

## **Appendix G-6: Summary of Recommendations From Written Public Comments**

The Dietary Guidelines Advisory Committee (DGAC) accepted public comments in written form throughout its charter; a total of 435 submissions were received. Many submissions contained information for consideration, but not specific recommendations. A total of 377 submissions with recommendations for the Committee were received. Although only those submissions with recommendations received before May 12, 2004, are summarized here, the Committee members were provided with copies of all public comments through August 10, 2004. Written public comments were received from individuals, interest groups, industry, academia, and state and Federal Government agencies. Of these 377 submissions, 172 were copies of a form letter (or slight variations on the form letter language) from the Dr. Joseph Mercola's No-Grain Diet Web site.

Some individuals presented public comments as oral testimony during the January 28–29, 2004, meeting of the Committee. These comments are summarized in the minutes of that public meeting ([http://www.health.gov/dietaryguidelines/dga2005/minutes01\\_2829\\_2004.htm](http://www.health.gov/dietaryguidelines/dga2005/minutes01_2829_2004.htm)).

All public comments were distributed to the entire Committee for review. Public input helped the Committee gather background information and understand consumer perceptions, and the input helped ensure consideration of important topics.

The following is a summary of the specific recommendations, other comments, and suggested resource materials that were submitted in writing by the public. The material is organized in the following categories:

- General Recommendations: Format, Scope, Target Audience, Process, Implementation, Communication, Content of Dietary Guidelines
- Healthy Weight
- Physical Activity
- Food Guide Pyramid/Variety
- Grains
- Fruits and Vegetables
- Dairy/Calcium
- Meat/Protein
- Food Safety
- Fats
- Sugars
- Salt
- Alcoholic Beverages
- Suggested Resources

When submissions included recommendations or other kinds of comments on more than one topic, which often was the case, the comments were separated and placed in the appropriate category. When more than one person or organization made a comment, the number in parentheses following the comment indicates the number of persons doing so. (In cases in which the same comment was received by more than five commenters, this is indicated by “numerous.”) Suggested resource materials are listed by title in the last section of this Appendix.

## **GENERAL RECOMMENDATIONS**

### **Format**

A lot of the language is too basic for Americans; use the space to say something more meaningful.

Change the name of the *Dietary Guidelines* to “the Dietary and Physical Activity Guidelines.” (2)

Create two separate documents: one for consumers and one for policymakers.

Consider the *Dietary Guidelines* and the Food Guide Pyramid as two prongs to promote eating behavior change in the population.

### **Scope**

Provide dietary advice that is easily understood and applicable to the American public. (2)

Make the *Dietary Guidelines* relevant for consumers today. (2)

Make suggestions for following the *Dietary Guidelines* relevant to consumers’ lifestyles. (3)

Set realistic goals to achieve change in consumer behaviors.

Keep the message of how to fit eating healthfully into your life simple.

Consider the *Dietary Guidelines* and Food Guide Pyramid as two prongs to promote eating behavior change in the population.

Encourage harmonization between the Food Guide Pyramid, *Dietary Guidelines*, and Nutrition Facts Panel. (2)

Harmonize the *Dietary Guidelines* with Canadian, European, and World Health Organization guidelines.

The *2005 Dietary Guidelines* must comply with the Information Quality Act.

Use a grading system for scientific information so that the “best” information is brought to the forefront.

Don’t be influenced by the current state of American food industries. (2)

Use the results of scientific research in setting the *Dietary Guidelines*.  
(Numerous)

Basing the *Dietary Guidelines* on scientific evidence will boost the public trust in the *Dietary Guidelines*. (2)

Don’t base the *Dietary Guidelines* on scientific developments only; scientific studies can produce scientific rationale for conflicting advice.

Set aside the idea of not making changes so to not confuse the public; “follow the evidence.”

Don’t try to make *Dietary Guidelines* fit all individuals. There isn’t a “one size fits all” diet. (2)

Remove the focus on calories and focus instead on food choices and serving sizes.

Insert the words “calorie” and “calories” into the text and further change the text to match language used by Americans.

Emphasize the relationship between energy intake (calories) and energy expenditure (physical activity), as well as the message that all foods and beverages in moderation fit in a balanced diet and healthy lifestyle.

Consider the research that shows that making small changes in consumption and activity patterns can have a positive impact on health.

Focus on improving the overall quality of the American diet. Correct deficiencies; don’t simply focus on “excesses.”

Continue emphasis on overall dietary patterns.

Deal with the “explosive” amount of information and advertising/marketing in the food environment.

## **Target Audience**

Revise the *Dietary Guidelines* to meet the unique nutritional needs of the diverse groups of the United States and the important need for cultural literacy and

competency in the development of the nutrition education materials and initiatives.

Provide realistic, culturally appropriate approaches and messages to minority and underserved audiences.

The *Dietary Guidelines* should be intended for healthy Americans.

Have separate guidelines for the elderly.

Develop separate guidelines for children, adults, and seniors.

Create separate guidelines for the treatment of obesity.

Present population-level dietary guidance along with messages for the public that lead to positive behavior change at the individual level.

It is inappropriate to use a sedentary, reference-sized individual to determine the target calorie levels. (2)

The use of sedentary, reference-sized individuals in assigning target calorie levels is appropriate.

Use “low-active” rather than sedentary energy levels as the target for recommendations.

Help make our schools models of the latest and best health practices.

Make recommendations for foods and beverages to be served in school settings.

## **Process**

Government should not be involved in deciding on *Dietary Guidelines for Americans*.

Part of the Dietary Guidelines Advisory Committee process must be to clarify the standard of evidence that is appropriate for policy guidance in the nutrition area.

## **Implementation**

Test the *Dietary Guidelines* and related materials with target audiences. (2)

Evaluate the impact of the *Dietary Guidelines* at periodic intervals.

The *Dietary Guidelines* must have clear measurement and evaluation.

What evidence exists to assert that the *Dietary Guidelines* and Food Guide Pyramid are effective public health policy and communication tools?

Implementation of *Dietary Guidelines* should trigger behavioral change.

Include a section in the *Dietary Guidelines* explaining how consumers should interpret newstories on nutrition and diet studies.

The *Dietary Guidelines* are ambiguous and lack concrete, actionable steps. Recommend the application of nutrition education behavioral and theoretical models to be put into practice by recommending actionable consumer language.

## **Communication**

Include in the *Dietary Guidelines* report a communication plan, including a plan to evaluate the effectiveness of the messages and outreach.

Prepare the consumer for continuing advancements in science and consequent additional revisions of the *Dietary Guidelines* in the future.

