

Nutrition *Action*

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HEALTH  LETTER®
CENTER FOR SCIENCE IN THE PUBLIC INTEREST

Controversies that **Won't Quit**

Clearing up
food allergies

Underrated &
OVERRATED
FOODS

What
Americans eat
a snapshot

M E M O

RETHINKING RETAIL



I used to think of the supermarket as a nutritionally neutral space, where customers could buy everything from carrots to candy and shelf space was allotted according to consumer demand. But it turns out

that, at grocery stores, not all foods are equal.

A [recent study](#) found that, on average, sugary drinks appear in 25 different places and unhealthy foods in 40 different places in stores.

Forgot to buy bell peppers? You won't see them again once you leave the produce section. But if you skip the soda aisle, you'll keep running into soda. End-of-aisle shelves, displays, and checkout lanes keep reminding you to put some in your cart.

Companies also push unhealthy items like soda, chips, and candy with store circulars, steep discounts, and two-for-one deals.

And retailers target people with fewer resources by running promotions for sugary drinks to [coincide](#) with when states issue SNAP benefits (formerly known as Food Stamps).

The food industry spends an estimated \$50 billion a year on in-store promotions. In the 1960s, roughly 70 percent of food company marketing budgets went to ads and just 30 percent went to in-store marketing. That has now flipped.

That's why we—the Center for Science in the Public Interest, *Nutrition Action's* publisher—launched our [Healthy Retail Initiative](#) in 2015.

Among our successes: CVS now dedicates 25 percent of its checkout area to healthier items and Aldi has removed candy from the checkout aisles at its 1,800 locations. What's

more, California-based Raley's supermarkets has eliminated sugary sodas near the register, replaced 25 percent of candy in checkout aisles with healthier options, and removed sugary items from shoppers' line of sight in the cereal aisle.

Among the items on our to-do list:

■ **Investigate online groceries.** We're examining online marketing practices like prompts to purchase junk foods and discount pricing for unhealthy items, and whether stores deliver to low-income areas. Although only 6 percent of food sales occur online, online sales are expected to grow rapidly. We want to stop unhealthy promotions before they take hold.



Stores keep nudging you to buy soda, not broccoli or berries.

■ **Rate grocers.** We'll grade the top 10 retailers' in-store practices, to give chains from Walmart to Whole Foods an incentive to improve prices, placements, and promotions and to sell healthier foods.

Our past wins—to improve school food, require calorie labeling at chain restaurants, and ban artificial trans fat—took time. So will our

push to get grocery stores to stop undermining people's intentions to eat well.

But Big Food should know by now not to underestimate us. With your support, we'll make it easier for all Americans to bring healthy foods home to their families.

Peter

Peter G. Lurie, MD, MPH, President
[Center for Science in the Public Interest](#)

CORRECTION

Our March cover story said that methane persists in the environment 25 times longer than carbon dioxide. In fact, it persists for a shorter time—but is more than 25 times more potent—than CO₂.

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Controversies that Won't Quit

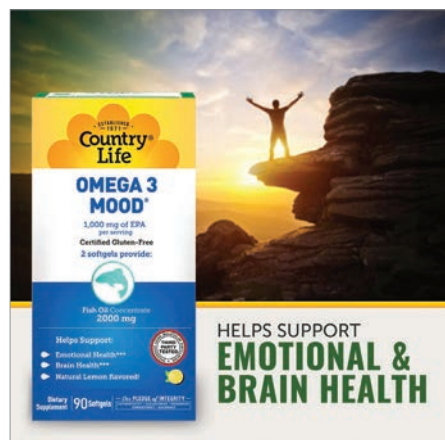
BY BONNIE LIEBMAN



What gives some controversies such staying power? Sometimes it's the food or supplement industry that stands to profit from a claim. Sometimes it's rumors on social media or simply an ongoing debate among researchers. Here are six issues that may be less controversial than they seem.

1 Supplements can prevent depression?

"Helps support emotional health," promises the Country Life Omega 3 Mood label.



"Support" claims are rarely backed by good evidence.

"Nicknamed the 'sunshine vitamin,' vitamin D helps to elevate your mood," claims BrainMD by Dr. Amen, MD.

Can vitamin D, omega-3 fats, or other nutrients ward off depression, as many labels imply?

"All kinds of supplements claim to boost your mood or prevent depression," says Marjolein Visser, professor of nutrition and health at Vrije Universiteit in Amsterdam.

Her MooDFOOD trial tested a supplement with five nutrients: omega-3s (1,060 milligrams of EPA+350 mg of DHA), selenium (30 micrograms), folic acid (400 mcg), and vitamin D (20 mcg) plus calcium (100 mg).

Visser and her team randomly assigned 1,025 overweight or obese adults to take either the supplement or

a placebo every day.¹ All had depressive symptoms but had not been diagnosed with full clinical depression.

"We picked this group because if you are overweight or obese, and if you already have some symptoms, you have a higher risk of depression," says Visser.

After one year, the results were clear. "The number of new episodes of depression was the same in the people who took the active supplement as in the people who took the placebo pills," says Visser. "The supplement actually did slightly worse than the placebo on depressive and anxiety symptoms.

"So there's clear evidence that taking this combination of nutrients does not prevent depression. It's a waste of money."

Bottom Line: Be skeptical of supplements that claim to boost your mood.

2 Low-carb diets boost metabolism?

"The case against carbohydrates gets stronger," declared an [op-ed](#) in the *Los Angeles Times* in November.

Its topic: a new study, published the same day.²

"We started the participants on a calorie-restricted diet until they lost 10 to 14 percent of their body weight," wrote one of the study's authors in the op-ed. That took about 10 weeks.

"After that, we randomly assigned them to eat exclusively one of three diets, containing either 20%, 40% or 60% carbohydrates. For the next five months, we made sure they didn't gain or lose any more

weight, adjusting how much food they received, but keeping the ratio of carbohydrates constant."

After the five months, "participants in the low (20%) carbohydrate group burned on average about 250 calories a day more than those in the high (60%) carbohydrate group," said the op-ed.

"Without intervention (that is, if we hadn't adjusted the amount of food to prevent weight change), that difference would produce substantial weight loss—about 20 pounds after a few years."

Whoa. That's a bold prediction, especially when the researchers didn't have to adjust—that is, boost—the amount of food eaten by the low-carb group significantly more than they had to adjust the higher-carb groups' food.

What's more, large studies lasting one or two years find no more weight loss in people on low-carb diets than in those on other diets.^{3,4} Why didn't the pounds keep melting off the low-carb dieters in those studies?

"The biggest contributor to the total number of calories people are burning is their resting metabolic rate," says Kevin Hall, a diet expert and senior investigator at the National Institute of Diabetes



It's not clear that you burn more calories on a low-carb diet, as some studies claim.

and Digestive and Kidney Diseases.

“Was that significantly different between the diets in the study? No. Was physical activity different between the diets? No. Was efficiency of movement different? No.

“So what is this mysterious thing that would explain

the extra calorie burning in the low-carb dieters that the study reported?”

The answer isn’t clear, but one clue may be how the researchers measured calorie burning. They used something called the “doubly labeled water method.”

“We found that it can get very tricky to do those calculations correctly when comparing people eating low- versus high-carb diets,” says Hall.

In an earlier study, Hall’s team knew something was off because they measured calorie burning both with doubly labeled water and with the best method—housing people in a “metabolic chamber” to measure exactly what they eat, breathe, and excrete.⁵

“We knew what everybody ate and we controlled it very precisely,” says Hall. “But our doubly labeled water results didn’t match the chamber data. The doubly labeled water method yielded greater calorie burning on the low-carb diet.”

Once his team used more accurate calculations, everything fell into place.⁶

“Our final results suggested that if there’s any difference in calorie-burning on a low-carb diet, it’s really small.”

Bottom Line: Don’t expect to burn more calories on a low-carb diet.

