

GI News—June 2011



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‘There is no doubt that obesity poses serious health risks for some people in our community. But perhaps if we were more sensible and less hysterical about obesity, we may actually find it easier to engage and support the people who need it most,’ write Dr Samantha Thomas and Assoc Prof Colin McLeod. ‘Research clearly shows that people who are obese feel that simplistic and exaggerated public claims about obesity have led to a culture of blame and shame. Some describe that the public pressure to lose weight has led them to engage in radical and risky weight loss attempts, and pushes them further away from essential services that could help them improve their health and wellbeing.’ In this issue of *GI News*, we take a look at the fit/fat debate and the Health at Every Size Movement along with all our regular features and of course recipes from the *GI News Kitchen* for you to try.

Good eating, good health and good reading.

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Food for Thought

Fit people come in all shapes and sizes

University of South Carolina Arnold School of Public Health Professor Steven Blair has undertaken dozens of studies on joint associations of fitness and fatness to health. These studies show that a normal weight person who is unfit is twice as likely to die in the next decade as a person who is overweight and fit.

He writes: 'I've been studying the cause of death in a select group of people for over 30 years and I've found that low cardio-respiratory fitness, which is caused by a sedentary lifestyle, accounted for more deaths than anything else. I often tell people that I was short, fat and bald when I started running, but that after running nearly every day for more than 40 years and covering about 70,000 miles ... I am still short, fat, and bald. But I suspect I'm in much better shape than I'd be if I didn't run.

Most people think that you can tell if someone's fit, active and healthy just by looking at them. It's not true! Fit, healthy people come in all sizes and shapes. The same is true of unhealthy people. I know several thin people who are unfit and have serious health problems. Weight isn't everything.

There is now overwhelming evidence that regular physical activity has important and wide-ranging health benefits. These range from reduced risk of chronic diseases such as heart disease, type 2 diabetes, and some cancers to enhanced function and preservation of function with age. As a member of the geriatric set, I am personally delighted that there is strong emerging evidence that activity delays cognitive decline and is good for brain health as well as having extensive benefits for the rest of the body.

For much of my career, I've tracked a large group of patients from the Cooper Clinic. Each individual received a medical examination upon entering the study, including measurements of height, weight, body composition and cardio-respiratory fitness. We have followed these patients over the years to see who gets sick, who stays healthy, who lives and who dies. The results are fascinating. Our follow-up has shown that the death rate for women and men who are thin but unfit is at least twice as high as their obese counterparts who are fit. In fact, across every category of body composition, unfit individuals have a much higher death rate than those who are fit. Fitness appears to provide protection against early mortality no matter how much you weigh.

Being fit, as defined in our study, does not require high-level athletic training. It means meeting the consensus public recommendation of accumulating 150 minutes of moderate intensity exercise, such as walking, each week. Doing more brings additional health benefits. Overall, our data show about 50% lower mortality in the moderately fit as compared with the low fit; highly fit individuals lower their risk another 10–15%.

Many people classified as obese by current standards actually have a good health profile. We see that as many as 40% of obese individuals have normal cholesterol and blood pressure, do not smoke and are physically fit. Anyone who struggles with their weight should take this as good news. My recommendation is to focus on good health habits, no matter what number you see on the scale.

- Give fruits, vegetables and whole grains a major place in your daily diet.
- Be moderate about fat and alcohol.
- Don't smoke.
- Work on managing stress.
- Perhaps most important, get out of your chair and start moving for at least 150 minutes/week.'

Blair believes physical inactivity is the biggest public health problem of the 21st century. In 2009, he helped coordinate a special issue of the *British Journal of Sports Medicine* (<http://bjsm.bmj.com/content/43/1/1.full.html>) to focus on the topic. The issue contains 18 articles that provide the background and rationale for giving more attention to physical activity in clinical and public health settings.

