In this issue of GI News

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- Give your kids a leg-up in life with breakfast
- Why detox diets make you fat
- New GI value for fresh apricots

As you loosen your belt and renew your vows to cut back on second helpings and sign up at the gym, pause. Step one of any weight loss program is setting an attainable goal. Read all about why it matters in Food for Thought. And if your diet doesn’t seem to be delivering the weight loss you planned, check out Prof Trim’s piece on why those careful energy in/energy out calculations don’t always add up. Also this month, our chef Kate Hemphill has more fabulous fare and fennel is our food of the month pick of the crop.

Good eating, good health and good reading.

“Somehow knowing that the squasy bits around my middle aren’t entirely the result of a fundamental weakness in my character makes me feel more empowered to do something about it”
- Maggie Alderson

Food for Thought

Weight loss: How much should you lose to win?
There’s a common belief (fuelled by the celeb mags and TV programs) that you can drop several dress sizes (or pant sizes) down to an imagined ‘ideal’, if you really try hard enough. How realistic is this? And is it sustainable?
Very overweight people typically aim to lose around 35% of their existing body weight. But this level of weight loss actually calls for some very drastic action. So far only surgery has delivered weight loss results on this scale over the long-term. And even then, it needs to be combined with other long-term lifestyle changes. With other weight loss programs, losing around 5–10% is more typical. And even so, the pounds have a tendency to creep back with a bonus.

Having unrealistic expectations also seems to be counter-productive. When people fail to reach their goal they become (not unnaturally) disillusioned and regain the weight – with interest. It then becomes even more difficult to lose on subsequent occasions. That’s why setting an attainable goal is step one of any weight loss program. What’s a realistic goal? Aiming to lose between 5 and 10% of your current weight over 12 weeks seems to be achievable and safe for most people and it still delivers plenty of desirable health benefits (reducing risk of type 2 diabetes, heart disease and some cancers). And if you keep that 5 to 10% loss off long term, then you really are a winner.

If you want to lose more than that, do it in stages. Aim to maintain your new weight for three to six months before attempting further weight loss. This gives your body time to adjust to its new engine size. And it gives you practice in learning to listen to your body’s natural signals for feeling hungry and feeling full just as babies and toddlers do.

— Prof Jennie Brand-Miller, co-author of *The Low GI Diet Revolution* (*The Low GI Diet in Australia, NZ and the UK*)

**News Briefs**

**The best conceivable diet**

Infertility affects one in six couples, according to studies in the US and Europe. There are various reasons – there may be a structural problem like blocked fallopian tubes, or a disease of the uterus like fibroids or endometriosis. Many cases (18–30 per cent), though, are due to a failure of ovulation – eggs just don't ripen and release when they're supposed to. IVF is an option, but it's time consuming, expensive and has a high failure rate. There may be a simpler solution according to a paper published in *Obstetrics & Gynecology* – follow a ‘fertility diet’ aimed at increasing certain micronutrients and improving insulin sensitivity through diet, weight control and increased physical activity.
Researchers from the Harvard School of Public Health and Harvard Medical School followed a group of 17,544 married women (participants in the Nurses' Health Study II) for eight years as they tried to become pregnant or became pregnant. The team put together a ‘fertility diet’ score card based on:

- The ratio of mono-unsaturated to trans fats in diet
- Protein consumption (derived from animals or vegetables)
- Carbohydrate consumption (including fibre intake and GI)
- Dairy consumption (low- and high-fat dairy)
- Iron consumption
- Multivitamin use
- Body mass index (BMI)
- Physical activity

‘We analyzed what happens if you follow one, two, three, four, or more different factors,’ said Lead author Dr Jorge Chavarro. ‘What we found was that, as women started following more of these recommendations, their risk of infertility dropped substantially for every one of the dietary and lifestyle strategies undertaken. In fact, we found a six-fold difference in ovulatory infertility risk between women following five or more low-risk dietary and lifestyle habits and those following none.’ The women with the lowest rate of infertility (and most likely to fall pregnant) were those who ate less trans fat, less sugar, more low GI foods such as pasta and whole grains, more protein from vegetables than from animals, had a good iron intake, took multivitamins, exercised daily, kept their BMI between 20 and 25, and consumed more high-fat dairy products and less low-fat dairy products.