3 Cinnamon lowers blood sugar?

“Helps promote sugar metabolism,” says Trunature Advanced



Strength CinSulin, a water extract of cinnamon. “Supports healthy blood glucose levels (within the normal range).”

CinSulin? Surely Trunature didn’t mean to imply that its supplement is as effective as insulin? Nah.

“Water extract of cinnamon has been studied in six human clinical trials and a meta-analysis to prove its effectiveness and safety,” says

CinSulin’s [website](#).

Sounds impressive. Yet in 2012, a rigorous Cochrane Collaboration meta-analysis of

randomized trials found that cinnamon had no clear effect on blood sugar.⁷

Most of CinSulin’s [trials](#)—which had at least some industry funding or were done by industry consultants—were too short to look at hemoglobin A1c, the best measure of long-term blood sugar.

The largest, which was published in the *Journal of Traditional and Complementary Medicine* five years after it ended, randomly assigned 173 people in China to take a placebo or two CinSulin capsules every day.⁸

When the study started, the average fasting blood sugar level was 157, well above the 126 cutoff for diabetes. After two months, fasting blood sugar fell in the CinSulin takers, but not in the placebo takers. But levels—they averaged 147 for the CinSulin group—



Whole grains, beans, fruits, and vegetables are healthy carbs, whether their glycemic index is high or low.

were still solidly in the diabetes range.

What’s more, the researchers don’t say how many of the 36 participants who dropped out had to start taking insulin

because of sky-high blood sugar levels or even how many people were taking medications (other than insulin) when the study started.

And how do those results back up the label’s claim that CinSulin supports blood glucose “within the normal range”?

Bottom Line: Don’t rely on cinnamon supplements to lower your blood sugar.

4 Low-glycemic carbs are healthier?

“Lower glycemic index than cane sugar,” boasts the package of Nutiva Coconut Sugar. That may sound good...but it doesn’t mean much.

In theory, glycemic index (GI) measures how much a carbohydrate-containing food raises blood sugar.

Some examples:

■ **High GI:** glucose (100), potatoes (80), whole-grain or white bread (75), white or brown rice (70), table sugar (65), soda (60).

■ **Low GI:** white or whole-grain pasta (50), bananas (50), oranges (45), apples (35), lentils (30), chickpeas (30), kidney beans (25), fructose (15).⁹

But it’s not clear that a food’s glycemic index matters.

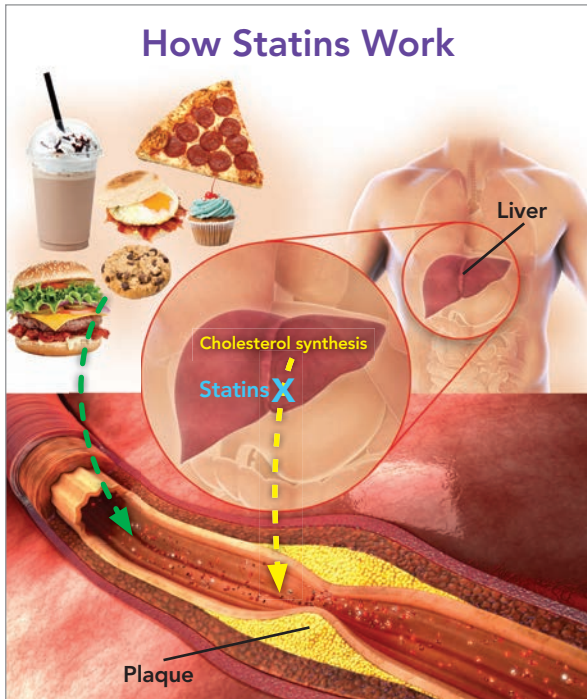
“The glycemic index is just not a useful way to categorize carbohydrates,” says Frank Sacks, professor of cardiovascular disease prevention at the Harvard T.H. Chan School of Public Health.

In his OmniCarb study, roughly 160 overweight people were fed, for five weeks each, healthy diets that were high or low in glycemic index and high or low in carbs.¹⁰

“Our measure of insulin sensitivity got worse on the low-glycemic, high-carb diet,” says Sacks. (That is, the participants’ insulin worked less efficiently.) And insulin sensitivity was no better on the low-glycemic, low-carb diet.

So why do some studies that track thousands of people for years find a lower risk of heart disease or diabetes in those who eat lower-glycemic diets?

How Statins Work



Saturated fat raises LDL (“bad”) cholesterol, which ends up as plaque in arteries. Statins make the liver produce less cholesterol and remove more LDL from the blood.

“I suspect that it’s because a low glycemic index is associated with a bunch of other favorable dietary indicators,” says Sacks. For example, “many low-glycemic-index foods are high in fiber. And they include most legumes, fruits, and vegetables.”

In contrast, a high-glycemic diet may be loaded with white bread and soda.

What’s more, a food’s glycemic index is hard to nail down. “If you chew your food a lot, the glycemic index goes up,” says Sacks.

And how much your blood sugar climbs after a meal depends on what else you eat.

“Fattier foods—like meat, cheese, oil,

or mayo—could lower the glycemic index of a meal, possibly because a meal with more fat takes longer to leave the stomach,” says Sacks. “So its carbohydrates take longer to be absorbed into the bloodstream.”



Statins can cause muscle aches and weakness, but they’re rare and usually reversible.

And blood sugar levels may vary from person to person, depending on their gut microbes.¹¹

“We know how to put together healthy diets,” says Sacks. “We know that more fruits, vegetables, and beans are protective for cardiovascular disease, diabetes, and some cancers.

“Would the glycemic index help us do that better? I don’t think so. It’s imperfect, and it’s a distraction.”

Bottom Line: Build your diet around healthy foods, regardless of their glycemic index.

5 Statins are very risky?

Cancer. Cataracts. Confusion. Forgetfulness. Erectile dysfunction. Nerve damage. Tendonitis.

Those are just some of the harms that people attribute to statins, which one in four Americans older than 40 now take to lower their LDL (“bad”) cholesterol.

There’s no convincing evidence that statins cause any of them, said the American Heart Association in December.¹²

“The bottom line is that statins have a really solid track record,” says Michael Miller, director of the Center for Preventive Cardiology at the University of Maryland, who co-authored the association’s statement.

“The first statin was approved about 30 years ago, so we have three decades of experience,” notes Miller. And they’ve been tested in 27 trials on 174,000 people.

That doesn’t mean the drugs cause no problems at all.

“Clinical trials

don’t enroll patients with kidney or thyroid problems or other illness,” says Miller. “In the real world, we tend to see a bit more side effects.”

Among them:

■ **Muscle symptoms.** “The typical symptom is achiness and maybe weakness,” says Miller. “But if you don’t see it on both sides of the body, it’s not likely due to statins. And it’s slightly more common in older, frail women.”

Clinical trials find muscle symptoms in about 12 percent of participants, whether they’re taking a statin or a placebo. So some people may report muscle aches because they expect to.

“The good news is that if you go off the statin, your symptoms should resolve,” says Miller.

That isn’t always true for people who get rhabdomyolysis, the most severe muscle injury from taking statins, which strikes roughly one out of every 10,000 statin takers.¹² They have creatine kinase levels—a measure of muscle breakdown—more than 40 times higher than normal. (Most people who report muscle aches have no significant increase in creatine kinase.)

“If rhabdomyolysis is caught early, it can be reversible and you don’t have major kidney damage,” says Miller. “If somebody has brownish urine and muscle weakness, they need to be immediately seen.”

The worst offender was cerivastatin, he adds. “That medication was taken off the market in 2001.”

■ **Liver failure.** What worries patients the most? “They think that statins will destroy their liver,” says Miller. “But it’s exceedingly rare if you have no history of hepatitis or other liver disease.”

Many doctors check for that.

“Before a new patient goes on a statin, I do a comprehensive blood profile that makes sure that their liver, kidneys, and thyroid are suitable for statin therapy,” says Miller.