To add years to your life and life to your years, you may want to check out Prof Blair's ***Fitness After 50*** (with Dr Walter Ettinger and Brenda Wright PhD. The book shows you how to get started, stay on track and have some fun as you meet your fitness goals. It's available from bookshops and Amazon (www.amazon.com/Fitness-After-50-Walter-Ettinger/dp/0736044132).

[News Briefs](#)

Gaining weight? It might be your job that's the problem

US researchers report in a study published online that the US obesity epidemic has been largely caused by a decline in jobs requiring people to be active. They delved into statistics and studies about the calories Americans consume and how much they exercise outside of work and found that neither has changed very much over the past 50 years. What has changed is how active Americans are at work. 'In the early 1960s almost half the jobs in private industry in the US required at least moderate intensity physical activity whereas now less than 20% demand this level of energy expenditure. Since 1960 the estimated mean daily energy expenditure due to work related physical activity has dropped by more than 100 calories in both women and men' says Prof

Steven Blair commenting on the study. You can read the whole study online (free) at www.plosone.org/article/info:doi/10.1371/journal.pone.0019657.

Better HbA1c with structured exercise

Physical activity is one of the cornerstones of managing diabetes and pre-diabetes. Why? Well exercising muscles need fuel and the fuel they need most is glucose. So as soon as you start moving your muscles, they start burning up glucose. First they use their own stores of glucose (that's glycogen); then they'll call on the liver for some its stores, all the time drawing glucose out of the blood and lowering your blood glucose levels. There are only two requirements when it comes to exercise says *GI News*' Dr Alan Barclay: 'One is that you do it. The other is that you continue to do it.'

Daniel Umpierre and colleagues recent systematic review and meta-analysis published in *JAMA* (www.ncbi.nlm.nih.gov/pubmed/21540423) report that 'aerobic, resistance, and combined training are each associated with HbA1c decreases, and the magnitude of this reduction is similar across the three exercise modalities ... Second, our findings demonstrate that structured exercise of more than 150 minutes per week is associated with greater declines in HbA1c (0.89%) than structured exercise of 150 minutes or less per week (0.36%) in people with type 2 diabetes ... Although high-intensity exercise has been previously shown to have an association with HbA1c reduction, our findings did not demonstrate that more intensive exercise was associated with greater declines in HbA1c.'

The researchers add that the finding that physical activity advice is only associated with HbA1c reduction when accompanied by a dietary co-intervention highlights the need for a combined recommendation of these lifestyle interventions.

Health at every size

Advising obese and overweight patients to lose weight can do more harm than good, according to researchers Prof Linda Bacon PhD (author of *Health At Every Size*) and specialist dietitian Lucy Aphramor. In this open access article in *Nutrition Journal* (www.nutritionj.com/content/10/1/9) the authors review the evidence to justify shifting the health care paradigm from a conventional weight focus to Health At Every Size (HAES).

In their introduction they write: 'Despite attention from the public health establishment, a private weight loss industry estimated at \$58.6 billion annually in

the US, unprecedented levels of body dissatisfaction and repeated attempts to lose weight, the majority of individuals are unable to maintain weight loss over the long term and do not achieve the putative benefits of improved morbidity and mortality. Concern has arisen that this weight focused paradigm is not only ineffective at producing thinner, healthier bodies, but also damaging, contributing to food and body preoccupation, repeated cycles of weight loss and regain, distraction from other personal health goals and wider health determinants, reduced self-esteem, eating disorders, other health decrement, and weight stigmatization and discrimination.'

The paper reviews a number of assumptions underlying the conventional weight focus including 'adiposity poses significant mortality risk', 'anyone who is determined can lose weight and keep it off through appropriate diet and exercise', the pursuit of weight loss is a practical and positive goal', and 'the only way for overweight and obese people to improve health is to lose weight'. In shifting the paradigm from weight to health the authors explain how HAES encourages body acceptance, supports intuitive eating and building activity into daily routines.

