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Child obesity is a regular headline hitter from scary new statistics, blame gaming and finger pointing (and wagging) to banning junk food ads, school fat report cards and Jamie's school dinners. From the comfort of home those hardy perennials, the armchair experts, trumpet that the answer is obvious: just get kids to eat healthy food and run around more. Oh, and shouldn't they walk to school, mow lawns and shovel snow? *GI News* talked to Prof Louise Baur from The Children's Hospital, Westmead and reports on promising results from three Australian programs for overweight children. There are all our usual features too, plus three new recipes for you to try.

Good eating, good health and good reading.

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Food for Thought

Child obesity – why don't they just do something about it?

The problem with child obesity is not the lack of explanations, but the abundance of them – genes, diet, lack of activity, TV and anything with a screen, junk food, eating out, relatively cheap energy-dense processed foods piled high on our supermarket shelves, sugar-laden drinks from fruit juices to soft drinks ... and the lack of solutions.

In fact, there's a marked disparity between the widespread, hand-wringing about the rising rates of overweight and obesity and sound evidence on how best to treat childhood obesity and which elements of dietary intervention are actually effective long term to roll out appropriate intervention programs. Back in 2006, Assoc. Prof. Clare Collins' team reviewed 37 randomised controlled trials ([Archives of Pediatric Adolescent Medicine](#)) and reported that it's hard to evaluate the effectiveness of dietary treatments in those published studies because they don't report enough details on the one hand and there simply aren't enough high quality ones with longer term results on the other. Jump to January 2009 and the latest [Cochrane Review](#) that looked at 54 studies reports that children and teens can lose weight with lifestyle changes (diet and physical activity) 6 and 12 months after beginning a program.

Which program? There are numerous (often impressive and well run and pricey) commercial child obesity intervention programs for those who can afford them. But what's needed to make a real difference are accessible, affordable (or free) and effective community-based programs to support all families and young people in the self-care of overweight/obesity. And here, initial results from three Australian trials designed for Australian conditions are very promising and should be rolled out more widely.

HIKCUPS (Hunter Illawarra Kids Challenge Using Parent Support) was a randomised controlled trial involving 165 overweight children aged 5–9 years who were allocated one of three intervention programs: a parent-centered nutrition lifestyle program; a child-centered physical activity skill development program; or both programs. ‘All treatment groups appear to be equally efficacious in improving dietary intake in overweight and obese children,’ write the authors in [The International Journal of Obesity](#). The results of the study provide much needed information about the effectiveness and feasibility of treating childhood overweight and obesity.

PEACH™ (Parenting Eating and Activity for Child Health) looked at the effectiveness of adding a parenting skills training program to a family-focused healthy lifestyle intervention for managing overweight 5–9 year olds. One hundred and sixty-nine children in Adelaide and Sydney took part in this randomised controlled trial over 2 years. A sneak preview of the key finding (currently under review for publication in an international journal) was that relative weight loss of 8–12% (both BMI and waist circumference) was observed at the end of the 6-month intervention and that this weight loss was maintained for a further 18 months with no further contact (other than measuring the children). Check out the details of this program in [Nutrition and Dietetics](#).

Loozit is an ongoing weight loss and healthy living program developed by staff at The Children's Hospital at Westmead, Sydney, for young people aged 13–16 who are struggling with their weight. Group sessions focus on healthy meals and snacks, becoming more active and building self-esteem. Participants meet once a week for 9 weeks and then once a school term in the following 2 years. Findings from the pilot study reported in [Nutrition and Dietetics](#) showed that the self-esteem of young people increased, their waist circumference decreased and their ‘good’ cholesterol improved.

But no matter how successful community based programs like these are, they are just the tip of the iceberg. ‘Over the last half century, we’ve experienced rapid and widespread changes in how we eat, drink and move,’ says Prof Barry Popkin in [The World Is Fat](#), his new book that looks at the fads, trends, policies and products that are fattening the human race. He shows how rapid changes inside and outside the home have changed the entire environment in which we live and shifted control from the parents to the broader community. Talking to *GI News*, Popkin says: ‘Parents and kids aren’t to blame, and they can’t change the way they eat, drink and move on their own.’ See our Healthy Kids page in this issue for some tips from Prof Louise Baur and her colleagues.