‘The key message of this paper is that making the right dietary choices and including the right amount of physical activity in your daily life may make a large difference in your probability of becoming fertile if you are experiencing problems with ovulation,’ said senior author Dr Walter Willett. Click HERE to watch a short video of Drs. Willett and Chavarro explaining the paper's key findings.

– Obstetrics & Gynecology, November 1, 2007
**You are what your mother eats**

‘Babies are born with a dislike for bitter tastes. If mothers want their babies to learn to like to eat vegetables, especially green vegetables, they need to provide them with opportunities to taste these foods,’ said senior author Julie Mennella from the Monell Chemical Senses Center in a study published in Pediatrics. Mennella and Catherine Forestell recruited 45 four- to eight-month-old infants (44% were breastfed) and randomly assigned them to one of two treatment groups – the first was fed green beans, and the second fed green beans and then peaches at the same time of day for eight days.

Breastfed babies showed a greater liking for peaches (as did their mothers who ate more fruits in general than the mothers who were bottle feeding suggesting that the enhanced peach acceptance of their babies might be attributed to increased exposure to fruit flavours through breast milk. ‘It's a beautiful system,’ said Mennella. ‘Flavours from the mother's diet are transmitted through amniotic fluid and mother's milk. So, a baby learns to like a food's taste when the mother eats that food on a regular basis.’

Although the bottle feeding Mums ate more green beans, there was no difference in their babies’ acceptance of this veggie. What made the difference was offering them regularly. Being offered green beans for eight days led to an enhanced acceptance of the vegetable, increasing intake by almost three-fold, with or without peaches. ‘Breastfeeding confers an advantage in initial acceptance of a food, but only if mothers eat the food regularly," wrote Forestell and Mennella. ‘Once weaned, infants who receive repeated dietary exposure to a food eat more of it and may learn to like its flavour. However, because infants innately display facial expressions of distaste in response to certain flavours, caregivers may hesitate to continue offering these foods.’

– *Pediatrics*, December 2007, Volume 120, Number 6

**Which diet for diabetes? ADA or low GI?**

“A low GI diet is a viable alternative to the ADA (American Diabetes Association) diet” according to a report in the latest issue of *Nutrition*. Forty people with poorly controlled diabetes were randomly allocated to an “ADA” or “low-GI” diet and given eight educational sessions over the 12-month clinical trial. The researchers from the University of Massachusetts Medical School found that both groups achieved similar improvements in HDL “good” cholesterol, triacylglycerols, weight loss and reductions in HbA1c at six and twelve months, but the people following a low-GI diet did so using less diabetic medication.

– *Nutrition* 2008 Jan;24(1):45-56

**GI Group**: If you want to know more about using a low GI diet to help manage diabetes, check out a copy of *The New Glucose Revolution for Diabetes* in the US; *The Diabetes and Pre-diabetes Handbook* in Australia.
Stubbing out a smoking myth

Like being overweight, smoking is a risk factor for insulin resistance, cardiovascular disease and cancer. It also increases the risk of the complications of diabetes. In fact, ‘smoking reduces the body’s ability to use insulin by 15 per cent’ says Alan Barclay, co–author of The New Glucose Diabetes Revolution (The Diabetes and Pre-diabetes Handbook in Australia) ‘Once you stop smoking, the insulin resistance does not start to improve until 10 or 12 hours later.’ Despite knowing the health risks, many smokers are reluctant to quit in case they put on weight. And gaining weight after quitting is one of the main reasons men and women start smoking again.

Researchers from the University of New South Wales and the University of Melbourne seem to have stubbed out the ‘smoking keeps you slim’ myth according to new research published online in the American Journal of Physiology: Endocrinology and Metabolism. The researchers studied mice for over seven weeks. They exposed half of the rodents to smoke from four cigarettes a day for six days a week, while the other half were ‘non smokers’. While the mice who were ‘smokers’ ate about 23 per cent less than the non smokers, their fat levels and hyperglycemia remained pretty much the same. One of the authors, Professor Margaret Morris, says the study shows that while smoking reduces appetite this is different from saying that cigarettes help to keep the body slim. ‘If the findings can be applied to humans, and that’s the first caveat, then this is very important research that shows that using smoking to suppress body weight gain is not going to be helpful. Any perceived loss of weight associated with smoking is most likely due to loss of lean body mass (muscle and internal organs) rather than loss of body fat.’ This is in line with Glasgow University researchers who studied the smoking habits of more than 1000 women aged 16–24, and found they were more likely to put on weight and develop a flabby midriff if they started smoking.
New Year’s Resolution: Quit smoking. And when you first quit, check your blood glucose levels more frequently as your insulin requirements if you are on diabetes medications or insulin may drop by up to 30 per cent.
– American Journal of Physiology: Endocrinology and Metabolism

