

GI News—September 2010



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'If starting tomorrow at noon, we all went into Taco Bell and Burger King and ordered only salads, their menus would change faster than you can say Lite Italian' writes Prof Brian Wansink in *Mindless Eating*. 'Within a year, people would be able to eat a Taco Salad Bell any time they wanted to make a run for the border. Within another year there would be another Broccoli King ... No food company is in the business to make us fat. They're in the business to sell us food. If we want fattening food to mindlessly eat, companies will fix it. But they will also fix us healthy food we can mindfully eat if they can profitably do so.'

Vote with your feet. It's up to us, not governments and self-appointed nutrition nannies. If we all demand healthy low GI fast food options, you can be sure the food companies will supply them. Our job is to make it profitable for them to do so. That means we have to order them and not the tempting high calorie, high fat, high GI alternatives. So here's to great tasting baked 'fries' or wedges made with lower GI potatoes, lean meat burgers on really grainy low GI buns and curries and stir fries served with lower GI rices.

Good eating, good health and good reading.

Editor: Philippa Sandall

Web management and design: Alan Barclay, PhD

Food for Thought

It's time to raise the bar and lower the GI cut-offs for fast foods and convenience meals

The GI was introduced back in 1981 to rate the glycemic character of the carbohydrate in individual foods like bread, breakfast cereal, rice, pasta, apples etc. The purpose was to exchange one carbohydrate source with another for snacks and in your meals (e.g. replacing a high GI breakfast cereal like corn flakes with a low one like natural muesli). The decision behind the cut-offs for high GI (70 or higher) and low GI (55 or lower) foods at that time was based on the scatter of GI values among single foods that had been GI tested.

We are often asked about mixed meals including fast foods and convenience meals and the effect of extra protein and fat in the food on GI and blood glucose response. Eaten alone, protein and fat have little effect on blood glucose levels, but that's not to say they don't affect your blood glucose response when they are combined with a carb-rich food. Protein will stimulate additional insulin secretion, resulting in lower blood glucose levels. Protein and fat both tend to delay stomach emptying, thereby slowing the rate at which carbohydrate can be digested and absorbed. So a high fat meal will have a lower glycemic effect than a low fat meal even if they both contain the same amount and type of carbohydrate.

Because SUGiRS (Sydney University Glycemic Index Research Service) is being asked to test an increasing number of fast foods and convenience meals, we think it's high time to review the cut-offs for mixed meals. When it comes to defining a low GI meal such as a pizza (crust + toppings) or hamburger (bun + pattie + mayo + ketchup + salad + pickle), we should be looking at a figure of around 45 or less so that the GI value reflects the effect of the fat and protein in the meal.

We suggest the 45 or lower would be the appropriate new cut-off for a low GI fast food or convenience meal. Why 45? Well, we now know from numerous observational cohort studies around the world that the daily average GI of the diet of people in the lowest quintile (20% of the population) is about 40–50. Similarly, in a meta-analysis published in *Diabetes Care* (www.ncbi.nlm.nih.gov/pubmed/12882846) of 15 experimental studies investigating the role of low GI diets in managing diabetes, the daily average GI was 45. Since this average GI has been proven to have significant health benefits in people with existing

diabetes and in reducing the risk of chronic diseases like diabetes and heart disease, and importantly, people can and do achieve it in real life, we believe a GI of 45 or less is what we all need to be aiming for in mixed meals like burgers or pizzas or toasted sandwiches or filled subway-style rolls and in our overall diet.

