

GI News—June 2009



- Who really needs a gluten-free diet?
- Money-saving low GI recipes
- 5 tips to reduce your risk of diabetes
- More bang with low GI foods for your exercise buck
- GI database updated with over 2,480 foods
- New GI Symbol Program website

‘It’s a myth that everyone should be on a gluten-free diet,’ says Shelley Case a registered dietitian and a member of the Medical Advisory Boards of the Celiac Disease Foundation and Gluten Intolerance Group in the US and Professional Advisory Board of the Canadian Celiac Association during May’s Celiac Awareness Month. In Food for Thought, Shelley explains why it’s vital to see your physician before adopting a gluten-free diet, and dietitian and diabetes educator Kate Marsh explains why there’s more to gluten-free living than focusing on foods to avoid, and why gluten-free diets can be high GI.

Good eating, good health and good reading.

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Food for Thought

Who really needs a gluten-free diet?

‘These days, going gluten-free is being hailed as the solution to everything from autism and ADHD to obesity, but going gluten-free before being screened for celiac disease (an autoimmune disorder that affects 1 in 100 people in many Western countries) can be hazardous to your health! This is because removing the gluten from your diet may prevent your physician from being able to diagnose it accurately,’ she says. ‘It’s absolutely imperative to see a physician before adopting a gluten-free diet.’

‘For people with celiac disease, following a strict gluten-free diet (no wheat, rye and barley) for life is a critical medical intervention. In fact it’s the ONLY treatment available and as such must be followed very carefully.’

Celiac disease is the most common and one of the most under-diagnosed hereditary autoimmune diseases. Typical symptoms include:

- atigue, weakness and lethargy
- Low iron levels or unexplained anemia that does not improve or recurs after taking iron supplements
- Wind, bloating and abdominal distension
- Stomach cramps
- Diarrhea
- Constipation
- Nausea and vomiting
- Weight loss, and/or
- Poor weight gain, delayed growth and delayed puberty in children.

Some less common symptoms in adults include:

- Easy bruising of the skin
- Mouth ulcers
- Infertility and miscarriages
- Muscle spasms/cramps due to low calcium levels
- Deficiencies of vitamins B12, A, D, E and K
- Dental problems
- Poor memory and concentration, and
- Bone and joint pains.

If you have one or more of these signs or symptoms, make an appointment with your doctor for a check-up. They should refer you to a gastroenterologist who specializes in celiac disease.

‘The only way to diagnose celiac disease is with a blood test and small intestinal biopsy and gluten must be present in the diet in order for these tests to be accurate,’ emphasizes Case. ‘Starting the diet before the test could easily result in more people being mis-diagnosed.’

Dietitian Kate Marsh, author of *Low GI Gluten-free Living Made Easy*, adds: ‘There’s much more to gluten-free living than focusing on foods to avoid. Eating well is a key to good health and preventing other long-term health problems like diabetes and heart disease. While it is great to see an ever-increasing range of gluten-free foods becoming available and making life easier for those with celiac disease, unfortunately many of them are highly processed and some are high in fat and added sugar – two ingredients that are naturally gluten-free! Gluten-free diets also tend to have a high GI because many low GI staples such as whole wheat kernel breads, pasta and barley are eliminated because they contain gluten. The gluten-free alternatives, due to their ingredients and processing methods, are often quickly digested and absorbed, raising blood glucose and insulin levels.’

[*Low GI Gluten-free Living*](#), which shows you how to incorporate low GI carbs into a gluten-free diet, is available from books stores and Amazon.

For more information on celiac disease and a gluten-free diet, contact your local celiac association or check out [Shelley Case’s website](#).

News Briefs

5 tips to reduce your risk of diabetes

When researchers checked out the lifestyle habits of some 4,900 adults, aged 65 or older and without diabetes over a 10-year period, they found that the factors associated with low risk for diabetes were:



- physical activity
- a healthy diet
- no smoking
- moderate alcohol use
- not being overweight

The researchers showed that 80% of new cases of diabetes are attributable to these risk factors, a number that increases when obesity is included. 'Our findings suggest that, even later in life, the great majority of cases of diabetes are related to lifestyle factors,' write Dariush Mozaffarian (Brigham and Women's Hospital, Boston, MA) and colleagues in the April 27, 2009 issue of the [Archives of Internal Medicine](#). 'Our results support the need for emphasising healthy and achievable physical activity and dietary goals among older adults, including:

- moderate leisure-time activity and walking pace,
- higher intake of dietary fiber and polyunsaturated fat, and
- lower intake of trans fat and easily digestible [high GI] carbohydrates.'

