

# GI News

Saturday, September 01, 2007



This month we welcome Dr David Ludwig to *GI News* with 'Food for Thought' and a regular spot on raising healthy (and healthy weight) kids. David is Director of the Optimal Weight for Life (OWL) program at Children's Hospital Boston and he shares the program's practical and clinically proven advice in his new book, *Ending the Food Fight*. Dr Garry Egger joins us this month too as a regular contributor with exercise tips. Garry has been involved in men's health for over 35 years and runs Professor Trim's Men's Weight Loss Program, the successor to the popular GutBusters. We are also delighted that London-based chef and cookbook author Kate Hemphill has come on board and will be showing us how to make the most of low GI ingredients with her delicious 'Love to Cook' recipes in the coming months. Of course there are all our regular features too – the latest research, a new book (on low GI gluten-free eating) and your questions answered. As ever we welcome feedback whether you have questions on low GI eating or suggestions for topics you would like to see us cover in up-coming issues.

Good health and good reading,

"... such is the perversity of the (US) farm bill: the nation's agricultural policies operate at cross-purposes with its public-health objectives."

— Michael Pollan, "You Are What You Eat", New York Times Magazine, 22 April 2007

**GI News Editor:** Philippa Sandall

**Web Design and Management:** Scott Dickinson, PhD

Posted by GI Group at [8:14 AM](#) \_

## [Food for Thought](#)

### **Guiding your child to a healthy weight in a fast food/fake food world**

Achieving and maintaining a healthy weight has never been harder with an environment that

undermines our every move – the seductive food commercials on television, radio, billboards, buses, magazines and at the cinema; plus the super-accessible, affordable fast foods and junk foods on every street corner and mall; plus the supermarkets with shelves literally bursting with super refined high GI and high fat foods. In ‘Food for Thought’ this month, Dr David Ludwig shares his practical and proven strategies on helping kids achieve a healthy weight in a fast food/fake food world. ‘Children need an eating and activity plan that works with their basic biology, promoting weight loss without causing deprivation.’ says David. ‘Parents need age-appropriate strategies to help their children develop healthful habits (about food and activity) without causing conflict.’



Dr David Ludwig

## 10 steps for raising healthy kids

1. **If you do it, they'll do it too.** Children are primed and ready to follow examples set by others – parents, babysitters, nannies, the day care centre teacher. So the key strategy is that you and those you hire to care for your kids ‘model’ a healthy lifestyle simply by eating well and being physically active in their presence.
2. **Involve your child in decision making.** Let them help with planning the week’s meals, preparing food, picking music for dinner, choosing which veggies go with what.
3. **Create a home free from temptations.** Stock your shelves with wholesome foods that can be easily prepared. Filling your home with what I call real food creates abundance rather than the sense of deprivation that so often accompanies typical diets. Plus, you’ll be protected from the complaint: ‘There’s nothing to eat.’ You don’t have to give up sweets, but without that half gallon (2 litres) of ice-cream in the freezer a trip to the ice-cream parlour becomes a special treat everyone can enjoy.
4. **Cut back on sedentary activities makes room for real activities.** The granddaddy of them all today is screen time – TV, video games, computer and SMS-ing. Aim for a maximum of 2 hours a day screen time (not counting computer-related schoolwork or other work). Why not try a TV Turnoff Week?
5. **Make breakfast a priority.** No ifs no buts, it’s a no-brainer. Eating breakfast makes weight loss easier. Skipping it leads to overeating later in the day to make up for the missed calories. Eating breakfast also improves school performance and mood

throughout the morning. And a balanced breakfast gets your child well on the way to achieving the day's nutritional goals all before 8 am.