Here are the new cut-offs we are suggesting for fast foods and convenience meals:

- Low GI 45 and under
- Medium GI 46–59
- High GI 60 and over

Based on some of the fast foods we have already tested, here’s how it looks:

	GI	GI	Available carbs	GL
BURGERS				
McDonald’s Hamburger, 1 burger	66	High	25 grams	17
McDonald’s McChicken, 1 burger	66	High	40 grams	26
McDonald’s Fillet-O-Fish, 1 burger	66	High	30 grams	20
PIZZA				
Pizza Hut Super Supreme Thin and Crispy, 2 slices (27cm/11 in diameter) pizza (cut into 8 slices)	30	Low	34 grams	10
Pizza Hut Super Supreme Pan), 2 average slices (27cm/11 in diameter) pizza (cut into 8 slices)	36	Low	47 grams	17
Pizza Hut Vegetarian Thin & Crispy), 2 average slices (27cm/11 in diameter) pizza (cut into 8 slices)	49	Medium	33 grams	16
SUSHI				
Salmon (I Love Sushi), 4 pieces	48	Medium	28 grams	14
Vegetable (Keepin It Fresh..), 1 roll	45	Low	44 grams	20

News Briefs

Wanted! Low GI fast food choices

Carmel Smart's study in *Diabetes Care* (www.ncbi.nlm.nih.gov/pubmed/18458138) reported that swapping high GI for low GI carbs in 4 healthy breakfast options brought additional benefits for children and teenagers with type 1 diabetes on

multiple daily injections and helped reduce post-meal hyperglycemia. What happens, however, when young people with type 1 take their pick from typical food hall lunchtime takeaway offerings?

A study published in the *International Journal of Clinical Practice* (www.ncbi.nlm.nih.gov/pubmed/19196356) that looked at the glycemic effects of popular takeaway meals reports that it's not just the quantity of carbs that counts when adjusting insulin dosages, the GI and fat content matters too. In the University of Newcastle study, 9 young adults (average age 23) with type 1 diabetes (all on intensive insulin therapy) tucked into 4 typical lunchtime takeaway meals available in any food hall on 4 different occasions at least 3 days apart. The meals had the same amount of carbohydrate (about 60 grams) but different amounts of fat and protein and low, moderate and high GIs. The meals were:

- Spaghetti carbonara – low GI/high fat
- McDonald's Quarter Pounder with fries (fries reduced by 40% to stay within the 60 grams carb limit) – Moderate GI/high fat
- Thai chicken and cashew stir fry with jasmine rice – high GI/low fat
- Cheese, ham and tomato sandwich – low GI/low fat

At the 3-hour post-meal mark, all participants had had a significantly lower glycemic response to the low GI pasta meal compared with the Thai, sandwich and hamburger meals. In their conclusion, the authors write: 'promotion of low GI, low fat fast food choices to young people with type 1 diabetes may reduce postprandial glucose excursions, reduce HbA1c and reduce cardiovascular risk.' Talking to *GI News*, lead author Dr Julia Lowe also advises a glucose test after eating low GI/high fat meals, as they may carry an increased risk of the dreaded 'hypo.'

Will you have a statin with that?

A study published in the *American Journal of Cardiology* (www.ajconline.org/article/S0002-9149%2810%2900870-2/abstract) argues the case for handing out free cholesterol-lowering statin drugs whenever you buy fast food to cancel out the health risks of high fat food and provide us with cardiovascular benefits. 'It is difficult to know how seriously to take this study' write the reviewers at *NHS Choices* (www.nhs.uk/news/2010/08August/Pages/statin-drugs-free-with-fast-food.aspx). '... junk food has many negative health consequences beyond just increasing cholesterol. Taking a statin pill while continuing with an unhealthy diet will not address all of these. Most importantly, statins are designed for longer-term

use under medical supervision. They should not be dished out like ketchup.’

Gut reactions

An Italian study published in *Proceedings of the National Academy of Sciences* (www.pnas.org/content/early/2010/07/14/1005963107.abstract) compared the gut bacteria from children in Italy following a Western diet (they don’t tell us what the children actually ate) to children from a village in Bukina Faso, Africa, who followed a traditional African farming diet that was richer in fibre. ‘This study did not follow up the health consequences of the different types of bacteria found in the children and did not directly assess whether there is a link between a particular type of bacteria and illness, allergies or obesity,’ report the reviewers at *NHS Choices* (www.nhs.uk/news/2010/08August/Pages/Junk-food-and-allergies.aspx). ‘This study indicates that different diets around the world may have resulted in a different distribution of bacteria found in the gut in different populations. The researchers emphasise that looking further at these distributions may help us to understand which illnesses are diet-related and the role that bacteria play in the promotion and prevention of disease. However, at this point it does not provide evidence linking one type of diet to any illness.’