■ **Diabetes.** The risk of type 2 diabetes rises when people go on statins, but the disease doesn’t come out of the blue.

“I am not aware anywhere in the literature of somebody with perfectly normal blood sugar—let’s say 90—who went on a statin and all of a sudden became diabetic,” says Miller.



Instead, statins may push people with prediabetes over the line to diabetes, which is a fasting blood sugar over 125.

“On average, fasting blood sugar levels go up somewhere between two to five points in people on statins,” says Miller. “So people who have a fasting blood sugar of 122 may go on a statin and, lo and behold, their blood sugar is 126 or 127.”

That’s no reason to avoid statins.

“Statins not only lower the risk of cardiovascular events in people with diabetes,” says Miller, “they also reduce the risk of some of the microvascular complications in diabetes, like blood vessel damage in the eyes.

“So we don’t want to throw the baby out with the bathwater by saying ‘Don’t take a statin if you’re at high risk for diabetes.’”

Nevertheless, Miller doesn’t dismiss his patients’ concerns.

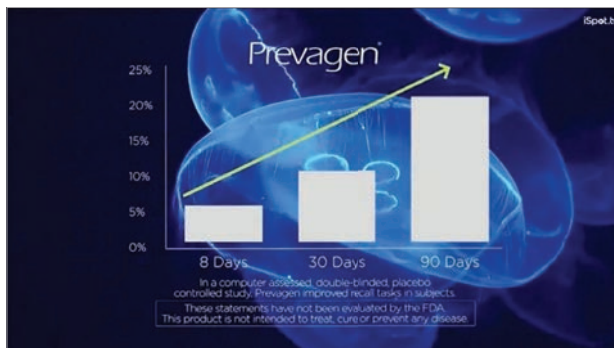
“The customer is always right,” he says. “If a patient has side effects, I give them a statin holiday to see if the symptoms go away.”

Then he might try a different statin or a different dose. “I’ve had a lot of success using alternate-day therapy using statins that have a long half-life. I have some patients on a Monday-Wednesday-Friday regimen.”

Clearly, Miller would prefer his patients to lower their risk with diet and exercise.

“If a patient has had a heart attack or stroke, or has peripheral artery disease, we really try to get them to go on a statin. But if somebody comes in with a mild elevation in LDL but no other risk factors, we try to get them to eat a good diet, increase their activity, and lose some weight if they’re overweight. Then they may not need a statin at all.”

But overall, statins’ risk of harm—and cost—are low.¹³



The memory test results in Prevagen’s ads are misleading, says a lawsuit by the Federal Trade Commission.

“You always have to weigh the risk versus benefit,” says Miller. “But it’s rare in medicine that study after study shows a benefit of a drug, and the likelihood of it causing permanent damage in an otherwise healthy individual is exceedingly rare.”

Bottom Line: Statins are unlikely to cause serious, irreversible harm.

6 Prevagen for memory?

“As you get older, [your brain] naturally begins to change, causing a lack of sharpness or even trouble with recall,” says Prevagen’s TV ad. “In clinical trials, Prevagen has been shown to improve short-term memory.”

Wow. And just look at that steadily rising arrow on the ad’s graph! (It shows the Prevagen takers’ scores on a recall test after 30 and 90 days.)

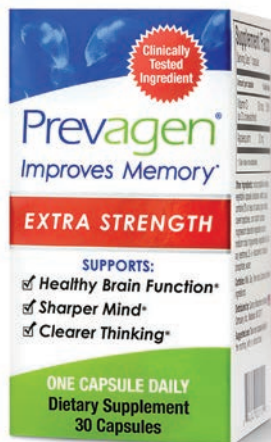
Ads don’t lie, right?

In January 2017, the Federal Trade Commission and the New York State Attorney General sued the maker of Prevagen for its misleading ads.¹⁴

“The marketers of Prevagen preyed on the fears of older consumers experiencing age-related memory loss,” said Jessica Rich, then-director of the FTC’s Bureau of Consumer Protection.

“But one critical thing these marketers forgot is that their claims need to be backed up by real scientific evidence.”

So what about that graph in the Prevagen ads?



Save your \$60 a month.

It comes from a study by Quincy Bioscience, which sells Prevagen.

Quincy’s employees randomly assigned 218 people to take either a placebo or 10 milligrams of Prevagen a day. After 90 days, the researchers found no difference between groups on the nine tests of memory or other thinking skills they originally planned to measure.

So they kept slicing and dicing the data, doing more than 30 additional analyses in subgroups of participants.

Finally, the researchers dug up the data for the graph in the ad (though they had to omit the results at 60 days, when the Prevagen takers did worse than the placebo takers, [said the FTC](#)).

What’s more, said the agency, Prevagen’s key ingredient “is rapidly digested in the stomach and broken down into amino acids and small peptides like any other dietary protein.” Translation: It never even reaches the human brain.

So why is Prevagen still on the market ...for a typical selling price of \$40 to \$90 for a 30-day supply?

In September 2017, a federal judge dismissed the government’s lawsuit. But in February 2018, the FTC and New York State appealed. A year later, they won.

That means the lawsuit continues. Meanwhile, the ads keep running and people keep buying Prevagen. From 2007 to 2015, Americans bought about \$165 million worth of the supplement. Sigh.

Bottom Line: Don’t waste your money on Prevagen. 🍷

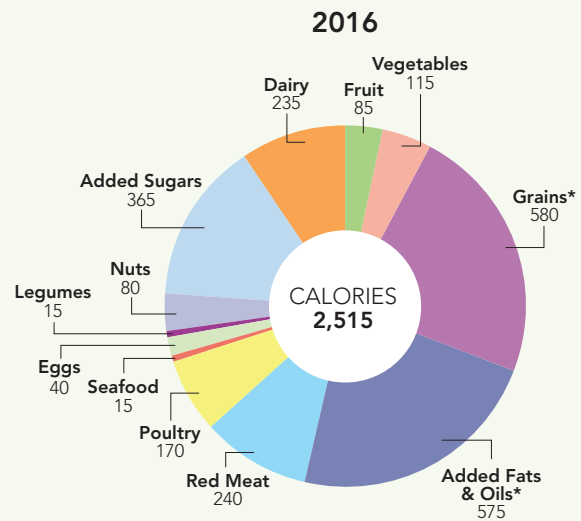
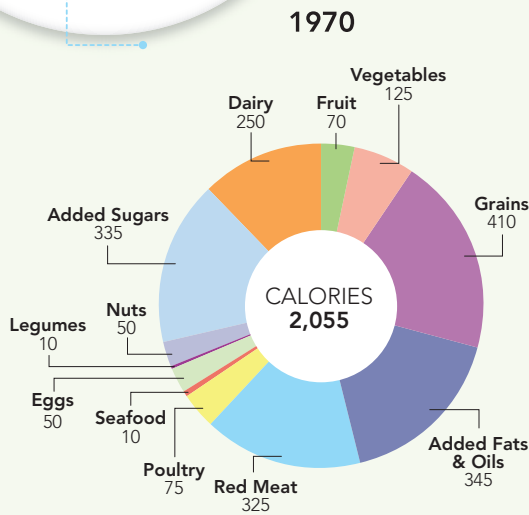
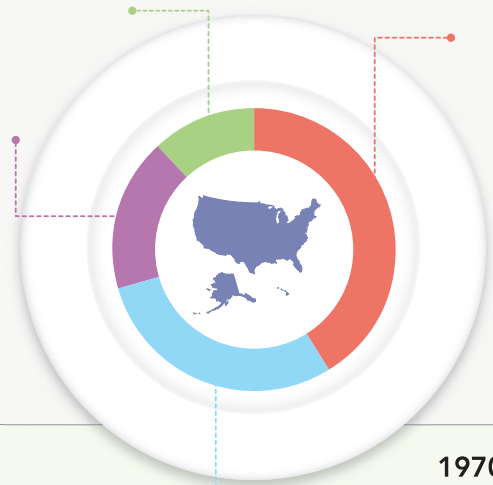
- 1 [JAMA 321: 858, 2019.](#)
- 2 [BMJ 2018. doi:10.1136/bmj.k4583.](#)
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STATE of the PLATE