– *GI News* would like to thank Prof Louise Baur, Assoc Prof Clare Collins, Dr Anthea Margarey and Prof Barry Popkin for their input and for reviewing this article.

News Briefs

Senior moments? It may be your blood glucose.

Senior moments are a normal, albeit unwelcome, part of aging, rather like wrinkling skin and graying hair. Scientists call them ‘cognitive aging,’ the result of changes in brain chemistry and physiology that affect our brain’s ability to think. Researchers at Columbia University Medical Center in New York suggest in [Annals of Neurology](#), that controlling blood glucose may be a key factor in slowing down the normal changes as we age and preserving our cognitive health.

None of the 240 participants (average age 80) in the Columbia University study had symptoms of dementia or Alzheimer’s. Mapping their brain regions using high-resolution functional magnetic resonance imaging, the researchers found a correlation between elevated blood glucose levels and reduced

cerebral blood volume, or blood flow, in the dentate gyrus, an indication of reduced metabolic activity and function in that region of the brain.

‘Our findings suggest that maintaining blood glucose levels, even in the absence of diabetes, could help maintain aspects of cognitive health. More specifically, our findings predict that any intervention that causes a decrease in blood glucose should increase dentate gyrus function and would therefore be cognitively beneficial,’ said Dr. Small. ‘Whether with physical exercise, diet or through the development of potential pharmacological interventions, our research suggests that improving glucose metabolism could be a clinically viable approach for improving the cognitive slide that occurs in many of us as we age,’ concluded Dr. Small.

Fruit and vegetables may strengthen your bones

Diets that are high in protein and cereal grains produce an excess of acid in the body which may increase calcium excretion and weaken bones, according to a new study published in the [*Journal of Clinical Endocrinology & Metabolism*](#). The study found that increasing the alkali content of the diet, with a pill or through a diet rich in fruits and vegetables has the opposite effect and strengthens bone health.

‘Hereditry, diet, and other lifestyle factors contribute to the problem of bone loss and fractures,’ said lead author Dr Bess Dawson-Hughes of Tufts University. ‘When it comes to dietary concerns regarding bone health, calcium and vitamin D have received the most attention, but there is increasing evidence that the acid/base balance of the diet is also important.’

Average older adults consume diets that, when metabolised, add acid to the body. With aging, we become less able to excrete the acid. One way the body may counteract the acid from our diets is through bone resorption, a process by which bones are broken down to release minerals such as calcium, phosphates, and alkaline (basic) salts into the blood. Unfortunately, increased bone resorption leads to declines in bone mass and increases in fracture risk.

‘When fruits and vegetables are metabolised they add bicarbonate, an alkaline compound, to the body,’ said Dr. Dawson Hughes. ‘Our study found that bicarbonate had a favourable effect on bone resorption and calcium excretion. This suggests that increasing the alkali content of the diet may attenuate bone loss in healthy older adults.’

In this study, 171 men and women aged 50 and older were randomised to receive placebo or doses of either: potassium bicarbonate, sodium bicarbonate, or potassium chloride for 3 months. ‘We demonstrated that adding alkali in pill form reduced bone resorption and reduced the losses of calcium in the urine over a 3-month period,’ said Dr. Dawson-Hughes. ‘This intervention warrants further investigation as a safe and well tolerated supplement to reduce bone loss and fracture risk in older men and women.’

Is the GI a key to unlocking a hidden addiction?

Doing something about the obesity epidemic is at the top of most public health agendas. Talk about budget blow out! The financial cost to the whole community of burgeoning waistlines is scary. New Zealand scientists from the University of Auckland explore the idea in [*Medical Hypotheses*](#) that addiction could be an important factor causing the obesity epidemic. They compare and contrast the evidence about nicotine addiction to food and GI and suggest that if high GI foods like corn flakes or white bread are the villain of the piece, ‘low GI equivalents may be the saviour’. The point of the study is really the public health implications of the theory. As the researchers point out: ‘Just as tax increases and control of advertising have proved effective in reducing the prevalence of smoking, similar strategies may help reduce the obesity epidemic.’