Encourage public/private partnerships to help communicate the *2005 Dietary Guidelines*.

Consider the practicalities of food science and consumer behavior and education.

Use simple, accurate messages.

Guidelines should provide educators and parents with tools to be good role models.

Guidelines must be supported by nutrition and education programs.

Any discussion on discretionary calories must identify a baseline diet, which may be best done with an interactive Web tool that allows Americans to assess remaining calories after Food Guide Pyramid choices.

## **Content of Dietary Guidelines**

### ***General***

Revise the guidelines; evidence exists that following the existing guidelines would result in dietary patterns that are nutritionally inadequate.

Stop promoting three meals a day.

Lack of fiber and too much unhealthy fat should be mentioned in warnings in the *Dietary Guidelines*.

Investigate the effects of carbohydrates on blood sugar, insulin, and obesity.

Be realistic in recommendations about discretionary calories so as not to target any one food or food group.

The DGAC should use Estimated Average Requirement (EAR) instead of Recommended Daily Allowance (RDA) as the basis for setting nutrient goals for the population.

The RDAs and Adequate Intakes (AIs) are the correct numbers to use in all types of planning for individuals and are the appropriate targets in the design of the Food Guide Pyramid and the *Dietary Guidelines*.

Confirm the Department of Health and Human Services (HHS) Small Steps approach as a matter of public health policy.

### ***Risk Reduction***

Cite specific examples of how a diet following the *Dietary Guidelines* has been shown to reduce the risk of chronic diseases.

Discuss how grains, sugars, and carbohydrates contribute to most of the major diseases.

Make recommendations for a diet that can be used to control insulin and diabetes.

Recommend a low-fat, plant-based diet for the prevention of cardiovascular disease.

### ***Enjoyment of Food***

Recommend home-cooked meals with family and enjoying three good meals a day.

Stress that food consumption activities should be fun and cooking and eating can be enjoyed as a family.

Discuss the impact of eating meals as a family as a lifestyle goal.

Guidelines must recognize the role that enjoyment of food plays in our lives.

## ***Serving/Portion Sizes***

Serving sizes in the *Dietary Guidelines*, Food Guide Pyramid, and Nutrition Facts Panel should be harmonized. (3)

*The Dietary Guidelines* should more clearly define what “a serving” means. People are eating too much because the serving suggestions of the *Dietary Guidelines* and Food Guide Pyramid are confusing and most people consider a “serving” to be bigger than what is meant in the *2000 Dietary Guidelines* and the Food Guide Pyramid.

Serving sizes should be listed in grams. If it is decided to list them by volume (i.e., cups), both volume and mass (in metric units) should be listed.

It is not appropriate to use quantities (cups and ounces) instead of servings.

List quantities in cups and/or ounces instead of servings.

Include the weight of recommended servings in grams and ounces.

Focus on serving sizes and “food exchanges.”

Promote moderation in portion size.

Stress sensible portion sizes.

Stress the importance of portion control in a meaningful way.

Address satiety/hunger cues and portion control.

## ***Specific Foods/Nutrients***

Base the *Dietary Guidelines* on a diet that will provide an adequate nutrient intake.

Set realistic consumption levels for sugars and fats.

Consider the difficulty of meeting the new Institute of Medicine (IOM) requirements for potassium when making a potassium recommendation.

Consider peanuts and peanut butter as “good sources” of vitamin E that can help Americans meet current recommendations for vitamin E.

List peanuts and peanut butter in addition to nuts as foods that contain healthy unsaturated fat in the *2005 Dietary Guidelines*.

Let the Dietary Reference Intakes (DRI) science set the standard for micro- and macronutrient intake goals.

Ensure adequate intake of vitamin E according to the DRI set by IOM and identify plant oils as sources of dietary vitamin E.

Recommend options for consuming 400 micrograms of synthetic folic acid daily, either from a multivitamin that contains 400 micrograms of folic acid or from fortified foods.

Discuss the role of rice as a means to increase consumption of vegetables and legumes.

Stress that strawberries provide nutrients not found in other fruits; strawberries should be 1 of the 5 to 10 fruits and vegetables consumed each day.

Encourage the consumption of nutrient-rich, low-energy dense foods like mushrooms.

Recommend at least one serving of plant protein a day.

Recommend less than one serving of french fries a week.

Include almonds in the guidelines. Almonds are an excellent source of vitamin E and heart-healthy monounsaturated fat.

Cite avocados as an example when emphasizing the importance of consuming a variety of health-promoting fruits and vegetables in the *Dietary Guidelines*.

Clarify the different benefits of refined grains, such as pasta, for a healthy diet, and help consumers understand that pasta is a vehicle for nutritious and healthy weight management. (2)

Recommend two servings of fatty fish per week.

Set realistic consumption levels for sugars and fats.

Include a statement that soy foods have been identified as an important dietary factor in decreasing risk for cardiovascular disease by lowering LDL cholesterol and increasing arterial compliance.

Remove all soy products from both animal and human diets until they are granted generally-recognized-as-safe (GRAS) status.

Remove any mention of soy foods from the *Dietary Guidelines*.



Recommend research on a diet including soy foods.  
Address genetically modified foods in the *Dietary Guidelines*.

Recommend that genetically modified foods be avoided in the American diet. (2)

Include information on organic foods in the *Dietary Guidelines*, including a definition of organic.

Stress the importance of consuming organic foods.

Recommend the consumption of organic foods as opposed to “chemically nourished foods.”

Discourage the consumption of processed foods, especially foods high in high-fructose corn syrup (HFCS) and *trans* fats.

Remove any kind of processed food from the *Dietary Guidelines*. Processed foods in general are responsible for an increased prevalence of a variety of diseases.

Recommend the consumption of whole foods instead of processed foods. (4)

Restrict processed, refined, or synthetic foods.

Recommend low consumption of processed foods.

### **Supplements**

Stress that dietary supplements do not take the place of fruits and vegetables or other whole foods.

Include a statement about the fact that multivitamins, as a complement to a healthy diet, are a simple, safe, and cost-effective preventive measure.

Recommend the use of a daily multivitamin for the elderly.

Consider advising Americans about the role that a simple and inexpensive daily multivitamin can play in promoting health and helping prevent disease.

Address the need for a recommendation from a healthcare provider before taking a dietary supplement.

Consider multivitamin use as a complementary means for all Americans to help meet nutrient needs, especially lower income, less educated subgroups of our population.

## **HEALTHY WEIGHT**

### **Scope**

The focus should be on energy balance.

There should be separate *Dietary Guidelines* intended for weight loss.

Address the continued imbalance between food consumption and activity.

Focus on healthy food choices and not weight management.

