

## GI NEWS—September 2008



- No one diet has a monopoly on good health
- 7 healthy eating habits from Greece
- The latest on diet and diabetes risk
- Life stages and critical mass with Prof Trim
- Spotlight on glycemic load claims
- GI values for Woolworths Select range

This month, Dr Antigone Kouris shares some healthy eating habits from from Greece and Catherine Saxelby looks at the benefits of oregano and rosemary . In Curly Questions, we ask you to pitch in with your thoughts on stretching the food budget. 'Spend as much as you can at the greengrocer, as much as you need in the butcher's shop, and as little as you can at the grocer, ' is one suggestion. We'll be interested in your ideas. There are all our usual features too, including delicious recipes and Robert's incredible 25 kg weight loss Success Story.

Good eating, good health and good reading.

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## Food for Thought

### **No one 'diet' has a monopoly on good health**

Just as there's no one superfood, there's no one super diet that's going to be right for everybody. The recent [Israeli head-to-header](#) published in the *New England Journal of Medicine* adds to the growing evidence that the optimal diet for weight loss, for example, can be either low fat, Mediterranean-style or low carb (providing you aren't pregnant or have kidney disease). When it comes to eating for your long-term health and wellbeing, our view is that your dietary approach is strictly up to you and again can be low fat, Mediterranean-style or lower carb (with the above provisos). Just make sure it's a balanced healthy one that doesn't cut out entire food groups and does include a wide variety of foods. It also needs to be enjoyable so you actually want to stick to it. That's because out here in the real world most of us don't have the sort of backup they get in weight-loss trials like the Israeli one (eighteen 90-minute small-group workshop sessions over two years plus six 15-minute motivational phone calls when the compliance going gets tough).

Keep in mind:

1. Not all carbs, fats or proteins are created equal. It's the slow low GI carbs, good mono- and poly-unsaturated fats and lean protein you need.
2. To achieve substantial weight loss, diet alone won't do it. Despite the backup, the average weight loss in the Israeli study was a very modest 10–14 pounds (4-6 kg) over 2 years. So you've got to pick up the pace and get moving for 30 minutes every day.
3. Tightening your belt a notch is not enough. Check out the 'extras' – the value-added benefits that will reduce your risk of diabetes and heart attack, help control blood glucose levels and improve your overall health and vitality.

### **A low GI traditional Mediterranean-style diet delivers the 'extras'**

Numerous studies link living longer and lower risks of heart disease, diabetes and cancer to a **traditional** Mediterranean-style of diet which would also have been low GI thanks to the abundance of legumes and less processed grains. Although dietary habits vary around the Mediterranean, there are some key ones found in most places. Dr Antigone Kouris, who has carried out extensive research on the Mediterranean diet and longevity, picks out 7 healthy eating habits from a traditional Greek diet for long-term health and wellbeing.



‘The Greek version of the traditional Mediterranean diet is low in saturated fat (due to low intake of animal foods), high in monounsaturated fat (mainly from olive oil, olives, nuts) and omega-3 fats (fatty fish, wild greens, nuts), high in plant protein (from grains, nuts and legumes), moderate in animal protein, moderate in carbohydrate, and high in fibre (from legumes, nuts, vegetables and fruits). Traditional meals included large quantities of salads or cooked vegetables (especially dark green, leafy artichokes) rich in olive oil (which helps absorb the fat soluble antioxidants) and legumes – these were eaten frequently as a meal in place of meat (this is also good for the environment!). Traditional Greeks consumed wholegrain sourdough bread daily, usually with a meal (rather than as a meal) but unlike their Italian counterparts, rice and pasta were consumed less frequently. Wine was consumed in moderation and almost always during meals. In addition, many traditional Greek foods are high in magnesium (dark green leafy vegetables, nuts, Greek coffee) which can help improve insulin function and also add cinnamon (cassia) to many sweets which may help lower blood glucose levels.’

