Lists You Can Lose

Can you trust online health advice?

GOT BACK PAIN?
What to know

Summer food safety

Scoop vs. scoop
Rating frozen desserts
How Sweet It Isn’t

Sodas, fruit drinks, sports drinks, energy drinks, and other sugary beverages lead to unhealthy weight gain and are linked to a higher risk of type 2 diabetes and heart disease. And over half of U.S. adults—and roughly three-quarters of school-aged children—consume more added sugar than health experts recommend.

Here’s a roundup of what the Center for Science in the Public Interest (Nutrition Action’s publisher) is doing to help people dodge the sugar that’s flooding our food supply.

■ “Keep Soda in the Soda Aisle.” Big Soda sends grocery chains massive payouts to entice shoppers by prominently placing sugary drinks not just in the soda aisle, but also at “endcaps,” freestanding displays, and checkout lanes.

We’ve asked the 40 largest chains and beverage companies to stop hawking sodas throughout supermarkets. And we’re urging communities to petition companies to “Keep Soda in the Soda Aisle,” where it belongs.

■ Require restaurants to disclose added sugar.

Chain restaurants are required to list calories on menus and to disclose saturated fat, sodium, and other key nutrients upon request. In January, we petitioned the FDA to also require chains to disclose added sugar. If restaurants are going to sell sugar-laden foods and drinks, the least they can do is let us know.

■ Require school foods to limit added sugar.

By law, school lunches, breakfasts, and à la carte foods have to follow the government’s Dietary Guidelines for Americans, which urge us to get less than 10 percent of our calories from added sugar. In January, we petitioned the USDA to set sugar limits on foods in school cafeterias, vending machines, and elsewhere.

■ Tell the whole truth about added sugar.

In December, we helped convince New York City to pass the Sweet Truth Act, the country’s first law requiring warnings on high-sugar foods in chain restaurants. But the warnings only apply to prepackaged items, like bottled soda, that contain more than an entire day’s worth of added sugar (50 grams, which is 12 teaspoons). Now we’re working to expand the warnings to non-prepackaged items, including fountain soda.

■ Reconsider pouring rights.

Many universities sign contracts that give Big Soda exclusive rights to sell, market, and advertise on campus. It’s bad enough that these “pouring rights” often give schools a financial incentive to sell sugary drinks to college students. But a new study by CSPI and Johns Hopkins researchers shows that those contracts can also expose teens and children to marketing for sugary drinks at on-campus summer camps, athletic events, or programs for disadvantaged youth.

We’ll keep you posted.
“10 ways to boost your metabolism.” “9 foods that lift your mood.” “15 supplements to boost your immune system.” People love lists. So do websites eager to grab eyeballs. Only one problem: Much of the advice isn’t based on solid science. Here are some examples.

“Your skin needs the right balance of nutrients,” says WebMD. Much of its advice focuses on antioxidants:

- **Vitamin A.** “Since it’s an antioxidant, it may give your skin some protection against sunburn (although not as much as wearing sunscreen).”
- **Vitamin C.** It’s a “powerful antioxidant, protecting you from free radicals and possibly lowering your chance of skin cancer.”
- **Vitamin E.** “This antioxidant and anti-inflammatory can also absorb the energy from UV light, which damages skin and leads to wrinkles, sagging, and skin cancer.”
- **Zinc.** It “acts like an antioxidant” and “may protect skin from UV damage.”
- **Selenium.** It “helps certain antioxidants protect your skin from UV rays. Selenium deficiency has been linked with a greater chance of skin cancer.”

But the best evidence doesn’t back up those claims. Selenium supplements (200 micrograms a day), for example, raised the risk of a new (non-melanoma) skin cancer in a large clinical trial in 1,312 people with an earlier cancer.

Then there’s the SU.VI.MAX trial, in which French researchers randomly assigned some 15,000 people to take a placebo or a daily supplement with vitamin C (120 mg), vitamin E (30 mg), selenium (100 mcg), zinc (20 mg), and beta-carotene (6 mg), which the body converts to vitamin A. After 7½ years, the antioxidant takers had no lower risk of skin cancer. In fact, there was a hint that women had a higher risk, though that finding needs followup.

**Bottom Line:** Want to prevent skin cancer and wrinkles? Don’t smoke and use sunscreen, a hat, and shade to avoid UV rays.