Below the belt
Recent research has shown that there is DNA damage in the sperm of men with type 2 diabetes, which could be a sign of reduced fertility. The chances of erectile dysfunction are also increased with increasing waist size while testosterone levels go down as the belly goes up. There is some good news. An extra 30 minutes of walking a day can lead to a 40 per cent reduction in erectile dysfunction and help restore sexual function.

What's new? Editor's pick
Childhood diabetes blog
Here's a new blog where you can share your childhood diabetes story and read about others' experiences. The blog is anonymous and easy to use.
http://www.thepatientconnections.com/blog.asp?uid=o4pmeg

The Sneaky Chef
Simple strategies for hiding healthy foods in kids' favorite meals. Well it's not new, but it's new to us. Missy Chase Lapine has some great strategies for getting veggies into kids. And that includes legumes. Some parents have kids that sleep through the night and eat their greens. The rest of us don't. This one is for the rest of us with lots of low GI ingredients and great recipes, too. It’s clear she's put a lot of thought into this book. All we would add is don't give up on trying the real stuff instead of the sneaky stuff. In the end you can't pretend forever. It's important to offer kids lots and lots of opportunities to try new foods and to let them help you cook the dinner. If they have cooked it, they are much more likely to eat it.
**Greenpages 2008**

There's a great story in *Greenpages 2008* (Australia) on 'Fuelling the Menu'. It's about Melbourne's 100 Mile Cafe inspired by Canada's 100 Mile Diet. What's interesting, is that when you eat from your own backyard, it's less processed and is way down at the low GI end of the scale. For more information go to: www.greenpagesaustralia.com.au

Posted by GI Group at 8:24 AM

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**Food of the Month**

**Fabulous fennel**

‘It's all things to all people’ says Liz Hemphill in *Sticks, Seeds, Pods & Leaves*. ‘You want a vegetable, a herb, a spice, a garnish? Then fennel’s the one for you.’ First of all you can slice or dice the bulb and stems and use them raw in salads or whole as a scoop with dips. They are just as delicious cooked – added to soups, casseroles and stir fries, or serve as a side dish baked, sautéed or lightly steamed. Then as a herb, you can use the feathery fronds which resemble dill with baked fish. And if that’s not enough, as a spice you can add the aromatic seeds with their light anise flavour (sparingly we suggest) to a variety of dishes from curries to meat loaf, tomato dishes or even savoury biscuits. You’ll find a couple of delicious dishes the make the most of fennel in previous issues of *GI News*. – Tangy roast beet and walnut salad (May 2007) and Tuna, bean, olive and fennel salad (November 2007).

Fennel is a great way to help you get those five serves of veggies a day. The bulb is a serious contender in the versatile veggie competition. Not only is it delicious whatever you do with it, it’s also big on volume, small on kilojoules and full of fibre. It is a very good source of vitamin C, folate, potassium and manganese and provides some calcium and iron. It also contains a fascinating phytonutrient called anethole – the primary component of its volatile oil. In animal studies, the anethole in fennel has been shown to reduce inflammation and to help prevent the occurrence of cancer.
**Tuna and fresh fennel stew**
This recipe from *Sticks, seeds, Pods & Leaves* is for the serious ‘fennelophile’
Serves 4–6

2 bulbs fennel, thinly sliced
1 onion, chopped
2 cloves garlic, finely chopped
2 tablespoons extra virgin olive oil
1 x 400 g (14 oz) can whole tomatoes
2 dried bay leaves
1/4 cup continental parsley
1 generous strip lemon rind
2 tablespoons freshly squeezed lemon juice
1/2 cup white wine
450 g (1 lb) fresh tuna, cut into bite-sized cubes
1 cup (250 ml) fish stock
salt and freshly ground black pepper
1/4 cup chopped fennel leaves