6. **Take control of the midday meal.** Talk to your kids about what they'd like to have in their lunch – sandwiches and fillings, fruit, beverages. If you plan ahead you'll have the time and ingredients on hand. And allowing your child to buy lunch occasionally from the canteen or cafeteria then becomes a treat.
7. **Sit down to dinner as a family.** Dinner provides a great opportunity to turn off the TV, sit down as a family and discuss the events of the day. You'll be amazed at what you can discover about their world and how much fun you'll have. Children who eat dinner with their families have a higher quality diet and tend to be thinner than those who don't.
8. **Slow it down.** Eating slowly helps us listen to our appetite and stop when we are just satisfied not overstuffed! Try putting your knife and fork down between bites ... eating with chopsticks ... making each mouthful last 30 seconds.
9. **Cut back on sugar sweetened soft drinks.** Often kids drink soft drinks because they are thirsty, not hungry. The problem is these drinks leave hundreds of calories behind. What about juice? Well, although 100% juice has more nutrients than soft drinks, it contains just as many calories and those calories add up fast. Very few kids would eat 10 apples a day, but how easy it is to have two or three cups of juice containing the calories from those 10 apples. The best way to satisfy the body's need for fluid is beverages without calories: water, seltzer water, no-calories flavoured water and tea.
10. **Get active.** Forget the 'E' word. When it comes to physical activity, children, especially before puberty aren't mini adults. Metabolically they aren't capable of sustained endurance activities such as jogging or working out at the gym, mentally they don't maintain an intense focus on any one activity for long as you have probably noticed. For younger children play is the perfect solution, preferably outdoors in a safe environment. Bikes, roller skates, frisbees, balls. Older children enjoy the challenge of group sports, although some who are very overweight prefer non-competitive activities such as swimming or yoga. And dancing can be a great option for kids of all ages.

– From [Ending the Food Fight](#) (Houghton Mifflin, 2007)

Posted by GI Group at [8:13 AM](#) \_

## [GI News Podcast](#)

### **Children and the GI**

In the last and seventh of the New Glucose Revolution podcasts, Prof. Jennie Brand-Miller talks about children and the GI and its potential role in helping children achieve and maintain a healthy weight.



Play the Podcast above or download here



Posted by GI Group at [8:12 AM](#) \_

## [GI News Briefs](#)

### **The biggest losers go low GI**

Not only is it hard to lose weight, there's not a lot of consensus about the best way to do it other than 'eat less and exercise more'. But that piece of advice on its own doesn't seem to be able to deliver the necessary results for most of us – if we can stick to it.

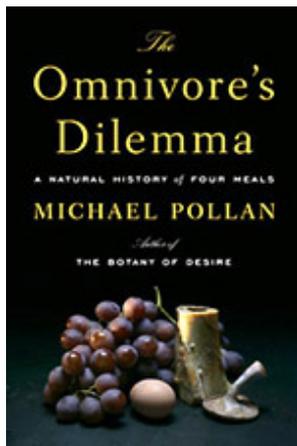
A team of Cochrane researchers in Australia analysed six carefully conducted randomised controlled trials running from 5 weeks to 6 months and involving 202 participants. They found that overweight and obese people lost more weight (on average 1 kilogram or 2.2 pounds more) on low GI diets than on similar energy high GI or other conventional energy-restricted weight loss diets. Not only that, the low GI diet had heart health benefits, too. 'Low GI diets appear to be particularly effective for people who are obese,' says lead author Dr Diana Thomas, who is the Scientific Director of the Centre for Evidence Based Pediatrics, Gastroenterology and Nutrition. She went on to comment that this may be because it's easier for people to stick to low GI diets as there's less need to restrict food so long as the carbs have a low GI. Their systematic review appears in the latest issue of The Cochrane Library, a publication of The Cochrane Collaboration, an international organization that evaluates medical research. Systematic reviews draw evidence-based conclusions about medical practice after considering both the content and quality of existing medical trials on a topic. Check out the [online review](#).



**‘The (US) farm bill helps determine what sort of food your children will have for lunch in school tomorrow’ says Michael Pollan**

‘A public-health researcher from Mars might legitimately wonder why a nation faced with what its surgeon general has called “an epidemic” of obesity would at the same time be in the business of subsidizing the production of high-fructose corn syrup. But such is the perversity of the farm bill: the nation's agricultural policies operate at cross-purposes with its public-health objectives. And the subsidies are only part of the problem. The farm bill helps determine what sort of food your children will have for lunch in school tomorrow. The school-lunch program began at a time when the public-health problem of America's children was undernourishment, so feeding surplus agricultural commodities to kids seemed like a win-win strategy. Today the problem is overnutrition, but a school lunch lady trying to prepare healthful fresh food is apt to get dinged by USDA inspectors for failing to serve enough calories; if she dishes up a lunch that includes chicken nuggets and Tater Tots, however, the inspector smiles and the reimbursements flow. The farm bill essentially treats our children as a human Disposall for all the unhealthful calories that the farm bill has encouraged American farmers to overproduce.’

– ‘You Are What You Grow’, *The New York Times Magazine*, 22 April 2007. Michael Pollan is author of the best-selling *The Omnivore's Dilemma*.