Bacon and Aphramor urge the health care community to adopt 'a more ethical, evidence-based approach toward public health nutrition' – one that encourages individuals to concentrate on developing healthy habits rather than weight management.

You can read more about Linda Bacon and the HAES movement at <http://www.lindabacon.org>.

Bookshelf

#1 If Not Dieting, Then What? Dr Rick Kausman is widely recognized as the Australian pioneer of the non-dieting approach to healthy weight management. This book was winner for Best Nutrition Writing at the Australian Food Writers Awards in 1999. 'It's all about our attitude and a lot about our relationship with food,' says Kausman.

In his book, he shows readers how to look at food in a more positive way and move away from the 'no pain no gain' approach. One chapter simply looks at what is 'normal' or 'natural' when it comes to eating patterns and Kausman reminds us 'normal' or 'natural' eating is different for different people, but also differs at different times for the same person and he goes on to list some of ways in which it is 'normal' or 'natural' to eat.

- A 'normal' or 'natural' way of eating is not to weigh food or count calories.
- It is 'normal' or 'natural' to eat enough food and not be rigid in our food choices.
- It is 'normal' or 'natural' to eat something at least three times a day.
- It is 'normal' or 'natural' to eat more on some days and less on others.
- It is 'normal' or 'natural' to overeat occasionally.
- It is 'normal' or 'natural' to undereat occasionally.
- It is 'normal' or 'natural' to eat certain types of foods some of the time, just for the taste of it.
- It is 'normal' or 'natural' for women to have fluctuations in appetite and cravings for certain types of foods as hormone levels vary during the course of the menstrual cycle.

Interested in finding out more on how to achieve and maintain a healthy, comfortable weight without being deprived of food or losing quality of life and how to enjoy food without feeling guilty? Check out Dr Kausman's website (or order the book) at www.ifnotdieting.com.au/cpa/htm/htm_home.asp.

#2 Get out of your chair and start moving for at least 150 minutes a week

... Lucy Knight's *Walking for Weightloss* (Kyle Cathie) is a practical guide to help you tot up those 150 minutes a week that Prof Steve Blair recommends for being fit (walking is all you need to do). Forget about the 'weightloss' in the title – that's a word publishers think they must put on covers to sell books. It's basically a handy guide to walking your way to fitness (or getting into shape). Chapters cover the benefits of walking (bone and joint health, zest for life and more), checking your posture, perfecting your walking technique, the importance of warming up and cooling down, setting goals and kitting yourself out. Don't think it's all about power walking – Nordic walking, mall walking, hill walking, rambling around the countryside, walking holidays, charity walks and even treadmills get a mention.

[Get the Scoop with Emma Stirling](#)

The scoop on low GI winter fruit

As we gear up for winter in the southern hemisphere, summer salads and tropical fruit feel like another world away. Granted you can still buy out-of-season fruit, if you're happy for it to be flown from half way around the world. But by far the best approach for health and a healthy budget is to embrace the season's best.

Reasons to season Following the seasons has many advantages including:

- Cost – you are likely to make significant savings to your weekly grocery bill as an abundant supply helps to keep costs competitive.
- Taste – you can't surpass fresh picked produce for a riper or more full-flavoured taste that is hard to replicate in a hothouse or artificial growing environment.
- Variety – mark the passing seasons with food choices and you avoid getting stuck in a rut of same old recipe repertoires and increase the variety and nutrition quality of your diet.
- Going green – you don't need an environmental science degree to imagine the carbon footprint involved in transporting and storing out-of-season produce around the world.

When you come to think of it, we are spoiled for choice with wonderful winter fruit including apples (GI38), pears (GI38), nashi, quince, custard apple (GI54) and persimmon. Here are three fruits I look forward to seeing in my produce store.

Oranges, tangelos, limes, mandarins and grapefruit (GI25) all are ripe and ready in the colder months. One orange (GI42) is packed with vitamin C and is also a good source of folate and potassium.