Combine the fennel, onion, garlic and oil in a large pan and cook over moderate heat, stirring frequently until just softened, about 5 minutes. Add the tomatoes and cook for a further 5 minutes, stirring frequently. Add the bay leaves, parsley, lemon rind and juice and the wine and simmer for about 20 minutes. Just before serving, add the tuna and simmer until cooked, about 3–4 minutes. Transfer the tuna and vegetables to a bowl with a slotted spoon and reduce the liquid by about a third. Discard the bay leaves and lemon rind and return the tuna and vegetables to the pan. Heat through, seasoning to taste with salt and pepper. Sprinkle over the fennel leaves and serve the stew with sourdough bread to mop up the sensational juices.

Posted by GI Group at 8:22 AM

*Low GI Recipes of the Month*

Our chef Kate Hemphill develops deliciously simple recipes for *GI News* that showcase seasonal ingredients and make it easy for you to cook healthy, low GI meals and snacks. For more of Kate’s fabulous fare, check out: [www.lovetocook.co.uk](http://www.lovetocook.co.uk). For now, prepare and share good food with family and friends.
Vietnamese-Style Trout with Cucumber Salad

This is a nice, light dish to balance out some of the richer food you might be eating at this time of year. You can substitute the trout for any delicate white fish you like. Ask your fishmonger to fillet the fish, or cook whole using the herb paste for stuffing in the cavity. Use less fish sauce if you are on a reduced sodium diet. Rice (a lower GI one of course) steamed with ginger would make a nice accompaniment.

Serves 2

2 small trout, filleted  
2 cups picked coriander leaves, chopped  
1 cup dill leaves, chopped  
15 large mint leaves, chopped  
1 lime, juiced  
2 spring onions, chopped  
1/2 long red chilli, chopped  
1 small clove garlic, chopped  
2 teaspoons fish sauce  
1 teaspoon caster sugar

Salad

1/2 long cucumber, peeled, seeds scooped out and sliced  
2 spring onions, finely sliced  
1/2 long red chilli, sliced

• Pre-heat the oven to 200°C (400 °F).
• Mix the coriander, dill, mint, lime juice, spring onions, chilli, garlic, fish sauce and sugar in a pestle and mortar and bash until a rough paste forms.

• Take half of the paste and place between the trout fillets. Loosely wrap the trout in foil, place on a baking tray and bake for 10–12 minutes or until cooked. The flesh should be opaque and the skin should peel off easily when cooked.

• Combine the remaining paste with salad ingredients, toss, and serve with fish.

Per serve (without rice)
947 kJ/225 calories; 33 g protein; 4.6 g fat (includes 1.2 g saturated fat); 8 g carbohydrate; 7.4 g fibre

Black Bean and Corn Soup
This is such a delicious hearty soup, also very nutritious and low in fat. Don't be put off the grey/brown colour - all will be forgiven when you taste it. This soup will freeze well (before garnishing), if you have any leftovers. If it’s not easy for you to get hold of the spices indicated with *, use 2 teaspoons smoked paprika, 1/2 teaspoon ground cumin, 1 teaspoon medium chilli powder and 1 teaspoon dried oregano.
Serves 6

500 g raw black beans, soaked overnight in cold water or two 400 g (14 oz) cans black beans
1 tablespoon olive oil
2 small red onions, chopped
3 small garlic cloves, chopped
6 cups (1 1/2 litres) reduced salt chicken or vegetable stock
1 teaspoon Herbie's Mexican spice blend*
1 teaspoon ground pasilla chilli*
2 chipotle chillies, soaked in water and seeds removed*
2 teaspoons sea salt
2 limes, juiced
2 cobs corn, kernels removed
1 small bunch coriander, roughly chopped
2 tablespoons low-fat crème fraîche or low fat plain yoghurt or light sour cream

- To cook the raw black beans, drain the off the soaking water and cook them in fresh water for xx or until cooked. Rinse well.
- Heat 1 tablespoon olive oil in a large saucepan and sweat onions until soft, then add garlic and cook for 2 minutes. Add the spices to the pan, then return drained beans to the pan and cover with the stock. Simmer for 15 minutes, until beans are getting extremely soft. Blitz with a hand-held blender or transfer to a blender and process.
- Return the soup to pan and add lime juice and corn kernels. Simmer gently to cook corn through and season to taste – a few minutes. Serve garnished with coriander and a dollop of crème fraîche.

