Portion Sizes a Major Problem in Americans’ Weight Gain

A new survey sponsored by the American Institute for Cancer Research finds that 78 percent of Americans believe that eating certain types of foods and ignoring others is more important than the amount of food consumed. According to the survey, six out of ten respondents say that the food portions served in restaurants are the same size or smaller compared with the food portions served 10 years ago, but in reality portion sizes and plate sizes have grown. These findings have many health educators worried as the number of overweight and obese Americans continues to grow.

And, Americans are consuming more calories than ever before. The Harvard Health Letter recently reported that Americans consume almost 160 calories more per day than in the 1970’s. That adds up to 58,400 calories over the course of a year – the equivalent of almost 17 extra pounds!

This increase in energy intake is often the result of large portion sizes. Melanie Polk of the American Institute for Cancer Research told Commentary, “We lost our focus. We focused so much on fat that we lost any awareness of portion sizes. For many people, they feel that the bigger the portion, the better the value they get for their money. However, the added value they receive is related to the pocket book, not good health. Why not try sharing a portion with a friend?” she suggests.

One of the reasons for the growing waistlines of Americans is increased dining out. The restaurant business is booming. According to the National Restaurant Association, Americans spend more than one billion dollars per day on prepared food and restaurant dining. That adds up to $376 billion every year, up five percent since 1999. In 1998, almost half (46 percent) of Americans were restaurant patrons on a particular day. That same year, approximately 21 percent of U.S. homes used some form of takeout. People who eat

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For many years, consumers have been riding the “dieting merry-go-round” – losing weight, but gaining it back just as quickly. Promises of “quick fixes” through pills, powders and shakes have actually resulted in frustrating failure. The quick cures and popular diets did not tackle the real problem – consumers were not eating for the right reasons and did not understand that exercise needs to be an active part of that lifestyle.

In a recent national survey conducted for the Calorie Control Council, consumers were asked various questions about their eating and exercise habits, including why they think they cannot control their weight. The Council has tracked dieting trends since 1986.

The survey revealed that many people now realize that “light” (reduced-fat, low-calorie, or sugar-free) foods and beverages can satisfy their desire for enjoying their favorite products without unnecessary calories or fat. The survey found that people are making greater strides in losing weight by using light foods and beverages as part of an overall healthy lifestyle. In general, they also have a better understanding today of what is necessary for healthy weight management:

- Over half of the U.S. adult population (70 percent) report that they are eating a healthier diet today than they were three years ago. In an effort to eat more healthfully, they are checking the nutrition labels on foods and beverages for fat content, calories and sugar content, as well as other ingredients.
- The vast majority of those trying to control their weight are aware of the need to combine sensible eating habits with increased physical activity.
- Six out of ten people are either currently on diets or are making a serious effort to control their weight. Among those who indicated they need to lose weight, 63 percent recognize they need to lose more than 10 pounds; 37 percent need to lose less than 10 pounds.
- Among dieters, the majority (81 percent) state they have been successful in losing weight on their current diet. The average reported weight loss is 19 pounds. This amount is up significantly from 1996, when the reported weight loss was only 13 pounds. The challenge now, of course, is keeping the weight off.
- Despite all the hoopla, only six percent of those trying to control their weight are following a restricted weight-loss diet (such as the Atkins Diet, the Zone, Sugar Busters, etc. – see “Fad Diets” article on page 7). (Note: unfortunately, this still adds up to roughly 8 million people.)
- Almost 9 out of 10 (87 percent) of all adults – 180 million individuals – consume either reduced-fat or low-calorie, sugar-free products (i.e., “light” products), primarily to stay in better overall health; three-fourths of light product consumers say they would like to see an even greater variety of products available.
- Nearly 70 percent of those surveyed are aware that calories and fat are equally important in managing weight. And, the majority (61 percent) indicate they are able to balance their overall caloric intake by using reduced-fat or low-calorie/sugar-free foods and beverages.
- In terms of daily use, as well as the number of light products consumed on a given day, the frequency of light product usage is positively associated with weight loss.
- Among consumers of reduced-fat products, nearly two-thirds (65 percent) report that they consume about the same amount or less than the regular variety of the same products. Additionally, the majority of these consumers indicate they do not consume more of traditional “high-fat” foods on the days they eat reduced-fat foods.