Kiwifruit (GI53) are one of the most nutrient-dense fruits. Look out for Gold varieties that have twice the vitamin C content of an orange and the same potassium content as a banana. Packed with the powerful antioxidants lutein and zeaxanthin, it seems kiwifruit has a potential role in boosting immunity and protecting against macular degeneration.

Rhubarb Rollover pies, crumbles and custard companions. The best way to enjoy rhubarb in the colder months is as a topping for steaming breakfast oats or porridge. Rhubarb has a low carbohydrate content (which means we can't measure its GI), so you only need to keep a check on added sugar when cooking this fruit. A pinch of ground ginger can enhance the flavour of rhubarb and help cut down tartness.

And if you just have to have mangoes in the middle of winter for your signature dessert, bypass those with frequent flyer points and look to alternatives in canned or frozen. As a rule they do not contain added preservatives and compare favourably in nutrients with fresh produce. Most produce is picked at its prime, immediately snap frozen or canned and still retains good levels of nutrients.

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

Sweet springtime escarole

Most Italians enjoy the bitter taste inherent in escarole. And because it has its own confident and distinctive flavor, it pairs nicely with other flavours. The classic winter soup, Escarole and Beans, comes to mind. This recipe takes escarole in another direction. The sweetness of the shallots and grape tomatoes blends perfectly with the escarole, delivering a pleasant taste to all palates. Makes 4 x 1-cup serves

1 large head of escarole (450g/1lb)
1/2 cup water
1 tsp sea or kosher salt
1 tbs extra virgin olive oil
120g (4oz) shallots, thinly sliced horizontally
240g (8oz) grape tomatoes, halved vertically
30g (1oz) parmesan cheese shavings (optional)

Cut off approximately 2.5cm (1in) from the base of the escarole head. Separate the leaves and wash each leaf to remove all signs of dirt and grit. Do this *con cura*, which means very carefully. Coarsely chop.

Pour the water into a heavy-based casserole (Dutch oven), add the salt and heat. Toss in the escarole and stir. Cover and cook over medium heat for 10–12 minutes or until the escarole is tender. Stir 3–4 times.

In the meantime, heat the oil in a large frying pan. Add the shallots and sauté for 1 minute. Add in the tomatoes and sauté for another 2 minutes.

Add the escarole, including any juice, mix well and cook over medium-low heat for 2 minutes. Serve immediately, with optional cheese shavings offered tableside.

Per serve (without the cheese shavings)

Energy: 1188kJ/ 89cals; Protein 3g; Fat 4g (includes less than 1g saturated fat and 10mg cholesterol); Available carbohydrate 10g; Fibre 3g

What's escarole? With thanks to Wikipedia: 'Escarole, or broad-leaved endive (*Chicorium endiva*) has broad, pale green leaves and is less bitter than the other varieties. Varieties or names include broad-leaved endive, Bavarian endive, Batavian endive, grumolo, scarola, and scarole. It is eaten like other greens, sautéed, chopped into soups and stews, or as part of a green salad.'

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 website at www.moneysavingmeals.com.au.

Pasta marinara with herb and caper sauce

A food processor or blender makes it easy, but you can simply chop the herbs and capers up very finely and mix them through the remaining sauce ingredients. Add other green vegetables to the cooking pasta like asparagus and broccolini 3 minutes before the end of cooking time. Serves 4

350g (12oz) dried pasta (spaghetti or your favourite pasta shape)

150g (5oz) green beans trimmed and sliced into 3–4 cm lengths.

1 cup firmly packed parsley (leaved picked)

¼ cup roughly chopped mint or dill

1 tbs capers, rinsed

¼ cup olive oil plus 1 tablespoon extra

2 tbs lemon juice

2 tbs Dijon mustard

2 cloves garlic, peeled and crushed

350g (12oz) mixed seafood marinara

Cook the pasta in a large saucepan of boiling water until al dente following the directions on the packet for timing. In the last 2 minutes of cooking time, add the green beans. While the pasta is cooking ...