## 7 healthy eating habits from the traditional Greek diet

- Eat legumes as a meal at least once a week – The beans have it – they are easy on the budget, nutritious, filling, low in kilojoules and low GI. They have been associated with long-lived food cultures such as the Japanese (soy, tofu, natto, miso), the Swedes (brown beans, peas) and the Mediterranean people (lentils, chickpeas, white beans). Harvard researchers who persuaded 26,000 Greek people to record their food intake for eight years found that eating less red meat and more peas, beans and lentils cut the risk of cancer by 12%. [\*British Journal of Cancer\*](#)
- Eat lots of dark green leafy vegetables like spinach, rocket, endive, chicory, amaranth and mustard greens (found in Australian supermarkets as choy sum, buk choy, Chinese spinach) which are also excellent sources of magnesium and plant omega-3 fats). These can be steamed/boiled and served with olive oil and lemon juice or throw them into salads, soups, stir fries or casseroles. And while you are cooking, be generous with herbs like oregano, rosemary, dill and mint – they make vegetables taste great so you eat more of them. Don't serve them up plain, either. A little dressing goes a long way – Greeks like to add oil/lemon/vinegar to vegetables (and starchy foods) which not only boosts the flavour, but it helps to lower the overall GI of the meal.
- Eat a range of brightly coloured vegetables including tomatoes and capsicum – they're high in antioxidants, including lycopene. Add them to slow cooked stews with meat along with garlic, onion and olive oil – this style of cooking produces less carcinogens than grilling and barbecuing.
- Use extra virgin olive oil – the recent University of Navarra study published in the [\*British Medical Journal\*](#) reported that sticking closely to a Mediterranean-style diet may protect against the development of type 2 diabetes and identified extra virgin olive oil as a key constituent for diabetes protection noting that studies have reported it may protect against insulin resistance and the metabolic syndrome.
- Enjoy some fermented foods like yoghurt, feta cheese and olives that may help provide gut healthy bacteria. In the traditional Greek diet, milk intake was rather low, but consumption of sheep/goat cheese and yoghurt was moderate; goat feta cheese has less fat (around 16%) than most yellow cheeses (more than 25% fat). Top salads and vegetable stews with feta.
- Eat fish and seafood – rich in omega-3 fats, they were eaten more often than animal meats because until recently meat was expensive whereas fish consumption was a function of proximity to the sea.
- Snack on nuts and seeds – Traditional snacks in Greece include pumpkin seeds, roasted chickpeas, almonds, walnuts, as well as dried and fresh fruit.

Dr Antigone Kouris is a dietitian and nutrition research fellow from Monash University.

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For more information on the Mediterranean diet and some delicious traditional Greek recipes: [www.healthyeatingclub.org](http://www.healthyeatingclub.org)

## News Briefs

### **High GI diet speeds progression to type 1 diabetes in at risk kids**

A high GI diet increased the rate of progression to type 1 diabetes in children with high levels of islet autoimmunity is the finding of an observational study published in August *Journal of Clinical Endocrinology & Metabolism*. This is ‘perhaps due to increased demand on the beta cells to release insulin,’ writes Prof Jill Norris and co-authors in their conclusion. The research team followed children already at increased risk of type 1 diabetes for genetic reasons who are taking part in the DAISY study (Diabetes Autoimmunity Study in the Young). Of 1,776 children in the study, 89 developed islet autoimmunity and 17 subsequently developed type 1 diabetes.

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**Islet autoimmunity** is the development of antibodies made by the immune system that attack insulin-producing cells in the pancreas. These antibodies are considered a strong predictor of type 1 diabetes.

### **Mealtimes and metabolic syndrome**

We are what we eat it's said, but a new study in *Obesity* suggests we may also be how often we eat. Skipping meals is widespread these days – too busy, wanting to lose weight, endless reasons. Scientists from the Karolinska Institutet found that skippers (those who said they rarely ate a regular breakfast, lunch and dinner) had on average a bigger waist and greater risk of metabolic syndrome than those who ate more regular meals in their study of 3,607 men and women. They also tended to have more signs of insulin resistance.

### **Regular breakfast, weigh-ins and no fast food = better BMI**

Want to lose weight? Then eating breakfast regularly, weighing yourself regularly and cutting way back on fast food are three healthy habits you need to adopt report researchers with the Look AHEAD Research Group (Action for Health in Diabetes) in *Diabetes Care*. They evaluated the weight loss strategies adopted by 5,145 participants with diabetes and a BMI of at least 25 in the Look AHEAD trial. To get their weight under control, 60% of the participants had done things like eat more fruits and veggies, cut out sweets and eat fewer high-carb foods). What the survey found, however, was that the study participants with a lower BMI weighed themselves at least once a week and had the following healthy eating habits:

- Eating breakfast at least six days a week
- Eating regular meals and snacks, and
- Eating less than 2 fast food meals a week

BMI stands for Body Mass Index.

