was diagnosed with PCOS. I'd been overweight for most of my 20s and had a history of irregular periods (not to mention a family history of diabetes). It had been 6 months since my last period and I knew I wasn't pregnant, so I had my doctor run some tests. At my next appointment she broke the news. It was polycystic ovary syndrome in combination with insulin resistance. It was a real wake up call. My father is a type 2 diabetic and I was heading in the same direction. The doctor's suggestion was a drug called metformin, to help with my weight and regulate my periods, the same medication my father was on for diabetes. To me the concept of being on daily medication for the rest of my life, just to combat my symptoms, was unacceptable. So, I began to educate myself on my condition and other alternatives to medication. I learned about the concept of 'low GI' and the importance of regular exercise in maintaining a healthy lifestyle. Then I set about changing my life, by incorporating both and surprisingly it wasn't that hard to do. I was already eating mostly the right foods just in the wrong way and the GI diet taught me to balance it out. Now, three weeks away from my 30th birthday, I can honestly say I am the happiest I've ever been. I exercise most days, eat a healthy low GI diet and have a normal regular menstrual cycle. Not to mention I've lost over 13 kilos!’



‘Diabetes is not a diet it is just a health change’ – Louisa

‘I was only diagnosed with type 2 diabetes on the 14th Febuary this year, after bringing up six healthy children, and always having lots of fruit and vegetables. It was a shock. I soon realised I could still enjoy a great variety of foods, and I bought an exercise bike which became part of my daily routine. I read anything and everything I could about diabetes, shopping took forever as I was determined to find good food that I could make. After 6 weeks I visited my doctor, and he was very pleased, but not as much as I was – I lost 9 kilos! Diabetes is not a diet it is just a health change. I hope to see many more foods with the blue GI Symbol on them.’



‘Thank god for the Glycemic Index. I think it is a major component of my successful diabetic management’ – Toma

‘In February 2005 I was diagnosed with type 2 diabetes and my labs were so bad my doctors and nurses at the Seattle VA hospital told me if I was close to death. My A1c was 20.5, triglycerides were 1517, I was starting into kidney failure, necrosis had already set in, potassium was severely depleted, I was badly dehydrated, my eyes were blurry from sugar in my lenses and a few other things. I was diagnosed by a doctor in Canada but since I was not a Canadian resident I did not have the out of pocket funds to pay for treatment and the doctor told me not to drive to Seattle. When I arrived at the Seattle VA Emergency room after a 24-hour bus trip my blood glucose was 570 mg/dl. I suspect they had been higher since I was not maintaining my normal high sugar diet while on the bus which normally included lots of Dr. Pepper, candy and other high glycemic carbs. During the first 4 days in intensive care I was given insulin injections, 15 liters of potassium IV drip and constant monitoring and tests. I was given a glucose meter and taught to use it and was taught to self inject insulin. After the first four days they decided not to put me on insulin but to try oral medication with metformin. I saw several other patients at the VA who had recent amputations because of diabetic neuropathy. I became very motivated to learn about type-2 diabetes and how to control my blood glucose.

The dietitians and diabetic trainers started me on the standard ADA recommendations for diet. There was improvement but I was unable to get my glucose under the 200–250 mg/dl range. Canada Immigration would not allow me to return to my wife in Canada so I went to Denver where I met a nurse who started me on a different track and an internet search. The two most important things I found were software to help me manage my diet and the GI Database and the low GI concept as outlined on www.glycemicindex.com.

Through a combination of very targeted meal planning using the software, greatly improved nutrient goals and low GI food selection using the Glycemic Index Database I started seeing dramatic results. Where I was having trouble getting below 250 mg/dl with the ADA methods and heavy medications, I soon started seeing glucose readings between 80–100 mg/dl, and a dramatic improvement of my A1c. In May of 2005 my A1c was down to 5.2. I was taken off all medications and have been off medications since. My diet strategy includes a PCF ratio of 20% lean protein (mostly skinless chicken breast, fish, nuts and legumes), 50% low glycemic carbohydrates and 30% good fats such polyunsaturated fats, monounsaturated fats, and a good supply of omega 3 EPA/DHA. In addition I also include stevia as a sweetener, ¼ teaspoon of cinnamon, buckwheat and other foods that help control blood glucose. Thank god for the Glycemic Index. I think the Glycemic Index is a major component of my successful diabetic management.