Lower (45%) carb diet helps weight loss

Obese women with insulin resistance lost a little more weight after 12 weeks on a lower carb, higher fat diet than on a traditional low fat, high carb diet with the same number of calories according to a Jenny Craig-funded study presented at The Endocrine Society’s 92nd Annual Meeting in San Diego.

The researchers randomised 45 insulin-resistant women to a low fat diet or a lower carb diet and provided them with prepared calorie-controlled meals as part of a behavioral weight loss program. The low fat diet consisted of 60% of calories from carbs, 20% from fat and 20% from protein. The lower carb diet held the protein calories at 20%, but cut the carbs back to 45% (a pretty typical amount for many Australians in fact) and upped the fat to 35% primarily from unsaturated fats such as nuts. The daily menus included a minimum of 2 fruits and 3 vegetable servings. Both groups lost weight at each monthly weigh-in, but by 12 weeks, the lower carb dieters lost about 3 pounds more than the low fat dieters (19.6 pounds/9.3kg versus 16.2 pounds/7.3kg). – Source ScienceDaily (www.sciencedaily.com/releases/2010/06/100619173919.htm) as the study is not yet published.

Low carb or low fat for weight loss? The choice is yours if you can stick to it

A new study published in *Annals of Internal Medicine* (www.annals.org/content/153/3/147.abstract?aimhp) reports that after 2 years, low fat or low carb dieters taking part in a behavioral program to help them change their lifestyle can both achieve successful weight loss. Both groups in this study lost on average 7kg or 7% of their body weight. A low carb diet may modestly improve some, but not all, risk factors for heart disease, though the researchers report that it is unknown whether these improvements will influence the future development of heart disease.

The study included 307 obese men and women. The low carb diet group was instructed to eat no more than 20 grams of carbohydrate per day for 3 months and then increase that by 5 grams a day each week until they achieved their desired weight. The low fat diet group were told to decrease their calorie intake to 1200–1800 calories a day with no more than 30% of calories from fat. All took part in the education program that met weekly for the first 20 weeks, then every other week for 20 weeks, and then monthly for the rest of the 2-year study to help them increase their physical activity and change their lifestyle. Many participants did not last the course on this study.

Get the Scoop on Nutrition with Emma Stirling

The scoop on nutrition health halos and how they trick us into treats

In today's health-aware world we are bombarded with nutrition messages. Words like 'natural', 'diet', 'light', and 'low- or no-fat' entice us with 'ticks', 'star bursts' and other bells and whistles every time we shop or stop for food. But can you accurately assess these supposedly healthier foods on face value? Or could their seemingly saintly glow really turn out to be just a health halo?

What is a nutrition health halo? Dubbed the Sherlock Holmes of food, Director of Cornell University's Food and Brand Lab, Dr Brian Wansink is credited with coining the phrase 'health halo'. It's an effect that occurs when we make the assumption that a particular food is healthy because of a positive association with the parent brand or positive nutrition and health claims. One example is Wansink's case of Subway versus McDonald's. Subway carries a health halo due to the perception that its menu contains better choices (all those salad rolls). McDonald's on the other hand carries the burden of a health shadow after years as the fast food king (all those fries). However, on closer inspection it is clear that McDonald's now offers many better-for-you options, such as salads. And Subway has its fair share of not-so-

heavenly-for-your-health chocolate chip cookies, large sodas and sandwiches high in calories or kilojoules and saturated fat. We can be tricked by a health halo in a number of ways:

Tunnel vision Research into the area has revealed that it's common for people to misinterpret or latch onto a single nutrient or health claim like 'low fat', which may mask the true picture or total nutrient profile of a food. For example, when you take time to look at the nutrition information panel, you may find your favourite low fat ice-cream is high in added refined sugar and consequently has a similar calorie or kilojoule count per serve to another brand without the 'low fat' claim.