More bang with low GI foods for your exercise buck

'If you are trying to shed fat, you may consider eating low GI foods before you exercise,' suggests Dr Emma Stevenson after a recent University of Nottingham study published in the [Journal of Nutrition](#) found that a low GI breakfast before exercising could help with weight loss because it increases fat oxidation both at rest and during subsequent exercise.

In the study, eight healthy, sedentary but not overweight women ate either a high GI breakfast (cornflakes and milk, white bread and jam and a carbonated glucose drink) or a low GI one (natural muesli and milk, tinned peaches and yoghurt and apple juice) in test sessions held several days apart (each breakfast contained the same number of calories and same proportion of those calories from carbs, fat and protein). Three hours later they did a 60-minute walk on a treadmill, which was set to make them work but not to the point of exhaustion, before having lunch.

Blood glucose was higher – as expected – after the high GI breakfast than the low GI one, and had returned to normal levels by the time the women started to exercise. But plasma free fatty acids (FFA) – which indicate the amount of fat being used as an energy source – began to rise two hours after the low GI breakfast was consumed. Exercise led to a rapid increase in FFAs in both groups – but concentrations were higher in the low GI group. After lunch the concentration of FFAs was the same in both groups, but overall fat oxidation was higher in the low GI group than the high GI group. ‘A low GI breakfast also had an impact on appetite, with the women feeling fuller for longer after they’d eaten these types of foods,’ said Dr Stevenson.

How high glucose might damage blood vessels

Diabetes increases the risk of cardiovascular disease such as heart disease and stroke, even when blood glucose levels are under control. In fact, about 75% of people with diabetes die from some form of heart or blood vessel disease, according to the American Heart Association. Medical College of Georgia researchers now suspect increased modification of proteins by a glucose-derived molecule is a player in vascular problems associated with hypertension, stroke and obesity as well. They found that a decreased ability of blood vessels to relax resulted from increased activity of a natural mechanism for altering protein form and function, according to Dr Rita C. Tostes, physiologist in the MCG School of Medicine.

One aftermath of high glucose levels is low levels of the powerful vasodilator nitric oxide in blood vessels, a shortfall that increases the risk of high blood pressure and eventual narrowing of the vessels, researchers reported at the [American Society of Hypertension](#) 24th Annual Scientific Program in San Francisco during a joint session with the Council for High Blood Pressure.

Most of the glucose in the body is carried by the blood stream to the body’s cells where it provides fuel for energy. However about 5% of all glucose is converted to O-GlcNAc, one of the sugar types that can modify proteins.

Inside the blood vessel walls of healthy mice, MCG researchers found increased activity by O-GlcNAc competes with another mechanism for modifying proteins called phosphorylation. In blood vessels, phosphorylation modifies the enzyme that produces nitric oxide, called nitric oxide synthase, so that it makes more of the blood vessel dilator. But add more O-GlcNAc to the mix and it seems to beat phosphorylation to the punch so there is the opposite result. The longer O-GlcNAc levels were high, the worse the resulting problem, says Victor Lima, a graduate student at the University of Sao Paulo working with Dr Tostes.

An animal model of hypertension seemed to confirm the finding that the more O-GlcNAc, the more blood vessels contract because these animals had higher O-GlcNAc levels. ‘Now we are trying to see why this is happening and what comes first. Is increased blood pressure leading to changed O-GlcNAc or are augmented levels of O-GlcNAc contributing to the change we see in the vasculature of hypertensives?’ Dr Tostes says. ‘If we know how this changes vascular function, we can understand some of the dysfunction that we see in diabetes.’

To make sure they were targeting the O-GlcNAc sugar and not dealing with other effects of glucose on blood vessels, the researchers blocked the enzyme OGA, an enzyme that normally removes O-GlcNAc from proteins so they can revert to their normal state.

If the findings continue to hold true, drugs similar to those they use in the lab to inhibit OGA or OGT, the enzyme that adds O-GlcNAc to the protein, could one day help reduce the significant cardiovascular risk associated with diabetes, Mr Lima says.