**Five great things about dark chocolate apart from the obvious**

Like so many good things in life, a little goes a long way – remember it’s high in calories and saturated fat and rather more-ish. But a square or two (just 6 grams, 30 calories/126 kilojoules) is a delicious treat that can do you some good. Here’s how writes dietitian Alan Barclay.



1. Chocolates don't have a big impact on your blood glucose levels. In fact the average GI is around 45 because their high fat content slows the rate that the sugars are released from the stomach into the intestine, and absorbed into the blood.
2. Chocolates are energy dense – you get a lot of kilojoules (calories) in a little piece. This is good if you are trying to gain weight, travel long-distances with limited storage space, or participate in an endurance sport where it is an advantage to be able to carry around a concentrated and highly palatable source of carbohydrate and energy.
3. In real chocolate, cocoa butter (which is rich in a particular kind of saturated fat called stearic acid) is the main source of fat. Stearic acid raises the 'bad' LDL cholesterol much less than other saturated fats. It also raises the 'good' HDL cholesterol, so the net effect on your total blood cholesterol levels is not too bad at all.
4. Chocolate (along with tea, berries, cabbage and wine) is one of nature's richest sources of a powerful group of antioxidants, known as flavonoids. It's believed that these antioxidants may benefit people with diabetes or pre-diabetes by helping to prevent cholesterol sticking to the walls of blood vessels, relaxing major blood vessels, and maybe even reducing the ability of the blood to form too many clots.
5. Just one square of dark chocolate a day reduces blood pressure by a few mm Hg in healthy people with above-optimum blood pressure according to a new study published in the *Journal of the American Medical Association*. The researchers found that from baseline (the starting point) to 18 weeks, dark chocolate intake (just one little square – 30 calories/126 kilojoules) reduced average systolic blood pressure by about 3 mm Hg and diastolic BP by about 2 mm Hg without changes in body weight, plasma levels of lipids or glucose. Hypertension prevalence declined from 86% to 68%. 'This study provides enough evidence to suggest that low amounts of polyphenol-rich dark chocolate as an addition to a healthy diet caused progressive reductions of systolic and diastolic blood pressure in older subjects with pre-hypertension without inducing weight gain or other adverse effects,' said lead author Dr Dirk Taubert from the University Hospital of Cologne.

*JAMA*. 2007;298(1):49–60; JAMA News Release

### **Low GI carbs a key to healthy eyes as you age**

Age-related macular degeneration (AMD) is one of the most common causes of blindness in the

over-50s in the Western world. In 'Food for Thought' (May 2006) we reported on research suggesting that the quality of the carbohydrates you eat may help to bring it on – or hold it off. A new study published in the *American Journal of Clinical Nutrition* confirms that it would be a good idea to make a low GI diet part of any AMD prevention plan along with foods you already know about such as dark green leafy vegetables, a variety of fruits (all different colours) and fish. Dr Allen Taylor, director of the Tufts Laboratory for Nutrition and Vision Research, says the study shows that men and women who consume diets with a higher GI than average for their gender and age-group are at greater risk of developing advanced age-related macular degeneration.



The researchers analysed data from 4099 men and women participating in the Age-Related Eye Disease Study in the US. 'Our findings suggest that 20% of the cases of advanced age-related macular degeneration might have been prevented if those individuals had consumed a diet with a GI below the average for their age and gender. Our results support our hypothesis that dietary GI, which has been related to the risk of diabetes, is also associated with the risk and severity of age-related macular degeneration.' Taylor speculates that carbohydrates that comprise a high-GI diet may provide eye tissue with too much glucose too quickly, and overwhelm the ability of the eye cells to use the carbohydrate properly. 'It is possible that the type of damage produced by poor quality carbohydrates on eye tissue is similar in both diabetic eye disease and age-related macular degeneration.'

– *American Journal of Clinical Nutrition* July 2007 Volume 8, Number 1; Nutraingredients-usa.com

Posted by GI Group at [8:11 AM](#) \_\_

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

#### **Getting them to eat their greens**

Broccoli is always high up on the super food list. It doesn't have a GI value because it's not a source of carbohydrate and it has hardly any calories. But it's an absolute nutritional powerhouse delivering vitamin C, fibre, beta-carotene, folate and vitamin E plus B vitamins and minerals like iron and calcium. People who regularly eat broccoli have a reduced risk of several cancers including bowel cancer. Enjoy it (or broccolini) a couple of times a week cooked and served as a

side dish or blanched and served with traditional Mediterranean dips like hummous or babaghanoush or tossed into a salad or with pasta. Don't overcook broccoli – al dente is best for both flavour and nutrition.