Lead researcher Dr Simon Thornley, from Auckland Regional Public Health Service, said foods with a high GI caused blood glucose levels to spike, and this rush stimulates the same areas of the brain

associated with addiction to nicotine and other drugs. He reports evidence showing that people who binged on high GI carb foods experienced loss of control, a compulsion to keep taking higher amounts to get the same ‘buzz’, and suffered withdrawal if they went ‘cold turkey’.

‘It’s a novel idea that draws on strong evidence that glucose consumption influences levels of the feel-good chemical serotonin in the brain, says Sydney University’s Prof Jennie Brand Miller. ‘Although all foods take about 30 minutes to peak and the overall shape of the post-meal glycemia curve is similar for high, medium and low GI foods, high-GI foods peak and fall at **substantially greater levels**. Our [recent study](#) that explored the association between a food’s GI and the shape of the curve clearly suggests that to control high blood glucose after meals, carb quality (or its GI) and carb quantity both count (see the [abstract](#)). So the general message is say “low GI” with carb-rich foods as well as watching portion size.’

For more information about the ‘hidden addiction’ hypothesis [email Simon Thornley](#).

What's New?

Healthy Indian Cooking for Diabetes

By Azmina Govindji and Sanjeev Kapoor

Published by Kyle Cathie in association with Diabetes UK

There’s no compromising on taste in this book of healthy traditional Indian dishes for people with type 2 diabetes. Dietitian Azmina Govindji and celebrity chef Sanjeev Kapoor address the serious problem of diabetes in the South Asian population (almost 20 million people are affected) with a unique book that provides dietary advice and 100 authentic recipes to help people with diabetes manage their blood glucose with the right foods, portion control and healthy cooking methods. Over the next few months, *GI News* will be sharing Azmina and Sanjeev’s recipes with readers.

For more information visit www.govindjinnutrition.com

Food of the Month with Catherine Saxelby

Pomegranates: are they a superfood?

With their impressive line-up of polyphenols (a type of antioxidant) matching some of those found in red wine, some found in berries, tea, cranberries and some grapefruit, are pomegranates on their way to becoming the next ‘super fruit’ poised to knock over goji and acai? For example, they have:

- Punicalagin and punicalin, the two most abundant polyphenols unique to pomegranates, chemically known as hydrolysable tannins.
- Anthocyananins, which give pomegranates their bright pink colour and have been extensively studied in blueberries where they help delay ageing and boost brain power.
- Ellagic acid, also found in berries and dark grapes. These keep arteries flexible. Pomegranate extract supplements are standardised to ellagic acid usually 500 mg.
- Quercetin, kaempferol, catechins and gallic acid, big-name polyphenols from wine and tea with their well-known anti-inflammatory properties.
- Chlorogenic acid, usually in coffee.

Pressing the seeds to make juice extracts additional polyphenols from the white membrane surrounding the clusters of seeds (pericarp), so the juice is richer than the fruit on its own. Commercial juices have been reported to have antioxidants such as luteolin and narigenin (like grapefruit). Most of the studies

have been funded by POM Wonderful and based on drinking a glass 8 oz/235 mL of juice daily. Smaller amounts may not achieve the same end-results. The studies so far are promising, but pomegranate – although clearly rich in antioxidants – can't substitute for all the antioxidants in wine, tea and fruit in general. You can [download](#) the original research papers.

Nutritionally speaking, the juice is similar to other juices. There's some potassium and a little iron, but not much in the way of fibre (seeds and pulp strained away) or vitamin C, thanks to the flash pasteurisation process which is needed to destroy bacteria and maintain shelf life in the commercial juice.



The **really big problem** with pomegranate juice is that it is very concentrated and high in sugar. At 16.5% carbs (mostly sugars), it's more concentrated than soft drink (11%) or orange juice (8-10%). One 8 fl oz/235 mL glass will load you up with 39 g carbs and 150 cal/630 kJ. It also has a moderate GI (67), so it's a drink to be cautious with rather than gulp down.

Tips for using pomegranate juice

Look for 100% pomegranate juice if you're after antioxidants. Many pomegranate juices are blended with apple or pear or mango juice so have less pomegranate. Avoid these.