Per serve
936 kJ/223 calories; 11 g protein; 5 g fat (includes 1 g saturated fat); 27 g carbohydrate; 10 g fibre

Posted by GI Group at 8:20 AM

Good for You, Good for the Planet: Sue's Radd's Green Kitchen

New Year’s resolutions
If your New Year’s resolution is to ‘get back into shape’, don’t forget to spare a thought for mother earth. Remember, what’s good for you can also be good for the planet. Try to focus on at least one of the following during 2008 and have a happy, healthy New Year!

1. Save time and money and buy dry goods and non-perishables in bulk, say, on a monthly basis rather than driving to the store for these each week.
2. Pick up perishables, like fresh fruits and vegetables, as you need them to reduce wastage by trip chaining – combining more than one purpose for a trip in the car. For example, you could pick up some fresh salad ingredients on the way home from work rather than by making a separate trip to the supermarket.
3. Clock up some steps and try to visit your local farmers market to source the freshest produce. You will also find organic options, which are not only better for the environment
– some recent studies are showing they provide higher levels of phytonutrients, such as antioxidants.

4. Choose one day of each week to go ‘meat free’. Meat is one of the most expensive foods, environmentally speaking, using massive amounts of water and agricultural resources to produce (especially if it is intensively farmed). While grains, legumes and vegetables are not completely off the hook, their production requires far less natural resources in comparison. This idea is also one of the 10 steps in David Suzuki’s Nature Challenge. Check out: www.davidsuzuki.org/NatureChallenge/

5. Give those leftovers new life. Don’t throw them out, store them immediately into individual portion controlled glass bowls with plastic lids (e.g. Pyrex) and freeze for a rainy day. This will reduce waste, prevent overeating and create much-appreciated healthy ‘tucker’ (as they say in Australia), for lunch at work or when you just can’t be bothered to cook dinner and are tempted to pick up some fast food.

Dietitian Sue Radd is the author of *The Breakfast Book* and co-author of *Eat to Live*, which showins how savvy eating can combat cancer and heart disease and improve wellbeing. Check out: www.sueradd.com

Posted by GI Group at 8:18 AM

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**Busting Food Myths with Nicole Senior**

**Why detox diets make you fat**

*Myth:* Detox diets are good for you.

*Fact:* Detox diets appear to be quite fashionable with the super health-conscious, and a boon for purveyors of books, powders and potions. Everything from weight gain, tiredness and poor concentration have been attributed to dreaded ‘toxins’ invading us from within. However before you shun everything delicious and subsist on liquid tonics for days or weeks on end, you should know that much of the noise around detoxing is hype. In fact, detoxing may well be bad for you, and make you fat!

Many detox diet regimes promote rapid weight loss, and this may be harmful in more ways than just feeling hungry and deprived. Many industrial pollutants (such as organochlorines) are stored in body fat and released back into the body during rapid weight loss. Ironically, emerging
theories suggest these chemicals may tip the metabolic balance against fat-burning, and may cause weight re-gain.

Expensive detox products also fail to mention that your liver performs this function for free. While it’s true the liver doesn’t take too kindly to abuses such as obesity, excessive alcohol and an all-junk-food-diet, it does not require the extremes promoted by detox diets to keep it happy and healthy. Caffeine, dairy food, wheat, sugar and red meat are commonly forbidden, yet are not inherently toxic or harmful. Quite the contrary: dairy food and (lean) red meat provide essential nutrients necessary for a healthy and well balanced diet. It’s a good idea to enjoy caffeinated drinks and sugar in moderation, but there’s no reason to avoid them altogether.

Being more mindful of what you eat can help you feel better and look after your wellbeing now and in the future. However, if in the past your New Year’s diet resolution has never lasted beyond the first week of January, why bother starting? Detox diets make you think you have to do something drastic to look after yourself and this simply isn’t necessary or sustainable. If you’ve over-indulged over the festive season, balance this now by eating lighter, staying off the booze and being more active. Healthy living is not an extreme sport – it is within your reach.