### **The latest on diet and diabetes risk**

Three long-term studies in July's *Archives of Internal Medicine* look at the links between diet and type 2 diabetes risk.

**Sugar –sweetened beverages and diabetes**: Julie Palmer and colleagues (Slone Epidemiology Center, Boston University) analysed diet and health questionnaires completed by 43,960 African American women who did not have diabetes when the study began back in 1995. They found that drinking two or more soft drinks each day was associated with a 24% increase in diabetes risk and drinking two or more fruit drinks each day was associated with a 31% increase in diabetes risk compared with women who had less than one soft drink or fruit drink per month, respectively. They noted no association between type 2 diabetes risk and diet soft drinks, grapefruit juice, or orange juice.



‘Our study suggests that the mechanism for the increase in diabetes risk associated with soft drink consumption is primarily through increased weight. Reducing consumption of soft drinks or switching from sugar-sweetened soft drinks to diet soft drinks is a concrete step that women may find easier to achieve than other approaches to weight loss,’ they write. ‘It should be noted that consumption of fruit drinks conveyed as high an increase in risk as did consumption of soft drinks. Fruit drinks typically contain as many or more calories compared with soft drinks and, like soft drinks, may not decrease satiety to the same extent as solid food.’

**Type 2 diabetes, vitamin C, and fruit and vegetable consumption**: Anne-Helen Harding and colleagues (Addenbrooke's Hospital, Cambridge, England) found that higher blood levels of vitamin C were associated with a substantially lower risk of developing diabetes in 21,831 adults followed up for 12 years European Prospective Investigation of Cancer-Norfolk). ‘Because fruits and vegetables are the main sources of vitamin C, the findings suggest that eating even a small quantity of fruits and vegetables may be beneficial and that the protection against diabetes increases progressively with the quantity of fruit and vegetables consumed,’ they conclude.

**Low-fat diets and diabetes risk**: Lesley Tinker and colleagues (Women's Health Initiative, Fred Hutchinson Cancer Research Center, Seattle) conclude that: ‘Weight loss, rather than macronutrient composition, may be the dominant predictor of reduced risk of diabetes.’ They analysed a sample of 48,835 post-menopausal women who, had been randomly assigned to either a ‘usual diet’ group, or a ‘low-fat intervention diet’ group where they were encouraged to eat

more fruits, vegetables and grains. Over an eight-year period, around 7% of women in both groups developed type 2 diabetes. ‘Trends toward reduced incidence (of diabetes) were greater with greater decreases in total fat intake and weight loss,’ they report. The women in the low-fat diet group lost an average of 1.9 kg or 4.2 lbs more than women in the usual diet group, although the study's intention wasn't weight loss.

### **What's New?**

#### ***12 Steps to Healthy Eating***

Nutrition for Life audio CD

‘Forget dieting and eat for life,’ says Catherine Saxelby in step 1 of her new 30-minute CD where she cuts through the confusion with practical tips to help you achieve your optimum weight, reduce your risk of heart disease and type 2 diabetes and discover how to eat for a healthy brain, eyes, skin and body. Check out her 12 steps to healthy eating in the car or at home. The CD is ideal for people who are blind or vision impaired as they are often unable to get the reliable health and nutrition information they need – only 2–5% is readily available in an alternative format.

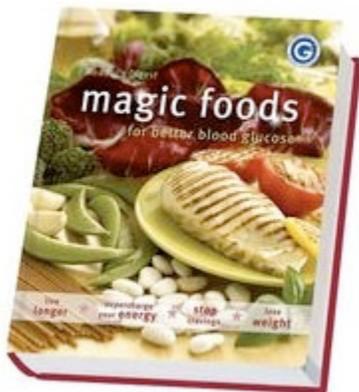
**Step 2: How to listen to your stomach.** Did you know that your stomach is only the size of your fist clenched? Imagine this and you’ll soon realise that it doesn’t take a lot of food to fill that amount of space ...

#### ***Magic Foods for Better Blood Glucose***

Reader’s Digest Australia

This new edition of Magic Foods from the editors at Readers Digest (the US edition featured in May 2007 *GI News*) has been completely revised and updated Australian and NZ market.

Lavishly photographed and beautifully designed by Susanne Geppert, it features an introduction by Prof Jennie Brand-Miller and has been endorsed by the GI Symbol Program. It’s packed with recipes, menus and foods to help people achieve better blood glucose management.