International Diabetes Federation streamlines website

‘We want to serve the needs of people with diabetes, people interested in learning more about diabetes, of governments and researchers looking for evidentiary data about the diabetes epidemic, and of diabetes and health associations looking for global material on diabetes care, prevention and education,’ said Mario Fetz, IDF Director of External Relations. www.idf.org is available in three languages and is integrated with Facebook and Twitter.

Foodwatch with Glenn Cardwell

Mushrooms and cancer

Mushroom eaters get many health benefits (one serve provides more than 20% of our daily needs of the essential nutrients riboflavin, niacin, pantothenic acid, biotin, copper and selenium). Back in October 2008, *GI News* reported on a US study that found mushrooms to be an ideal way to cut calories without losing out on flavour or a sense of fullness. Now the mushroom is showing itself to be a tasty way of stacking the odds in our favour against developing the top two cancers that hit non-smokers.

If you are a non-smoker, then, statistically speaking, the cancer you are most likely to get is either breast or prostate cancer, each of which kill around 3000 Australians every year (compared to 7,500 people dying of lung cancer). Yet a solution could be as close as your local supermarket. According to a report from the University of Western Australia published in the March issue of the *International Journal of Cancer*, one of our most popular foods could greatly reduce your risk of getting these cancers.

Mushrooms good to breasts Researchers, led by Dr Min Zhang, studied 1000 Chinese women with breast cancer and compared them to 1000 control women without cancer. Their findings reveal that those women who consumed the most fresh mushrooms were around two-thirds less likely to develop breast cancer in comparison to those that didn’t eat mushrooms. There was a further risk reduction if they also drank a cup of green tea each day. You may be thinking that the women in the study were eating exotic mushrooms that we rarely see in the supermarket. Not so. The most common mushroom consumed was the button mushroom, and 10 g (about 1/3 oz) or one small mushroom a day was enough to lessen the chance of breast cancer.

Mushrooms good to prostates too Earlier research published in the journal *Cancer Research* in 2006 has revealed that unique compounds in mushrooms inhibit two enzymes – aromatase and 5-alpha reductase – which encourage the progression of both breast and prostate cancer respectively in mice. The results have proved so encouraging that funding has just been granted to conduct human studies in the US to observe the effect of mushrooms in those who have had breast or prostate cancer.

First human research The study by Dr Zhang was the first human research showing a link between button mushrooms and a lower risk of breast cancer. A previous Korean study looking at other types of mushrooms also noted a link between mushrooms and a lower risk of breast cancer.

So, start stacking the odds in your favour with Johanna Burani's Pappardelle con funghi or Diane Temple's Mushroom minestrone with barley in this month's *GI News*.

Glenn Cardwell is an Accredited Practising Dietitian consulting to the mushroom farmers of Australia. More information on mushrooms is available at www.mushroomsforlife.net. Make sure you check out Glenn's [website](#).

Low GI Recipes of the Month

American dietitian, **Johanna Burani** invites *GI News* readers to try recipes from her Italian kitchen (photographed by Sergio Burani).

Pappardelle con funghi

Egg noodles with mushrooms

Laughing Cow cheese wedges are pasteurized spreadable Swiss flavor cheese wedges.

Serves 4

450 g (1 lb) fresh mushrooms (crimini, baby portabella, Swiss brown)

12 sprigs fresh flat-leaf parsley, minced (approximately 1/2 cup)

6 Laughing Cow cheese wedges, light

1 cup marsala wine (sweet red dessert wine)

230 g (8 oz) egg pappardelle



- Use a damp paper towel to wipe mushrooms clean. Cut each one into 4–5 vertical slices.
- Thoroughly coat a large skillet with vegetable spray and warm over a medium heat for 1 minute. Add the mushrooms and cook for 6 minutes. Stir frequently to cook evenly. Lower the heat if necessary. Stir in the parsley and simmer for 1 minute. Remove skillet from heat.

- Drop the cheese wedges into a small saucepan, pressing down with the back of a fork to squash them. Add the marsala. Stir with a wooden spoon to combine and cook the sauce over a medium–high heat for 5 minutes, stirring constantly. Tip the sauce into the mushroom mixture and keep covered and warm while the pasta is cooking.
- Cook the pasta according to package directions until *al dente*. Be careful not to overcook it. This type of pasta only needs 4–5 minutes once it comes to a boil. Drain.
- Pour the pasta over the mushroom sauce, toss, and serve immediately (fresh egg noodles absorb liquids very quickly). If you like you can add grated parmigiano reggiano cheese.