Dietitian Nicole Senior is author of *Eat to Beat Cholesterol* available online at: [www.eattobeatcholesterol.com.au](http://www.eattobeatcholesterol.com.au)

Posted by GI Group at 8:16 AM

*Dr David’s Tips for Raising Healthy Kids*

**Giving kids a leg up in life**

You’ve heard it before, breakfast is the most important meal of the day. But a lot of us skip breakfast. Not a good example for the kids because alarmingly around 40 per cent of them are breakfast skippers too – ‘too tired’, ‘slept in’, ‘in a rush’, ‘not hungry’, ‘don’t like breakfast’, ‘dieting’ … But after fasting for eight or twelve hours, your child’s body is running on empty and needs a boost of energy to power it through the day. Kids’ muscles need fuel for the physical activities of the day and their brains need fuel to keep them concentrating in class so that they can achieve to the best of their ability.
After-school and weekends can be a busy round of organised activities to give kids a leg-up in life. But, if you really want your kids to do well – give them breakfast. Any breakfast is better than no breakfast; but some breakfasts will really fire up the brain. When Tufts University researchers gave 60 elementary school students oatmeal porridge and milk one day and Cap’n Crunch with milk another, they found that the kids performed better on a raft of tests after tucking into stick-to-the-ribs oatmeal rather than gulping down Cap’n Crunch.

If you think oatmeal means tearing open a packet of pulverised oat flakes and adding boiling water, you haven’t tried steel-cut oats. Instant oatmeal is refined, processed, and treated for instant cooking – which also results in instant digestion. Steel cut oats are the wholegrain groats (or the inner portion of the oat kernel) that have been cut not rolled or pounded, into just two or three pieces. They take longer to cook, but they also keep your kids feeling fuller for longer too and keep blood glucose levels stable for hours. Try our recipe for Stick-to-the ribs steel-cut oats.

For four people you need 4 cups water, a pinch of salt and 1 cup of steel-cut oats. Bring the water to the boil in a medium saucepan and add the salt. Slowly stir the oats into the boiling water. Return to the boil; but immediately reduce the heat and simmer, stirring often, until thick and creamy – around 20 to 30 minutes. Serve with milk and topped with fresh fruit, toasted nuts, a drizzle of maple syrup or a swirl of all-fruit preserves.

Short of time in the morning? Try our ‘eat tomorrow’ version. Make as above but as soon as you have slowly stirred the oats into the water, cover the pan and remove from the heat. Let it sit at room temperature overnight. In the morning, remove the lid and bring the oats back to the boil over high heat, stirring often. Immediately reduce the heat and simmer, stirring often from 8 to 10 minutes until thick and creamy.
Move It & Lose It with Prof Trim

Forget the calculations. Just do it until it works.
Here’s a typical question I am asked: ‘Looking at calculations I’ve done on the food I eat and exercise I do, I can’t understand why I’m not losing more weight. What’s going on here?”

This is a common problem for many big people; and it’s something scientists still puzzle over. Top American researcher Steve Heymsfield has been looking at this, and in an article in the American Journal of Clinical Nutrition (2007;85(2): 346-354) lists what he thinks are the reasons. You don’t need a science degree for the explanation, but it does get a bit technical.

If you burn food in a laboratory bomb calorimeter, you get a measure of the number of Calories (or kilojoules) in that food. A Calorie (yes, correctly spelled with a capital C but usually written as calorie) is the amount of heat energy required to raise the temperature of 1 g of water 1ºC. You can estimate roughly also the number of calories burned up carrying out different types of exercise. An 80 kg person walking for about a kilometre for example burns roughly 100 calories. As 1 kg of fat is about 7000 calories, we can calculate, in theory at least, how much fat someone should lose if they eat X and expend Y calories.

Unfortunately, in real life, bodies don’t follow theories all the time. Once you take a physical calorie (food) into your body, or your body burns energy, what happens inside your body may not be the same as what happens inside mine: we are all a bit different. This is because changes can occur within our bodies to make each unit of food or exercise worth more or less than the actual ‘physics’ calories. For example, if a food speeds up metabolic rate in one person, it may result in more calories being burned than in another. For a big person, carrying extra weight means walking a set distance would use more calories than for a small person. Big people then may have different physiological adaptation than small.