Under estimates It's also common for people to dramatically underestimate the calorie or kilojoule content, and eat more of a food, because it comes from a brand perceived to be healthier. A recent study by the University of Michigan revealed that organic claims influenced how 'fattening' subjects perceived a food to be. Subjects were more likely to underestimate the calories or kilojoules when told a cookie was "organic" compared with a conventional cookie.

False permission Finally, many of us give ourselves the OK to eat a treat food as a reward for choosing a food with a health halo, resulting in a far greater overall calorie or kilojoule intake. A classic example is pairing a diet cola with a doughnut. It is clear that any calories or kilojoules saved by switching from regular to diet cola, does not miraculously cancel out the calorie-loaded treat. This effect can also apply to other aspects of lifestyle behaviour. In the University of Michigan study above, subjects were less critical when someone had an 'organic' dessert and skipped exercise.

Devil is in the details The best way to avoid being caught by a health halo is learn the steps to being an avid label reader and favour whole foods close to the natural source like fruits, vegetables, nuts, seeds and wholegrains. Come on over to The Scoop on Nutrition (www.scoopnutrition.com/2010/08/makeover-your-pantry-with-wholegrains-ancient-grains-youll-freekeh-over-the-health-benefits) and watch our latest video on the hottest new wholegrains in town that can help boost your nutrient intake and manage your blood glucose levels.

Emma Stirling is an Accredited Practising Dietitian and health writer with over ten years experience writing for major publications. She is editor of The Scoop on Nutrition (www.scoopnutrition.com) – a blog by expert dietitians. Check it out or subscribe for hot news bites and a healthy serve of what's in flavour.

In the GI News Kitchen

American dietitian and author of *Good Carbs, Bad Carbs*, **Johanna Burani**, shares favourite recipes with a low or moderate GI from her Italian kitchen. For more information, check out Johanna's website (www.eatgoodcarbs.com). The

photographs are by Sergio Burani. His food, travel and wine photography website is photosbysergio.com.

Rice pudding with almond cherry sauce

Cherries and almonds are a match made in heaven. That's not to say that the rice-milk-lemon mixture isn't a divine combination as well. In winter, rice pudding ('budino di riso') is cooked with lots of milk to make it creamy and is served warm by itself or with stewed dried fruit. This is the summer version: just barely enough milk to cook the rice, leaving it dry enough to take the shape of a pudding mold, served at room temperature with a warmed seasonal fruit sauce. The Italians think of everything! Be generous with the sauce (double sauce ingredients if you wish). Makes 5 (depending on mold size used.)

2 cups fat free milk

1 cup Uncle Ben's long grain rice

pinch salt

finely grated zest 1/2 lemon (approx. 1 teaspoon)

1 teaspoon almond extract

2 teaspoons sugar

450g (1lb) dark sweet cherries, washed, pitted, coarsely chopped

2 tablespoons honey

1 teaspoon almond extract

Bring the milk to a boil slowly. Gently add in rice and salt, cover, and simmer for 20 minutes, stirring frequently to prevent sticking. If needed, in the last few minutes, add 1/2 cup hot water, 2 tablespoons at a time. When the rice is cooked, remove it from the heat, add the lemon zest, almond extract and sugar and mix thoroughly. Divide the rice mixture evenly and fill 5 molds, pressing down to fill all the crevices. Set aside.

Make the sauce, by combining the cherries and honey in a small sauce pan and cooking over a low heat for 15 minutes. Stir frequently. When the sauce becomes creamy, remove from heat, add the almond extract, and set aside.