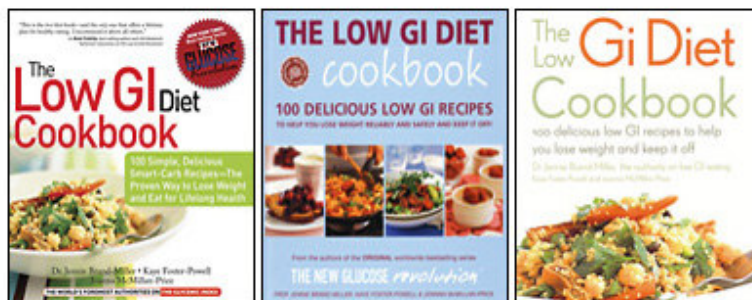
I acquired a Canadian doctor in July of 2006. He said, based on my labs and intake physical there was no indication I was diabetic. He questioned whether my original diagnosis was correct. I

think after two weeks in the hospital they probably got it right. I know from experience, if I go off my diet with things I know I should not be eating I do see a quick rise on my glucose meter. I think when we find something that works very well we have a responsibility to share what we learn with others. I have taken what I have learned over the past two years and put it on a website in hopes of helping other diabetics and you can read it [HERE](#). Understanding low glycemic index carbs is an important part of what is on my site.

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*.

We'll send you a free copy of *The Low GI Diet Cookbook* or *The Low GI Vegetarian Cookbook* if your story is published.



Posted by GI Group at [7:10 AM](#) [0 comments](#) [__](#)

[Move it and Lose it!](#)

Don't just sit there!

Light activity helps avoid chronic disease according to research by the University of Queensland and the International Diabetes Institute published in *Diabetes Care* (Vol 30 No 6). The results not only confirm that a sedentary lifestyle is associated with high blood glucose levels, but show that washing dishes, ironing and other routine domestic or occupational tasks (light intensity physical activity) are associated with lower blood glucose levels. The researchers didn't rely on what people said they did, they measured it. Although it is still important to do your 30 minutes a day of moderate-to-vigorous intensity activity, the findings show that there are real blood glucose benefits from reducing sedentary time and increasing the time spent on normal daily activities or basic chores. Lead researcher, Genevieve Healy, suggests that 'folding clothes or ironing as you watch TV, standing while on the phone or walking to see an office colleague

rather than emailing them, are simple and easy ways to do this.’



So if you are too busy, too tired, too rushed, too stressed, too hot, too cold to go to the gym or take a walk or do a regular exercise routine try putting out the garbage, making the bed, doing chores, walking to the bus stop, popping out for a coffee or bounding up the escalator in the mall. If you make a conscious effort to increase the amount of this kind of incidental activity in your day, it will eventually become second nature.

Chores are chores, so just read this list as a prompt.

- Hang out the washing rather than shoving it in the dryer – it’s good for the planet too.
- Get rid of the leaf blower (the neighbours will thank you) and rake or sweep the old-fashioned way.
- Use an old-fashioned push mower.
- Weed and mulch the garden.
- Walk the dog – and no hitting tennis balls for him to retrieve.
- Be house proud! Mop, dust, polish and sweep. Your blood glucose levels will thank you.
- Don’t drive the kids to or from school – walk. And talk too, about things they have on their minds.
- Run your own errands – pop down to the corner store for a bottle or milk or the paper.



And don’t just sit there.

- Take the long way round – getting a drink from the office water cooler, going to the bathroom.
- Get off your butt and talk to your colleagues rather than emailing.

- Enjoy the fresh air with friends to catch up on the gossip rather than phoning or texting or sitting over a coffee.
- Park the car at the opposite end of the carpark and walk to the ATM, post office or dry cleaners.
- Walk to a restaurant (or park a good distance from it) to force yourself to take a walk after dinner.

Posted by GI Group at [7:09 AM](#) [0 comments](#) [__](#)

Books, DVDs, Websites: What's New?

Eating the Greek Way

by Fedon Alexander Lindberg, M.D.

Clarkson Potter Publishers

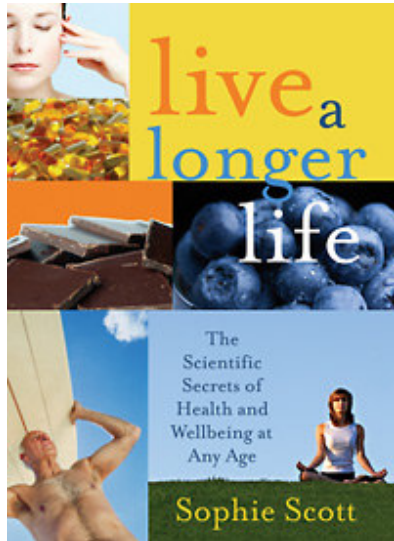


Fedon Lindberg returns to his Greek roots in this colourful cookbook. The recipes are packed with traditional Mediterranean diet ingredients – legumes, fruits, vegetables, lean protein especially fish, nuts and seeds and grains. The desserts look delicious, but rather than sugar, the author sweetens them with fructose as it has a very low GI – 19. If you are not a fan of fructose (and we know some of our readers aren't) you can substitute with table sugar, but remember it's not quite as sweet as fructose so you may need to use a little more. Taste as you go to achieve the right level of sweetness.