What Americans are eating

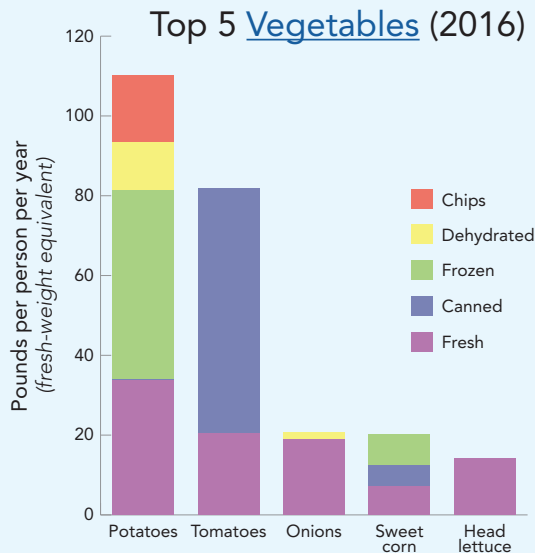
BY LINDSAY MOYER

These snapshots of the typical American diet come from the [U.S. Department of Agriculture's](#) estimates of what food companies and farmers produce. The take-home message: We could be doing far better.

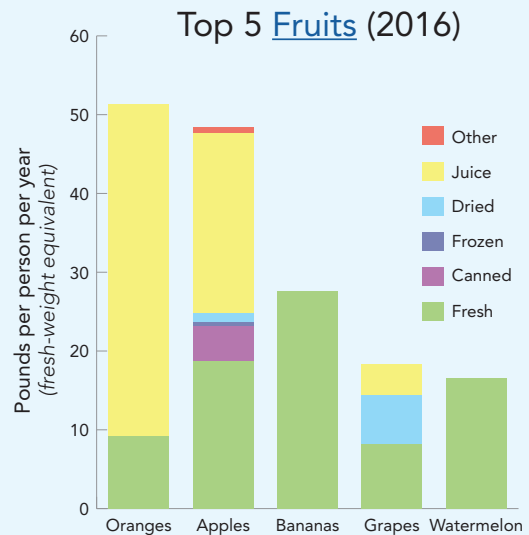


The food supply's calories per person per day have ballooned since 1970. Most of the 460 extra calories come from a jump in grains (largely refined) and fats. We've also swapped nearly 100 calories' worth of red meat for poultry (yay!). The rest has barely budged, though sugar climbed until 1999 before falling.

Note: Numbers are loss-adjusted. *Numbers are from 2010, the last year the USDA tracked rice and fats & oils.



Our No. 1 vegetable? White potatoes. And we're loading up on chips and fries, not baked potatoes. Most tomatoes are canned, and "head lettuce" is mostly nutrient-poor iceberg.



Most oranges get juiced, the bulk of our apples get juiced or canned, and half of our grapes become raisins or juice. Watermelon is fresh and nutrient rich, but it's only in the top five because of its heavy rind. 🍉

Notes: Numbers are not loss-adjusted. The top 5 fruits and vegetables account for roughly 2/3 of the total.



When Food FIGHTS BACK

Clearing up confusion over food allergies & intolerances

BY CAITLIN DOW

Last June, Alexi Stafford, a 15-year-old with a peanut allergy, accidentally ate a cookie filled with mini peanut butter cups. Ninety minutes later, she died. Food is a minefield for people with severe allergies. Here's what you may not know about how some foods can make the immune system go haywire.

1 An allergy isn't just any reaction to food.

"Send us a sample of your hair and let us do the rest!" says the website modernallergymanagement.com. The "7 unsuspecting signs that you might have a sensitivity" it names: fatigue, joint pain and muscle aches, headaches, weight gain, mood swings, anxiety, and dizziness.

Those signs—and the hair samples—are clues that modernallergymanagement.com isn't diagnosing allergies.

"A food allergy is an inappropriate immune response to a harmless protein in a food," explains Roxanne Oriol, a physician and assistant professor of pediatrics, allergy and immunology at the Icahn School of Medicine at Mount Sinai Hospital in New York.¹

To help diagnose an allergy, doctors may use a skin prick test or a blood test that measures antibodies called immunoglobulin E (IgE). IgE is the alarm system that alerts certain immune cells that invaders have arrived (see "Immune

Cells on High Alert").

So if an online testing service asks for a hair sample, it isn't capable of diagnosing an allergy. It might claim to test for food intolerances or sensitivities, but even those results are questionable (see "Allergic...or Just Sensitive?" p. 10).

Allergic symptoms are triggered by the immune system's response to the "foreign" protein.

"Food allergy symptoms can range from mild, like a few hives, to severe and potentially fatal, like anaphylaxis," says Oriol.

Anaphylaxis is life threatening because your airway narrows, blocking your air supply. That's why some people with allergies carry a device like an EpiPen, to inject themselves with epinephrine to reverse an anaphylactic reaction.

And don't assume that if your last reaction was mild, the next one will also be, adds Oriol. "Your symptoms can be more mild or more severe than before."

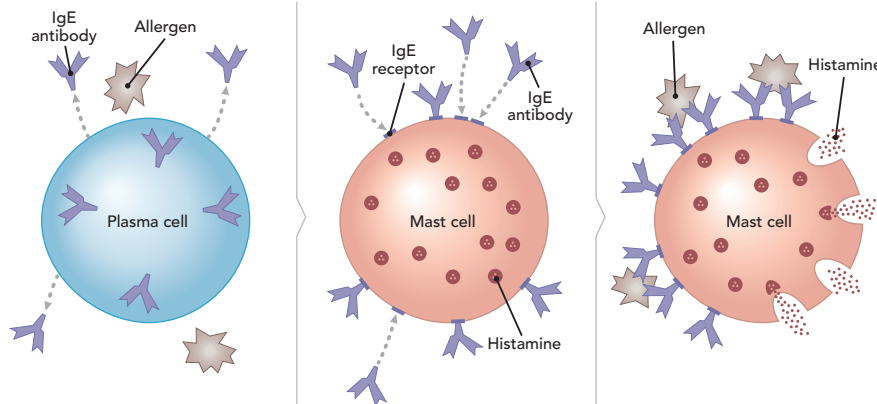
Almost any protein in food can trigger an allergic reaction—that is, can act as an allergen. But eight foods account for the lion's share: peanuts, milk, eggs, wheat, soy, tree nuts, fish, and crustacean shellfish (like shrimp, crabs, and lobster). All

eight must be declared on food labels.

3 Many doctors don't know how to diagnose allergies.

Ever had a panel test, where a doctor uses skin pricks or blood samples to measure your IgE levels in response to a variety of foods?

IMMUNE CELLS ON HIGH ALERT



1 You're exposed. Immune cells called plasma cells (or B cells) release immunoglobulin E (IgE) antibodies after you eat an allergen.

2 You get sensitized. IgE antibodies bind to the surface of two other types of immune cells: mast cells and basophils.

3 You're exposed again...and react. When an allergen binds to IgE on a mast cell, the cell releases histamine and other chemicals that cause allergy symptoms.

2 Allergies don't cause symptoms like fatigue.

Fatigue, mood swings, headaches? Those and other persistent problems aren't signs of a food allergy.

"Most people with IgE-based allergies develop symptoms within two hours of eating the food," says Oriol.

That approach is backwards, says Oriel. “Never, ever do panels.”

Those tests only tell if your immune cells are sensitized—that is, if they’ve been primed to react to a food. But if they’ve been sensitized and you’ve had no symptoms, you aren’t allergic.

That may be news to your doctor. In a survey of 407 primary care physicians, 32 percent incorrectly believed that blood or skin prick tests alone were sufficient to diagnose a food allergy.²

“When I’m diagnosing a patient, I ask about what they ate, the symptoms they had, if they’ve reacted more than one time to that food, and so on,” says Oriel.