Per serve

Energy: 1612 kJ/ 384 cal; Protein 14 g; Fat 5 g (includes 2 g saturated fat and 80 mg cholesterol); Carbs 53 g; Fibre 1 g; 538 mg sodium

Each month, *GI News* readers can eat well and save money with **Diane Temple** (co-author of a new book, *Money Saving Meals*). Diane shares her tips on cutting back on food bills and still enjoying fresh-tasting, easily prepared, seasonal, satisfying and delicious low GI meals that don't compromise on quality and flavour one little bit.

Mushroom minestrone with barley

Use any fresh mushrooms you like in any combination for this – white (button), crimini (Swiss brown), baby portabella or field (flat) mushrooms or any of the more exotic ones). If you only want to use one type of mushroom, I would suggest using cheap flat mushrooms for colour and flavour. The real aroma booster for this soup comes from the dried porcini. Don't gasp. Although this may seem a pricy option, you only need a pinch or three to pack a punch. I don't think this soup needs any garlic, but if you can't live without it, sauté a chopped clove with the onion and other vegetables. Preparation time: 15 minutes; cooking time: 40 minutes.

Serves 4

10 g (1/3 oz) dried porcini mushrooms
 2 tablespoons olive oil
 1 medium onion, chopped
 1 large carrot, peeled or scrubbed and diced
 2 stalks celery, diced
 ½ cup pearl barley, rinsed
 6 cups hot water mixed with 1 tablespoon chicken or vegetable stock powder
 250 g (9 oz) flat mushrooms
 2 tablespoons chopped flat leaf parsley
 4 slices sourdough or grainy low GI bread, to serve



- Place the porcini mushrooms in a heatproof bowl and pour over ½ cup of boiling water. Set aside while you prepare the vegetables.
- Heat the oil in a large saucepan and cook the onion, carrot and celery for 10 minutes on a low heat until soft, stirring occasionally. Add the porcini mushrooms and the soaking liquid, the barley and the chicken (or vegetable) stock, stir and bring to the boil. Cover and simmer gently for 30 minutes.
- Cut the flat mushrooms in half then slice them crosswise and add them to the soup. Cover, and continue to simmer for another 10 minutes or until the barley is tender to the bite then stir in parsley. Ladle into soup bowls and serve with bread.

Per serve (with 1 slice bread)

Energy: 1221 kJ/ 292 cal; Protein 9 g; Fat 11 g (includes 2 g saturated fat); Carbs 35 g; Fibre 7 g

Stocktake: Diane's nifty & thrifty cooking tip of the month

Stock helps make great tasting soups, but it needn't cost the earth, take hours to prepare, or come in a carton or can. If you do the maths, you'll find that stock powders deliver the best value for money (Australian dollars quoted here).

- 1 litre carton (4 cups) chicken stock about \$3.10
- 4 cups chicken stock made with stock cubes about 40 cents
- 4 cups chicken stock made with Vegeta stock powder about 15 cents

You also have more control of the flavour – you can follow instructions (usually 1 teaspoon stock powder per cup of water) or use a bit more or less as you wish. Some brands are high on flavour, low on fillers and additives, salt reduced and gluten free. However, hold the salt shaker. Like other stock products on the supermarket shelf, stock powders can be on the salty side, so don't add any extra. And keep in mind any salty toppings you are serving like Parmesan cheese.

Busting Food Myths with Nicole Senior

***Myth:* Foods labelled as ‘Natural’ are healthier**

***Fact:* ‘Natural’ claims mean very little**

To find healthier foods, check the ingredients list and nutrition information panel on the label, and try eating more fresh foods that don’t need labels. According to Mintel market research, ‘natural’ was the most popular claim made on new food and drink products around the world in 2008. In Australia, a Galaxy Research survey on 1,100 adults found 99% of Australians are consuming more natural and unprocessed foods to improve their health. But are we always getting something healthier when we buy foods with ‘natural’ on the label?

Not when you think in terms of adverse nutrients, such as saturated fat and sodium. Salt, butter, lard and cream are natural, however they are disastrous to our health when eaten in excess, and surveys show we are still eating too much of these. Organic claims carry similar health cred with consumers, however may not actually deliver the health benefits you might expect. While organic food is better for the environment, it is not necessarily better for your health. An organic muffin made with white flour, butter and sugar is still a high calorie, high saturated fat snack with poor nutritional value – the addition of blueberries does little to redeem it.