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**Commentary**

**Low-Calorie/Low-Fat Bulletin**

**Who are the Consumers of Olestra?**

The data from the Olestra Postmarketing Surveillance Study (OPMSS) have been analyzed to determine characteristics of the early adopters of olestra-containing foods, as reported in the *Journal of the American Dietetic Association*.

Consumers of olestra-containing snacks were more likely to be highly educated Caucasians, those with attitudes indicative of diet and health concerns, low-fat consumers, those who engage in moderate physical activity as well as those concerned about weight.

**Unrelated to Olestra, Digestive Problems More Common Than Previously Thought**

A new study, conducted by Dr. Robert S. Sandler from the University of North Carolina in Chapel Hill and published in *Digestive Diseases and Sciences*, has found that stomach pain, bloating and diarrhea are due to a variety of factors and are more common than previously thought. The main purpose of the study was to determine the prevalence of abdominal pain, bloating and diarrhea in the American population.

The researchers conducted phone interviews with approximately 2,500 people and asked them to give a history of any digestive problems during the previous month. Almost half of the participants (41%) stated that they had experienced some type of digestive problem or symptom and 65 percent rated their problems from moderate to severe.

The study noted, "These results are important for several reasons. First, they indicated that digestive symptoms are extremely common. The results of our study suggest that 40 percent of people experience these digestive symptoms each month. Secondly, the data are useful to estimate the impact of these conditions and to set research priorities."

**More Research Needed Before Stevia Approved**

Stevia, a plant-based sweetener and extract of a South American shrub, is almost 100 times sweeter than sugar but provides no calories. However, Stevia has not been approved for use as a food additive in the U.S., unlike acesulfame potassium, aspartame, saccharin and sucralose, all of which have been approved by the Food and Drug Administration (FDA). Canada has yet to approve the use of stevia as well, and in 1999, the Joint Expert Committee on Food Additives of the World Health Organization (JEFCA) and the Scientific Committee for Food of the European Union reviewed stevioside and determined that on the basis of the scientific data currently available stevioside is not acceptable as a sweetener. Stevia is currently being sold as a dietary supplement at health food stores in the U.S.

**Calorie Control Web Site Adds Two New Calculators**

Two new calculators have been added to www.caloriecontrol.org. The Weight Maintenance Calculator will help consumers determine how many calories they should be consuming to maintain their current weight and the number of calories they will need to reduce in order to lose weight. Also, a Healthy Body Weight Calculator has been added to give consumers an idea of their healthy body weight based on their height and gender. While you’re becoming enlightened using these two new calculators, be sure to also check out the Calorie Calculator (www.calorี่count.com/calculator.html), the Enhanced Calorie Calculator (www.caloriecount.com), the Exercise Calculator (www.caloriecontrol.org/exercalcalc.html) and the Body Mass Index Calculator (www.caloriecontrol.org/bmi.html).

**Aspartame Rumors Are Put to Rest**

A recent article by Jane Brody which appeared in the *New York Times*, notes, “According to the Mayo Clinic, one woman is the source of the belief that the artificial sweetener aspartame causes everything from obesity to manic depression to multiple sclerosis. The woman maintains that the FDA, in cahoots with commercial interests, has suppressed evidence of aspartame’s risks...” This article goes on to explain that the Multiple Sclerosis Foundation, the Massachusetts Institute of Technology and the Mayo Clinic, among others, have rebutted her arguments.