Dilute it. Start with one part pomegranate juice, top with four parts sparkling water or chilled tap water. Add a squeeze of lime or lemon juice to lower the GI.

Use it as a marinade for duck, chicken or pork or in sauces and dressings.

Mix it into plain yoghurt or over ice-cream to flavour desserts. It's quite thick and syrupy so pours well.

Limit yourself to half a cup (125 mL) a day. With around 15 g carbs, count this as one carb portion.

Is it a superfood? Not really. It's an antioxidant all-rounder up there with berries and tea but it's not something we can afford to guzzle in great quantity. Like wine and chocolate, a little is all that we can fit into our daily diets without overloading ourselves with sugar and calories. It can't replace a variety of low-kilojoule fruit or vegetables which is where most of your antioxidants should come from.

Catherine Saxelby is an accredited nutritionist and runs the Foodwatch Nutrition Centre at www.foodwatch.com.au. For more information on pomegranates, super foods and healthy eating, visit [Catherine's website](#).

Low GI Recipes of the Month

Anneka Manning, Senior Food Consultant for the *Australian Women's Weekly*, shares a recipe from her latest book (with Kaye Foster-Powell), [*The Low GI Family Cookbook*](#).

Eggs in nests

This makes a lovely lazy weekend breakfast or brunch. Prepare double the quantity for four people — or for seconds.

Serves 2



2 slices wholegrain bread
olive oil cooking spray
1 teaspoon olive oil margarine
40 g (1½ oz) button mushrooms (about 4), stems trimmed, sliced
3 English (not baby) spinach leaves, washed, chopped
freshly ground black pepper, to taste
2 eggs
1 tablespoon coarsely grated reduced fat cheddar cheese, grated

- Preheat the oven to 180°C (350°F/Gas 4).
- Cut the crusts off the bread. Spray both sides of each slice lightly with oil. Press the bread slices firmly into two 1/3 cup (80 mL/2 1/2 fl oz) capacity non-stick muffin pan holes. Set aside.
- Heat the margarine in a non-stick frying pan over medium-high heat until sizzling. Add the mushrooms and cook, stirring often, for 4–5 minutes or until tender. Add the spinach and cook, stirring, for 1–2 minutes or until wilted. Remove from the heat and season with pepper.
- Divide mushroom mixture between the bread cases. Crack an egg into a small dish and then slide it into one of the bread cases. Repeat with the remaining egg. Sprinkle with the cheese. Bake for 15 minutes (for a softly set yolk), 20 minutes (for a hard-cooked yolk), or until the egg is cooked to your liking. Serve warm or at room temperature.

Per serve

Energy: 901 kJ/ 214 cal; Protein 14 g; Fat 10 g (includes 4 g saturated fat and 197 mg cholesterol); Carbs 15 g; Fibre 2.5 g

Low GI fare from Johanna's Italian kitchen: In *GI News* American dietitian, Johanna Burani shares her recipes photographed by husband Sergio.

Simply delicious fennel

Sometimes simplicity cannot be beat! The flavourful combination of these unpretentious ingredients in this vegetable side dish results in an explosion of culinary delight. And it all happens in less than 30 minutes from fridge to serving dish.

Serves 4



2 x 1-lb (450 g) fennel bulbs
2 tablespoons extra virgin olive oil
2 tablespoons grated parmiggiano reggiano cheese
salt/pepper to taste

- To prepare the fennel for cooking: Cut away hollow stalks from top end of bulbs. Cut off a thin horizontal slice from the bottom ends. Cut into quarters and then cut the quarters in half. Wash thoroughly under running cold water, taking care to remove any sand from the base.
- Place prepared sections in a heavy 9" (22 cm) skillet. Add 1½ cups cold water and bring to a soft boil over medium heat (6 minutes). Cover, reduce heat to low and continue to simmer for approximately 15 minutes or until sections are tender.
- Drain off the water. Drizzle the oil, add salt and pepper as desired and mix well in skillet. Sprinkle the grated cheese on top of the fennel. Keep warm in the skillet until served.