That’s one possible explanation for why big people don’t lose as much as predicted. But there’s another, possibly more basic explanation. According to Steve: Big people under-report (without
doing it consciously) their food intake and exercise expenditure. So no matter how honest you try to be with yourself, it doesn’t always work. So, forget the calculations. Just do it until it works.

– Click for more information on Professor Trim.

Posted by GI Group at 8:12 AM

Your Questions Answered

What’s the relationship between hypoglycemia and diabetes. I have had hypoglycemic symptoms since an early age and now have a positive diagnosis. How can I reduce my risk of getting diabetes?

Diabetes dietitian Kaye Foster-Powell says: ‘Hypoglycaemic symptoms are experienced by some people who develop type 2 diabetes, but not by all. To me it is a signal that a person’s glucose homeostasis is a bit off-kilter and should be taken as a warning that they are at risk of developing diabetes. I’ve always thought it is as if they have an abnormally increased insulin response which would fit the picture of having insulin resistance. For management of this reactive hypoglycaemia and prevention of diabetes, a very regular food intake and good low GI diet works well. It might be a good idea to consult a registered dietitian – one who understands GI.’

Kaye Foster-Powell

Editor: Check out our story, ‘Diabetes: 10 ways to reduce your risk,’ in March 2007 GI News. You may also like to pick up a copy of The New Glucose Revolution for Diabetes (The Diabetes and Pre-diabetes Handbook in Australia) which is a very comprehensive guide to managing diabetes and pre-diabetes using the GI (amongst other tools).

I’ve been following the low GI diet for six months and really cranked up my exercise intensity too. But I have only lost 4 kg although I gone down 2 sizes in my favorite brand of jeans. I am worried that I am still in the at risk bracket with my BMI. What am I doing wrong?

Prof Trim says: ‘This is a common phenomenon and rest assured you are not doing anything wrong. You have probably lost significant fat, but because of all your exercise, you have gained muscle, which is much heavier than fat. If you continue doing what you are doing, this will begin to also show as weight loss—but this is not important anyway. Get a BIA (body fat) check, and take your girth measures, like waist, chest, thighs etc. Forget BMI. BMI is not a good measure of
Your Success Stories

‘This is a whole new way of looking at my world of food.’ – Brittany

‘I am 15, pre-diabetic, and extremely overweight - 5'4" tall and 270 pounds. I have battled bloating and extreme stomach gas (which can sometimes cause me great embarrassment). My mother, my grandmother and I have tried several diet and exercise plans to help us lose weight. Although, all three of us could easily lose pounds at the beginning of every diet we tried, none of us ever stuck with the diets more than 3 months. My mother and I read about the glycemic index and how it can affect your feelings of hunger and your food cravings. After making adjustments in the kinds of foods we were eating and using the glycemic index to help plan our meals, I can already see a difference. When I compare the low GI diet with the others I have tried, it is easy to see that I no longer feel hungry all the time. The bloated feeling is gone and so is the gas – thank goodness! I have already started losing weight, between 2 and 3 pounds a week, and I am NOT CONSTANTLY THINKING about food. I think this time I will be able to keep losing weight. This is a whole new way of looking at my world of food. By the way, my mother is losing weight right along with me. My grandmother is beginning to think there really is something about this ‘diet’ that works and has decided to join us!’

‘I couldn't believe that I was losing weight by eating.’ – Karen

‘I would like to say thank you to the whole GI team. I have been a yo-yo dieter for 20 years and
have gradually gained more and more weight. I began to do a "no no" that is not eat, thinking that this would help me to lose weight. This only led to pre-diabetes and gaining much much more weight. I tried every diet and exercise regime only to keep gaining weight. It wasn't until I began to get low blood glucose levels and often felt like I was going to pass out did I see my doctor. But he didn't help, he just said to "keep dieting". So I persisted for the sake of my hubby and my children – 42 is too young to be on the road to diabetes and heart disease. My family need their wife and mum. Then I had had enough and went to a different GP who told me about the GI team and the low GI diet. I was amazed to discover that within a week of beginning the diet (plus some gentle exercise), I began shedding the kilos. Moreover, my blood glucose levels were normalising finally after ten years.