The only problem with broccoli is that some kids (little ones and big ones) don't like it (or its cousin cauliflower). They find these cruciferous veggies a bit on the nose. A new study however shows that people can be 'conditioned' to like it in just five days! Elizabeth Capaldi and Gregory Privitera from Arizona State University ran what's called a 'conditioning' trial to see whether sweetening broccoli with a little sucrose (table sugar) could increase its pleasantness.

- **Day 1:** Thirty-two undergraduates who said that they didn't like broccoli and cauliflower were given 14 grams of unsweetened broccoli and cauliflower, they rated each food on three nine point scales (pleasantness, sweetness, and bitterness).
- **Days 2, 3, 4:** Half the students were given unsweetened broccoli and sweetened cauliflower, the other half were given sweetened broccoli and unsweetened cauliflower.
- **Day 5:** Both groups were given both vegetables unsweetened.

The conditioning process seemed to work. Broccoli and cauliflower were rated as more pleasant with each day that passed. This increase was greatest for vegetables that were sweetened. Prof Jennie Brand-Miller here at the GI Group isn't at all surprised with the result. Based on her work with Australian bush foods she believes that we have a much sweeter tooth than our forebears did and that all the fruits we eat today are significantly sweeter than any they would have tucked into.

– *Appetite*, 2007, manuscript online ahead of print; doi: 10.1016/j.appet.2007.06.008

Posted by GI Group at [8:09 AM](#) \_

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

Share good food and good times with family and friends with Kate Hemphill's delicious recipes that showcase seasonal ingredients and make it easy for you to prepare healthy low GI meals and

snacks. Kate has worked as a freelance chef and home economist before starting her own cookery school ('Love to Cook') in London. She favours a modern and relaxed way of cooking and herbs and spices are an intrinsic part of her recipes. For more information and recipes, check out Kate's website: [www.lovetocook.co.uk](http://www.lovetocook.co.uk)



Kate Hemphill

### **Seared tuna with mango salsa**

This simple summer dish relies only on fresh ingredients and a little care not to overcook the tuna. It can be put together in no time, looks stylish and tastes fantastic. Serve with a mixture of basmati and wild rice doused in lime juice if you wish. Although this recipe may seem high in fats, they are mostly good fats from the fish, avocado and olive oil. If you want to reduce the fat, use smaller pieces of tuna and less avocado.

Serves 2

2 tuna steaks (about 150 g or 5 oz each)

1 teaspoon olive oil

### **Mango salsa**

1 small ripe mango, cheeks diced into 1 cm (1/2 inch) cubes

1/2 red onion, finely diced

1/2 avocado (about 150 g/5 oz), diced into 1 cm (1/2 inch) cubes

2 tablespoons freshly chopped coriander leaves

1 lime, juiced

1/2 long red chilli, deseeded and very finely chopped

3 teaspoons extra virgin olive oil



### **To serve**

Soft lettuce leaves, rinsed and torn

1. Prepare and combine all salsa ingredients and season to taste.
2. Drizzle the oil over tuna steaks and season with salt and pepper before cooking on a hot griddle or frying pan (or barbecue for that matter). The steaks should only need 1½–2 minutes each side, depending on thickness. You really want to seal the outside and create some heat to spread through the tuna, but without cooking it completely.
3. Serve cooked tuna on dressed lettuce leaves with salsa spooned on top.

Per serve

kJ/Cal 2450/583; Protein 52 g; Fat 34 g (includes saturated 8 g) Carbohydrate 15 g; Fibre 3.5 g

### **Sweet potato and pistachio quinoa**

You can use quinoa instead of rice or couscous, it has a delicious nutty flavour along with fantastic nutrition. This dish can be served warm with lamb, chicken or fish such as mackerel and swordfish or served cold as a salad.

Serves 4 to 6 as an accompaniment



1 orange-fleshed sweet potato (about 400 g), peeled and cut into 2 cm (¾ inch) dice

200 g (7 oz) quinoa

3 cups (750 ml) light chicken stock (low sodium)

3 tablespoons pistachios, chopped quite finely

1 tablespoon chopped fresh mint

2 tablespoons chopped coriander

2 tablespoons chopped parsley

rind only 1 preserved lemon, finely chopped

2 tablespoons olive oil

freshly ground black pepper, to taste

1. Preheat the oven to 180°C (350°F).
2. Roast the diced sweet potato for about 20 minutes or until tender
3. Cook the quinoa following the packet instructions in 3 cups (750 ml) chicken stock, then drain.

