

The New Dietary Guidelines

What healthcare providers need to know

By Robyn Kievit Kirkman, FNP, RD, CSSD, CEDRD

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.** Keep in mind that all food and beverage choices matter. Choosing calories wisely can have a significant impact on chronic diseases.
- 2 FOCUS ON VARIETY, NUTRIENT DENSITY AND AMOUNT.** Choosing nutrient-dense foods can help patients meet caloric needs in a balanced fashion while incorporating all food groups. Advise patients to choose whole grains, a variety of fruits and vegetables, and sources of low-fat dairy, healthy fats and lean protein (all of these every single 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. Generally, that's what constitutes this category.
- 4 SHIFT TO HEALTHIER FOODS AND BEVERAGES.** 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

ing calories. Slow and thoughtful changes 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 in the U.S. 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

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 placed no daily limit on dietary cholesterol. It is important to note that 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: "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, not dietary cholesterol, is impactful on blood cholesterol," said Kathleen Zelman, MPH, RD, LD.² "Eggs also contain 1.5 grams of saturated fat, and that amount it is not a concern. It helps the body absorb



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fat-soluble vitamins.⁷² Recent meta-analyses have concluded that dietary cholesterol does not increase risk for heart disease.^{3,4} (Read more about eggs on page 29.)

It is important to emphasize that no more than 10% of total calories per day should be from saturated fat. In numbers 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, cottonseed oils and foods like walnuts, pine nuts, sesame, pumpkin seeds (pepitas), 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 to use with patients 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. The Food and Drug Administration (FDA) recommends roughly 1/3 cup of nuts a day (1.5 ounces). Patients could include flax seeds in cereals or pumpkin seeds in salads and eat fish at least twice per week as a main meal.

“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, but if a patient is limiting sweets otherwise, even a sweetened yogurt is not an unhealthy choice.

The new DGAs recommend cutting added sugars to 10% or less of daily calories (200 calories in a 2,000-calorie diet).¹ The FDA is working to modify food labeling to include the amount of total and added sugars per serving.

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.”⁷⁴ 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 major chronic diseases or premature death. However, sugar, cream and flavorings potentially add sugar and saturated fat to the calorie total.

Between now and 2020, when the next DGAs are released, healthcare professionals should lead patients to resources such as 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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