I began the diet in May 2008 and have lost 10.5 kilos in seven months with "eating". Sorry but this is simply amazing! With the continual support from the website and the wonderful recipes, it makes the process so much easier. I no longer think I am on a diet so to speak but eating the "Low GI way". I have gone from possibly only eating one meal a day if I was lucky to eating three meals and three snacks a day. From being so unhealthy on the road to diabetes and other associated heart and circulatory diseases to being healthy with normal blood sugar levels and so much energy. I owe this all to the GI team and I thank you all so much from the bottom of my heart as I couldn't have done it without you.’

‘I feel better and happier and I don’t even crave sugar anymore.’ – Dalila

‘My journey with GI began October 2006 when my doctor sent me to a lipid clinic doctor to get control of my rising cholesterol levels. The first thing she did was ask me the entire family medical history going back to my grandparents. One side of my family is full of diabetes. When the doctor told me that according to my weight and my gestational diabetes, I was headed straight for adult onset diabetes and soon, I was shocked and depressed. I was told I needed to lose 22 pounds and that changing my eating habits to the GI way plus regular vigorous exercise would get me there. I promptly went home and studied everything I could find on GI. I lost 2 to 5 pounds a month, on and off, and now that I have been at it for a year, I have finally lost the 22 pounds and I can’t wait to show my doctor! Now that I am used to eating this way, my headaches have disappeared, my energy is way up, I feel better and happier and I don’t even crave sugar anymore. I actually don’t like the flavour of really sweet foods anymore, which surprised me most of all. The secret for me was to make sure my food was really flavourful, using lots of garlic, ginger, delicious marinades my Portuguese mother taught me to use and using butter and
olive oil to enhance flavour. If my GI food choices tasted delicious, then I didn’t feel like I was being deprived. It worked for me and I am delighted!’

**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 success 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 “Shopper’s Guide to GI Values 2008” if your story is published in GI News.*

**GI Symbol News with Alan Barclay**

**In search of lower GI potatoes**

Let's face it, most people like potatoes – they can be prepared in so many different ways, are highly nutritious, and taste great (hold the fries)! But the potato's healthy image has taken a bit of a battering in recent years, due to their generally very high GI values and a resurgence of interest in low(er) carbohydrate diets.
GI Ltd and SUGiRS in collaboration with the Australian Potato Growers Association are on a bit of a mission to find and develop lower GI potatoes and bring them to market. Our first success was the Nicola (GI 58) and you can read all about this in a back issue of GI News (April 2007). The good news for January is that SUGiRS has just tested the Almera potato which has a GI of 65. So, there's another potato to look for in the supermarket or fresh produce store and enjoy in moderation as part of a low GI eating plan. Although a food has to be GI 55 or under to be classified as 'low', remember that most of the health benefits of low GI eating are based on lowering the average GI of your diet. So, eating a potato with a GI of 58 or 65 instead of 80 or 90 may lead to a significant drop in the average GI of your diet, and as such still delivers substantial health benefits. Of course you need to be choosing those low GI breads and breakfast cereals too!

As there are literally thousands of varieties of potatoes around the world, it's very likely there are quite a few more lower GI ones out there. We'll keep you posted, and if all goes well expect to find a broad range of healthier lower GI potatoes in your local fresh vegetable or supermarket over the next few years.

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Posted by GI Group at 8:04 AM 

The Latest GI Values

Fresh apricots in season
There can hardly be a more delicious way to get one of those two serves of fruit a day than downing a couple of fresh apricots in season. Fiona Atkinson at SUGiRS has just finished re-testing apricots in healthy volunteers (the original value of 57 was from Italy with people with diabetes).
Fresh apricots: GI 38
Serving size : 120 g (about 2 apricots)
Available carb: 9 g
GL: 3

At the height of the season, there’s often a glut. If you get the chance to pick up fresh apricots from your greengrocer at bargain prices, enjoy this fresh fruit compote. You can make it with just apricots, or with a combination of apricots and plums. Wash the fruit and halve it and remove the stones (or use whole if you prefer). Poach the fruit in a pan with a syrup made with boiling water, sugar and lemon juice to taste and a cinnamon (cassia) quill. Bring to the boil gently then reduce the heat and simmer for about 10 to 15 minutes until the fruit is soft but not falling apart. Chill and serve with low-fat yoghurt.