I once read ‘organic crystallised sugar cane juice’ on the label of a so-called ‘health bar’ – a classic case of sugar dressed up as natural, dressed up as healthy. Similarly I have encountered an organic ‘health bar’ made with white flour, butter, sugar and oats with enough saturated fat to exceed the entire day’s maximum, and as many calories as an entire meal. Another obvious example is ‘natural’ confectionery, which contains as much sugar and calories as the regular stuff, and offers no health benefit for most people (except perhaps a misplaced reduction in guilt).

In Australia, the regulations for ‘natural’ claims are very open to interpretation. In fact, there is no formal definition of ‘natural’ within the Food Standards Code, so consumer protection is via a set of “guidelines” for interpreting the Trade Practices Act from the Australian Competition and Consumer Commission (ACCC). While corrective action is sometimes taken for flagrant breaches, there are thousands of foods to police, limited resources to police them, and very expensive court time needed to bring companies making dodgy ‘natural’ claims into line.

Is our hankering for ‘natural’ foods a sign of our general disillusionment toward the modern pace of life and our complex food environment? Perhaps ‘natural’ is a word that promises deliverance from the time and stress of interpreting nutrition labels? This same simplicity rationale is behind traffic light labelling: red means unhealthy and green means healthy, right? Well, no not always, and so much depends on the individual dietary context, frequency and amount of the food. Like a lot of areas in nutrition, the simple way doesn’t always guarantee the best way, and creates much collateral damage.

If we are to make the best of our sophisticated food supply, we must read and understand the nutrition information on our food. A good first step is relinquish our desperate grip on the ‘natural’ claim as a healthy signpost. Sometimes ‘natural’ is anything but healthy. Oh, and eat

more fresh foods without labels – much food goodness needs no advertising.

For more heart-healthy eating advice, tips and recipes go to www.eattobeatcholesterol.com.au

Move It & Lose It with Prof Trim

Prof Trim's 5-point fitness test

How do you rate?

Size refers to body fat. This is related to fitness, but not perfectly. It is possible to be fit AND fat and activity levels are more important than weight loss in people who just can't lose weight.

All you need to do is move.

Stamina is aerobic capacity. It's a good indication of cardiovascular (heart-lung) fitness. It can be increased by regularly moving at increasing levels of intensity.

A simple home screening question is: "Do you regularly (ie. daily or almost daily) carry out exercise for the sole purpose of improving your health, or increasing your physical fitness." If the answer is 'yes', you're likely to have an acceptable level of stamina.

Strength is the ability of a muscle to produce force on contraction. Strength is improved through resistance type activities like weight lifting, rubber straps, aquarobics, exercise machines etc.

A good test for overall strength is either the strength of abdominal muscles (tested by doing full, bent leg sit-ups) or the quadriceps of the thighs (tested by standing from a chair to your full height in one movement). Test how many of each of these you can do in 20 seconds. More than 12 of either is a reasonable test of strength of these muscle groups.

Suppleness is another name for flexibility. It refers to the ability to stretch muscles through their full range. Suppleness is improved by stretching or in such activities as yoga. As the hamstrings (behind the thighs) are a large muscle group that are important for bending and moving, a measure of the ability to stretch these is a good indication of overall flexibility.

Sitting on the floor, slowly reach forward to see if you can reach between your feet. If you can do so, or if you can exceed this, you are adequately flexible. If you can't, you need some more stretching exercises.

Stability is important for preventing falls, particularly in older people. It is an indication of the ability of muscles and joints to work in harmony in daily movement.

A simple measure of stability is to stand on one leg for 30 seconds. Imagine a T sign across the shoulders and down the mid-line of the body. If this wavers, during leg standing, it indicates a lack of stability. To make sure of this, then close the eyes for 30 seconds and check

if it can be done without wavering. Stability is increased by learning how to stand on one leg like this for longer.

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

Feedback

Why are many high-fibre foods high GI?

Dietary fibre can be divided into soluble and insoluble types. *Soluble fibre* is often viscous (thick and jellylike) in solution and remains viscous even in the small intestine. It slows down digestion, making it harder for enzymes to digest the food. Foods with more soluble fibre, like apples, oats and legumes, are low GI as a result. *Insoluble fibre*, on the other hand, is not viscous and doesn't slow digestion, especially if it's finely milled. This is why wholemeal bread and white bread have similar GIs, and why brown pasta and brown rice have values similar to those of their white counterparts.