Put the emphasis on prevention in this section of the *Dietary Guidelines*. (2)

The weight guideline in the *2000 Dietary Guidelines* should be maintained.

The DGAC should shift focus from “added sugars” to the importance of physical activity and promote moderation in portion size in maintaining healthy body weight.

Do not overemphasize physical activity over diet as the primary cause of overweight and obesity.

### **Content**

#### ***General***

Give specific advice regarding safe, effective ways to achieve and maintain a healthy weight while reducing chronic disease risk.

#### ***Children***

Decrease the grains recommendation for children. Six to eleven “bread servings” is too much for the predominantly sedentary lifestyle of today’s youth and is contributing to obesity in youths.

Stress that good eating habits should be established early in life to prevent overweight and/or obesity.

Stress that banning soft drinks in schools will not solve the childhood obesity problem.

#### ***Obesity/Weight Loss***

Although the *Dietary Guidelines* are not a treatment guide for obesity, it would be inappropriate not to address obesity.

By addressing the needs of the overweight and obese, the DGAC also will be addressing the needs of healthy Americans.

Neither the *Dietary Guidelines* nor the Food Guide Pyramid need revision to affect the obesity issue—people just need to start following them!

Encourage the use of nuts in weight maintenance and stress the fact that the consumption of high-fat nuts does not contribute to overweight and obesity.

Make the connection between diet/overweight/obesity and diseases.

Advise consumers to avoid products that claim they cause weight loss without changing diet.

Thoroughly examine all the available science on weight management as the Committee updates the *Dietary Guidelines*.

### ***Specific Types of Diets***

Acknowledge current diet trends and provide advice to help consumers choose among them. (2)

Add a guideline in response to fad diets. (2)

Instruct consumers that fad diets that recommend focusing on one group of macronutrients can be dangerous.

The carbohydrate intake controversy should be addressed in the *Dietary Guidelines*. (2)

Make accommodations for low-carbohydrate lifestyles in the *Dietary Guidelines*.

The DGAC should recommend a diet low in both grain products and sugar. (Numerous)

The *Dietary Guidelines* should warn of the dangers of low-carbohydrate, high-protein, and high-fat diets. (2)

The *Dietary Guidelines* should not promote a diet low in carbohydrates.

Inform consumers that low-carbohydrate foods can still contribute to weight gain.

Warn consumers that low-carbohydrate diets are low in fiber.

Warn consumers against the use of high-protein, carbohydrate-restricted diets.

Research continues to support the idea that high-carbohydrate diets that include dietary fiber are linked to reduced body weight.

The DGAC should recommend further study of low-carbohydrate diets and possible inclusion of them in the *Dietary Guidelines* as an option for healthy weight loss.

Advocate the “No-Grain Diet”—replacing grain carbohydrates with vegetable greens and limiting or avoiding sugar. (Numerous)

The DGAC should define carbohydrates and establish a daily reference value for carbohydrates so manufacturers can make nutrient content claims.

## **PHYSICAL ACTIVITY**

### **Scope**

Physical activity should be an integral part of the *2005 Dietary Guidelines*.

Amplify attention to physical activity in the *Dietary Guidelines*. (3)

Reduce the emphasis on exercise and physical activity in the *Dietary Guidelines*.

Explain the concept of energy balance and how physical activity fits into the equation. (4)

Integrate recommendations about energy intake with energy expenditure.

Promote a physically active lifestyle. (Numerous)

### **Content**

Either increase the amount of physical activity in schools or decrease the amount that sedentary children are fed.

Physical activity goals should be set in the *Dietary Guidelines* similar to the nutritional goals in developing the daily food patterns.

Discuss physical activity in terms of raising the metabolic rate and not in terms of earning extra calories to eat.

Consider including the following statement: “Individuals need to develop individual lifestyle plans that allow them to make small changes over time in eating and physical activity patterns that cumulatively move them closer to living consistent with the *Dietary Guidelines*.”

Provide examples of what types of activities count as physical activity.

Encourage limiting TV and video game time.

Consider a separate conclusive statement on energy balance: “To achieve optimum health, individuals need to achieve personal energy balance by monitoring and matching caloric intake with physical activity levels.

Use a comprehensive approach to energy intake and energy expenditure.

## **FOOD GUIDE PYRAMID/VARIETY**

### **Scope**

Continue to emphasize the importance of selecting a variety of choices.

### **Content**

#### ***Pyramid Details***

Be more specific in examples provided in the “aim for variety” section. The Food Guide Pyramid should be abandoned in favor of returning to the concept of the four food groups. (4)

Remove the Food Guide Pyramid from the new *Dietary Guidelines* or revise it extensively. (3)

Do not revise the Food Guide Pyramid.

Structure the Food Guide Pyramid with fruits and vegetables at the base, meats, nuts, and dairy in the middle, and carbohydrates at the top.

Put vegetables and fruits at the base of the Food Guide Pyramid.

The new Pyramid featured in the January 20, 2003, issue of *Newsweek* is better for health than the current Food Guide Pyramid.

Recommend the Food Pyramid in the book *Enter the Zone*.

Use a different shape for the Food Guide Pyramid.

Change the Food Guide Pyramid to accurately reflect the detail in the *Dietary Guidelines*. The statement “Let the Pyramid Guide Your Food Choices” is inadequate to account for the different types of fats, protein, and other nutrients in different foods from the same section of the Food Guide Pyramid.

Replace “Let the Pyramid Guide Your Food Choices” with “Choose a Diet Built From Plant Foods.”

Separate grains from carbohydrates both on the Food Guide Pyramid and the food label.

Reaffirm the role of carbohydrate-containing foods in the American diet.

Shift legumes and starchy vegetables to the grain group in the Food Guide Pyramid.

Include legumes only in the meat group of the Food Guide Pyramid.

Add more nondairy sources of calcium to the dairy group of the Food Guide Pyramid and rename it the “Non-Dairy and Dairy Protein and Calcium Group.” (2)

Include pictures of nondairy calcium/milk alternatives in the dairy section of the Food Guide Pyramid.

Add more non-animal-based sources of protein to the meat and beans group and rename it “Meat, Poultry, Fish, Eggs, Dries Beans, and Nuts (non-Animal and Animal Protein, Mineral, and Vitamin Sources).”

Consider adding almonds to the graphic for the meats and beans group of the Food Guide Pyramid.

Fruits and vegetables have different glycemic indices and as such should be in different groups on the Food Guide Pyramid.

Separate fruits and vegetables on the Food Guide Pyramid and limit fruits.

Revise the fruits graphic on the Food Guide Pyramid to include more than just the three fruits currently shown.