4. For a warm dish, heat a large pan, add all ingredients and stir over low heat until warmed through.
5. If serving cold, simply toss all ingredients together and season to taste.

Per serve (for 6 people)

kJ/Cal 1269/302; Protein 8 g; Fat 12 g (includes saturated 2 g) Carbohydrate 38 g; Fibre 5 g

Posted by GI Group at [8:08 AM](#) \_

## [Your Success Stories](#)

### **‘It had been so long since I felt “good” after a meal’ – Amy**

‘I am telling you this one hundred per cent true story about my ongoing experience with The Low GI Diet. It actually seems a little ridiculous to even call it a “diet”. It is so easy to follow, and makes so much sense. I laugh every time I think of the time and money I wasted on Weight Watchers ... oops ... sorry if I offended any WW people. Anyway, I am a nurse, and very serious about researching everything before I try it. Well, I was surprised at the research I did about this low GI thing. It made perfect sense. I have battled, I mean REALLY battled with digestive problems for about six years. I have had fertility problems, acid reflux, terrible bloating and weight gain throughout the past six long years. I have been eating only low GI foods, and very occasionally I will eat a moderate GI food for about 2 weeks now. I was able to stop taking my Prilosec (which I was totally dependent on) after two days. I stopped taking all my other digestive medications after 3 days. My bloating ended after day one. I am completely satisfied after a low GI meal. Not bloated, not tired, not miserable ... just satisfied. It took me a few days to realize what that actually felt like. It had been so long since I felt “good” after a meal! I have lost 6 pounds in two weeks. Yep. SIX pounds! I feel GREAT! I have so much more energy than I did before. I look great, and my husband has started on the plan too. I’ll have to get him to write his story soon too!’



### **‘I no longer drool when I see all those pizza food commercials on TV’ – Dolores**

‘Four months ago I was diagnosed by my doctor as pre-diabetic, having a high sugar count, and asked to lose ten pounds and have my blood retested in three months. I discovered your diet after researching online, and have lost 28 pounds in the last four months! My blood test revealed my sugar count down 30 points, and I am no longer pre-diabetic! I am not hungry with this diet, never snack between meals, eat more fruit and veggies, and I’m convinced my stomach has

shrunk!! I can't even finish a “large” meal, I drink more water, and no longer drool when I see all those food commercials on TV, especially the pizza, I just see all that fat. I am nowhere near my weight loss goal, but seem to have no problem sticking to this diet. Unfortunately I am unable to exercise, I'm 76 years old, can't walk too far, or stand too long. If I could, I know I would have lost much more weight.'



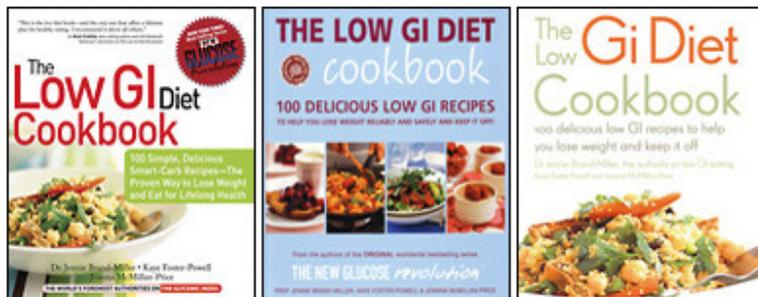
**‘How can I listen to a “specialist’ who believes the glycemic index is a fad?’ – Barbara**

‘I am a diabetic 2 - and was recently in hospital for removal of a stomach lining tumor. A consultation with the hospital nutritionist was part of the schedule but shortly I sent her packing. How can I listen to a “specialist’ who believes a carb is a carb and the glycemic index is a fad? How could she argue with success - both my husband and I have lost 20 pounds, are close to our target weights, and are looking forward reaching our goals, following a low GI diet! Hurray for this site! Keep up the good work and research!’

**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 [8:06 AM](#) \_\_

## [Move it and Lose it!](#)

### **Move It & Lose It with Professor Trim**

#### **Can you resist?**

Don't even try to. Go for it. A study published in the *American Journal of Clinical Nutrition* in April this year showed that resistance exercise (such as weight-lifting, using resistance bands, press-ups and sit-ups) that helps to maintain and build muscle-mass reduces the risk of type 2 diabetes. In this recent study, 36 men and women in their early 60s who were consuming adequate or moderately high amounts of protein worked a variety of muscle groups for 75 minutes three times a week for 12 weeks. At the end of the test period, their glucose tolerance was increased by up to 30 per cent.