### **Submissions invited on draft updated type 2 diabetes guidelines**

Invitation for Submission of Comments on the Draft Updated Primary Prevention Guideline, Draft Update Case Detection and Diagnosis Guideline, Draft Blood Glucose Control Guideline, and Draft Kidney Disease Guideline ([Diabetes Australia](#))

## Food of the Month with Catherine Saxelby

### Oregano and rosemary

Picking up on this month's Mediterranean theme, it seems appropriate to highlight two very special herbs, oregano and rosemary, that not only add flavour to traditional Greek cooking but research suggests they may bring health benefits of their own, thanks to a high concentration of antioxidants – substances that protect our bodies from damage – along with anti-bacterial qualities, which is thought to be the reason why they helped preserve meat dishes in early times before refrigeration. In fact, extracts of rosemary are being used as a natural food-grade preservative in place of chemical preserving agents.

Of all the herbs, these two have consistently been at the top of the list for their antioxidant concentration. For example, in 2006 a Norwegian research group analysed and ranked 1113 foods for their antioxidant concentration. Oregano was in the top five of all herbs and spices along with cloves, ginger, cinnamon, turmeric and dried basil. In an Australian study, both were singled out for star qualities. They carry a type of antioxidant known as polyphenols, which researchers believe may cut the risk of heart disease. Like other fresh green herbs, they have small amounts of vitamin C, folate, vitamin B1 and vitamin K - all this for virtually no kilojoules or calories. Both are easy to grow and add a bonus of important minerals like potassium and magnesium. Perfect if you're on a low-salt eating plan.



oregano

So next time you're eating Mediterranean fare, don't discount the value of the culinary herbs that can make a sizable contribution to our nutrition intake if we eat enough of them. A few leaves of fresh oregano or a sprinkle of dried oregano greatly improves chicken and fish but also teams nicely with tomato, pasta, eggplant or zucchini. Nothing lifts a can of no-added-salt sardines as quickly as some oregano. Rosemary teams wonderfully with lamb, chicken, pork, rabbit, duck, potato sweep potato, pumpkin, garlic and bread.

Dietitian and popular nutrition communicator, Catherine Saxelby, is the author of *Zest* and *Nutrition for Life*

For more information on super foods and healthy eating, visit Catherine's website:

[www.foodwatch.com.au](http://www.foodwatch.com.au)

## Low GI Recipes of the Month

From this month, American dietitian **Johanna Burani** will be sharing some of her totally simple and simply delicious low GI Italian fare. Johanna has a home in Friuli, in northeastern Italy, which she visits frequently – always in pursuit of new recipes. Smashed Tomatoes and Penne from her most recent trip is a taste of good things to come in the next few months. If you can't wait, visit her website: [www.eatgoodcarbs.com](http://www.eatgoodcarbs.com)

The recipes are photographed by her husband Sergio Burani. Sergio is a free-lance photographer specialising in wine and wineries worldwide. He devotes 20% of his time fulfilling the photographic needs of worthy charities. For more information check out: [www.photosbysergio.com](http://www.photosbysergio.com)

### Smashed tomatoes and penne

This recipe allows 60 g (2 1/2 oz) pasta per person which is plenty for a light meal or 'i primi' – first course. With pasta, take notice of the cooking times the manufacturer suggests, but ignore the suggested serving size. They are almost always too much pasta for a single meal, sometimes suggesting you use 500 g pasta for four people! That's serious carb overload.

Serves 4

4 tablespoons extra virgin olive oil,  
2 large cloves garlic, minced  
1 lb (1 dry pint/450 g) grape (cherry) tomatoes, washed and cut in half lengthwise  
8 oz (240 g) penne or other short pasta  
1 tablespoon kosher salt



- In a medium-sized pan, heat 2 tablespoons of the olive oil over a medium–low heat for just a minute. Add the garlic and tomatoes and give it all a good stir then cover the pan and let it simmer gently for 10 minutes, stirring occasionally. Remove the pan from the heat and, with the back of a wooden spoon or a fork, lightly smash the tomatoes (see photo).
- In the meantime, bring a large pot of 2–3 quarts (litres) of water to the boil, add the salt and cook the pasta for 10–11 minutes until al dente following the packet instructions. Do not overcook. Drain the pasta and add it to the pan with the tomatoes and garlic. Drizzle

the remaining olive oil over the pasta mixture, stir so it is all well combined and serve immediately. Top with fresh basil leaves and freshly grated romano cheese if you wish – my family would send it back to the kitchen if I didn't!