Specifically state “whole grains” in the base of the Food Guide Pyramid. (3)

Recommend a Food Guide Pyramid with less emphasis on grains. (2)

Recommend minimizing the intake of grains and sugars in the Food Guide Pyramid and *Dietary Guidelines*. (2)

Eliminate added sugar from the Food Guide Pyramid entirely. (2)

Suggest limits for foods at the tip of the Food Guide Pyramid.

Suggest that the Food Guide Pyramid be positioned on “a solid base of physical activity.”

Include physical activity as a section of the Food Guide Pyramid.

Include a guideline for the consumption of pure, clean water.

Include water consumption guidelines in the *Dietary Guidelines* and Food Guide Pyramid.

Advocate a diet low in high-glycemic-index foods.

Cite specific examples of how a diet deficient in certain nutrients can cause short- and long-term developmental problems in children.

Stress food choices from all Food Guide Pyramid groups—not plant-based foods only—because each group provides essential nutrients that others do not.

Refined, processed, irradiated, and genetically modified foods have no place in the *Dietary Guidelines*.

### **Food Choices**

The *Dietary Guidelines* should provide positive dietary guidance to consumers that allows for flexibility and choice as part of a realistic and healthy lifestyle that can be maintained over time.

The critical message from the *Dietary Guidelines* should be that people need to meet their nutrient needs within their energy needs.

Consider a new guideline that instructs consumers to “Choose Foods That Are Naturally Nutrient Rich First.” (2)

The DGAC should recommend that consumers eat more foods that are naturally nutrient rich. (2)

Recommend inclusion of the concept of nutrient density of whole foods.

Make recommendations in terms of whole foods. (2)

Introduce an index called calories for nutrition (CFN) that will help consumers choose nutrient-rich foods.

Rather than listing nutrients to avoid (i.e., saturated fats), give specific examples of foods typically high in the nutrients to avoid.

Expand the *Dietary Guidelines* to specifically reference “powerhouse” fruits and vegetables.

Emphasize quality choices within each food grouping.

Place an emphasis on food quality within each group and identify nutrient-rich foods.

Emphasize quality and not quantity or category. (2)

Distinguish between foods with poor nutritional quality and high nutritional quality.

Use “eat less” or “limit” for foods of poor nutritional quality.

There are no good and bad foods; all foods fit into a diet according to the *Dietary Guidelines*.

Emphasize the relationship between energy intake and energy expenditure as well as a message that all foods and beverages in moderation fit into a balanced diet and healthy lifestyle.

Add a guideline stating clearly that some foods and drinks are better for health than others.

Stop avoiding the issue of differentiating between good and bad foods and admit that some foods are less healthful than others.

Stress in the *Dietary Guidelines* that canned foods are nutritionally comparable to other food forms; they are packaged as a convenient, safe, and affordable way to get nutrients.

Endorse the consumption of carbohydrates, including both whole-grain and refined-grain foods, with appropriate quantities of proteins and fats.

Include information on food allergies and sensitivities.

Do not tell people to eat cereal to get iron and calcium.

### ***Vegetarian Diets***

Encourage a diet based on plant foods and not animal-derived products.

Encourage the consumption of vegetarian and vegan diets; such diets come closer to meeting the *Dietary Guidelines* than nonvegetarian diets.



Recommend a vegetarian/vegan diet. Vitamin B<sub>12</sub> deficiency is the only defensible criticism of a vegan diet.

Place more emphasis on the benefits of a vegetarian diet. (2)

Explicitly endorse a low-fat vegetarian diet as the healthiest diet available rather than just stating that vegetarian diets can be consistent with the *Dietary Guidelines*.

Recommend a more prominent vegan/vegetarian influence in the *Dietary Guidelines*.

## **GRAINS**

### **Scope**

Maintain the current levels of carbohydrates and grains as part of a healthy diet.

Change “Choose a variety of grains daily, especially whole grains” to “Choose whole grains whenever possible.”

Change the statement “Choose a variety of grains daily, especially whole grains” to “Choose a variety of whole grains daily.”

Reduce the breads and cereals recommendation to 5 to 10 servings per day.

### **Content**

#### ***General***

Recommend research that shows that wheat products are harmful. (2)

Replace grains with vegetable greens in the *Dietary Guidelines*.

Recommend a diet with limited grain consumption. (Numerous)

Stress that consumers need to eat different grains, not more grains.

Give examples of healthy and unhealthy grains.

Ensure that the value of all grains is emphasized in the final recommendations.

Focus on concepts such as the quality and quantity of carbohydrates for consumer understanding.

Recommend a diet devoid of grain products of any kind. (2)

### **Whole Grains**

Strengthen the whole-grain recommendation in the *Dietary Guidelines*.

Encourage the consumption of whole grains in the diet. (3)

Define “whole grain” and advise consumers about how to identify whole-grain products.

Stress that whole grains in the diet protect against many diseases. (3)

Explain that whole-grain carbohydrates are a healthier alternative to refined carbohydrates.

Stress that even though bran cereals are not “whole grains,” consumption of them provides the bran that is missing in refined grains.

Differentiate between whole grains and refined grains.

### **Enriched Grains**

Explain what the “enriched” in enriched pasta means.

Explain that reducing consumption of enriched, fortified grains will affect nutrient consumption by removing nutrients with which these grains are currently fortified; this must be considered in dietary recommendations.

Emphasize the importance of fortified and enriched grains as part of a healthful diet.

### **Processed “Refined” Grains**

Explain what the “refined” in refined grains means.

Recommend the elimination of processed grains. (2)

Recommend a diet low in processed grains. (4)

Eliminate starches and refined, simple carbohydrates. (2)

Remove processed carbohydrates from the *Dietary Guidelines*; processed carbohydrates are devoid of minerals and vitamins.

Position refined grains in the “use sparingly” category.

## ***Glycemic Index***

Explain the glycemic index: “The glycemic index ranks carbohydrates by the speed they enter the blood stream and stimulate insulin. Whole-grain foods have a lower glycemic index than sugar and refined grains. Whole grains provide long-lasting energy and need less insulin.”

Include a statement that pasta is a low-glycemic-index food and is a good source of folic acid and other important nutrients.

Recommend a diet low in sugar and processed, high-glycemic-index carbohydrates.

## **FRUITS AND VEGETABLES**

### **Scope**

Recognize that fruits and vegetables are currently underconsumed and aggressively promote them.

Continue to have the fruit and vegetable guideline: eat 5 to 10 servings a day. (4)

Recommend consumption of more servings of fruits and vegetables in the *Dietary Guidelines*. (4)

### **Content**

#### ***General***

Recognize and explain the important and unique role fruits and vegetables play in health promotion and disease prevention.