Dr Garry Egger

Resistance exercise works your muscles at loads greater than they are accustomed to. When this happens, your muscles adapt by getting stronger and bigger. There are other benefits too.

Regular resistance training:

- Increases bone density and strength.
- Boosts metabolism.
- Improves blood glucose and blood fats.
- Reduces body fat.
- Lowers heart rate and blood pressure.
- Improves balance and stability.

Before you begin, have a chat to your doctor, gym instructor or personal trainer. If you don't want to go to a gym or invest in special equipment, there are all sorts of things about the house that can double up as exercise equipment.

**Rice bags:** 500 g or 1 kilo (1 or 2 lb) rice bags can be used like dumbbells, one bag for each hand. These add resistance to exercise-to-music at home or can simply be used like weights with any exercise.

**Your own body:** calisthenics is the form of exercise made popular in the 1960s through programs like 5BX and 10BX. The body is used as its own form of resistance for doing a range of exercises such as push ups, dips and squats.

**A chair:** a solid chair is a great device for stepping up and down on, or as a base to increase resistance experienced when doing callisthenic exercises.

**A partner:** exercising with a partner can provide as much increased resistance as the partner is prepared to put into it. A partner can also add to the benefits of stretching exercises.

**Exercises bands:** these are worth investing in (try from sports stores). They are great for travelling as they don't take up any room.

**A backpack:** adding weight by strapping on a backpack when walking increases the effort required and therefore uses more energy and fat.



Click for more information on [Professor Trim](#).

## **Dr David's Tips for Raising Healthy Kids**

### **Snack attack**

You've seen it before: your child hangs on the refrigerator door staring inside while munching on a bag of potato crisps and complaining there's nothing to eat. As cold air floods out, he's not just wasting electricity; he's wasting an opportunity to make a healthy choice. End the hassle and help kids make healthy choices for after-school snacks by coming up with a list of options at the beginning of the week and then stocking your home with those foods. Snacking is a healthy part of a balanced diet if you make the right choices. But you need to:

- Plan ahead. Prepare snacks in advance so you have a healthy alternative to junk food when hunger strikes.

- Pay attention to hunger. Are you or your child really hungry or just bored. Will you be eating dinner in an hour or so, and if so will something small suffice? Or do you need a more substantial snack?
- Keep it simple. Set aside a drawer in your fridge or pantry as a ‘no thinking’ snack zone filled with ready-to-eat (or nearly assembled) healthy snacks.

**Take a tip:** Encourage your child to put the snack on a plate and sit down to eat it. He will end up eating less and enjoying it more.



Dr David Ludwig

– Dr David Ludwig is Director of the Optimal Weight for Life (OWL) program at Children’s Hospital Boston and author of *Ending the Food Fight*

[Video](#) – CBS’s Hannah Storm talks to Dr David Ludwig about ending the food fight.

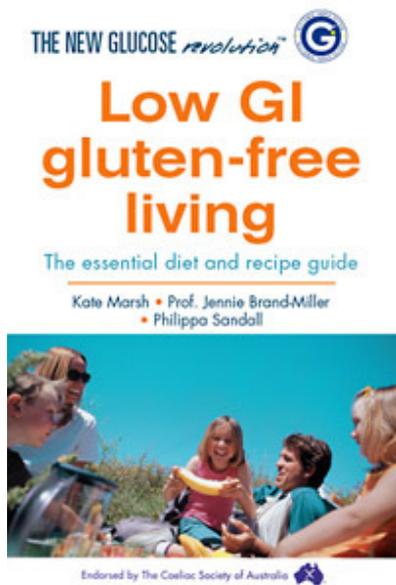
Posted by GI Group at [8:05 AM](#) \_\_

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

#### **Low GI Gluten-free Living**

Endorsed by The Coeliac Society of Australia

Written by Kate Marsh, Prof Jennie Brand-Miller and Philippa Sandall



*Here's what Advanced Accredited Practising Dietitian and gluten-free guru Sue Shepherd says about this book in her foreword:*

'As a dietitian working in the area of coeliac disease for a very long time, I have seen first hand the struggle many have faced in making their gluten-free diet varied, nutritious and enjoyable. As more and more people are aware of the importance of GI, combining with the gluten-free diet has created some confusion about what to buy, what to cook and how to cook it! *Low GI Gluten-free Living* really does take away such uncertainties and difficulties – it is packed full of ideas of how to accomplish a great tasting gluten-free low GI diet ... But it is more than just a recipe book. I commend the authors for a marvellous job in compiling useful information for readers, including background to the gluten-free diet, glycemic index and principles of healthy eating. The menu plans are so helpful. The comprehensive low GI gluten-free food list at the back of the book is an invaluable resource. The information and recipes have been compiled with such careful attention to detail – this is a great reference book of all things low GI and gluten free.'