Per serve (1/2 bulb)

Energy: 538 kJ/ 128 cal; Protein 3 g; Fat 8 g (includes 1 g saturated fat and 2 mg cholesterol); Carbs 13 g; Fibre 5 g

Visit Johanna's website: www.eatgoodcarbs.com.

Azmina Govindji shares recipes from *Healthy Indian Cooking for Diabetes* photographed by Yuki Sugiura.



Azmina Govindji

Tofu chana dal

Serve this light meal with a raita of your choice. Asafoetida is often used in vegetarian meals where it adds a garlic-like flavour with onion overtones. A hint of asafoetida will tide you over when the garlic bowl is empty. Chana dal is found in Asian produce stores and the spices will be available in specialty spice shops or online at herbies.com.au.

Serves 4

150 g (5 oz) split Bengal gram (chana dal)
1 tablespoon olive oil (plus spray oil for greasing the pan)
200 g (7 oz) tofu
½ teaspoon black mustard seeds
10–12 curry leaves
2 pinches of asafoetida
¼ teaspoon salt
¼ teaspoon ground turmeric
2½ tablespoons lemon juice
20 g (¾ oz) fresh mint leaves, chopped



- Soak the chana dal in 400 ml (14 fl oz) water for 3–4 hours.
- Spray olive oil on a heated frying pan and toss the tofu until brown specks form on it. Remove and set aside.
- Heat the olive oil in a pan and add the mustard seeds and curry leaves. As the seeds begin to splutter, stir in the asafoetida. Add the drained chana dal and salt and sauté for 2 minutes.
- Stir in the turmeric and 100 ml (3½ fl oz) water, cover, and cook for 10–12 minutes, or until chana dal is done.
- Add the tofu, lemon juice and mint leaves. Cook for 30 seconds, then remove from heat.

Per serve

Energy: 798 kJ/ 189 cal; Protein 12 g; Fat 7 g (includes 0.7 g saturated fat and 2 mg); Carbs 20 g; Fibre 3 g

Busting Food Myths with Nicole Senior

Myth: Snoring is harmless

Fact: Snoring can indicate more serious health problems, including an increased risk of cardiovascular disease. The sound of snoring is often the subject of amusement; however, ask someone who shares a bed with a snorer and the joke isn't funny at all. Being prevented from enjoying a good night's sleep places incredible stress on relationships, forcing some couples to sleep in separate rooms, and others to contemplate smothering their oblivious snoring loved one with the nearest pillow. Of course it has also attracted an industry of snoring cures, such as nasal strips, sprays, mouth-guards and collars, most of which are ineffective. While the social and emotional costs are obvious, snoring can also hide serious health risks.

Snoring can indicate sleep apnoea: frequent sleep interruption due to falling oxygen levels in the blood. The sufferer can stop breathing for up to 10 seconds at time, and may wake hundreds of times a night. Also called obstructive sleep apnoea (OSA), the condition occurs because the throat closes during snoring and the person simply doesn't get enough air. A person with OSA may not be aware of their frequent 'waking', and simply feel exhausted the next day and not know why.

Sleep apnoea also has other more dire effects on the circulatory, nervous and blood glucose regulatory systems. Studies have shown that people who suffer from OSA are at greater risk of cardiovascular disease: high blood pressure, coronary artery disease, abnormal heart beat, heart failure and stroke, and people with OSA are more likely to have insulin resistance and the metabolic syndrome. The good news is that treatment can reduce this risk. People with type 2 diabetes who have their OSA treated achieve better blood glucose control. Treatment is usually by Continuous Positive Airway Pressure (CPAP) during sleep, administered with a machine by the bed and delivered via a nasal mask. Not the most elegant or comfortable solution, but totally worth it to obtain a healthy quota of shut-eye and minimise the metabolic damage. So while snoring can be annoying, it can also be serious and sufferers should seek medical advice.

How does eating to beat cholesterol and heart food fit into all this? Sleep apnoea is most common in people who are overweight or obese— typically middle aged men, but it happens to women too. Body fat stored around the neck makes it more difficult to breathe freely during sleep, and causes the airway to collapse more easily. It can also be made worse by smoking, alcohol or sleeping tablets. Losing weight is effective in reducing snoring. So don't fall asleep at the wheel of your wellbeing, but smarten up your lifestyle and eating habits. For tips on weight loss and eating for a healthy heart, plus great recipes for the whole family, go to www.eattobeatcholesterol.com.au.