A study published in 1997 allegedly connected aspartame to an increase in brain tumors. However, according to the FDA, analysis of the National Cancer Institute’s public data base on cancer incidence in the United States — SEER Program — does not support an association between the use of aspartame and increased incidence of brain tumors. Leading health organizations continue to recommend the use of aspartame, especially for those whose diets require a restriction of caloric or carbohydrate intake, such as persons with diabetes. Most health practitioners favor the use of a low-calorie sweetener in weight reduction and for people with diabetes. More information about aspartame can be found at www.aspartame.org.

**Sugar-Free Gum Aids in Weight Loss**

Sugar-free chewing gum helps to raise metabolism and the number of calories burned by 20 percent, according to a letter recently published in the *New England Journal of Medicine*. Researchers from the Mayo Clinic of Rochester, Minnesota, found that on average, participants burned 11 more calories per hour while chewing gum than when they did not chew gum.

Researchers said, “Chewing of calorie-free gum can be readily carried out throughout the day, and its potential effect on energy balance should not be discounted.” Dr. James Levine also noted, “I’m not sure that many people would want to chew a big wad of gum all day long. But it does illustrate that small changes in daily activities, even something as trivial as chewing gum, can have a significant impact on weight loss.”

**Splenda® Approved as a General Purpose Sweetener**

The Food and Drug Administration has approved the use of Splenda® (also known as sucralose) as a general-purpose sweetener in foods. The FDA approval now allows sucralose to be used in all products where standards of identity do not preclude its use, including all foods and beverages, nutritional supplements, medical foods and vitamin/mineral supplements. Splenda was previously approved for use in 15 food and beverage categories, including baked foods and baking mixes, beverages, dairy products, processed fruits, and fruit juices. Breakfast cereals, confectioneries and condiments are covered by this extended approval.
Today's Fad Diets, Too Good to be True? – Part II

In the fall of 1999, Commentary addressed several myths about many popular fad diets, including Dr. Atkins’ New Diet Revolution, The Zone, and Sugar Busters. Since that time, there has been controversy and debate surrounding these diets as well as others. Despite the fact that a calorie is still a calorie (whether it comes from fat, carbohydrate or protein) and some of these diets contradict current medical advice, many of them continue to top the best-sellers list.

Kathy Kane, a registered dietitian with the Kaiser Permanente health plan, says, “People are always looking for a new gimmick. Weight loss is hard for people to do.”

Most recently, the U.S. Department of Agriculture held the “Great Nutrition Debate.” Although no conclusions were made from the debate, all agreed that obesity remains a serious problem in the U.S.

Since the “Great Nutrition Debate,” several academic researchers as well as diet book authors have urged the National Institutes of Health (NIH) to conduct research to evaluate the efficacy and effectiveness of several popular diet plans in order to provide the maximum amount of information to consumers about these diets. The group said, “Americans are lurching from one diet plan to another.”

In a press release issued by the Center for Science in the Public Interest (CSPI), Dr. George Blackburn, associate professor of nutrition and surgery at Harvard Medical School, added, “Despite the popularity of commercial weight-loss programs, dietary supplements and diet books, obesity is more widespread than ever. Some books advise a high-carbohydrate, low-fat diet; some advocate a low-carbohydrate, high-fat diet; while others say just cut down on calories.”

Dr. Blackburn also encouraged Congress to push the NIH to conduct studies about these popular diet plans. He noted that because the NIH has failed to conduct the research as of late, Congress should insist that it be done.

Those who signed the letter urging the NIH to conduct the research included: Sam Andrews, co-author of Sugar Busters, David Hever, author of The Resolution Diet, Rachael Heller and Richard Heller, authors of Carbohydrate Addicts Diet, Dean Ornish, author of Eat More, Weigh Less, Barry Sears, author of The Zone, and several others.