Place the rice molds upside down on individual dessert plates, and tap to release. Spoon the warm sauce generously on top and serve immediately.

Per serving

Energy: 1079kJ/ 257 cal; Protein 8g; Fat 1g (includes 0g saturated fat and 2mg cholesterol); Available carbs 54g; Fibre 2g

Cut back on the food bills and enjoy fresh-tasting, easily prepared, seasonal, satisfying and delicious low or moderate GI meals that don't compromise on quality and flavour one little bit with **Money Saving Meals** author Diane Temple. For more recipes check out the Money Saving Meals (www.moneysavingmeals.com.au) website.

Burgers with beetroot relish

Make these with seriously grainy rolls, pile on the veggies and serve up a low GI meal everyone will love. Serve them 'ready made' or just throw everything on to a large platter and let everyone make their own. Makes 8 burgers.

- 1–2 tablespoons olive oil
- 1 onion, finely chopped
- 1 small carrot, scrubbed and grated
- 1 small zucchini, grated
- 2 teaspoons Moroccan spice mix
- 350g (12oz) lean beef mince
- 2 tablespoons tomato sauce
- ¼ cup dried breadcrumbs
- 2 tablespoons chopped parsley
- 8 dense grainy rolls, toasted

Beetroot relish

- 225g (8oz) can sliced beetroot, drained
- ¼ cup low fat plain yoghurt
- 1 tablespoon chopped parsley

Fillings

- 90g (3oz) mixed salad leaves
- 1 large Lebanese cucumber, sliced
- 2–3 Roma tomatoes, sliced

Heat 2 teaspoons of the oil in a large frying pan over medium heat and cook the onion for 3-4 minutes until soft. Add the carrot, zucchini and spice mix and cook for 1 minute, stirring to combine. Place this mix in a large heatproof bowl and add the

mince, tomato sauce, breadcrumbs and parsley and mix well to combine. Form into eight patties, about 6–7cm in diameter.

Wipe the frying pan with paper towel and reheat with 1 tablespoon of the oil. When the oil sizzles, cook half the patties for 4–5 minutes each side over low-medium heat, until cooked through. Drain on paper towel. Repeat with the remaining patties using more oil if necessary. While the patties are cooking, make the beetroot relish . . .

Puree the beetroot with the yoghurt in a small food processor or blender and then stir in the parsley.

Assemble the burgers with a toasted grainy roll, meat pattie, a dollop of relish and a mixture of the fillings.

Per serving

Energy: 1374kJ/327cals; Protein 20g; Fat 10g (includes 2g saturated fat and 23mg cholesterol); Available carbs 37g; Fibre 6g

Busting Food Myths with Nicole Senior

Myth: Food cooked at home is always healthier

Fact: Just because you cook it yourself, doesn't mean it's healthy.

It depends on what you cook, how you cook it and how much you eat. Food and cooking are back in fashion. This cultural shift is punctuated by the phenomena of Jamie Oliver's Food Revolution, the ratings behemoth of 'Masterchef', amazing sales of cookbooks and the endless buffet of celebrity chefs, cooking shows and food magazines. I hope this has had some positive impacts on the community at large. I've heard many stories of children being inspired to cook by watching 'Masterchef' on TV, and families becoming inspired to cook more at home for fun. The question is, are we eating any healthier?

One reason why the food and cooking trend may not have traction on our path to health is that many of us are just looking rather than doing it; the reason premium cookbooks have come to be known as 'gastro-porn'! Meals eaten away from home continue to grow, and our love affair with fast food shows no sign of slowing down.

Unfortunately, most of the recipes we see on TV are not particularly healthy and would have the red light furiously flashing if we had a traffic light system of food labelling. Celebrity chefs are famous for their liberal use of fatty meat, butter, cream and salt. Most demonstrate what I call 'special occasion' or 'sometimes' food, yet this is rarely pointed out. Ingredients used on episodes of 'Masterchef' experience

massive sales booms after the show goes to air so it appears some of us cook what they cook.