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**Nutrients for Healthy Skin**

**By Deborah Lynn Blumberg**

**Reviewed by Gabriela Pickard, MD, on June 12, 2021**

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But in a rigorous review of 33 trials, omega-3s had no clinically meaningful benefit for treating depression. Nor did omega-3s help prevent depression, anxiety, or memory loss.

**Bottom Line:** Want to prevent skin cancer and wrinkles? Don’t smoke and use sunscreen, a hat, and shade to avoid UV rays.

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**Brain fog “refers to a group of symptoms such as trouble with memory, inability to concentrate, difficulty processing information, fatigue, and scattered thoughts,” says Healthline.com. Its advice to treat the poorly defined problem:**

- **Vitamin D.** It “may help improve memory, concentration, and mood in some people, which may help alleviate brain fog.”

Yet the website only cites inconclusive studies on depression, “negative emotions,” and “a small study” on memory. “More research is needed,” says Healthline. Indeed.

- **Omega-3 fats.** They can “improve certain symptoms of brain fog, including difficulties with attention and memory.”

Really? Healthline cites no studies that tested omega-3s on people with brain fog. Instead, it says, omega-3s may “improve depressive symptoms and boost mood, which may help reduce symptoms of brain fog.”

**Bottom Line:** If you’re over 50 or a vegan, get 2.4 mcg a day of B-12 from a supplement or food with added B-12.

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**Vitamin C.** Unless you’re deficient, there isn’t much evidence that it helps.

**B Complex.** “Low or deficient levels of certain B vitamins can lead to symptoms of brain fog,” says Healthline. That’s true for a vitamin B-12 deficiency, but the evidence for other B vitamins is less clear.

**L-theanine.** “A recent study in 69 adults ages 50–69 found that a single dose of 100.6 mg of L-theanine improved reaction time and working memory.” Healthline forgot to mention that taking L-theanine every day for 12 weeks had no effect...on 20+ measures of attention or memory.

**Bottom Line:** If you’re over 50 or a vegan, get 2.4 mcg a day of B-12 from a supplement or food with added B-12.
“For better immunity, here are some of the best foods to put on your plate,” says Everydayhealth.com. Among them:

- **Seafood.** “The omega-3 fatty acids found in some types of fish—such as salmon, sardines, herring, and mackerel—enhance the functioning of immune cells,” says a dietitian quoted by Everydayhealth.com.

  But even the small, uncontrolled study the website cites calls for other studies “to determine whether the observed changes in immune function translate into clinical benefits.”

- **Healthy proteins.** They contain zinc, and some immune cells “can’t function without zinc.” True, but there’s no good evidence that zinc-rich foods ward off colds or the flu.

- **Dark chocolate.** It has magnesium, “which may strengthen antibodies and help prevent disease.” Any good evidence that eating more magnesium—or chocolate—fends off infections? Nope.

  Following are some of the best foods to put on your plate:

- **Almonds.** “Almonds have been shown to increase feelings of fullness in people and help with weight management, according to a 2006 study.”

  In fact, that industry-funded study didn’t measure fullness. But a 2017 industry-funded study by one of the same researchers did, and its results “do not support a unique satiety effect of almonds,” concluded the authors.

- **Curcumin.** “A recent study showed that turmeric (which contains curcumin) can boost metabolism and cause the body to burn an extra 10 calories on its own, according to research published in the journal *Physiology & Behavior*.”

- **Eggs.** “Studies have shown that eating an egg or two for breakfast can help you feel more full over 24 hours than if they [sic] eat a bagel with the same amount of calories.”

  The people in the industry-funded study did report feeling more full and ate 265 (not 330) fewer calories on the egg day. And, in another industry-funded study, the researchers told people to eat 1,000 fewer calories a day for two months, those assigned to eat egg breakfasts did lose more weight (6 pounds) than those told to eat a bagel breakfast (3½ pounds). But breakfast had no impact on weight loss when people were not told to cut calories.

- **Cayenne pepper.** “Just half a teaspoon of cayenne pepper can boost metabolism and cause the body to burn an extra 10 calories,” says a review cited by Healthline, Cochrane Database Syst. Rev. 1: CD000980, 2013.

- **Citrus fruit.** Can vitamin C prevent colds? No, except maybe at huge doses (250 to 1,000 mg a day) after intense exercise, like an ultra-marathon.