The Government Will Test Two Popular Diets

In response to the above letter, the government has decided to test two popular diets — low-carbohydrate and low-fat — to determine which one is the most effective and safest. Cyndi Thompson, a spokeswoman for the American Dietetic Association and a nutrition expert at the University of Arizona, said, “Right now we have millions of dollars being spent on these diets and everyone is throwing rocks at each other over what diet is the best diet. If obesity is the No. 1 (health) issue, then we need to put our money there and figure out what works.” The USDA plans to place two separate groups of people on diets. The exact protocol for the diet will be determined later this year and the study will be conducted at the USDA’s nutrition research center at the University of California-Davis.

References:


The Calorie Control Council’s Top 8 Ways to Recognize a “Fad Diet”

(Based on the American Dietetic Association’s 10 Red Flags to Spot Junk Science)

The diet:

1. Promises a quick fix or rapid weight loss.
2. Singles out certain foods as being “bad” or “danger” foods.
3. Recommends avoiding certain foods or combinations of foods.
4. Draws simple conclusions from complex studies. Often bases conclusions on studies that have not been published in peer-reviewed, scientific journals.
5. Bases its theory on only one study.
6. Recommends that certain products be bought to aid in weight loss.
7. Makes recommendations to a broad base of people and does not recognize differences between those people.
8. Goes against generally accepted medical advice from a variety of credible health professionals and organizations.

If people have questions about a diet, its safety or effectiveness, they can call the American Dietetic Association’s National Center for Nutrition and Dietetics at 1-800-366-1655 and speak with a registered dietitian. Or, visit ADA’s Web site at www.eatright.org. This service can also help locate a dietitian in their area.
Out of ProPORTION (continued from page 1)

away from home consume 25 percent fewer fruits and vegetables, as reported in a study conducted by the California Department of Health. Researchers at Tufts University have found similar results. They note that people who eat out more often have more body fat simply because they consume more calories and fat and less fiber than other people.

The issue of time is another problem many Americans face. Dual-income families have increased from 32 to 59 percent in the past 30 years and 83 percent of women and 72 percent of men say there is a conflict of time between work and family. This conflict leaves less time to prepare well-balanced, nutritious meals. For example, approximately 30 percent of Americans eat their breakfast on the go, from fast-food places.

What is a Portion?

Many Americans have been told to eat whole grain breads and more “better-for-you-foods.” But sometimes this advice becomes misconstrued and these “better-for-you-foods” pose a problem. For example, how could a muffin be so bad for you? It’s not so much that the muffin is “bad” but take into consideration the size of the muffin. Many commercial muffins (the kind sold in stores or bakeries) are the size of two to three homemade muffins and may actually add up to almost 400 calories. Dietitians recommend that your plate contain a variety of foods such as a starch, protein and vegetable or fruit. However, they note that it is important to watch the portion size of all these groups — approximately no more than the size of a small fist. It’s also important to recognize that portion sizes vary depending on a person’s age, activity level, gender and other factors.

Tips for Portion Control

So, how should Americans get their food portions under control? Ms. Polk recommends that people learn to recognize what serving sizes are supposed to look like. “We are urging people to ‘eye-ball’ a standard serving size. This way, people will have an idea of how much room food should take on the plate.” It’s also important to read nutrition labels and find out what the label deems a serving size.

But what should people do when there aren’t food labels available? Here are some general guidelines.

- For cooked meat, poultry or fish, picture a deck of cards or the palm of a hand on a small woman.
- One cup of rice or pasta is usually about the size of a small fist. A large fist can be up to two cups. Measure one cup and compare it to a fist, so that it will be easy to eyeball a “fist-full” of pasta or rice.
- An ounce of cubed cheese is approximately the size of your thumb (or four stacked dice).
- One teaspoon is approximately the size of one dice. This is handy for measuring salad dressing, mayonnaise or peanut butter. (Approximately three teaspoons is equal to one tablespoon.)
- If you have a small hand, a fist-full of nuts or raisins is approximately one ounce.

For those who eat out of the home often, ask the restaurant to serve just the half the meal and put the other half in a doggie bag. Order from the children’s menu and ask for a small soft drink in lieu of a large and choose small fries. Try splitting an entrée with a friend.

