

The New Dietary Guidelines

THE DIETARY GUIDELINES for Americans (DGAs) equip healthcare professionals with evidence-based recommendations to help guide patients in the consumption of a healthy, nutritionally adequate diet.¹ When talking with patients about their diet, it's best to consider what they consume over a day or week—not just one meal. The key points of the 2015 guidelines are as follows:¹

1 Follow a healthy eating pattern across the lifespan. All food and beverage choices matter. Choosing calories wisely can have a significant impact on chronic diseases and on body weight.

2 Focus on variety, nutrient density and amount. Choosing nutrient-dense foods can help patients meet their caloric needs in a balanced fashion. Advise patients to choose whole grains, a variety of fruits and vegetables, and sources of low-fat dairy, healthy fats and lean protein every day.

3 Limit calories from added sugars and saturated fats and reduce sodium intake. This recommendation is not new, but it can confuse patients. Think of treats and foods you want, but don't need. Encourage patients to season with herbs and spices over salt.

4 Shift to healthier choices. The key word here, and across the board, is “shift.” Emphasize the need to make substitutions—choosing nutrient-dense foods and beverages over less healthy choices—rather than decreasing calories in a general sense. Slow and thoughtful changes over time can result in a healthier dietary pattern.

5 Support healthy eating patterns beyond the home. It is important to emphasize nutrition in all environments. The DGAs state that 67% of the calories consumed by the U.S. population are purchased at a grocery store, but the proportion of food consumed away from home has increased from 18% to 33% over

the last 30 years.¹ Faster-paced lives and more responsibility have led to changes in the way we consume and use food as fuel and energy.

Dietary Fats

The researchers who reviewed the scientific evidence as part of the Dietary Guidelines process made headlines with their recommendation to remove the longstanding dietary cholesterol limit of 300 mg or less per day. The DGAs ultimately accepted this position and placed no daily limit on dietary cholesterol. But Americans are eating far less cholesterol daily than they did years ago—approximately 270 mg/day, which makes the recommendation of 300 mg/day basically moot.¹

The DGAs state: “In general, foods that are higher in dietary cholesterol, such as fatty meats and high-fat dairy products, are also high in saturated fats.”¹ In terms of eggs, the DGA states: “Dietary cholesterol is found only in animal foods such as egg yolk, dairy products, shellfish, meats and poultry. A few foods, notably egg yolks and some shellfish, are higher in dietary cholesterol but not saturated fats. Eggs and shellfish can be consumed, along with a variety of other choices within and across the subgroup recommendations of the protein foods group.”¹

“Forty years of research has brought us to the understanding that saturated fat (linked to heart disease), not dietary cholesterol, is impactful on blood cholesterol,” Kathleen Zelman, MPH, RD, LD, said in an interview with *Nurse Practitioner Perspective* earlier this year. “Eggs also contain 1.5 grams of saturated fat, and that amount it is not a concern. It helps the body absorb fat-soluble vitamins.”² Further, several recent meta-analyses have concluded that dietary cholesterol does not increase risk for heart disease.^{3,4}

No more than 10% of total calories per



day should be from saturated fat. This means roughly 200 calories for most people, which equals 22 grams or less from saturated fat in a 2,000-calorie-per-day diet. Returning to the idea of simple shifts in eating that the DGAs propose, how can we advise patients on this guideline specifically?

The DGAs suggest shifting by substituting foods containing saturated fat with foods containing polyunsaturated and monounsaturated fats. Products containing monounsaturated fats include olive, canola, peanut, sunflower and safflower oils and foods like avocados, peanut butter and most nuts. All of these can be used for cooking, baking and as snacks or parts of meals. Rich sources of polyunsaturated fats include corn, soybean and cottonseed oils, walnuts, pine nuts, sesame seeds, pumpkin seeds, and flax seeds. Long-chain, polyunsaturated omega-3 fatty acids EPA and DHA are found in seafood choices such as salmon, trout, herring, tuna and mackerel.

An actionable example is to recommend 1-ounce servings of walnuts, peanuts, pistachios, almonds, cashews or nut butters as a healthy snack option along with a piece of fruit. This means 42 pistachios, 23 almonds, 14 walnut halves, 16 cashews or 28 peanuts.

“Of course, the first way most consumers should be getting their omega-3s is

through fatty fish, but for those who cannot or do not eat fish or animal products, a DHA+EPA supplement is recommended (algae oil for vegans),” said Elana Natker, MS, RD, owner of Enlighten Nutrition in metro Washington, D.C.

Sugar

What about sugar? The first key concept to understand and relay to patients about sugar is about natural vs. added sugar. Sugars in fruit or milk are naturally occurring, whereas sugars in candy, caloric beverages and baked goods are added sugars. Advise patients to not be as concerned with naturally occurring sugars in fruit and unsweetened yogurt; for example, the natural sugar in yogurt is lactose. Some yogurts contain added sugars in addition to lactose, but if a patient is limiting sweets otherwise, encourage him or her to include yogurt and other forms of low-fat dairy, even if that means choosing a sweetened yogurt.

The new DGAs recommend that people should cut added sugars to 10% or less of daily calories.¹ That means in a 2,000-calories-per-day diet, no more than 200 calories should be in the form of added sugars.

Caffeine

A new category of discussion in the DGAs is caffeine. Kris Solid, RD, director of nutrition communications for the International Food Information Council, has called the hundreds of mentions of caffeine and coffee in the 2015 report “unprecedented.”⁴ The DGAs note that moderate coffee consumption (three to five 8-ounce cups/day or up to 400 mg/day of caffeine) can be incorporated into healthy eating patterns and is not associated with increased risk for chronic diseases or premature death. However, sugar, cream and coffee flavorings potentially add sugar and saturated fat.

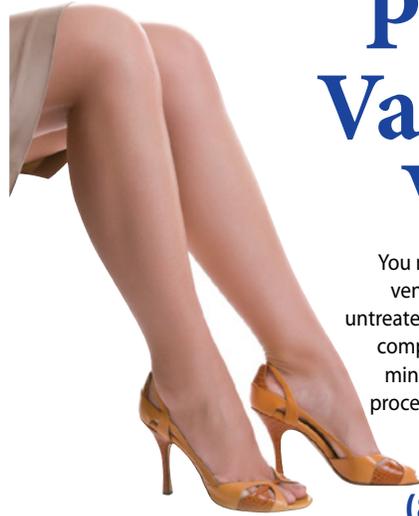
Between now and 2020, when the next DGAs are released, healthcare professionals should lead patients to resources like MyPlate.org and EatRight.org. In addition, registered dietitian nutritionists are available to consult on all nutrition issues. The American Academy of Nutrition and Dietetics operates a referral resource at <http://www.eatright.org/find-an-expert>. ■

References

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