Blitz the herbs and capers in a food processor or blender for a few seconds until well chopped then add olive oil, lemon juice and mustard, season to taste with freshly

ground black pepper and puree. Tip the sauce into a bowl until ready to use. **Sauté** the garlic in the extra tablespoon of olive oil in a large frying pan for a few seconds. Add the seafood marinara mix and cook, stirring continuously, for 3 minutes or until done. Set aside keeping warm. When the pasta is al dente ... **Drain and tip** the beans and pasta back into the saucepan and tip the seafood into the pasta (scraping any bits off the bottom of the pan) along with the herb and caper sauce, tossing to combine well. Serve immediately.

Per serve

Energy: 2450kJ/ 585cal; Protein 28g; Fat 22g (includes 3g saturated fat and 135mg cholesterol); Available carbohydrate 66g; Fibre 5.5g

[Busting Food Myths with Nicole Senior](#)

Myth: *Thin people are healthier.*

Fact: *Thin people can still carry fat around their organs and this is places them at increased risk of chronic disease. There's now a new name for this thin AND fat state: 'metabolically obese.'*

How many times have you thought or heard, 'he/she is thin so they can eat anything and don't have to worry'? It's almost like the slender folk among us appear untouchable to the afflictions of fatties, but being slight of frame is no longer a guarantee all is well on the inside where it really counts. British Prof Jimmy Bell coined these folk 'TOFIs': Thin Outside, Fat Inside.

The advent of sophisticated medical imaging machines means we can now look at where fat is stored in the body and apparently thin people can still carry risky amounts of fat around their internal organs (visceral fat). A US study by the Mayo Clinic found 20–30% of people fell in this thin-but-fat category when they measured 6000 adults over nine years. Even though they don't look overweight, people with 'metabolic obesity' are at greater risk of all the usual disease we associate with fatness including high cholesterol, heart disease, high blood pressure, stroke and diabetes. A predisposition of storing visceral fat is the reason why certain ethnic groups have a higher risk of disease at a lower BMI: people from Asia and India are considered overweight at a BMI of 23 rather than 25 for the general population.

So how do you know if you're metabolically obese? Aside from the use of expensive imaging equipment, the easiest thing to do is to measure your waist. In men, a waist

more than 94 centimetres (37 inches) is an increased risk, and more than 102 centimetres (40 inches) is a greatly increased risk. For women it is 80cm (31½ inches) and 94cm (37 inches), respectively. Asian and Indian men – typically with skinny legs and a pot belly - have increased risk at a waist measurement of 90cm (35½ inches). For more ethnic-specific waist targets visit the Department of Health's website at

www.health.gov.au/internet/abhi/publishing.nsf/Content/How+do+I+measure+my+self-lp.

The good news is that visceral fat is the easiest to move by eating less and moving more. It's your body's easy access storage depot of spare fuel. It also depends on the type of food you eat. An analysis of almost 49,000 Europeans participating in the EPIC study found higher energy density and higher glycemic index (GI) diet were associated with visceral fatness. Enjoying low GI foods can help. And on the flipside, if you are larger it doesn't mean you are – or have to be – unhealthy. Eating the right foods and exercising regularly can balance the health ledger in your favour. Stay tuned next month for more on being 'fit and fat'...

For more great information and delicious recipes on eating to stay thin on the inside, check out Nicole's website at eattoeatcholesterol.com.au.

[GI Symbol News with Dr Alan Barclay](#)

'Swap it. Don't stop it.'

What does it mean? 'It just means swapping some of the things I'm doing now for healthier choices', says Eric, the balloon man at the centre of a campaign here in Australia (<http://swapit.gov.au>) that's aiming to encourage us to adopt some simple healthy weight management techniques and reduce the risk of developing type 2 diabetes, heart disease and certain cancers.