*And from Louise, a reader:*

'Yesterday I visited the Gluten Free Expo in Sydney (Australia). During my visit I purchased a copy of *Low GI Gluten-free Living* at the Coeliac Society's stand. Just wanted to let you know it was my best purchase of the day. In less than 24 hours I have read the 244 page book. I could not put it down. It was just what I was after. After reading the foreword and the title page for chapter one I knew I was onto a great book and it struck a cord with me. Now looking at what I've been eating it was high GI and explains why I was having problems controlling my blood glucose levels. My inability to control my blood glucose levels has led to me being stuck in bed unable to function some days. Knowing if I follow the recommendations in the book I can avoid this is a relief. Also with a son who is only 3 years old with coeliac disease it has given me a great guide to ensure he too is eating a balanced diet. I really found the various menu plans for different ages a great tool and something I will continue to refer to especially in regard to ensuring my son is eating adequately for his age group as his needs change. Thank you for listening to needs of the gluten-free community by putting this valuable resource out there. My family are going to start following the recommendations of *Low GI Gluten-free Living* today!'

Published in Australia and New Zealand by Hachette Livre Australia  
To be published in the US and Canada in Spring 2008 by Da Capo Lifelong Books

### **WE HAVE 6 COPIES TO GIVE AWAY!**

We have 6 copies of *Low GI Gluten-free Living* published by Hachette Livre Australia **to give away to residents of Australia only**. The first six people to email us will receive a free copy. Enter your name and address in the draw by clicking [HERE](#).

Posted by GI Group at [8:04 AM](#) \_

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

### **What's the GI of ...**

#### **Sesame seeds and flaxseeds?**

Sesame seeds and flaxseeds contain a large amount of oil and very little carbohydrate so the GI isn't relevant. Remember that the GI is a measure of carbohydrate quality.

#### **Evaporated natural sugar cane juice?**

Evaporated sugar cane juice hasn't been tested. We would imagine its GI would be similar to that of table sugar (around 60). We believe that a healthy diet can include around 40 grams of added sugar a day. Just keep in mind that the 40 grams we are talking about here includes **all the added sugar** (added by you or the food manufacturer) you are eating that day. For more information check our story in February 2007 *GI News*.

#### **Raw coconut?**

Coconut is high in fat not carbohydrate too, so again the GI doesn't apply. The fat is saturated so it's important to watch how much you consume.



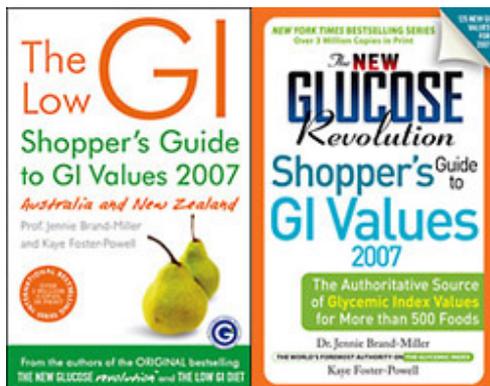
**I have been putting raw rolled oats and raw walnuts into my breakfast smoothie, thinking I was getting the full benefits of the low GI, but I wonder if I am losing the benefit of oatmeal by grinding it up with the blender.**

The amount of grinding that occurs in a blender is not enough to make a significant impact on the GI. Flours, on the other hand, are highly refined thanks to factory steel milling.



**Do you happen to have a list of 100 basic foods/whole foods ranked top down from 100 to 1 (or whatever is reasonably lowest) that I could briefly scan before I am about to prepare and/or eat something?**

Well not a list ranked from 100 down to 1. However, there is a book called *Low GI Eating Made Easy* (Brand-Miller, Foster-Powell and Sandall) which includes the top 100 low GI foods. It's essentially written for people like you who like to prepare their own meals and enjoy whole foods. Check it out in your local library, bookstore or on Amazon. You may also find the *Shopper's Guide to GI Values* (Brand-Miller and Foster-Powell) handy. The 2008 edition will be available toward the end of the year.