Even if we don't actually cook the recipes, what about role modelling? Celebrity chefs have attained rock-star status but what a lost opportunity when vegetables hardly feature on the 'restaurant-quality' meals presented. What a pity many recipes contain an entire day's worth of salt in a single dish. When the food prepared is more approachable, it draws on peasant origins designed for toiling in the fields with large portions and all the trimmings; hardly suitable for our sedentary lifestyles. If the cooking on TV and in celebrity chef cookbooks is any indication of what we're eating at home, it is little wonder we're in trouble with diet-related disease.

Many people speak ill of foods in packets like chocolate bars but feel good about whipping up a chocolate mud cake from scratch and eating a generous slice even though an objective measure of kilojoules and saturated fat would demonstrate that the home-made treat is worse. It is easy to criticise a fast food burger but somehow *Jamie's Steak, guinness and cheese pie with a puff pastry lid* (made with all-butter pastry and pictured above) has a health halo. Just for fun I totted up the nutritional numbers. The Hungry Jack's (Burger King's) Ultimate Double Angus burger was attacked by health professionals yet Jamie's recipe contains even more kilojoules and artery clogging saturated fat.

Nutritional analysis of Jamie's steak Guinness & cheese pie with a puff (all butter) pastry lid

	<i>Jamie's pie</i> <i>Per serve (of 5)</i>	%DI (Aus)
Energy, kJ (Cals)	4157 (994)	48%
Protein (g)	61	122%
Fat total (g)	64	91%
Fat (saturated) (g)	32	133%
Carbohydrate (total) (g)	45	15%
Carbohydrate (sugars) (g)	5	6%
Sodium (mg)	1382	60%

Nutritional analysis of 3 McDonald's and Hungry Jack's (Burger King's) burgers

	McDonald's Big Mac <i>Per burger</i>	%DI (Aus)	Hungry Jack's (Burger King's) Angry Angus <i>Per burger</i>	%DI (Aus)	Hungry Jack's (Burger King's) Ultimate Double Angus <i>Per burger</i>	%DI (Aus)
Energy, kJ (Cals)	2060 (493)	24%	2535	29%	3532	41%
Protein (g)	25	50%	28.4	57%	49	98%
Fat total (g)	27	38%	37.4	53%	57	81%
Fat (saturated) (g)	10.6	44%	15	63%	26	108%
Carbohydrate (total) (g)	35	11%	37	12%	32	10%
Carbohydrate (sugars) (g)	5.6	6%	8	9%	7	8%
Sodium (mg)	958	42%	1594	69%	2328	101%

I've done a small study on the types of fats used in magazine recipes and it's little wonder high cholesterol levels are so common. 'But what about the love', I hear you ask. While the love in home cooking cannot be measured, it still doesn't counteract a diet of excess, although you may die happy with a face full of pie!

In times past, a good cook knew about balance, moderation, variety, fresh ingredients and providing nourishing meals on a budget. The same knowledge and skills are needed today, but we must add environmentally sustainable and extra healthy to the list. Much of what we see of cooking in the media has a different focus. If more home cooking is to help rather than hinder our wellbeing we have to see more about healthy eating in our info-tainment. Or switch off altogether and take lessons from grandma.

Nicole Senior MSc (Nut&Diet) BSc (Nut) is an Accredited Practising Dietitian and Nutritionist and author of *Eat to Beat Cholesterol* and *Heart Food*. Check out her website at www.eattobeatcholesterol.com.

GI Group: Check out the 'Money Saving Meals Masterchef Makeover' and see how Diane saved a lot of dollars and even more calories and saturated fat at <http://moneysavingmeals.com.au/dollar-stretchers/money-saving-meals-masterchef-makeover.html>.