Emphasize the benefits of consuming a wider variety of fruits.

Make recommendations for how to choose vegetables and fruits to get necessary nutrients.

Explain that fried vegetables are not a substitute for fresh vegetables.

Suggest that people eat fruits and vegetables in place of foods that are high in calories and low in nutrients.

Guide individuals to low-fat diets built from plant foods.

Recommend a very strict diet consisting of up to 75 percent raw vegetables.

Recommend a plant-based diet (vegetables, legumes, nuts).

Explain what a serving of a fruit or vegetable is.

Feature fruits and vegetables in any guidelines or advice focusing on fiber.

Integrate and reinforce actionable messages about fruit and vegetables.

Continue to feature oranges in the new *Dietary Guidelines* and supporting Food Guide Pyramid graphic.

Educate Americans about the role that “good carbohydrates,” like fresh citrus and other fruits and vegetables, can play in a healthy, balanced diet.

### ***Consumption of Fruit Juices***

Stress that pasteurized, 100-percent fruit juice is an affordable, easy source of vitamin C, folate, potassium, and even calcium in fortified juices.

Emphasize that there is no association between feeding fruit juice to children and childhood obesity.

Advise limiting fruit juice, especially for children.

Encourage limiting the consumption of sugars in fruit juices and similar preparations.

### ***Chronic Disease***

Consumption of fruits and vegetables is associated with the prevention of lung cancer, coronary heart disease, diabetes mellitus, hypertension, and stroke.

Consider the nutritional benefits of the citrus fruit category as a whole. Fruits offer health-promoting nutrients and phytochemicals that play a vital role in several life-sustaining functions, including cardiovascular disease and immunity.

### ***Communication***

Provide a message about variety, which is particularly critical concerning fruits and vegetables.

Include the concept of color as a way for consumers to practice the concept of variety for both fruits and vegetables. (3)

## **DAIRY/CALCIUM**

### **Scope**

Change the name of the “Milk, yogurt, and cheese group” (Milk group) to “Calcium-Rich Foods Group” and add nondairy calcium sources to the group listing.

Instead of having dairy products as an entire section on the Food Guide Pyramid, either include dairy products in the protein section as one option of a protein source or create a calcium category which can include dairy products as well as other calcium-rich foods, including dark-green leafy vegetables, soy milk, almonds, tofu, fortified orange juice, etc.

Recommend complete elimination of pasteurized dairy products from the *Dietary Guidelines*.

Recommend 3 to 4 servings of milk and dairy products each day. (2)

### **Content**

#### **General**

Call for research that shows that dairy products are harmful.

Include dairy desserts in the “infrequently consumed” category.

List dairy products as optional and not preferred or recommended.

Advise people over age 2 years to choose low-fat or nonfat milk products.

Explain that milk and other dairy foods include calcium, phosphorus, riboflavin, vitamin B<sub>12</sub>, protein, potassium, zinc, magnesium, and vitamin A.

#### **Sources**

Explain that both dairy products and calcium supplements positively influence bone mineral density.

Emphasize that dairy foods are the best and most abundant natural source of dietary calcium available to Americans.

Stress that substituting calcium-containing vegetables for dairy foods does not realistically provide adequate dietary calcium intake.

Explain that nondairy sources of calcium are not suitable substitutes for milk.

Explain that there are effectively no dietary substitutes for dairy products, not even soy products.

Include calcium-fortified soy products in the milk group.

Dairy recommendations are inappropriate because of the vast number of people who are lactose intolerant. Make more recommendations for alternative calcium-containing foods, including fortified juices.

Instead of offering suggestions of alternative calcium sources for lactose-intolerant people, offer suggestions on how lactose maldigesters can better tolerate dairy foods.

If recommendations reduce dairy intake to 2 to 3 servings, there must be a concomitant increase in vegetable consumption to make up the difference in calcium intake.

### ***Overweight/Obesity***

Discuss the fact that milk, cheese, and yogurt naturally provide a unique combination of nutrients and are an absolutely critical part of the solution for many of today's health problems, including obesity.

Explain that consumption of dairy reduces the risk for overweight individuals of developing Insulin Resistance Syndrome (IRS).

### ***Chronic Disease***

Explain that reduction of hypertension and obesity are associated with increased consumption of dairy foods.

Explain that consuming dairy foods reduces the risk of osteoporosis, obesity, cancer, and hypertension.

Stress that there is no association between dairy intake and LDL-cholesterol.

Emphasize that calcium is essential for bone growth and preservation.

Explain that consumption of dairy foods brings health benefits such as bone health, reduced hypertension, and weight management.

## **Children/Adolescents**

Explain that children who drink flavored milk are more likely to meet their calcium requirement through diet than those who drink unflavored milk.

Strengthen the dairy/calcium recommendation for children/adolescents; intake among adolescent girls age 12 to 15 and 16 to 19 years has been inadequate for 30 years.

African American children and adolescents have significantly lower calcium intake than other subpopulations.

## **MEAT/PROTEIN**

### **Scope**

Recommend a diet higher in protein than the diet in the *2000 Dietary Guidelines*. (4)

Recommend a diet low in protein relative to the *2000 Dietary Guidelines*. (4)

Reconsideration of any red meat consumption guidelines is warranted because of the changes in the fat content of several cuts of red meat.

### **Content**

#### **General**

Reorder the listing of food items in the meat and beans group.

Limit red meat to 3 ounces daily.

#### **Sources**

Mandate that meat be labeled as “grass fed” or “grain fed.”

Recommend that people eat meat only from grass-fed or free-range animals.

Recommend at least one nonmeat serving from the protein group.

Encourage people to eat less red meat and provide guidelines for selecting lean meats. (2)

Discuss the new qualified health claim for nuts and reduced risk of heart disease and promote the substitution of nuts for other saturated-fat-containing protein.

Separate plant and animal protein sources in the *Dietary Guidelines*.

Include limits on fish known to have high amounts of mercury, especially for vulnerable populations.

### ***Chronic Disease***

Be cautious when communicating the research on meat and cancer, being careful to note that any association between preserved meat and cancer is only probable and not convincing.

Reconsider scientific research on meat and cancer risk.

## **FOOD SAFETY**

### **Content**

#### ***Foodborne Illness Risks***

Recommend a diet based on plant foods to reduce the risk of foodborne illnesses.

Call attention to EggBeaters<sup>®</sup> as an example of a pasteurized egg product that can be safely consumed by any population.

Stress that eating canned foods leaves you at relatively low risk of foodborne illness.

