



Nutrition for Family Living

Susan Nitzke, Nutrition Specialist; susan.nitzke@ces.uwex.edu
Sherry Tanumihardjo, Nutrition Specialist; sherry.tan@ces.uwex.edu
Amy Rettammel, Outreach Specialist; arettamm@facstaff.wisc.edu
Betsy Kelley, Outreach Specialist; kelley@nutrisci.wisc.edu

March, 2003 Topics

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Older Americans need to make every calorie count

As people age, they need fewer calories but at least as many nutrients as they did when they were younger. Fitting enough nutrients into a decreased “calorie budget” becomes a challenge. An article in a recent issue of the Economic Research Service *Food Review* discusses the special nutritional challenges of older adults.

Using data from the 1994-1996 CSFII, researchers looked at older adults’ eating habits. They found:

- Older adults (age 60+) consumed fewer total calories than younger adults (age 18-59).
- Older adults got fewer servings from each of the Food Guide Pyramid groups than younger adults.
- Older men got fewer servings from the grain, vegetable, and meat groups than younger men, but still met recommendations. Older men actually got MORE servings of fruit than younger men; older men met recommendations for fruit, while younger men did not. Neither older nor younger men got the recommended number of servings from the milk group.
- Older women didn’t get the recommended number of servings of any food group. For all groups except fruit, older women consumed fewer servings than younger women.
- Older adults were more likely to take vitamin and/or mineral supplements than younger adults.

Implications for Educators

The USDA researchers point out several nutritional issues that are especially important for older adults:

- In this study, older adults did not consume the recommended number of servings from the milk group. This is a concern because milk group foods are the major source of calcium in most Americans’ diets. Calcium is especially important for the elderly, who are at greater risk for osteoporosis. Educators should encourage older adults to consume 3 servings of low-fat dairy products each day.
- Absorption of calcium and vitamins D and B12 decline with age. However, there is no consensus about whether older adults should take supplements of these nutrients. Foods from the milk group provide all three.



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- Decreased thirst sensation means that an older adult can become somewhat dehydrated without feeling thirsty. Older adults need to be especially aware of their fluid intake.
- Many older adults have chronic health conditions that complicate their nutrition needs. A Registered Dietitian should provide specific nutrition advice for older adults with chronic health problems.
- Physical limitations, especially among the “oldest old,” may make shopping and cooking difficult. Older adults may be able to take advantage of local programs to help with shopping, or programs such as congregate and home-delivered meals, commodity foods, or meals provided through adult day care programs.
- Low-income elderly consumed fewer servings from each pyramid group than higher income elderly in this study. Low-income elderly people tend to be older, less educated, and more likely to live alone than older adults with higher incomes – all factors associated with lower diet quality.

Guthrie, Joanne F and Lin, Biing-Hwan. Older Americans Need to Make Every Calorie Count. *Food Review*. 2002: 25(2); 8-13.

Nutrition and the Elderly: A Resource Guide for Community Educators. This list is a quick guide to background information and educational materials that address nutrition education for the non-institutionalized elderly. It is produced by the Food and Nutrition Information Center at the National Agricultural Library. You can access it electronically at <http://www.nal.usda.gov/fnic/pubs/bibs/gen/nutritionelderly.html>, or request a print copy from the Food and Nutrition Information Center by calling (301)504-5719.

This resource guide has been reviewed by state specialists and the materials that best fit with WNEP teaching outcomes have been added to the WNEP Teaching Resources Database: www.uwex.edu/ces/wnep/p6/index.html. Search under “Older Adult” audiences. Links to these materials are also listed in the Dietary Quality evaluation project for older adults at the same web address.



Focus on Teaching: Using Recipes in Nutrition Education

Recipes are a part of many nutrition education efforts because they can provide a practical application of your educational message. Whether you are doing a cooking demonstration or including recipes in your handouts, choosing recipes for audiences with limited resources requires some careful thought.

WNEP has guidelines for selecting and using recipes in nutrition education. The guidelines can be downloaded from www.uwex.edu/ces/wnep/p6/pdfs/recipe.pdf.

A recent article in the *Journal of Extension* also discusses choosing recipes for limited income audiences. These authors suggest that recipes are best if they:

- Are nutritious and tasty
- Use a limited number of low-cost, readily available ingredients
- Use basic equipment and appliances
- Are easy to read and follow
- Are flexible, so the same basic recipe can be used with fresh, frozen or canned foods
- Have been successfully tested by at least three people
- Teach at least one Dietary Guidelines principle.

Depending on your educational message, it can be useful to include additional information about reducing fat or sodium in the recipe, fitting the recipe into a menu for a meal, and including children in preparing the recipe. Relevant food safety and nutrition information can also support your educational message.

Studies have shown that people find the following things helpful when using recipes:

- Numbered or bulleted preparation steps and specific directions
- Information about preparation time and number of servings
- Type and size of equipment and utensils
- Nutrition information

The authors of the article reviewed 20 recipes that were being used with low income audiences by nutrition educators. The most common areas in need of improvement included:

- Not including food safety information
- Not listing ingredients in the order used
- Not specifying size of pans or bowls
- Not specifying serving size
- Not using simple cooking terms for audiences with limited reading ability
- Not including ways that children could participate in making the recipe.