*Per serving*

1487 kJ/ 354 calories; 7 g protein; 15 g fat (includes 2 g saturated fat and 0 mg cholesterol); 51 g carbohydrate; 3 g fibre

### Seafood paella

'Eat fish and seafood' is the message from the Mediterranean diet and here's a great recipe that's a complete meal in a bowl to get you started. **Brigid Treloar** created it for a new range of easy seafood 'meal options' for Sydney Fish Markets – 'Market Pride'. We used medium grain Doongara Clever Rice to reduce the GI and replaced the chorizo with 200 g sliced button mushrooms. Rest assured, it works as well with a seafood marina mix from your local fish shop. For more quick and easy fish or seafood recipes like this such as a seafood pizza or Spanish hotpot, check the [Market Pride website](#).

Serves 4–6

- 3 1/2 cups (875 ml) fish or vegetable stock
- 1/2 teaspoon saffron threads
- 1 tablespoon olive oil
- 1 chorizo sausage, thinly sliced (optional)
- 1 small red capsicum, seeded and chopped
- 1 medium onion, chopped
- 2 cloves garlic, crushed
- 1/2 teaspoon smoked paprika or paprika
- 2 large tomatoes, seeded and chopped
- 1 1/2 cups (300 g) rice
- Freshly ground black pepper, to taste
- 1 cup (130 g) green peas (optional)
- 400 g (14 oz) Market Pride Australian Seafood Medley, or a seafood marina mix
- 1 lemon, cut in wedges
- 2 tablespoons freshly chopped parsley



- Heat the stock and saffron together in a saucepan.

- Saute the chorizo (if you are using it), capsicum, onion, garlic in the oil in a frying pan over medium heat for 5 minutes, then add the paprika and tomatoes and cook for a further 5 minutes. Stir in the rice, add the hot stock, season with a quite few twists of black pepper, then simmer gently, uncovered, for 15 minutes. Add peas and cook a further 3 minutes. Add the Seafood Medley (or marinara mix), cover, and cook for 5 minutes.
- Remove from the heat, garnish with the lemons and parsley and cover with a clean tea towel for 5 minutes to absorb any excess moisture before serving.

*Per serving (based on 6 serves and no chorizo)*

1480 kJ/ 352 calories; 23 g protein; 7 g fat (includes 2 g saturated fat and 104 mg cholesterol); 46 g carbohydrate; 3.5 g fibre

## Busting Food Myths with Nicole Senior

### **Myth: Kids don't get high cholesterol**

**Fact:** Children can have high cholesterol and the numbers are increasing in step with the number of children who are overweight and obese. The risk factors for high cholesterol in children are the same as those for adults. That is, being overweight or obese, eating too much saturated fat, and having a family history of high cholesterol.

OK, so kids do get high cholesterol – so what? Unfortunately, the longer the body carries too much cholesterol around in the blood, the greater the chances of having a heart attack or stroke. Children who have high cholesterol are more likely to experience these devastating events at an earlier adult age. The first evidence of the damage high cholesterol can cause in youth came from post-mortems of teenage soldiers killed in World War II. Their coronary arteries were already showing the fatty build-up of atherosclerosis. The fact these soldiers were probably on the fitter and slimmer side makes you shudder to think what may be happening in the blood vessels of today's obese, sedentary kids. Add to this the increasing incidence of type 2 diabetes in children and teenagers and you have a potent recipe for a heart attack in the third or fourth decade.

The American Academy of Pediatrics (AAP) recently announced recommendations to prescribe cholesterol-lowering statin drugs to obese children as young as eight. Oh dear – a classic case of closing the gate after the horse has bolted! Their position has understandably attracted a lot of criticism, the main argument being the problem should be solved by diet and lifestyle change rather than drugs.

Also contained in the AAP recommendations is the more palatable advice that some high-risk toddlers as young as one could switch to reduced fat milk. Traditional advice was only to switch at two years of age so as not to compromise calorie/kilojoule intake for growth. However in the case of a child at high risk of obesity or with a strong family history of cardiovascular disease, reduced fat milk can help manage cholesterol levels with no adverse effects on growth or development. Even if your family is low risk, switching to reduced fat milk when children are

two years is recommended. This will help everyone's cholesterol to stay down, and prevents 'multi-milk confusion' in your refrigerator. As many household nutrition managers and grocery buyers (Mums and Dads) will attest, the family will eat/drink what's there.