“That history serves as a guide for what, if anything, I decide to test for using skin prick or blood tests.”

But even then, those tests aren’t perfect, adds Oriel.

“If there is a compelling history and the skin or blood test shows that you’re not sensitized, I would more than likely do a food challenge before saying ‘Go ahead and eat it.’”

A food challenge—watching for symptoms after a patient eats a food—is the gold standard for diagnosing a food allergy. But they’re time consuming and they’re done only in clinics that can handle a severe allergic reaction.

What about IgG panels, applied kinesiology, electrodermal testing, mediator release testing, and other tests that are offered online or by alternative health practitioners?

“Those tests aren’t reliable and shouldn’t be used to diagnose food allergies,” says Christina Ciaccio, a physician and interim chief of allergy and immunology at the University of Chicago Medical Center. The National Academy of Medicine agrees.¹

4 Food allergies can start in adulthood.

No food allergies now? Don’t assume that will always be true.

Food allergies are more common in

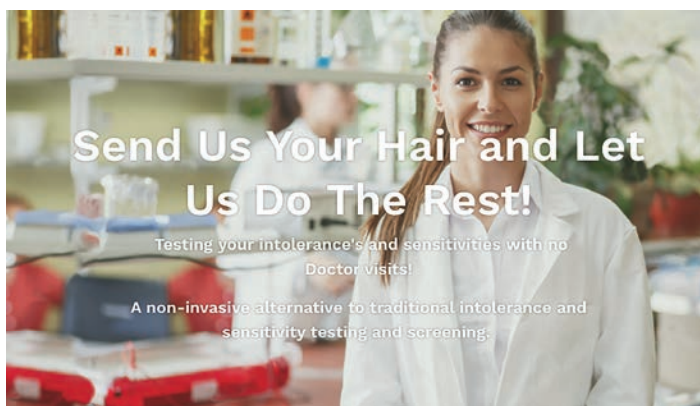
children than in adults. While “most kids grow out of milk and egg allergies,” says Ciaccio, “a lot of people never grow out of peanut, tree nut, and shellfish allergies.”

But food allergies can start at any age. Shellfish allergy is the most likely to strike adults.³ One study found that shellfish was responsible for roughly half of adult-onset food allergies.³

5 It’s not clear how many people have food allergies.

“More than 1 in 10 U.S. adults has a food allergy, study finds,” ran the [CNN.com](https://www.cnn.com) headline in January.

That study based its estimates on the



Companies like [modernallergymanagement.com](https://www.modernallergymanagement.com) aren’t diagnosing allergies...or much of anything else.

symptoms reported by roughly 40,000 people. (Before the researchers excluded people with non-allergy-like symptoms, nearly two out of ten claimed to have a food allergy.)⁴

Ten percent of adults seems “surprisingly high,” notes Ciaccio. Most estimates range from 3 to 9 percent of people of all ages.¹

“But food allergies in adults have been ignored for a long time, so we probably don’t have a good handle on what’s going on,” says Ciaccio.

And just asking people about symptoms doesn’t yield an accurate head count.

“We need studies based on oral food challenges, where a patient eats a suspected food and you diagnose them based on whether or not they have aller-

gic symptoms,” says Oriel.

Are allergies on the rise?

“Almost any allergist, myself included, would say they are,” says Ciaccio. “They seem more common and more severe than they used to be. But the evidence isn’t 100 percent convincing.”

6 The immune system can confuse food with pollen.

Ever had an itchy mouth or swollen lips after eating certain fresh fruits, vegetables, nuts, or spices? You may have oral allergy syndrome (also called pollen-food allergy syndrome).⁵

“Certain proteins in plant foods have similar structures to proteins in pollen,” explains Oriel. So if you have hay fever, your immune system may mistake a food protein for a pollen protein.

Among the most common offenders: apples, peaches, melon, carrots, tomatoes, hazelnuts, and almonds.

In most people, the itching or swelling of the mouth, lips, or throat is mild and goes away on its own.

And many allergens that cause oral allergy syndrome are inactivated by heat. “I have patients who can’t eat a fresh apple, but apple pie or

applesauce is fine,” says Oriel. “If the food is cooked or processed, they don’t have symptoms.”

7 A tick bite may trigger an allergy to red meat.

“After being bitten by the lone star tick, some people’s immune cells become primed to react to a sugar called alpha-gal that is made by mammals like cows, pigs, and lambs,” Oriel explains.

“When those people eat red meat, they may have a delayed severe anaphylactic reaction.”

What might explain the link? Lone star ticks inject alpha-gal—which they may get from feeding on animals or from their



ALLERGIC...OR JUST SENSITIVE?

“Do you ever feel like you may have certain symptoms related to foods, such as headaches, stomach pain, diarrhea, or fatigue?” asks EverlyWell, a company that sells dozens of at-home health tests online.

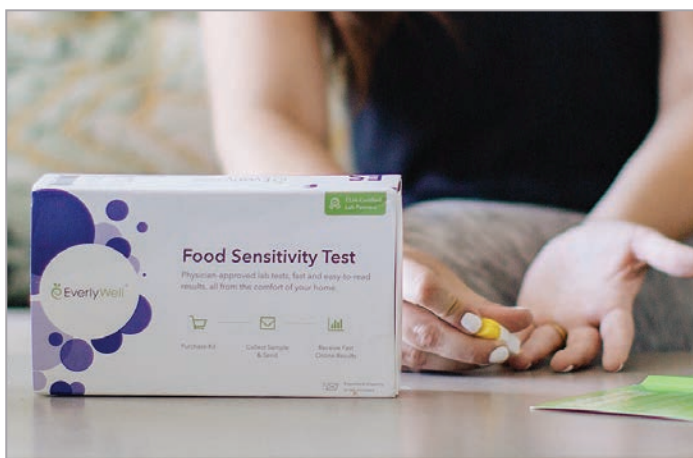
“Our Food Sensitivity test measures your body’s IgG immune response to 96 foods that are commonly found in western diets.”

There’s just one problem. “IgG has never been validated as a test for diagnosing food intolerance,” says the University of Chicago’s Christina Ciaccio.

High levels of IgG (an antibody made by the immune system) may simply mean that you were exposed to a food. In fact, some research suggests that high IgG may mean that you can eat the food with no harm.¹

“When patients bring in IgG test results, I quiz them about what they eat a lot of, and it’s often exactly what the test says they’re intolerant to, even though they’ve never had a reaction to those foods,” says Ciaccio. “Just because your immune system recognizes a food doesn’t mean that you’re reacting to it.”

The test results can hurt people if it leads them to cut out too many foods. “We’ve had to put in I.V. feeds for patients



Don't waste your money on food intolerance tests.

who became overly restrictive and malnourished after following non-validated test results,” says Ciaccio.

Just what *is* a food intolerance or sensitivity?

“I dump any adverse reaction to food that isn’t due to an immune response into the food intolerance category,” says Ciaccio.

Some intolerances, like to lactose (a sugar in milk), can cause gastrointestinal distress.

Sulfites in dried fruit and wine can cause life-threatening asthma-like symptoms. Histamine intolerance—linked to some fish and fermented or cured foods like cheese and wine—may lead to nausea, headaches, or flushing. In theory, any food could trigger an adverse reaction.

There’s no easy or reliable way to diagnose food intolerances. “There’s no blood or skin test we can do,” says Ciaccio. Your best bet is to try an elimination diet. Cut out all suspect foods for a couple of weeks, then re-introduce them one by one. If you suspect just one food, it’s easier.

“If you think that dairy is giving you reflux, pull dairy out of your diet for a couple of weeks and see if your reflux gets better,” suggests Ciaccio. “If it doesn’t budge, put dairy back in.”

¹ *Pediatr. Allergy Immunol.* 20: 35, 2009.

own saliva—into the people they bite.