Posted by GI Group at [8:02 AM](#) \_

## [GI Values Update](#)

### **New GI values**

#### **How true is the low GI blue tortilla story?**

We recently received a 'EurekaAlert' press release that stated that 'people with dieting blues should try swapping white corn tortillas for blue which had 'less starch and a lower glycaemic index than their white counterparts.' Along with '20% more protein.' The study was reported in the *Journal of Science of Food and Agriculture* (DOI 10.1002/jsfa.3008). The authors state in the press release that 'one important benefit of the lower GI blue tortillas is their potential role in preventing or controlling metabolic syndrome ... stroke and diabetes.' The findings received a whole heap of publicity (enough to make us pretty envious) and sounded like just the thing for our *GI News* readers so we thought we should check the story out. Sadly, we have to set the

record straight.

Blue tortillas may indeed have a lower GI than white, but it hasn't actually been tested in people following the international standardised method. It's just been guesstimated. What the researchers actually did was compare the tortillas 'with respect to in vitro starch digestibility – available starch, total and retrograde resistant starch contents, amylolysis rate' and then predict the GI. So we actually don't know the GI at all.

But we do know that Mexican corn tortillas (white ones) prepared the traditional way using nixtamalized (see below) maize grains have a low GI because they were tested some years ago, the results were published in a peer -reviewed journal (Noriega E, Rivera L, Peralta E. *Diabetes Nutr Metab* 2000; 13: 13-9.) and are already on the GI database.

### **Mexican corn tortilla**

GI 52

Serving size 50 g

Available carbohydrate 20 g

GL 11

### **Mexican wheat tortilla**

GI 30

Serving size 50 g

Available carbohydrate 20 g

GL 6

### **What's 'nixtamalization'?**

Thanks to wonderful *Wikipedia*, here's a definition. 'It is the process whereby dry maize grain is soaked and cooked in an alkaline solution, usually limewater, to cause the transparent outer hull, the pericarp, to separate and be removed from the grain. This process has several benefits including enabling the grain to be more effectively ground; increasing protein and vitamin content availability; improving flavor and aroma and reduction of mycotoxins. In the Aztec language Nahuatl, the word for the product of this procedure is *nixtamalli* or *nextamalli*. The term nixtamalization can also be used to describe the removal of the pericarp from any grain such as sorghum by an alkali process.'

### **SoLo Gi Bars**

We published the GI values of SoLo Gi bars in December 2005 *GI News*. The manufacturers have added a new flavour (Lemon Lift GI 28) to their range and all now come in a smaller 100-calorie size that provides 12-13 g carbohydrate and has a GI of around 23. Check out their website for nutritional information: [http://www.solo-gi.com/products\\_main.html](http://www.solo-gi.com/products_main.html)

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

#### **North America**

Dr Alexandra Jenkins

Glycemic Index Laboratories

36 Lombard Street, Suite 100  
Toronto, Ontario M5C 2X3 Canada  
Phone +1 416 861 0506  
Email [info@gilabs.com](mailto:info@gilabs.com)  
Web [www.gilabs.com](http://www.gilabs.com)

### **Australia**

Fiona Atkinson



Research Manager, Sydney University Glycemic Index Research Service (SUGiRS)  
Human Nutrition Unit, School of Molecular and Microbial Biosciences  
Sydney University  
NSW 2006 Australia  
Phone + 61 2 9351 6018  
Fax: + 61 2 9351 6022  
Email [sugirs@mmb.usyd.edu.au](mailto:sugirs@mmb.usyd.edu.au)  
Web [www.glycemicindex.com](http://www.glycemicindex.com)

### **New Zealand**

#### **Dr Tracy Perry**

The Glycemic Research Group, Dept of Human Nutrition  
University of Otago  
PO Box 56 Dunedin New Zealand  
Phone +64 3 479 7508  
Email [tracy.perry@stonebow.otago.ac.nz](mailto:tracy.perry@stonebow.otago.ac.nz)  
Web [glycemicindex.otago.ac.nz](http://glycemicindex.otago.ac.nz)

### **GI Symbol News**



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

**Alan Barclay**



CEO, Glycemic Index Ltd

Phone: +61 2 9785 1037

Fax: +61 2 9785 1037

Email: [awbarclay@optusnet.com.au](mailto:awbarclay@optusnet.com.au)

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

Posted by GI Group at [8:01 AM](#) \_