GI Symbol News with Dr Alan Barclay

Lowering the GI of fast food and convenience meals

Food companies around the globe have made concerted efforts to reduce sodium/salt, saturated and trans fats in the food supply. In Australia, for example, the Heart Foundation's Tick program estimates it has helped remove 235 tonnes of salt from the Australian food supply, and Australian margarine manufacturers almost completely removed trans fatty acids from table margarine over a decade ago. But what about the carbohydrates (the sugars and starches) in fast food and convenience meals?

There has been some effort to reduce the amount of added sugars in fast food and convenience meals. For example, diet and no-added sugar versions of soft drinks are readily available at fast food outlets and in convenience stores throughout the nation, potentially helping us to decrease our total kilojoule intake – although the evidence for this is by no means conclusive (www.ncbi.nlm.nih.gov/pubmed/19056571).

Some Australian food companies have, or are pledging to, reduce the amount of added sugars in their bread rolls – a move that you could reasonable argue is more hype than substance as it is unlikely to have a significant impact on the kilojoules in the bread rolls as sugars actually provide slightly less kilojoules than the starches that will replace them. Look at the numbers and see for yourself – 15.7 kJ/g (3.75 calories/g) in sugars against 17.5 kJ/g (4.2 calories/g) in starches. Bread rolls are not a major source of added sugars in Australia anyway, with an average 90 gram roll containing around 5 grams of sugar and the picture in the USA is essentially the same. Some fast food outlets are now offering wholemeal or wholegrain bread options. While these are more nutritious in many ways than regular white bread, containing more dietary fibre and a number of important vitamins and minerals, most still have a relatively high GI.

Indeed, the main sources of carbohydrate in fast food and convenience meals with very few exceptions (see our table in Food for Thought) have a high or medium GI. Unfortunately the most commonly consumed forms of bread, potato and rice have, on average, high GI values, and these form the basis of most fast food and convenience meals like the buns for burgers and hot dogs, potato chips/French fries, and rice. The notable exceptions to the rule are pasta – and some noodle-based dishes and some sushi. It wouldn't be too hard to make the switch to low GI options in popular fast food and convenience meals as low GI breads, potatoes and rices are

around and could be used instead of the current high GI varieties if the will was there.

A more concerted effort needs to be made by the fast and convenience food industry to ensure that when they do replace saturated fat, trans fat and/or added sugars in their products, they use healthier alternatives. In particular, when it comes to carbohydrates, they should ensure that they use healthy low GI alternatives, otherwise it is highly unlikely that the new improved formulations with all their accompanying nutrition and health claims, health marks and endorsements will provide any real health benefits.

For more information on why it is highly unlikely that the new improved formulations with all their accompanying nutrition and health claims, health marks and endorsements will provide any real health benefits if they don't use healthy low GI carbs too, please feel free to contact me: alan@gisymbol.com



For more information about the GI Symbol Program

Dr Alan W Barclay, PhD

Chief Scientific Officer

Glycemic Index Foundation (Ltd)

Phone: +61 (0)2 9785 1037

Mob: +61 (0)416 111 046

Fax: +61 (0)2 9785 1037

Email: alan@gisymbol.com

Website: www.gisymbol.com

GI Update

GI Q&A with Prof Jennie Brand-Miller

If additional fat and protein cause lower glycemic responses, shouldn't you advocate higher protein or higher fat diets for people with diabetes?

Yes and no. It's a matter of degree and quality, rather than quantity. This type of diet shouldn't be taken to extremes because very low carb diets have little to recommend them – they are difficult to sustain and they don't reduce the risk of chronic disease. If your preference is to eat more protein and fat and moderately reduce carbohydrate intake, then go ahead. The US-based Joslin Clinic for people with diabetes recommends a diet with 40% of energy from carbohydrates (that's lower than is typical in the US), with a greater proportion of protein and good fats. The emphasis should be on quality – good fats, low GI carbs and nutritious protein sources such as fish, poultry, lean red meat, tofu and legumes. If your preference is for higher carbohydrate intake, then that's OK too, but the quality of those carbs is of paramount importance.