Heart Food and *Eat to Beat Cholesterol* are available from www.greatideas.net.au

Healthy Kids

See the GI News website.

Move It & Lose It with Prof Trim

Fat body, fat tongue?

The idea that sleep apnea and snoring is at least partly caused by an increase in the size of the tongue in obese people has been around for some time. This makes perfect sense because an increase in tongue size would mean a blockage in the air passages and hence a reduced airway flow, thus resulting in the vibrating sound of snoring and reduced oxygen intake.

Pathologists carrying out autopsies however have often said they fail to find increases in tongue size in fat corpses. Does this mean the theory is wrong? And if so, how else do we explain the big increases in snoring and sleep apnea in the overweight? There are a couple of lines of evidence here: In the first place a recent study published in the journal [Laryngoscope](#) reporting the autopsies on 122 medical examiner cases, not only found a high correlation between tongue weight and Body Mass Index (BMI), but a close link between fat content of the tongue and BMI. This was particularly so in men, perhaps explaining why snoring is generally more of a problem amongst the male gender.

But how do we explain the lean snorers and the obese individuals who don't snore (although there's not many of the latter)? The answer seems to lie in the concept of inflammation again (see [GI News, November 2008](#)). Inflammatory markers appear to occur in the airways passages of people whose lifestyle may pre-dispose them to obesity, but who, for some reason may not become obese. Some obese individuals on the other hand may be obese for genetic reasons, not lifestyle, and may not have developed the inflammatory processes of those with the poor lifestyle. Inflammation, like tongue enlargement, can amplify upper airway narrowing and hence result in the same type of airways restriction as a fat tongue itself.

In any case, the main cure for snoring – and sleep apnea – remains a healthy diet and lots of exercise, even if body weight loss is only minimal. In the few cases where this still exists alongside a healthy lifestyle, anatomical structures in the airways may need to be checked.

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

Curly Questions

AdvantEDGE Carb Control snack bars claim to have only 4 g of net carbs because from the 27 g total carb count, they subtract the 6 g of fibre and 17 g of sugar alcohols (malitol syrup and malitol). What is your take on how to count the sugar alcohol in computing a net carb total?

Dr Alan Barclay says: 'Food laws vary from country to country. The Australian Standard for GI Testing (which hopefully will soon be an International Standard) requires manufacturers to include sugar alcohols in the total available carbohydrates on the nutrition label, though only about 40–50% of the carbohydrate in maltitol/maltitol syrup is absorbed (this is accounted for when determining the amount of the food needed to measure its GI). If the Australian Standard is used, these snack bars would have to state that they contained around 12 g of available carbohydrate, not 4 g as currently claimed.'

In an effort to fit more into life I am wanting to get up early a couple of times a week to exercise before the rest of the family rises. Should I make time to eat brekkie first or jump straight in?

Dr Joanna McMillan Price says: 'Jump straight in! In fact exercising before breakfast is a great way to burn fat - your blood glucose and insulin levels are at their lowest and with incoming carbohydrate the body does a good job of dipping into those fat stores alongside using stored carbs (glycogen). But do make sure you have had a good meal containing low GI carbs the night before to ensure your glycogen stores are well stocked. Otherwise you'll feel below par and struggle to work at any intensity. Also be sure to drink a large glass of water before you head out to be sure of good hydration. When you get home tuck into a good low GI brekkie and you'll feel great for the rest of the day.'

Email your curly question about carbs, the GI and blood glucose to: gicurlyquestions@gmail.com

Your Success Stories

'I am blessed with a sense of achievement that I very rarely experienced before I had my strokes thanks to the GI diet.' – Brenda

'In March and May 2007 I suffered two strokes. At the time, I was a non-drinker, non-smoker, weighed 82 kg (180 lbs) and suffered from hypertension. A subsequent visit to my GP confirmed what I feared the most, that if I put on any more weight I would put myself in the diabetic risk category.'