Live a Longer Life

By Sophie Scott

ABC Books



Most of us want to know what we need to do live a longer, healthier life, but with the wealth of (sometimes contradictory) information out there, where do you start. Well, Sophie Scott's readable book provides a comprehensive guide to the very latest scientific research on healthy ageing for a full and satisfying life along with some practical steps including an Anti-Ageing Food Plan (with low GI options of course), and a Sweat, Strengthen and Stretch exercise plan.

Posted by GI Group at [7:09 AM](#) [0 comments](#) [__](#)

[Feedback—Your FAQs Answered](#)

Which sweeteners can be used to support the low GI diet and have no calories?

Check out the 'What Sweetener Is That?' table in *The New Glucose Revolution for Diabetes* (US/Canadian edition) or *The Diabetes and Pre-diabetes Handbook* (ANZ edition). It will give you the GI and calories per gram of a wide range of nutritive and non-nutritive sweeteners plus brand names and the per teaspoon equivalent of table sugar if you want to substitute. Here's a summary.

Non-nutritive sweeteners (such as Equal®, Splenda®, NutraSweet® or saccharin) are all much sweeter than table sugar and have essentially no effect on your blood glucose levels because most are used in such small quantities and are either not absorbed into or metabolised by the body. Because they are only used in minute amounts, the number of calories they provide is insignificant. The best non-nutritive sweeteners to cook with are Splenda®, saccharin and Neotame®, and to a lesser extent Equal Spoonful®. This is because the non-nutritive sweeteners made of protein molecules often break down when heated for long periods and lose their sweetness.



The NutraSweet Company

Nutritive sweeteners including sugars, sugar-alcohols, and oligosaccharides (medium-sized chains of glucose) are simply different types of carbohydrate with varying levels of sweetness. The sugar alcohols like sorbitol, mannitol and maltitol are generally not as sweet as table sugar, provide fewer calories and have less of an impact on blood glucose levels. To overcome their lack of sweetness, food manufacturers usually combine them with non-nutritive sweeteners to help keep the calorie-count down and minimise the effect on blood glucose levels so check the ingredient listing on the food label.

I read that Diet Coke and Diet Sprite have a high GI. Why is that, as they contain only artificial sweetener?

Diet soft drinks made with alternative sweeteners contain so little carbohydrate their GI can't be tested – it is negligible. So we wouldn't trust any source that tells you they have a high GI. Regular Coca-Cola tested following the standardised international method has a low GI (53) as does regular Schweppes lemonade (GI 54). Regular Fanta has a medium GI (68).



Which products can be used to thicken sauces or soups? Arrowroot?

We are often asked about the GI of starchy thickeners from arrowroot and cornstarch, to kudzu root powder and instant tapioca and covered it all in some detail in *GI News* in August 2006. None of these thickeners has been GI tested as far as we know. You usually use only very small amounts of these thickeners (a teaspoon or two) so the GI of the recipe will depend more on the other carb ingredients in what you are making rather than the thickener. However, here are our alternative ideas for thickening soups. For vegetable soups, puree some of the cooked vegetables then stir them back into the soup to thicken. Adding grated starchy vegetables like sweet potato or yams will also thicken a vegetable soup; or stale, well-crumbled breadcrumbs (sourdough or grainy of course) to a mushroom soup. For a creamy soup you can stir in a little light evaporated milk or low fat yoghurt. Pureed cooked or canned white beans will also thicken a vegetable soup. If readers have some other good ideas, we'd be glad to add them to the list.



I read about Prof Jennie Brand-Miller's study, 'Effect of alcoholic beverages on postprandial glycemia and insulinemia in lean, young, healthy adults.' Can you explain what substances in white wine contribute to lower glucose response and how this works? Here's what Jennie says: 'Alcohol itself is a major reason why white wine lowers the glucose response. It is well known that the alcohol reduces the production of glucose molecules by the liver. If we drink too much, we can be 'hypoglycemic' (low blood sugars) in the morning. But it's also possible that there are other components at work. Wine is acidic and we know that acidic substances such as malic acid (which is also known as fruit acid), will slow down stomach emptying.'



Prof Jennie Brand-Miller

Posted by GI Group at [7:08 AM](#) [0 comments](#) __

[GI Values Update](#)

New GI values from SUGiRS

Yakult fermented milk drink with *Lactobacillus casei*

GI 46 with 11 grams carbohydrate per 1/4 cup (65 ml) serving

Yakult Light fermented milk drink with *Lactobacillus casei*

GI 36 with 9 grams carbohydrate per 1/4 cup (65 ml) serving

Where can I get more information on GI testing?

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GI Symbol News

Where can I get more information on the GI Symbol program?

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