How common is alpha-gal allergy? “We’re confident the number is over 5,000 [cases]...in the U.S. alone,” University of North Carolina allergist Scott Commins told [National Public Radio](#) last June. And that’s just since 2009, when alpha-gal allergy was discovered.⁶

Lone star ticks primarily live in the southeast and central United States, though their range is expanding. (Alpha-gal has been linked to other ticks in Europe, Asia, Australia, and Central America.)

When it comes to allergies, alpha-gal breaks the mold. First, almost all allergies are triggered by proteins, but alpha-gal is a sugar. Second, symptoms don’t appear until three to six hours after eating red meat.

“This is one notable exception to IgE-based allergies occurring within two

hours of exposure,” says Oriol. “Patients often wake up in the middle of the night with an anaphylactic reaction after eating red meat for dinner.”

Curiously, if your blood type is B or AB, you may be less likely to get an alpha-gal allergy than if your blood type is A or O, suggests a recent study.⁷

What’s the connection? Your blood type depends on sugars on the surface of your red blood cells. And the sugar for blood type B looks like alpha-gal. So people with blood type B or AB may be less likely to react to alpha-gal because their bodies don’t see it as being foreign.

8 Don't hold back on peanuts for high-risk babies.

Peanut allergy kills more people in the United States than allergies to any other food. And doctors didn’t know how to

prevent peanut allergies...until the landmark LEAP study came out in 2015.⁸

Researchers had noticed that peanut allergies were ten times more common among Jewish children in the United Kingdom than in Israel.⁹ Could that be because UK parents typically didn’t feed peanut-based foods to babies until they were at least a year old, while Israeli parents fed peanut-based foods around seven months?

To find out, scientists randomly assigned 640 UK infants (aged 4 to 10 months) who had a high risk for peanut allergy—because they had severe eczema, egg allergy, or both—to either eat or avoid peanuts until the age of five. The parents of the peanut eaters were told to give their children two grams of peanut protein—the amount in about two teaspoons of peanut butter—three times a week.

The results were startling: Among ba-

bies with no sign of peanut allergy when they entered the study, roughly 14 percent of those who avoided peanut—but only 2 percent of those who ate it—were allergic by age five.

Even among babies who started the study with signs of a mild peanut allergy, 35 percent of avoiders—but only 11 percent of eaters—were allergic by age five.

“For a study to show a benefit of this magnitude in the prevention of peanut allergy is without precedent,” said Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, when the trial’s results were released. The NIAID helped fund the study.

“The results have the potential to transform how we approach food allergy prevention.”

Why is earlier better? It may be safer for a baby’s immune system to first “see” an allergy-causing protein through the gut, not the skin.

“In early infancy, if you have an impaired skin barrier, like in eczema, you may be exposed to low levels of food allergens through your skin,” says Oriel.

Maybe a baby crawls over crumbs on the floor or is held by someone with traces of peanut butter on their hands.

“When you eat something, your body presents it to your immune system in a packaged, organized way,” notes Ciaccio. “But if something goes straight into the bloodstream through the skin, it signals the immune system to fight. ‘This is an invader! We don’t want this!’”

LEAP upended allergy guidelines in the UK and the United States.¹⁰ Both now tell parents to start peanut-containing foods (like puffed peanut snacks or peanut butter blended into puréed fruits, vegetables, or baby cereal) in high-risk infants aged four to six months.¹¹

“Those infants should be tested first to make sure they aren’t already allergic to peanuts,” cautions Oriel.



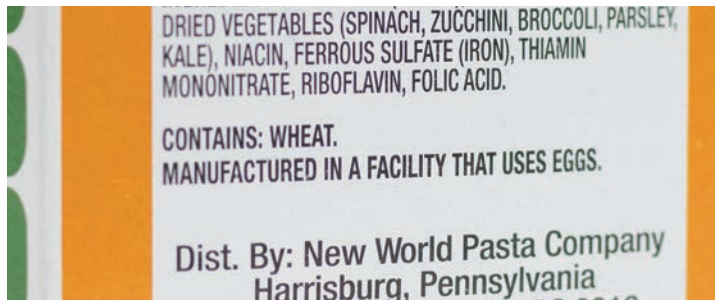
Peanuts are a choking hazard, but early exposure to peanut-based foods may prevent allergies.

9 Food labels don’t guarantee safety.

“For anyone with a food allergy, eating becomes incredibly restrictive because they don’t know if foods that were prepared outside the house are safe,” says Ciaccio.

“There’s the fear of accidental ingestion. If you’re at a restaurant and, say, you have a peanut allergy, maybe it only gets as far as the wait staff, and it never gets back to the kitchen. And then they serve you a sauce with peanut in it.”

If a packaged food contains one of the eight major food allergens as an ingredient, the label must list the common name of the allergen in the ingredient list



This label warns you that the food may have picked up an allergen at the factory, but the warnings aren’t required.

—“whey (milk),” for example—or bear a statement like “Contains milk.” (The Center for Science in the Public Interest, *Nutrition Action’s* publisher, has asked the FDA to add sesame to the major-allergens list.)

But cross-contamination can occur if companies use the same equipment to make foods with and without allergens.

Whether or not the food actually contains an allergen, “some companies slap a label on it that says something like ‘May contain’ or ‘Processed in a facility that also processes,’” says Ciaccio.

But those labels aren’t required. So their absence doesn’t guarantee that a food is free of allergens.

10 New therapies are on the way.

Is there a way to make allergies less deadly? Researchers are testing oral immunotherapy, which feeds people tiny, increasing doses of an offending food.

“The goal is to raise the threshold at which your allergy cells release histamine,” Oriel explains.

In a recent company-funded study across 10 countries in North America and Europe, researchers randomly assigned roughly 500 children (aged four to 17) with a peanut allergy to take a placebo or AR101, a peanut protein powder, in doses ranging from 3 to 300 milligrams a day.¹²

After a year, 67 percent of the children who took AR101—but only 4 percent of the placebo takers—were able to eat roughly two peanuts safely.

“It’s not a cure,” says Ciaccio, who co-authored the study. “It’s what we call ‘bite safe.’ If they have a bite of a food that contains peanuts, it’s unlikely to be fatal.” (AR101 is currently under review by the FDA.)

“Many other exciting treatments are on the horizon,” says Oriel. “That includes other forms of immunotherapy, a possible peanut allergy vaccine, and more. We could be having a very different conversation about food allergies a year from now.” 🍌

¹ The National Academies Press 2017. doi:10.17226/23658.

² *Pediatrics* 125: 126, 2010.

³ *J. Allergy Clin. Immunol. Pract.* 3: 114, 2015.

⁴ *JAMA Netw. Open* 2: e185630, 2019.

⁵ *Dermatitis* 26: 78, 2015.

⁶ *J. Allergy Clin. Immunol.* 123: 426, 2009.

⁷ *J. Allergy Clin. Immunol. Pract.* 6: 1790, 2018.

⁸ *N. Engl. J. Med.* 372: 803, 2015.

⁹ *J. Allergy Clin. Immunol.* 122: 984, 2008.

¹⁰ *J. Allergy Clin. Immunol.* 139: 29, 2017.

¹¹ www.niaid.nih.gov/sites/default/files/addendum_guidelines_peanut_appx_d.pdf.

¹² *N. Engl. J. Med.* 379: 1991, 2018.

Quick Studies

A snapshot of the latest research on diet, exercise, and more.

Diabetes? No Longer.



Can people with type 2 diabetes go off—and stay off—their meds?

In the Diabetes Remission Clinical Trial (DiRECT), British researchers randomly assigned doctors who were treating roughly 300 overweight or obese people with diabetes to either follow usual treatment guidelines (control group) or to take patients off diabetes drugs and put them on a three-stage weight-loss program (intervention group) that included:

- a **formula diet** (shakes and soups) with 825 calories a day (for 12 to 20 weeks),
- a **gradual return** to foods (for 6 to 8 weeks), and

■ **monthly counseling** to keep the weight off, and a “rescue plan” option—going back to a formula diet if they regained more than a few pounds.