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Well-chosen recipes can be a lasting illustration of your nutrition education messages. Taking the time to choose and test recipes can ensure that program resources are used efficiently and that participants walk away with something they can use. To find tested recipes that are appropriate for low-income audiences, consider the following Extension publications:

- How Food Affects You (Publication #B3479). Also in Spanish, #B3479S.
- Feeding Young Children (Publication #B3572). Also in Spanish, #B3572S.
- Creative Cooking (Publication #B3485).
- Stretching Your Food Dollars (Publication #B3487)
- Money for Food lessons 7 and 8 <http://www.uwex.edu/ces/wnep/p6/mff/>
- Handouts in the "Food..." section of the "When You Work" curriculum.
- Various easy-to-read Foods and Nutrition fact sheets, in both English and Spanish:
<http://www.uwex.edu/ces/wnep/p6/foodfact.html>
- Spanish/English pictorial recipes from Oregon State University Extension
http://cf.uwex.edu/ces/wnep/tch_res/res_detail.cfm?resource_id=196

A checklist for developing and evaluating recipes for audiences with limited resources is available as part of the *Journal of Extension* article. It can be found at:
<http://www.joe.org/joe/2002december/tt4.shtml>

Reed, Debra B and Schuster E. Recipe Checklist: A tool to aid development of recipes for audiences with limited resources. *Journal of Extension*. 2002: 40(6).



Comparing milk calcium and orange juice calcium

Is the calcium from supplements or fortified orange juice absorbed as well by older adults as the calcium from milk? Scientists at Tufts Mineral Bioavailability Laboratory say yes, it is.

Researchers from Tufts gave elderly subjects diets with 1,300 mg of calcium either from milk, fortified orange juice, or calcium supplements. At the end of the study, blood and urine tests showed that calcium was equally well absorbed from all three sources.

That's good news for people who don't like, or can't drink, milk. The study's authors suggest that older adults who want to increase their calcium intake can choose confidently from any of these sources. But it's important to note that the three sources of calcium used in the study are very different nutritionally. Milk contains protein, vitamin D, vitamin B12, riboflavin, and phosphorus. Orange juice has vitamin C and folate. Calcium supplements may not contain any of those nutrients. Older adults who want to get the most nutritional benefit from their food should consider that while there are other ways to get calcium, foods from the milk group are important sources of many other nutrients.

Martini L and Wood RJ. Relative bioavailability of calcium-rich dietary sources in the elderly.
Am J Clin Nutr 2002;76:1345-50.



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To answer your question: Feingold Diet for ADHD?

Q: At a workshop I taught, the Feingold Diet came up as a treatment for ADHD (Attention Deficit/Hyperactivity Disorder). What can you tell me about this diet?

A: Dietary approaches to controlling the symptoms of ADHD have not stood up to scientific scrutiny. The National Institutes of Health discusses dietary treatments for ADHD with other questionable and poorly supported treatments like colored glasses.

Here are sections from two ADHD summaries that can be found at <http://www.nimh.nih.gov/publicat/adhd.cfm> and <http://www.chadd.org/fs/fs6.htm>. On both sites, scroll way down to "controversial treatments."

From the NIH site:

"Over the years, proponents of the Feingold Diet have made many dramatic claims. They state that the diet, which promotes the elimination of most additives from food, will improve most (if not all) children's learning and attention problems. They claim that the diet will lead to improvements in school, and report a deterioration in learning and behavior when the diet is not followed.

In the past 15 years, dozens of well-controlled studies published in peer-reviewed journals have consistently failed to find support for the Feingold Diet. While a few studies have reported some limited success with this approach, at best this suggests that there may be a very small group of children who are responsive to additive-free diets... A large number of studies have also examined the relationship between sugar and hyperactive behavior, but most of them are difficult to interpret. A few well-designed studies have found that sugar does have some effect on behavior, but this effect is very small and only a small percentage of those with AD/HD seem to be vulnerable.

At this time, it has not been shown that dietary intervention offers significant help to children with learning and attention problems."

And from the CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder) site:

"Understandably, parents who are eager to help their children want to explore every possible option. Many newly touted treatments sound reasonable. Many even come with glowing reports. A few are pure quackery. Some are even developed by reputable doctors or specialists--but when tested scientifically, cannot be proven to help.

Here are a few types of treatment that have not been scientifically shown to be effective in treating the majority of children or adults with ADHD:

- biofeedback
- **restricted diets** (*emphasis added*)
- allergy treatments
- medicines to correct problems in the inner ear
- megavitamins
- chiropractic adjustment and bone re-alignment
- treatment for yeast infection
- eye training



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- special colored glasses

A few success stories can't substitute for scientific evidence. Until sound, scientific testing shows a treatment to be effective, families risk spending time, money, and hope on fads and false promises. "

- Susan Nitzke

To answer your question: dental caries

We have had a few requests for information about nutrition and oral health. There are a couple of excellent "bottom line" summaries on the International Food Information Council Foundation website.

http://ific.policy.net/proactive/newsroom/release.vtml?id=18582&PROACTIVE_ID=cecfceacec6c6c9cec5cecfcf5cecefc7cecbdc7c9cdc5cf

http://ific.policy.net/proactive/newsroom/release.vtml?id=17942&PROACTIVE_ID=cecfceacec6c6c9cec5cecfcf5cecefc7cecbdc7c9cdc5cf

Teaching about moderation, balance, and variety - and the importance of meals and snacks (rather than grazing indiscriminately throughout the day) - addresses nutrition for oral health promotion, just as it addresses nutrition for promotion of other aspects of a person's health. Teaching about moderation, balance, and variety falls under WNEP Dietary Quality outcomes.

This information is also relevant for older adults. If your WNEP learners have questions about oral health problems and mouth care (like flossing, denture care), a dental health professional, like a dental hygienist or a dentist, is best qualified to answer their questions.

It is also relevant to help older adults choose foods that are easy to chew. Materials such as the FDA's low-literacy handout "Eating Well As We Age" can aid your teaching. It can be found at <http://www.fda.gov/opacom/lowlit/eatage.pdf>.

- Amy Rettammel