And don’t forget about physical activity. Studies have shown that exercise helps to burn calories and reduces the risk for several diseases.

References:

www.restaurant.org/research/pocket/index.htm,
National Restaurant Association, “Restaurant Industry Pocket Fact Book.”

New Dietary Guidelines Emphasize Exercise

The U.S. government recently released the 5th edition of the Dietary Guidelines for Americans, which for the first time emphasizes exercise. The guidelines recommend that both adults and children get at least 30 minutes of physical activity each day to help lower the risk of heart disease, colon cancer and diabetes. President Clinton, who announced the release of the guidelines, said, "Just a brisk 30 minute walk five times a week, for instance, can cut the chance of developing or dying from heart disease in half."

Health professionals also welcome the addition. Dr. Kristine Clark, head of sports nutrition at Pennsylvania State University, told Commentary, "The addition of regular exercise to the dietary guidelines is fabulous. It is important because it highlights the government's interest in the other side of the equation — energy expenditure in addition to the foods Americans consume. I am optimistic that because of this focus on exercise by the government more national organizations and those at the state level will implement programs aimed at physical education." The guidelines continue to advocate moderation, balance and a variety of foods with an emphasis on fruit, vegetables and grain products.

The new 2000 Dietary Guidelines make ten recommendations as opposed to the seven made in the past. The ten recommendations have been placed in three groups and state:

Aim for fitness: Aim for a healthy weight. Be physically active each day.

Build a Healthy Base: Let the Pyramid guide your food choices. Choose a variety of grains daily, especially whole grains. Choose a variety of fruits and vegetables daily. Keep food safe to eat.

Choose Sensibly: Choose a diet that is low in saturated fat and cholesterol and moderate in total fat. Choose beverages and foods to moderate your intake of sugars. Choose and prepare foods with less salt. If you drink alcoholic beverages, do so in moderation.

Council's Web Site "Hits" an All-Time High

The Calorie Control Council's Web site — www.caloriecontrol.org — recently "hit" an all-time high with a record-breaking number of Web site hits. As of July 2000, the total number of site visitors that have been to the site since its inception in March 1997 is over two and a half million, with more than 59 million hits! (Currently, the site is running at an annual rate of over two million visitors and over 40 million hits.)

The Web site has two new added features: the Weight Maintenance Calculator and the Healthy Body Weight Calculator. Be sure to check out both to help determine your healthy body weight and how many calories you need to maintain your current weight. Also try the Calorie Calculator, the Enhanced Calorie Calculator, the Exercise Calculator and the Body Mass Index Calculator.

This issue of Commentary, as well as back issues, are also available online.

www.caloriecontrol.org
Simple changes can be very effective. For example, if you are a coffee lover and you replace one tablespoon of sugar with a sugar substitute you will save yourself 48 calories a day. It may not sound like much, but over one year that adds up to five pounds (assuming you don’t compensate your diet with excess calories). Another great example is choosing light ice cream in place of regular — you’ll save almost 18 pounds over the course of a year. The key is that these small changes have to be things you can live with. Barbara Moore, executive director of Shape-up America, a non-profit organization founded by former Surgeon General C. Everett Koop notes, “Americans tend to eat like Olympic Athletes. Trouble is they don’t exercise that way.”

### Simple Substitutions

This table is meant to be used as an illustration of the value of using light products in the daily diet.