Does retrograded starch ever revert back to regular starch?

Yes, retrograded starch will revert back to normal starch if it's reheated – perhaps not all of it, but much of it. That's the basis of making stale bread into 'fresh' bread by heating it up in the oven. So twice-cooked potatoes will remain high GI. Even cold potatoes have a high GI because only 10 per cent of the starch is retrograded. Some critics debate about the fact that cooking makes a difference to the GI of potatoes, but the effect is relatively small and the overall message is that potatoes usually have a high GI. Having said that, we are discovering that some varieties, such as Nicola, have a lower GI – in the high 50s. These are usually called waxy potatoes and they are recommended for making a potato salad because they keep their firm shape.

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

Your Success Stories

'My experience so far has ensured a life time of lower GI eating for myself and my family.' **- Fiona**

'I am currently pregnant with my third child. I was diagnosed with PCOS in 1998. Although my specialist at the time specialised in PCOS for her doctorate, I had no understanding of the link between insulin and my condition. I went on to have two rather large sons – 4.44 kg at 37 weeks and 4.62 kg at 35 weeks (yes, that is right!) – and gained a lot of weight during pregnancy. My second son also had blood glucose issues after birth, although I have never tested positive for gestational diabetes. In my journey to try and fall pregnant a third time I finally read a book I had owned for 4 years but never read – [The New Glucose Revolution for Managing \(Guide to Living Well with PCOS\)](#) in the US and Canada). What an eye opener! I can't believe I had not got around to reading it before. As my husband was also trying to lose weight at the time following the

South Beach Diet I took the opportunity to switch to a low GI diet. I have since fallen pregnant again and, despite not being rigid in my diet, have only gained a 'normal;' amount of weight and the baby is measuring average for dates at 5 months. My experience so far has ensured a life time of lower GI eating for myself and my family (at least while I have some control over what goes in their mouths!)

Update: Fiona had Baby Number 3 in May - a very respectable 3.95 kg. 'I know that is big for some but small for me! No blood glucose issues with the baby either,' says Fiona

GI Symbol News with Alan Barclay

www.gisymbol.com

The [GI Symbol Program website](http://www.gisymbol.com) has had a complete facelift. Designed to be helpful for consumers, health professionals and the food industry, the site provides clear and simple information on the glycemic index (GI), shopping for healthy low GI foods, the benefits of healthy eating the low GI way, and the steps involved in a food product qualifying to carry the GI Symbol. For GI Symbol Program Licensees, a special Members section provides the evidence base for making nutrition claims about GI, our nutrient criteria product profiler to make new product development easy, the latest consumer research, and GI Symbol graphics in a variety of popular formats.

The website links to the GI database, *GI News* and GI testing labs around the world and the search facility enables users to find foods that currently carry the GI Symbol.

Backed by the Glycemic Index Foundation, a collaboration between the University of Sydney, the Juvenile Diabetes Research Foundation of Australia, and Diabetes Australia, the GI Symbol Program leads the way in helping everybody make healthier food choices every day for every meal for their long term health and well being. Manufacturers pay a license fee to use the certified Symbol and the income is channelled back into education and research.

The GI Symbol is a powerful tool for quickly and reliably making healthy food choices when grocery shopping. It's your guarantee that the GI value stated near the nutrition information label is accurate. Foods with the GI Symbol are healthy in other ways, too. To be approved to carry the GI Symbol, foods must be a good source of carbohydrate and meet a host of other nutrient criteria including energy (Calories/kilojoules), total and saturated fat, sodium (salt), and where appropriate fibre and calcium.

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New GI Values with Fiona Atkinson

GI database updated

The database at www.glycemicindex.com has been updated with the latest GI values based on the *2008 International Tables* which included the GI of 2,489 individual food items (*Diabetes Care*).

If you want a print version, pick up a copy of the *2009 Shopper's Guide to GI Values* available in ANZ and in the US and Canada. Publishing rights for this handy little pocket guide are available for all other countries.

In the following summary, we have listed the average GI values of more than 60 common carbohydrate-containing foods to help you put the lower GI choices into your shopping trolley and on your plate.