The patients, aged 20 to 65, had been diagnosed with diabetes within the previous six years, and none were taking insulin when the study began.

After two years, 36 percent of people in the intervention group—but only 3 percent of those in the control group—had blood sugar levels below the diabetes range (hemoglobin A1c below 6.5%) without taking diabetes drugs.

Weight loss was key: 64 percent of all participants who lost at least 22 pounds—but 29 percent of those who lost 11 to 21 pounds and only 5 percent of those who lost less than 11 pounds—were in remission after two years.

The results “pull down the curtain on the era of type 2 diabetes as an inevitably progressive disease,” [said](#) co-author Roy Taylor of Newcastle University.

(The study was funded by a charity called Diabetes UK, but several authors had ties to the company that sells the shakes and soups used in the trial.)

What to do: Got type 2 diabetes and extra weight? Try to lose it—with any diet—and then talk to your doctor about changing your meds.

[Lancet Diabetes Endocrinol.](#) 2019. doi:10.1016/S2213-8587(19)30068-3.

Whole Grains & Insulin



Can a switch from refined to whole grains lower your risk of type 2 diabetes by making your body less resistant to the insulin that it produces?

Researchers randomly assigned 14 middle-aged adults with obesity (but not diabetes) to identical diets made with either whole or refined grains (largely wheat, oats, and rice) for two months each.

Insulin resistance in muscles decreased more when the participants were on the whole-grain diet. Glucose tolerance after a meal also improved more on the whole grains—a sign that insulin was better able to shuttle blood sugar from the bloodstream into cells.

(The study was funded by Nestlé and the National Institutes of Health.)

What to do: This small study needs to be confirmed, but it’s one more reason to switch from refined breads, cereals, pasta, and other grains to their whole-grain, nutrient-rich cousins.

[Metabolism](#) 2018. doi:10.1016/j.metabol.2017.12.011.

A Walk in the Park?



Exercise that’s vigorous (like running) or moderate (like brisk walking) can protect your heart. But what about lighter exercise?

Researchers used accelerometers to measure physical activity in nearly 5,900 women aged 63 to 99 for a week.

After 3½ years, each daily hour of

light activity (on the accelerometer) was linked to a 20 percent lower risk of a heart attack and a 10 percent lower risk of any cardiovascular event (like stroke, heart failure, or angioplasty). Though this kind of study can’t prove cause and effect, scientists did take factors like age, smoking, and illness into account.

What to do: Aim for exercise that boosts your heart rate, but any movement is better than none. 🍷

[JAMA Netw. Open](#) 2019. doi:10.1001/jamanetworkopen.2019.0419.

The Healthy Cook

Cook Once, Eat Twice

BY KATE SHERWOOD



This smoky, juicy chicken tastes like it just came off the grill. That's why you're going to want to sauté enough for tonight's dinner (for two) and tomorrow's lunch (for one). Mmm. 🍴

Got a question or suggestion? Write to Kate at healthycook@cspinet.org.

Smokin' Paprika Chicken SERVES 3

- 1/2 tsp. smoked paprika
- 1/2 tsp. ground coriander
- 1/4 tsp. kosher salt
- 1/4 tsp. black pepper
- 1 tsp. Worcestershire sauce
- 2 Tbs. olive oil
- 3 6 oz. boneless, skinless chicken breasts

1. In a medium bowl, whisk together all the ingredients except the chicken. Add the chicken and turn to coat.
2. In a large non-stick pan, sauté the chicken over medium heat until cooked through, about 5-8 minutes, turning once.

PER SERVING (1 chicken breast): calories 290 | total fat 13 g | sat fat 2.5 g | carbs 1 g | fiber 0 g | total sugar 0 g | added sugar 0 g | protein 38 g | sodium 270 mg

Dinner for two. Add a quick-cooking whole grain like quinoa and some colorful stir-fried veggies to two of the chicken breasts. Dinner in under 30 minutes!

Lunch for one. Cut up the leftover chicken breast and add it to a salad. Try leaf lettuce, red onion, cherry tomatoes, and cucumbers. Toss with a creamy dressing like green goddess, ranch, or Caesar.



x2



Protein Bars

“It’s like having the doughnuts you’re not supposed to have filled with everything you are supposed to have,” says **ONE** about its **Maple Glazed Doughnut Flavored Protein Bar**.



Everything you’re supposed to have?

ONE bars are mostly protein isolates, processed fiber, sugar alcohols, palm and palm kernel oil, and (in many flavors) the sweetener sucralose, which gets our “avoid” rating (see chemicalcuisine.org). ONE’s competitors—like **Quest** and stevia-sweetened **Protein One**—aren’t much better.

Yes, they’re largely sugar-free. But they’re not chock-full of nutrient-rich real food, either. And nearly all Americans already eat plenty of protein (see Sept. 2018, p. 3). Instead, snack on a handful of fruit, veggies, or nuts.



Green Juices

Daily Greens. Green Goodness. Green Machine.

Why *wouldn't* you grab one of those shortcuts to the land of kale and spinach? Answer: Apple juice.

“It isn’t always convenient to carry around a combination of cucumber, celery, romaine, kale, kiwi and other greens to snack on,” chirps **Bolthouse Farms’** website. “Which is why we put their juices all together for you in this bottle.”

Oops! Forgot to mention the apple.

Daily Greens, for example, has more (nutrient-poor) apple juice than anything else. No wonder a 15 oz. bottle packs 150 calories, largely from

30 grams (7 teaspoons) of total sugars.

Some juices have less. **Suja Über Greens** (6 grams of sugars) is mostly vegetable juice. But it tastes like, well, vegetable juice. All that to avoid irresistible garlicky sautéed spinach, kale-and-avocado salad, or a broccoli-shiitake stir-fry?

Granola

Nature’s Path Organic promises “real ingredients” and “whole grain goodness” in its **Honey Almond Granola**, which, like most granolas, is made with whole oats.

Too bad it doesn’t also promise honest labels. The package’s Nutrition Facts use the 1 oz. (½-cup) serving size for snacks, not the 2 oz. (¾-cup) serving for dense cereals.

Some other brands, like **Purely Elizabeth**, also play the serving-size game.

And even a (still petite) ¾-cup serving packs 280 calories and a quarter of a day’s added sugar. That’s typical for granola, which is calorie dense and often sugar laden.

Want a lighter, less-sugary breakfast? Start with unsweetened muesli, shredded wheat, oatmeal, or bulgur.



↓ OVERRATED

UND

BY LINDSAY MOYER

Why do some less-than-healthy foods get all the attention? Clever—or misleading—marketing doesn’t hurt. Here

Coconut Sugar

“Pure & unrefined,” crows the **Madhava Coconut Sugar** bag.

Coconut sugar and white sugar each starts with a liquid (coconut palm sap or sugar cane juice) that’s then boiled down to form crystals.

Coconut sugar is brown because it skips white sugar’s final refining step. But would *you* call that unrefined? Hardly.

Coconut sugar has “naturally occurring nutrients magnesium, potassium, zinc, iron, B vitamins and amino acids,” adds Madhava. The amounts per teaspoon? Negligible.

Nutiva Coconut Sugar boasts that it has a “lower glycemic index than cane sugar.” That means that it causes less of a spike in blood sugar levels than sucrose. But fructose is lower than both, and it’s no health food. What’s more, studies that feed people low-glycemic foods don’t find much benefit anyway (see p. 4).

Bottom line: Coconut sugar is no better than honey, agave, maple, turbinado, or any other added sugar.



Veggie Chips

“You can satisfy your crunchy cravings in a smart and wholesome way,” promise **Sensible Portions Garden Veggie Sea Salt Wavy Chips**.

Smart and wholesome? Sensible Portions has more potato flour, potato starch, oil, salt, and sugar than dried spinach, tomato, or beet powder.