- **Garlic & onions.** “When garlic is crushed or chopped, it produces allicin, which previous research has highlighted for its antiviral and antibacterial properties.” But claims that garlic fights colds “appear to rely largely on poor quality evidence,” says a review cited by Everydayhealth.com.

  As for onions, they contain quercetin, which inhibits flu virus...in test tubes, says another cited study.

  The article goes on to say that you’re better off with water than juice, adding that “there’s no proof that OJ prevents or shortens illness.” Ditto for all Everyday-health.com’s “immune system boosters.”

  **Bottom Line:** Many nutrients play a role in immunity, but eating more of them doesn’t prevent infectious illness (see June 2020, p. 3).

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  **Bottom Line:** Many nutrients play a role in immunity, but eating more of them doesn’t prevent infectious illness (see June 2020, p. 3).
Does diet influence cervical cancer risk?
Cervical cancer is one of the most common gynecologic cancers. Research shows that there is a relationship between diet and disease risk, including the potential for developing some cancers. In this Honest Nutrition Feature, we explore the link between diet and cervical cancer risk and explain whether some foods can increase or decrease it.

Written by Amber Charles Alvers, MSW, RDN on January 16, 2022 — Fact checked by Alexandra Sartino, Ph.D.

This series of Special Features takes an in-depth look at the sciences behind some of the most debated nutrition related topics, weighing in on the facts and debunking the myths.

Diet and nutrition play a role in the development of cervical cancer," says MedicalNewsToday.com. Really? “Up to 99.7% of cervical cancer cases result from infection with the human papillomavirus (HPV)," says the website. “There are three HPV vaccines that protect against some strains of HPV known to cause cervical cancer.” So far, so good.

Among Healthline’s “7 proven health benefits of dark chocolate”:
- **Very nutritious.** “A 100-gram bar of dark chocolate with 70–85% cocoa contains: 11 grams of fiber, 67% of the DV for iron, 58% of the DV for magnesium, 89% of the DV for copper, 98% of the DV for manganese.”
- **Blood flow and blood pressure.** “The effects are usually mild.” And “one study in people with high blood pressure showed no effect, so take this with a grain of salt.” So...not a “health benefit”?
- **Raises HDL and protects LDL from oxidation.** But in the study cited by Healthline, HDL didn’t increase—and oxidized LDL didn’t decrease—more in people who drank cocoa with polyphenols than in those who drank placebo cocoa.1
- **May reduce heart disease risk.** After citing studies where dark chocolate or cocoa “lowered the risk” of outcomes like heart disease, Healthline adds that “these four studies are observational, so it’s unclear exactly if it was the chocolate that reduced the risk.” So...not “proven”?
- **May protect your skin from the sun.** “In one study of 30 people, the MED more than doubled after consuming dark chocolate high in flavanols for 12 weeks.” (MED is the minimum amount of UVB rays required to make skin red.) “If you’re planning a beach vacation, consider enjoying some extra dark chocolate in the prior weeks and months. But check with your doctor or dermatologist before forgoing your normal skin care routine.”
- **Could improve brain function.** “One study of healthy volunteers showed that eating high flavanol cocoa for 5 days improved blood flow to the brain.” But blood flow may not translate into better memory or other measures of “brain function” (see May 2022, p. 3).

Bottom Line: Dark or not, chocolate isn’t a health food.
Metabolism is “your body’s system for turning what you eat and drink into energy,” says WebMD.

But what follows is a list of foods that “support a healthy metabolism” or “keep you full” or “won’t cause major spikes in your blood sugar (too much sugar in your blood gets stored as fat).”

(Note to WebMD: If you eat more calories than you burn, they get stored as fat, whether your blood sugar “spikes” or not. Pure fructose, for example, barely raises blood sugar, but its calories still count.)

So which foods “support” your metabolism, according to WebMD?

■ Iodine-rich foods. “The thyroid gland plays a key role in helping your metabolism burn calories and control your appetite. To do its job, your thyroid needs healthy levels of iodine.”

True enough. But unless you’re deficient—most Americans aren’t—getting more iodine won’t boost your metabolism.

■ Water. Drinking more than usual before meals may “help you take in fewer calories.” But does it “boost calorie burning if you’re obese” or “help your body burn fat,” as WebMD claims? Nope. (Water only helps your body burn fat if it “helps you take in fewer calories.”)