State that listeria is more important to consider for some more vulnerable subpopulations, including pregnant women.

Advise people who eat fish caught by themselves or by family or friends to follow local fish advisories.

Give more specific examples and assistance to consumers to be very careful about foodborne illness.

#### ***Food Handling***

Under “find ways to include plenty of different fruits and vegetables in your meals and snacks,” stress that if a can is opened, the uneaten portion of food should be transferred to a clean container for refrigeration.

Explain that people should refrigerate foods to limit microbial growth.

Include washing techniques (how and when) for hands and surfaces.



Include specific advice on how to keep foods safe, including safe temperatures for specific foods.

### ***Processed Foods***

Recommend that manufacturers stop bleaching food and making it addictive with all the chemicals.

### ***Pesticides/Contaminants***

Recommend that all foods should be pesticide free.

Encourage organic farming to cut out the hormones and pesticides.

Address the presence of pesticides, metals, and toxins in food.

Address the presence of viral, bacterial, and chemical contaminants in food.

Address chemical contaminants in this section of the *Dietary Guidelines*.

## **FATS**

### **Scope**

Revise the current fat guideline to indicate a clear preference for including unsaturated fats in a moderate-fat diet and an equally clear admonition to avoid saturated fats and high-cholesterol foods: “Replacing foods high in saturated fats, *trans* fatty acids, and cholesterol with foods high in unsaturated fats will reduce blood cholesterol, thereby reducing the risk of coronary heart disease.”

Note the main sources of saturated fat and cholesterol in the guidelines: “Choose a diet that is low in saturated fat and cholesterol by avoiding animal products and tropical oils.”

Put greater emphasis on the fat guidelines and provide information on the relationship between fat intake and disease.

Eliminate the reference to palm oil from the guideline for the next edition, citing scientific evidence that reveals that palm oil affects serum lipids more like monounsaturated fatty acids (MUFAs) than saturated fats.

Do not set a maximum fat intake; individuals benefit from a diet of 10 to 15 percent calories from fat.

Delete “sparingly” in reference to fat intake, or change the recommended fat intake in the *Dietary Guidelines* so that they agree.

## **Content**

### ***General***

Do not recommend unscientific opposition to animal fats that are more stable than some other fats (i.e., those that do not easily form free radicals).

Recommend a descriptive label for foods that contain the specified minimum amount per serving of these types of fats.

Advise people to limit the intake of animal fats, to eat lower fat dairy products, and to use cooking methods that allow fat to drain off and be discarded to reduce exposures to pesticides and other chemicals.

Include the statement “Replacing foods high in unsaturated fats, *trans* fatty acids, and cholesterol with foods high in unsaturated fats will reduce total and LDL cholesterol, thereby reducing the risk of coronary heart disease.”

The *2000 Dietary Guidelines* should be revised to indicate a clear preference for including fats in a moderate fat diet and an equally clear admonition to avoid saturated fats, *trans* fats, and high-cholesterol foods.

### ***Differences***

Provide a discussion on the differences between “good” and “bad” fats. (6)

Distinguish between the different types of fats.

Convey the health differences associated with the different fats to the consumer.

Further differentiate between types of unsaturated fats (i.e., MUFAs and omega-3 fatty acids).

Distinguish *trans* fat (i.e., “manmade” fat) from other fats.

Differentiate between unsaturated fats and the types of fats they contain, such as monounsaturated and omega-3-fatty acids.

### ***Saturated Fats and Trans Fats***

Do not recommend substitution of stearic acid for *trans* fats in margarine products and *trans* fat content of margarine products. If this substitution were made, the material in the *trans* fat category would be transferred to saturated fat, and because the *Dietary Guidelines* are going to recommend that people combine the two numbers and make their decisions anyway, the substitution is not necessary.

Include *trans* fats in “Choose Sensibly, point #1” of the one-page summary of the *Dietary Guidelines*, along with saturated fats, because the consumption of *trans* fats has a more deleterious effect on atherogenesis and high LDL cholesterol levels.

Do not lump all *trans* and saturated fats together; there are some good and bad in each category.

Provide a discussion about good versus bad fats, elimination of *trans* fat, and an increase in monounsaturated fats and omega-3 fatty acids.

Recommend elimination of the use of hydrogenated oil.

Eliminate all sources of *trans* fat from the diet. (4)

Limit *trans* fat in the diet. (2)

Separate margarine from oils in the guidelines since they contain *trans* fats.

Differentiate between naturally occurring *trans* fatty acids and manmade *trans* fatty acids.

Include a caution in the text of the *Dietary Guidelines* about foods with *trans* fatty acids. (2)

Advise people about how to choose foods low in *trans* fat.

Consider strategies to promote product reformulations to remove *trans* from the diet and consider the practical limitations of product reformulation.

Recognize that naturally occurring *trans* fatty acids, like those found in animal products, are different from manmade *trans* fatty acids and may provide health benefits.

Educate consumers about the need to reduce both saturated fats and *trans* fat simultaneously in the diet.

### **Other Fats**

Recommend consumption of omega-3 fatty acids. (5)

Provide information about omega-3 fatty acids to a confused public. (2)

Emphasize the health benefits associated with the consumption of “good” oils (omega-6 versus omega-3). (3)

Encourage a balance of omega-3s and omega-6s and explain how to achieve the desired balance. (3)

Explain that alpha-linolenic acid (ALA) from flaxseed is an important source of omega-3 fatty acids.

Convey a positive message about liquid oils and the benefits of unsaturated fats.

Encourage further research in the area of ALA and potential health benefits.

Acknowledge that not all polyunsaturated fatty acids (PUFAs) are equivalent.

### **Food Choices**

Recommend a reduction in the consumption of fried products.

Revise the current guidance on salad dressings to highlight the health and taste benefits; salad dressings and sauces can help achieve increased consumption of fruits and vegetables.

Recommend that consumers choose unsaturated fat and prominently feature the avocado as a food that contains “good” fat.

Explain that foods high in saturated and *trans* fat and cholesterol can be nutrient rich and that there are ways to fit these kinds of foods into diets.

Explain that fat levels in restaurant foods are much higher than home-cooked food in most cases.

Provide advice for choosing foods based on the saturated and *trans* fat levels.

## **SUGARS**

### **Scope**

Remove added sugars from food, the Food Guide Pyramid, and the *Dietary Guidelines*. (2)

Recommend a low-sugar diet. (Numerous)

Make sugars a minimal part of the standard American diet. (3)

Eliminate refined sugar from the *Dietary Guidelines* altogether. (3)

Strengthen the sugar statement to “eat a diet low in sugar” instead of “moderate your intake of sugar.”