I immediately made a mammoth effort to read everything in sight regarding GI diets – my latest publication is *The Low GI Family Cookbook*. When I went shopping, I kept *The Low GI Shopper's Guide 2008* with me constantly. This guide came in handy not only when I purchased my weekly groceries, but was a good reference when I indulged my morning coffee sessions or had an occasional Chinese meal and even got invited out to a party as it gave me the GI values of many food items that I ate at these events not to mention many food items that I use on a daily basis.

Fourteen months later I feel as though I have been reborn. I am now 57 kg (125 lbs), have a lot more energy and I love the fact that I am never hungry because I eat every few hours, don't have to weigh my food or count calories and I enjoy what I eat. It gave me a lot of pleasure to know that I can eat a wide variety of good food and not put the weight back on.

Briefly, I am eating stacks of fruit, apples, strawberries, mangoes and melons. I love bananas, but always make sure they are small ones. With regard to vegetables, I eat the majority of them with the exception of onions which I am allergic to and I am very fond of chicken, fish, all light cheeses and eggs. I enjoy sweets after each meal and these often contain low-fat custard, yoghurt or ice-cream poured over fresh or tinned fruit – apricots, stewed apples, rhubarb, jelly and fruit salad. Yum yum.

My dining out consists quite often of a three course meal – usually a sour dough bread basket with cheese or herbs or a prawn cocktail for entrée followed by herb-crusteD baked fish dish sprinkled with lemon and vegetables or a prawn salad sprinkled with olive oil and lemon dressing or a low-fat mayonnaise for main. For dessert I have either a lemon crepe or a fresh fruit salad with either yoghurt or ice-cream. I don't feel like a martyr – I dig right in and enjoy my food and if I am not sure of the GI value of a dish I play it safe by only having a small portion. I usually complete a meal out with a low-fat chocolate drink or Milo while my girlfriends tend to have cappuccino. My in between food snacks usually consist of fruit, but if I feel like being 'naughty' I eat a sample size chocolate bar or two chocolate squares or two nuts. Throughout the day I mainly drink water but occasionally I have been known to drink non-sweetened apple juice if I am dining out.

I have managed to keep my weight at what it was when I met my hubby 44 years ago. I exercise daily by

doing physio as well as 100 sit and stands, some stretch exercises and some walking with my Canadian crutch, so you can see I am limited in what I can do compared to most people. But I feel good – very good – and I am blessed with a sense of achievement that I very rarely experienced before I had my strokes thanks to the GI diet.’

GI Symbol News with Alan Barclay

The cost of food

In December *GI News*, a reader posted a comment suggesting that food companies earn the right to carry the GI Symbol then immediately hike up the prices.

This is not the case at all. **Healthier foods are not more expensive.** We have just conducted a survey of 5,200 Australian foods and found that overall, healthier foods whether they carry our GI Symbol or not, were not more expensive than less healthy alternatives. However, within a food category, some products are of course more expensive than others, whether they are healthier choices or not. The type (quality) and number of ingredients, product size and country of origin are key factors here. Where you shop can make a difference, too. Some areas are significantly more expensive than others as every smart shopper knows.

Let’s look at bread as it is one of the major sources of carbohydrate in our diet, which means buying quality low GI bread is an excellent investment in your long term health.

Over the years, the GI team at the University of Sydney has tested a lot of breads for manufacturers, and relatively few are actually low GI. Developing and reliably producing low GI breads is not a simple task and price increases for ingredients ultimately drive costs up during the production process. For example the ongoing drought in Australia and the global wheat shortfall increased the cost of flour. The breads that carry the GI Symbol are quality products made with special ingredients and a special manufacturing process. They have all been GI tested using the Australian Standard method (which will soon be the International Standard), and as a condition of being a GI Symbol Licensee, a company will measure a product’s GI value on a regular basis (from batch to batch throughout the year) to ensure that it really has the GI value that they are claiming. This is why we can say with confidence that the GI Symbol is your guarantee that the GI value stated near the nutrition information panel is reliable.

When it comes to the checkout, we found that the breads were competitively priced:

1. Lower GI white breads carrying the GI Symbol were no more expensive than higher GI white breads.
2. Low GI wholegrain breads were no more expensive than similar quality higher GI wholegrain breads.