<table>
<thead>
<tr>
<th>Use</th>
<th>In Place Of</th>
<th>You Save</th>
<th>Pounds in a Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2% Low-Fat Milk (1 cup)</td>
<td>Whole Milk (1 cup)</td>
<td>30 calories</td>
<td>3 pounds</td>
</tr>
<tr>
<td>Low-Fat Potato Chips (1 oz.)</td>
<td>Regular Potato Chips (1 oz.)</td>
<td>49 calories</td>
<td>5 pounds</td>
</tr>
<tr>
<td>No-fat Fruit Granola Bar (1 bar)</td>
<td>Choc. Chip Granola Bar (1 bar)</td>
<td>30 calories</td>
<td>3 pounds</td>
</tr>
<tr>
<td>Fat-free Raspberry Danish Twist (slice)</td>
<td>Raspberry Danish Twist (1 slice)</td>
<td>80 calories</td>
<td>8 pounds</td>
</tr>
<tr>
<td>Sugar Substitute (1 Tbsp.)</td>
<td>Sugar (1 Tbsp.)</td>
<td>48 calories</td>
<td>5 pounds</td>
</tr>
<tr>
<td>Diet Soda (1 can)</td>
<td>Regular Soda (1 can)</td>
<td>10 calories</td>
<td>15 pounds</td>
</tr>
</tbody>
</table>

### Popularity of Light Products Continues as Consumers Strive to Balance Healthy Lifestyle

So, with a concerted effort — by health professionals, educators, the government, the media, as well as interested organizations — to reinforce the positive awareness and behaviors identified by this survey, the future can start to look brighter for turning the tide on America’s obesity crisis.

The findings are based on a nationally projectable survey of 1,200 individuals, age 18 and older. The sample reliability is +/- 2.8 percent. Booth Research Services, Inc., completed the survey in July 2000 for the Calorie Control Council. More information is available on the Council’s Web site: [www.caloriecontrol.org](http://www.caloriecontrol.org).
Sweet Success for Saccharin!

Although saccharin for some time has had the approval of groups such as the American Cancer Society, the American Medical Association, the American Dietetic Association and the American Diabetes Association and scores of countries and health authorities worldwide, the U.S. government has finally caught up with science and removed saccharin from its list of potentially cancer-causing chemicals. The decision to remove the sweetener from the list is based on a careful review of extensive scientific evidence documenting saccharin’s safety for humans.

The announcement was made with the release of the National Toxicology Program’s (NTP) 9th Report on Carcinogens, a listing of chemicals that the federal agency believes cause or may cause cancer in humans. Saccharin’s previous listing in the report was based on very controversial, high-dose rat experiments performed in the 1970’s. The animals were fed the human equivalent of hundreds of cans of diet soft drinks per day over their lifetime.

However, according to Dr. Samuel Cohen, a saccharin researcher and professor and chairman of the Department of Pathology and Microbiology at the University of Nebraska Medical Center, the mechanism by which rats develop cancer does not apply to humans or any other animals. He noted, “The lack of effect in mice, and more importantly in monkeys, combined with strong epidemiological evidence from humans and our understanding of mechanism, strongly support the conclusion that exposure to saccharin does not pose a carcinogenic risk to humans.” Additionally, leading health groups (such as those mentioned above) have supported the safety of saccharin for years.

Dr. Kenneth Olden, director of the NTP, recommended the delisting recently to Health and Human Services (HHS) Secretary Donna Shalala, who endorsed the recommendation. Their decisions also are supported by recent actions of two working groups of the International Agency for Research on Cancer, who determined that the high-dose effects of saccharin in male rats are not relevant to humans. Extensive new evidence compiled over the past 20 years, as well as safe use for over a century, has demonstrated saccharin’s safety.

In 1977, Congress passed a moratorium preventing an FDA-proposed saccharin ban. The moratorium has been extended seven times based on the scientific evidence, the counsel of qualified professionals, and the support of consumers. The current moratorium is in effect through May 1, 2002.

The latest information on saccharin can be found on the Web at www.saccharin.org. The site has a user-friendly format with information on the history and benefits of saccharin, position statements from scientists, regulators and health groups, the National Toxicology Program and International Agency for Research on Cancer reviews and related links.

References:
IARC Monographs, "Evaluation of Carcinogenic Risks to Humans; Some Chemicals that Cause Tumors of the Kidney or Urinary Bladder in Rodents and Some Other Substances," Volume 73, 1999.