Strengthen the current sugars guideline. (2)

Replace “Choose beverages and foods to moderate your intake of sugars” with “Choose beverages and foods to minimize your intake of sugars.” (2)

Word the guideline for sugars, “Limit intake of processed foods and beverages in order to reduce sugar intake.”

## **Content**

### **General**

Recommend research to investigate the harmful effects of processed carbohydrates and sugar.

Include sugar in the “limit these dietary components” section of the *Dietary Guidelines*.

### **Added Versus Naturally Occurring Sugars**

Added sugars should not be differentiated from naturally occurring sugars; there is no peer-reviewed, scientific base. (2)

The sugars guideline should reflect sugars intake in the context of the entire diet and deemphasize the concept of “added sugars.”

There are contradictions in the *2000 Dietary Guidelines* regarding added sugars. Correct this in the 2005 version of the *Dietary Guidelines*.

Stress that amounts of added sugar discussed in the *Dietary Guidelines* are minimum amounts, NOT recommendations for eating added sugar.

Deemphasize references to added sugars in the text of the *Dietary Guidelines*.

List the amounts of added sugar allowable in the diet in a table, along with the overall caloric intake for the particular added-sugar limit.

Include a recommended upper limit in grams of sugar in an added form to food, not to fruit.

Minimize added sugars in the diet. (2)

Limit added sugars to no more than 10 percent of daily caloric intake.

Eliminate added sugar in the diet. (3)

### ***Nutrient Displacement***

Do not discuss nutrient displacement in the *Dietary Guidelines*; there is no validated evidence that demonstrates nutrient displacement due to consumption of added sugars.

### ***Sugar and BMI/Obesity***

Do not link sugar consumption and BMI; there is no clear and consistent association between increased intakes of added sugars and BMI or any disease save dental caries.

Stress that obesity is caused by total caloric intake and not the intake of added sugars.

Include a discussion of the relationship between sweetened beverages and obesity and dental caries in children.

### ***Chronic Disease***

Link a diet low in processed sugar to improving blood sugar and “curing” diabetes.

Provide information on how a variety of diseases can be blamed on the consumption of sugar.

Consider the metabolic and physiologic implications of sugar alcohols.

### ***Terminology/Definitions***

Define sugars with the same precision as fats (the term “sugar” should be used explicitly for sucrose from sugar cane or sugar beets) .

Differentiate between the various classes of dietary sugars with the same precision applied to dietary fats.

### ***Glycemic Index***

Recommend fewer grains, sugars, and other high-glycemic-index foods.

### ***Sugar Substitutes***

Remove aspartame and monosodium glutamate from food.

Sweeten food with natural sugar products instead of artificial sweeteners.

Advocate for the use of xylitol in foods instead of sugars.

## **SALT**

### **Scope**

Make recommendations based on hard outcomes and not on “surrogate outcomes” (i.e., blood pressure).

Word the guideline in regard to salts, “Limit intake of processed foods and beverages in order to reduce salt intake.”

Continue to strengthen the sodium guideline; since past *Dietary Guidelines* have had a salt guideline, strong scientific evidence should be required before a guideline can be relaxed.

### **Content**

#### ***General***

State that most salt is added to foods by the manufacturer and not by the consumer and encourage manufacturers to reduce salt in their products.

Recommend that foods be manufactured with no salt.

Recommend that sea salt be used in place of table salt.

Explain that the issue with salt is not “excess sodium” but rather “deficient potassium,” “deficient calcium,” or “deficient magnesium”; when consuming enough of these other electrolytes, “salt sensitivity” is lost.

Follow recommendations from the IOM report when setting salt guidelines.

Recommend that salt intake be limited.

#### ***Food Choices***

Note the unusually high level of salt in restaurant food.

Recommend a reduction in the sodium content in bread products.

The fact that it may be difficult or infeasible to reduce sodium commercially should not drive the DGAC’s decisions.

## **Chronic Disease**

Link the intake of sodium with hypertension and then further link that with heart attacks and stroke.

Confront the basic question of whether reducing dietary sodium can be expected to improve health outcomes such as myocardial infarction and stroke.

Stress that current disease/high sodium chloride consumption associations (i.e., hypertension, gastric cancer, asthma, stones, osteoporosis) are not valid and that these diseases are caused by other issues related to sodium chloride consumption (i.e., hydrations, co-excretion of calcium with sodium).

Acknowledge that salt sensitivity is a modifiable risk factor influenced by other dietary components.

Consider the possibility that low-salt diets can cause salt sensitivity.

Explain how limiting the intake of iodized salt could result in an increase in the prevalence of iodine deficiency disorders.

## **ALCOHOLIC BEVERAGES**

### **Content**

Include a warning that drinking alcoholic beverages can negatively affect growth and brain development in children and teens.

Recommend that alcohol consumption be limited, if consumed at all. (2)

Recommend complete elimination of alcohol from the diet.

## **RESOURCE MATERIALS**

### **General**

*Dietary Guidelines for Americans: A Historical Overview*

*Dietary Guidelines: Past Experiences and New Approaches*

The National Heart, Lung, and Blood Institute's Conflict of Interest: Why We Need the Data Quality Act

Research in Evidence-Based Practice



Evidence-Based Nutrition Principles and Recommendations for the Treatment and Prevention of Diabetes and Related Complications

Effects of Dietary Patterns on Serum Homocysteine: Results of a Randomized, Controlled Feeding Study

The Effect of Breakfast Type on Total Daily Energy Intake and BMI—Results from the Third National Health and Nutrition Examination Survey

The Importance of Breakfast Consumption to Nutrition of Children, Adolescents, and Young Adults

Demographic and Lifestyle Factors Associated with Body Mass Index among Children and Adolescents

Dietary Intake, Dietary Patterns and Changes with Age: An Epidemiological Perspective

Risk Factors for Advanced Colonic Neoplasia and Hyperplastic Polyps in Asymptomatic Individuals

Cereal, Fruit, and Vegetable Fiber Intake and the Risk of Cardiovascular Disease in Elderly Individuals

Intakes of Plant Foods, Fibre, and Fat and Risk of Breast Cancer—A Prospective Study in the Malmo Diet and Cancer Cohort

Dietary Patterns and Changes on Body Mass Index and Waist Circumference in Adults

Ethnic Differences in Dietary Intakes, Physical Activity, and Energy Expenditure in Middle-Aged, Premenopausal Women: The Healthy Transitions Study

Nutrition Influences Skeletal Development from Childhood to Adulthood: A Study of Hip, Spine, and Forearm in Adolescent Females