Whether a child already has high cholesterol, or to prevent the problem in the first place, kids need to 'eat to beat cholesterol' as much as grown ups to keep their hearts healthy. The evidence is convincing that diet works without side effects and nourishes the whole family as well.

For heart-friendly recipes the whole family will love, try *Heart Food* by Veronica Cuskelly and Nicole Senior available from [www.greatideas.net.au](http://www.greatideas.net.au)

For more information on cholesterol and what you can do about reducing high cholesterol in adults and kids, check out *Eat to Beat Cholesterol* by Nicole Senior and Veronica Cuskelly: [www.eattobeatcholesterol.com.au](http://www.eattobeatcholesterol.com.au)

## Healthy Kids with Susie Burrell

### **Lifestyle Lesson 2: Monitor your children's growth regularly**

Many young people have a significant weight problem (1 in 4 in Australia for example), yet few parents realise it – numerous studies show parents don't seem to notice when children have weight problems until they are obese. It is easy to monitor children's growth patterns, and it is absolutely crucial to do it so you can make sure that any weight issues a child may have don't get out of control.

***How can you tell if a child has a weight problem?*** Well, ideally children will follow the growth curve on which they were born. For example, if a newborn was on the 75th centile for weight at birth, ideally she (or he) will follow this pattern throughout childhood. Extreme variations from these growth curve charts is a warning sign that you need to monitor a child's food and activity habits – for example if a child on the 90th centile for weight but only 50th for height. Here are some other telltale signs that may indicate children have a weight issue. They:

- Wear clothes sizes 2 or more years above their age
- Are constantly hungry and asking for food
- Are much bigger than the other kids at school
- Eat more food than you
- Have waist measurements over 80 cm
- Do not participate in any physical activity, and
- Watch more than 3 hours of TV or sit at the computer for more than 3 hours each day.

***What to do if you are concerned?*** The best thing you can do is see your local paediatrician for a full growth assessment. Knowing your kids' BMI (Body Mass Index) is a starting point. You can check it [HERE](#). The NSW Government has special website where parents can [calculate a child's BMI](#) to see if it is in the healthy weight range. Don't use adult BMI calculators for children.



Susie Burrell

**Susie Burrell** ([www.susieburrell.com.au](http://www.susieburrell.com.au)) is a specialist Weight Management Dietitian at The Children's Hospital at Westmead. In her private practice, she balances her clinical work with writing for both print and electronic media. Susie currently has a weekly column in *The Daily Telegraph's Simply Food* lift out as well as columns in *Good Health & Medicine*, *ALPHA* and *Dolly* magazines. She is also a regular guest on *FRESH* television and *The Today Show*.

**GI Group:** Centile charts show the position of a measured parameter within a statistical distribution. They do not show if that parameter is normal or abnormal. They merely show how it compares with that measurement in other individuals. They are called centiles and not per centiles. If a parameter such as height is on the 3rd centile, this means that for every 100 children of that age, 3% would be expected to be shorter and 97 taller. On the 97th centile, 97 would be shorter and 3 taller. Centile charts are very useful for plotting changing parameters such as assessing a child's height or weight over time.

## Move It & Lose It with Prof Trim

### Critical mass

Body weight is like sand on a beach. It comes and goes. But sometimes it builds up to a big wide beach, and other times it thins out, depending on the sand available. With weight gain, this generally occurs slowly over a lifetime. However, there are some life stages and some life events where the risk is greater.

**Puberty:** This is a time where cell numbers in most parts of the body increase rapidly. If the lifestyle is poor (lack of exercise and bad nutrition) a greater number of fat cells can develop, making weight loss later in life difficult.

**Pregnancy:** Increases in weight here are normal, but unfortunately many women put on more than is required and then have trouble losing it after childbirth. The more children, the greater the chance of weight gain. Breastfeeding and a quick return to exercise are ways of reducing the effects of this.

**Peri-menopause in women:** This is the 1–2 years leading up to the menopause. Weight gain is most marked here, but can continue into the menopause as female hormones decline and fat is re-distributed from the lower to the upper body. Research has shown that traditionally living tribal women and those who remain active during this period do not gain weight, suggesting this is a

lifestyle-based cause.

**Mid-life in men:** Less marked than a woman's peri-menopause, however around 40, a slowdown in metabolism, reduced activity levels and often an increase in food and drink make a stable weight difficult to attain.