The approach is refreshingly simple. But it's not new. The key messages for the campaign were originally developed by the UK's Department of Health (www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_111835.pdf) where the program's tagline was 'How to lose weight and feel healthy without giving up all the things you love' – a sentiment we totally agree with.

Adopting new and restrictive eating habits to lose weight that don't fit in with you or your family's background or way of life and backing them up with a mantra of self-denial (and guilt when you can't stick to it) is not a successful strategy for long-term

weight management or good physical and mental health.

Rather than demonising any particular food or nutrient, we should be enjoying our meals and drinks, eating an all-round healthy diet and being more active every day, not embarking on an endless cycle of restrictive weight-loss diets that avoid or eliminate the latest bogey food or nutrient. As most of us know through either personal experience or professional training – these kinds of diets are not a recipe for long-term success by any measure.

Here at the GI Foundation, we are big fans of the 'this for that' swap it approach. We have actually been promoting the concept of swapping healthier low GI choices for your regular high GI foods and drinks in our books and websites for many years – long before the UK and Australian Governments came on board. The reason why is relatively simple:

- The GI was originally designed to choose the better options within each food group;
- Research has shown that consuming an ad libitum low GI diet (that essentially means eating as much and often as you need to) will not only help you lose body fat and maintain lean muscle mass (ie, improve your body composition), it helps you keep it off in the long-term. In fact, a low GI diet can really help us to achieve 'Health at Every Size' by helping us to improve our body composition without self denial.

Unlike restrictive diets that require you to count and cut out certain food groups or ingredients, swapping lets you choose foods that fit your personal, religious and cultural tastes so you can enjoy your meals and reap the benefits of healthy eating – for the rest of your life.



For more information about the GI Symbol Program

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GI Update

Professor Jennie Brand-Miller answers your questions

‘What is the latest research on low GI carbs for exercise? Is the intensity of exercise important?’

Whether you are a professional athlete, exercising for health and fitness or aiming to lose weight, the type, timing and amount of food you eat before and after exercise will help you achieve your goals, whatever they are. When you are exercising, your muscles rely on carbohydrate and fat as their main sources of fuel.

- Carbohydrate is stored in your muscles as glycogen, but the stores are limited and about 90 minutes of high intensity exercise will deplete them.
- Fat, which provides the largest nutrient store in the body, can fuel 100–200 hours of exertion, but at a lower intensity.

The relative contribution of carbohydrate and fat as fuel while you are exercising depends on both the intensity and length of your exercise session. Generally, your body’s use of carbohydrate as fuel increases as your exercise intensity increases, and decreases the longer your exercise session lasts. Aerobic training and fitness increase your body’s ability to use fat as a fuel source. This is a plus, as it conserves your limited carbohydrate stores, allowing you to exercise for longer or at a higher intensity.

Our colleague, Dr Emma Stevenson from Nottingham University, does a lot of work in this area. She says: ‘Our research has continually showed that consuming low GI carbs in the hours before exercise can increase the rate at which you burn fat during exercise and also will help to maintain a more sustained blood glucose level. Eating a meal or snack containing low GI carbs 2–4 hours before exercise is what’s usually

recommended. The type of carbohydrates that you consume during recovery from exercise depends on the length of time before your next training session. If your recovery time is more than 4 hours then it doesn't matter what type of carbohydrate you eat or drink as long as you consume enough of it! If recovery time is short, then high GI carbs are useful to replace muscle glycogen concentrations quickly and efficiently. However, research has shown that consuming low GI carbs over a 24-hour recovery period can improve endurance capacity the next day.'

In *GI News* over the years we have reported several studies that found that milk can be just as effective as sports drinks to aid recovery in athletes. Skim or reduced fat milk (plain or chocolate) also has a low GI and so can be a healthier alternative to sports drinks (yes, even with the added sugar in the chocolate drink).