### **Specific Nutrients**

Impact of Folic Acid Fortification of the US Food Supply on the Occurrence of Neural Tube Defects  
Impact of Folic Acid Fortification in the United States: Markedly Diminished High Maternal Serum Alpha-Fetoprotein Values

Low Serum Vitamin B<sub>12</sub> Levels Are Associated With Increased Hip Bone Loss in Older Women: A Prospective Study

Alfacalcidol Reduces the Number of Fallers in a Community-Dwelling Elderly Population With a Minimum Calcium Intake of More Than 500 mg Daily

Vitamin D Intake Is Inversely Associated With Rheumatoid Arthritis

Effects of Vitamin D Intake in Incidence of Multiple Sclerosis

Complex Multivitamin Supplementation Improves Homocysteine and Resistance to LDL-C Oxidation

Vitamin E Bioavailability From Fortified Breakfast Cereal Is Greater Than That From Encapsulated Supplements

## **Grains**

Dietary Intake and Food Sources of Whole Grains Among US Children and Adolescents: Data from the 1994-1996 Continuing Survey of Food Intakes by Individuals

Ready-to-Eat Cereal Consumption: Its Relationship With BMI and Nutrient Intake of Children Aged 4 to 12 Years

Whole-Grain and Fiber Intake and the Incidence of Type II Diabetes

Whole Grains as a Source of Antioxidants

Whole-Grain Intake May Reduce the Risk of Ischemic Heart Disease Death in Postmenopausal Women: The Iowa Women's Health Study

Becoming Proactive With the Whole Grains Message

## **Fruits and Vegetables**

What Can Intervention Studies Tell Us About the Relationship between Fruit and Vegetable Consumption and Weight Management?

Fruit, Vegetables, Dietary Fiber and Risk of Colorectal Cancer

Fruits, Vegetables and Lung Cancer: A Pooled Analysis of Cohort Studies

Intake of Fruit and Vegetables and the Risk of Ischemic Stroke in a Cohort of Danish Men and Women

Effects of Fruit and Vegetable Consumption on Plasma Antioxidant Concentrations and Blood Pressure: A Randomised Controlled Trial

The Effect of Fruit and Vegetable Intake on Risk for Coronary Heart Disease

Fruit and Vegetable Consumption and Diabetes Mellitus Incidence among US Adults

Resolving the Coronary Artery Disease Epidemic through Plant-Based Nutrition

## **Dairy/Calcium**

Dairy Consumption, Obesity, and the Insulin Resistance Syndrome in Young Adults (2)

Calcium Intake, Body Composition, and Lipoprotein-Lipid Concentrations in Adults (2)

Normalizing Calcium Intake: Projected Population Effects for Body Weight

Calcium Intake and Reduction in Weight or Fat Mass

Relation between Calcium Intake and Fat Oxidation in Adult Humans

Calcium Intake and Adiposity

Longitudinal Calcium Intake is Negatively Related to Children's Body Fat Indexes

Lactose Maldigestion is Not an Impediment to the Intake of 1500 mg Calcium Daily of Dairy Products

Dietary Calcium Intake in Lactose Maldigesting Intolerant and Tolerant African-American Women

Research and Public Health Implications of the Intricate Relationship Between Calcium and Vitamin D in the Prevention of Colorectal Neoplasia

Associations of Adequate Intake of Calcium with Diet, Beverage Consumption, and Demographic Characteristics among Children and Adolescents

Estimated Healthcare Savings Associated with Adequate Dairy Food Intake

Dairy Food Consumption and Body Weight and Fatness Studied Longitudinally over the Adolescent Period

Increasing Fluid Milk Favorably Affects Bone Mineral Density Responses to Resistance Training in Adolescent Boys

- Milk—Good for Bones, Good for Reducing Childhood Obesity? (Commentary)
- Role of Dietary Calcium and Dairy Products in Modulating Adiposity
- Mechanism of Intracellular Calcium Inhibition of Lipolysis in Human Adipocytes
- Calcium Intake and Body Weight
- Dairy Calcium Related to Changes in Body Composition During a Two-Year Exercise Intervention in Young Women
- Regulation of Adiposity by Dietary Calcium
- Calcium and Weight: Clinical Studies
- The Role of Dietary Calcium and other Nutrients in Moderating Body Fat in Preschool Children
- The Effect of Milk Supplements in Calcium Metabolism, Bone Metabolism, and Calcium Balance
- Dietary Modification With Dairy Products for Preventing Vertebral Bone Loss in Premenopausal Women: A Three-Year Prospective Study
- Effects of Dairy Products on Bone and Body Composition in Pubertal Girls
- The Effects of Bone Calcium Supplementation (Milk Powder or Tablets) and Exercise on Bone Density in Postmenopausal Women
- Milk Intake and Bone Mineral Acquisition in Adolescent Girls: A Randomized, Controlled Intervention Study
- Bone Mineral Density of Adolescents as Affected by Calcium Intake Through Milk and Milk Products
- Calcium Supplementation Prevents Seasonal Bone Loss and Changes in Biochemical Markers of Bone Turnover in Elderly New England Women: A Randomized Placebo-Controlled Trial
- Calcium, Dairy Products, and Osteoporosis
- Gain in Bone Mineral Mass in Prepubertal Girls 3.5 Years After Discontinuation of Calcium Supplementation: A Follow-Up Study
- Milk Intake During Childhood and Adolescence, Adult Bone Density, and Osteoporotic Fractures in US Women

Children Who Avoid Drinking Cow's Milk Are at Increased Risk for Prepubertal Bone Fractures

## **Fat**

The Effect of High-Moderate- and Low-Fat Diets on Weight Loss and Cardiovascular Disease Risk Factors

Effects of an Ad Libitum Low-Fat, High-Carbohydrate Diet on Body Weight, Body Composition, and Fat Distribution in Older Men and Women

An Ad Libitum, Very Low-Fat Diet Results in Weight Loss and Changes in Nutrient Intakes in Post-Menopausal Women

## **Sugar**

The Role of Added Sugars in the Diet Quality of Children and Adolescents

The Scientific Basis of Recent US Guidance on Sugars Intake

Consumption of Sugars and the Regulation of Short-Term Satiety and Food Intake

Defining and Interpreting Intakes of Sugars

Sugars, Energy Balance, and Body Weight Control

## **Salt**

A Clinical Trial of the Effects on Blood Pressure of Reduced Sodium and the DASH Dietary Pattern (the DASH-Sodium Trial)

2004 Canadian Recommendations for the Management of Hypertension: Part III—Lifestyle Modifications To Prevent and Control Hypertension

## **Specific Diets**

Efficacy and Safety of Low-Carbohydrate Diets: A Systematic Review