Other life events that can fatten up both sexes include marriage and quitting smoking. The latter occurs largely because of the reduced metabolism that comes from eliminating nicotine. Improved taste and not having something to do with the hands, also contributes to an increased food intake. Quitting sport is another life event that can lead to weight gain, with the greatest potential gains occurring in those competing at an elite level, who then become sedentary.

**Trim's tactics:** Be aware of critical mass periods and take steps. Prevention is better than cure.

- Any type of exercise before breakfast can result in more fat loss than from exercise after breakfast. This is because of the decreased availability of glucose in the fuel mix as a result of the overnight fast.
- Breakfast is the most important meal of the day to raise metabolism and reduce body fat.

For more information on weight loss for men, check out [Professor Trim](#).

## Curly Questions

**Thrifty low GI eating. We are often asked about food costs eating the low GI way. Have your say on how *GI News* readers can stretch the weekly food budget.**

'Spend as much as you can at the green grocer, as much as you need at the butcher, and as little as you can at the grocer,' is one tip we like. Please [post your suggestions](#).



**I really miss flour-based gravies and sauces. Do you know of any thickener I can use that won't affect the taste of a sauce or cause my blood glucose to spike?**

We are often asked about the GI of starchy thickeners from arrowroot and cornstarch, to kudzu root powder and instant tapioca. None of these thickeners has been GI tested as far as we know; we haven't seen any published results. However, you are only using very small amounts diluted in a cup or more of liquid or pie filling. So the GI of the recipe will depend really on the other

carb ingredients in the recipe/meal rather than the thickener. Here's what GI News readers have suggested:

- ‘I thicken stews and casseroles with natural oat bran, which is virtually unnoticeable and creates a richness to the sauce that other thickeners don’t. It works best if the dish is simmered for 10 minutes or so after adding the bran.’
- ‘I have thickened soups and stews with a small amount of pinto bean flour made by grinding uncooked pinto beans in my grain mill.’
- ‘For thickening soups try bean flours, yellow split pea or lentil flours. If they taste too strong can be mixed with basmati rice flour – this way it stays gluten free too. It is great to make even roux. We use yellow split pea flour in making bechamel sauce.’
- ‘I have made low GI soups and thickened them with porridge oats, which I sometimes add to stews as well. Adding skimmed milk as well makes the soup very creamy and filling.’
- ‘I have often used either flake oatmeal or carrageen moss (sea weed picked on the west coast of Ireland).’
- ‘An idea for thickening up soup, or making it taste more substantial, is to add some nuts to a blended mix of veggies.’
- JBM suggests: ‘adding a teaspoon or more of psyllium, a viscous fibre that's now sold in most supermarkets.’

Email your curly question about carbs, the GI and blood glucose to:  
[gicurlyquestions@gmail.com](mailto:gicurlyquestions@gmail.com)

## Your Success Stories

**‘In six months I lost over 25 kg. It has been a very interesting and enjoyable journey ... and I bore my friends with the details! Some think I am obsessive (possibly true).’ – Robert**

My diet management, fitness improvement and weight loss program was based on the recommendations in *The Low GI Diet: 12-Week Action Plan* (Prof Jennie Brand-Miller, Kaye Foster-Powell & Dr Joanna McMillan Price, Hachette Livre Australia).

Goals set on 29 December 2007

1. To lose 20 kg by 6 November 2008 (next birthday – age 57), and
2. To run a 400 m (competitively) at the Sydney International Athletics Centre during November 2008.

**Diet program:** What has changed with my diet? Based on *The Low GI Diet*, I eat breakfast daily (did not beforehand); I have increased consumption of tea (black, no sugar), vegetables, fruit and seafood (e.g. tuna and sardines); and reduced my intake of bread, some high fat dairy products, coffee, honey (which went into the coffee – 6–10 cups per day prior to 29 December 2007), potatoes (gone completely from the diet) and saturated fats. I still eat red and white meats. Wine consumption is part of my lifestyle – I am not desperate enough to stop drinking wine.