Other brands of “veggie” chips and crisps—like **Good Health** and **Eat Smart**—are similar. Tomato-and-spinach-hued potato chips are one of the oldest tricks in the book.

Even if veggie chips had enough pulverized greens to boost their nutrient levels, they wouldn’t be smart and wholesome. Smart is crunching on carrots, grape tomatoes, bell peppers, and other non-starchy fresh veggies that fill you up with few calories.



ATED ERRATED ↑

& JENNIFER URBAN

are five overrated foods, plus five under-rated stars that deserve a spot in your grocery cart.

Lentils

Cheap. Quick. Nutritious. How could we resist?

A half cup of cooked **lentils** has 9 grams of protein and a hefty 8 grams of fiber, plus a good dose of magnesium, iron, potassium, zinc, and folate and other B vitamins.

For just 120 calories, that's a deal.

Like all dried beans and peas, lentils help lower LDL ("bad") cholesterol. And, like other plant proteins, they carry a smaller environmental footprint than meat. But *unlike* most other dried beans, you don't need to soak 'em before cooking. Yes!!!

Toss black or French lentils—they hold their shape when cooked—into a salad, or use them to replace that starchy side on your plate.

Save (less-firm) brown lentils for soup or stew. And red lentils (the softest) have their skins removed, so they cook in just 10 to 15 minutes. Use them in a thick soup or curry. Or add them to packaged or takeout Indian lentil dishes to cut the salt.



Cabbage

A head of green **cabbage** can stay fresh in the fridge for weeks and gives you plenty of bang for your buck. Feeding a small army of friends? Green cabbage goes far.

Plus, you've got options. There's also the vibrant purple-red cabbage or the more delicate Napa or savoy.

A cup of shredded raw cabbage is packed with vitamins C and K, and also delivers a decent dose of folate and fiber. For around 20 calories...and a whole lot of crunch...that's hard to beat.

Slice some into thin ribbons—or grab a pre-shredded bag—and start bulking up your meal. Use it raw for a salad or slaw that won't wilt. Prefer cooked? Add it to stir-fries, soups, or fried rice. Mmm...



Pineapple

Pineapple is no slouch in the nutrient department. One cup has roughly 90 percent of a day's vitamin C, 2 grams of fiber, and a smattering of potassium, magnesium, folate, and other B vitamins—all for only 80 calories.

But it's not just about the numbers. Have you ever gotten a *bad* pineapple? You can count on irresistible, juicy fruit hiding underneath the prickly skin because pineapples are typically picked ripe. Just look for one with fresh-looking dark green leaves and a sweet smell.

Google "how to cut a pineapple" before you dig in. (Blending in a smoothie? Use frozen.) Then get chopping...and snacking. Or mix with tomato, white onion, jalapeño, and wine vinegar for a tropical salsa to top chicken, fish, or tofu.



Salmon Pouches

Filletts get all the attention, but **salmon pouches** are also superstars.

First, inside is almost always wild salmon—pink or sockeye—that has often been sustainably caught (see seafoodwatch.org).

Second, fatty fish—like salmon—can help protect your heart. They're rich in the omega-3 fats that may matter. You get 300 to 600 milligrams of EPA+DHA omega-3 fats in a 2½ oz. pouch. Bonus: you also get around 15 grams of protein and 50 to 75 percent of a day's vitamin D (which is rare to find in foods).

Third, pouches are easy (no draining!). Simply mix with vegetables (celery, scallions, cherry tomatoes), fresh herbs (parsley or dill), and a light dressing (olive oil and fresh lemon juice). Serve on a salad or with whole-wheat toast or crackers.



Bulgur

Short on time? You can't beat **bulgur**. Simply add boiling water, cover for 10 to 15 minutes, and drain. Ta-dah! (Coarser bulgur needs a longer soak, or a 10-minute simmer on the stovetop.)

Bulgur—dried wheat that's steamed and cracked—isn't just for tabbouleh. Sub it for the side of brown rice on your dinner plate, and you've doubled the fiber. Or cook it with raisins or other dried fruit and top with nuts for a new spin on hot cereal.

The whole-grain goods: a ¾-cup (cooked) serving has 6 grams of fiber, 10 percent of a day's magnesium, and a decent dose of iron, zinc, and many B vitamins.

What's more, stores like Whole Foods sell bulgur in bulk. Whether you're trying to sidestep excess packaging waste or want to buy only what you need, it's a find. 🍌





RIGHT STUFF

Heart of Gold



You've probably walked right by them at the supermarket.

On the outside, they look like any other kiwi. But on the inside, there's yellow (not green) flesh, a smaller core, fewer seeds, and sweeter, less tangy fruit.

Say hello to the dazzling **gold kiwi**. Zespri, New Zealand's kiwi-growing giant, spent a decade cross-breeding kiwis to develop **SunGold**, the most popular gold variety.

Let yours ripen on the kitchen counter until they yield to slight pressure, like a ripe avocado or peach. (Once ripe, they'll last for a week or two in the fridge.)

Then dig in. Gold kiwi's un-fuzzy skin means you can eat it *without peeling*. Not gonna do that? Just cut in half and spoon out the flesh.

They're not just for snacking. Add ripe-but-firm kiwi to salads. (Start with our Dish of the Month, from Healthy Cook Kate Sherwood.)

News alert: SunGold's peak season starts now and runs through November. (A smaller Italian crop means you might still find golds through February.)

Bonus: Any kiwi—gold or green—is nutrient rich. Take vitamin C. A serving of two greens has nearly 1½ days' worth. Two golds double that.

Both types also supply a good dose of potassium, folate, vitamins E and K, and fiber, though greens have more K and twice the fiber (assuming you don't eat the golds' skin). That's for just 40 to 50 calories apiece.

So go ahead. Go for the gold.

zesprikiwi.com—(949) 706-2284

Photos: Zespri (top left), Jennifer Urbany/CSPI (top right & middle), Dorazent/stock.adobe.com (bottom).

FOOD PORN



Dun't Fall For It

"Our NEW energizing Frozen Coffee is smooth, creamy and full of real Dunkin' flavor—making it the perfect way to cool off," says Dunkin's website.

So perfect. So what if it's, well, not really frozen coffee?

Turns out, **Dunkin' Frozen Coffee** is a blend of water, light cream, liquid cane sugar (sugar, water, and potassium sorbate), and "coffee swirl syrup." You know...that's the water, sugar, coffee, phosphoric acid, natural flavor, dipotassium phosphate, salt, sodium benzoate, potassium sorbate, and xanthan gum that you want in every cup of coffee.

Dunkin' needs those extras to jam 840 calories, 22 grams of saturated fat (a day's worth), and an

estimated 27 teaspoons of added sugar (more than a two-day supply) into every large (32 oz.) cup. (That's right. Restaurants now serve sugary caffeinated beverages by the *quart*.)

Sipping a large Dunkin' Frozen Coffee is like slurping an 8 oz. tub (3 cups) of Cool Whip blended with ¼ cup of chocolate syrup. Yum!

Want to dodge the nearly 400 milligrams of caffeine (enough to keep you up for a few nights)? Try a large Dunkin' **Frozen Chocolate**, for a cool 930 calories, 13 grams of sat fat, and an estimated 37 teaspoons (about ¾ cup) of added sugar.

America runs on Dunkin'? With its help, we'll be lucky if Americans can still *run*.

dunkindonuts.com—(800) 859-5339



DISH of the month

Kiwi Avocado Salad

In a large bowl, whisk together 1 Tbs. extra-virgin olive oil, 1 tsp. white balsamic vinegar, and ¼ tsp. salt. Toss with 1 head of lettuce, 3 sliced radishes, 1 sliced kiwi, and ½ sliced avocado. Serves 2.

quick tip

The best way to unlock flavor in food? Sautéing in just a little oil releases the flavor from your spices, herbs, garlic, ginger, or onions. That's why it's the start of any stir-fry, curry, sauce, or stew.