**Exercise program:** I have used *The Low GI Diet* as a guide and my program consisted of a 60 minute brisk walk plus resistance exercises, or 60 minutes of Concept 2 Rowing Machine routines, plus resistance exercises 6 days per week (mornings). The resistance exercise component now takes around 10 minutes. In week 16, I changed my routine to a shorter 45 minute walk (more hills), plus 16 minutes of a Concept 2 routine, plus resistance exercises; or 60 minutes of a Concept 2 routine plus resistance exercises. Still exercising for a total of 6 sessions per week (mornings), and around 1.25 hours per session. Every Saturday morning after the walk, I perform a 2000 metre time trial on the Concept 2 – my test of my fitness level. I have also taken up (March 2008) single sculling after a 25 year absence (try to go sculling on Sunday mornings – around 8 km). I used to row competitively for Sydney University in the mid 1970s to the early 1980s – my body weight then was around 85kg to 90kg at height 188cm. During the week of 7–13 June 2008, I commenced some light jogging (will lead to running assuming the legs i.e. knees etc are OK).

**Challenge:** Sustaining a reasonable level of exercise (e.g. 5–6 times per week) and maintaining a body weight at around 95–100 kg (my height is 188 cm).



stable, I'm having fewer hypos, I am on low doses of insulin and I feel much better. My partner is also on the low GI diet and he feels more energetic, particularly in the mornings when he used to feel lethargic and unmotivated.'

## GI Symbol News with Alan Barclay

### **'Are there guidelines covering manufacturers making the claim on food labels and in advertising that their product has a low glycemic load (GL)?'**

Yes there are guidelines for cut-offs. Back in 2003, Prof Jennie Brand-Miller and colleagues suggested that the following cut-offs be used to describe the glycemic load (GL) of individual foods:

- Low GL  $\leq 10$
- Medium GL 11-19
- High GL  $\geq 20$

But as far as I have been able to ascertain, manufacturers aren't necessarily using these specific cut-offs as the basis for making their low GL claims on food labels at this point in time. There are in fact no government regulations about making GL claims anywhere in the world. Yet.

Nutrition claims are regulated by Food Standards Codes and so far no country has a code that defines GL, how to measure it, and what the cut-offs should be. There are a number of likely reasons why this is so but this is where the story can get very technical. Perhaps the key reason is that when it comes to low GL diets, you aren't just looking at carbs or GI. You are looking at a mixed bag.

This is because low GL diets can be protein- and fat-rich, and contain high or moderate GI foods, but with little carbohydrate in them such as the original Atkins Diet. Or they may be higher in low GI carbohydrate, and lower in fat and protein, like the Low GI Diet.

If you look at specific food examples, high fat, higher GI foods with relatively little carbohydrate per serve such as many savoury snack foods, can have a low GL, as can carb-rich foods with a low GI such as most fruits and legumes, and then there are those foods that come somewhere in between such as most cereal based foods. As I said earlier, it's inherently a mixed bag.

### **'Are low GL claims more useful than low GI ones?'**

In our experience most people find the GI is a much simpler tool to use than the GL day to day in the supermarket. And the evidence published to date in scientific journals suggests that low GI diets are generally healthier than low GL diets – for most of us. In addition, if you use the GI as it was intended – to select the food with the lowest GI within each food group or category – then in most cases, you get the product with the lowest GL anyway, as foods are grouped according to their macronutrient content (amongst other things), so they generally have a very similar carbohydrate content anyway.

This is why the GI Symbol program focuses on the GI of healthy foods within specific food groups/categories to help people make healthy choices easy choices in the supermarket.

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## **The Latest GI Values with Fiona Atkinson**

Back in August, *GI News* announced that one of Australia's leading supermarket chains, Woolworths, had joined the GI Symbol program with their Woolworths Select range. Here are the GI values for the tortilla, breakfast cereals and canned fruits that will be carrying the symbol.

- Woolworths Select Traditional White Corn Tortilla GI 53
- Woolworths Naytura Fruit and Nut Muesli GI 48
- Woolworths Select Traditional Rolled Oats GI 57
- Woolworths Select Apricot Halves in Fruit Juice GI 51
- Woolworths Select Chunky Fruit Salad Portions GI 54
- Woolworths Select Mandarin Segments in Juice GI 47
- Woolworths Select Orange & Grapefruit Segments in Juice GI 53
- Woolworths Select Peach & Grapes GI 46
- Woolworths Select Peach & Pineapple in Fruit Juice GI 45
- Woolworths Select Pineapple Pieces in Juice GI 43
- Woolworths Select Pineapple Pieces in Unsweetened Juice GI 55
- Woolworths Select Pineapple & Papaya Pieces in Juice GI 48
- Woolworths Select Ruby Red Grapefruit Segments in Juice GI 45

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

#### **North America**

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