■ Ginger. “One study found that drinking a hot ginger drink with breakfast lowered feelings of hunger and had a strong thermogenic (calorie-burning) effect.”

Strong? The thermogenic effect was barely significant. And researchers never followed up on this 2012 pilot study on just 10 men.

■ Legumes. Beans are indeed rich in fiber. But no, the fiber doesn’t make “your metabolism work harder to digest them.”

■ Avoiding sugar-sweetened drinks. Yes, they have “lots of calories.” But there’s no good evidence that they “negatively impact your metabolism beyond the ‘calories in, calories out’ rule.”

Bottom Line: Want to boost your metabolism? Move more.

Dietary supplements can be a great way to get sufficient amounts of essential vitamins and minerals in order to really start to see a difference in your energy as you work through the day,” says the “Eat This, Not That!” website. The list includes:

■ Probiotics. “If your gut health is out of whack, your energy levels may take a dive.”

If you were expecting good evidence that probiotics make people feel more energetic, it’s not here. Even the evidence that most probiotics improve gut health is weak (see Nov. 2021, p. 8).

■ Vitamin B-12. It “helps our cells convert the food we eat into energy, and when we are deficient we tend to feel weak, tired, and lightheaded,” says one dietitian quoted by EatThis.

Another notes that a B-12 deficiency can cause anemia. “Here’s the kicker,” says EatThis. “This form of anemia causes low energy and fatigue.”

News flash: Any anemia causes low energy and fatigue, because your red blood cells aren’t carrying enough oxygen to the rest of your body. That’s largely why “we tend to feel weak, tired, and lightheaded.”

■ Ashwagandha. “Ashwagandha naturally reduces cortisol levels, especially those elevated due to ongoing and uncontrolled stress. Improving mental fatigue and stress can lead to improvements in overall energy.”

Ah, so there’s no good evidence that ashwagandha makes people feel more energetic? As it turns out, the evidence that it reduces stress isn’t solid, either (see Jan./Feb. 2022, p. 10).

■ Protein powder. A protein powder one dietitian recommends is “rich in vitamin B, and we know how essential that is to maintain our energy,” says EatThis.

Here’s what we really know: There are eight B vitamins, not one. And while some help release energy from food, that’s not the same as making you feel energetic.

Bottom Line: Tired? Get enough food, sleep, and exercise. 😊
Quick Studies
A snapshot of the latest research on diet, exercise, and more.

A Pain in the Knee

Can an online exercise program curb arthritis knee pain?

Researchers randomly assigned 105 people with knee arthritis either to usual care or to use an online exercise app designed to boost leg strength, core stability, and balance—for example, with sit-to-stand and stair-climbing exercises. The app uses emails, phone notifications, or calls or chats with a physical therapist to keep participants challenged and engaged.

After six weeks, the exercise group reported less knee pain and stiffness and better function—and improved more on the sit-to-stand and timed up-and-go tests—than participants assigned to usual care.

What to do: To learn more about the app—it’s not currently available in all states—go to JointAcademy.com. The app costs $89 per month (Joint Academy provided it for free to study participants), but Medicare and some insurance plans may cover some or all of the cost.


Diabetes Risk: Genes and Diet Matter

Does a healthy diet curb your risk of type 2 diabetes, even if your genetic risk is high?

Researchers analyzed DNA to create genetic risk scores for diabetes in 35,759 nurses and health professionals. Then the scientists calculated each person’s diet score over 26 to 30 years, giving points for higher intakes of foods like fruits, vegetables, whole grains, nuts, and beans and for lower intakes of foods like red and processed meats, sugary drinks, and fruit juice.

The results: Within any genetic risk category—high, medium, or low—people with the best diet scores had about a 30 percent lower risk of type 2 diabetes than those with the worst scores.

What to do: Aim for a healthy diet even if you have a family history of type 2 diabetes. This type of study can’t prove that diet can lower your risk—because something else about people who eat well may lower risk—but it’s a good bet.


No Food After 4?

Eating during fewer hours of the day isn’t likely to help you lose extra pounds.

Scientists randomly assigned 139 people with obesity to eat only between 8 a.m. and 4 p.m. and cut calories or to just cut calories. (The men aimed for 1,500 to 1,800—and the women aimed for 1,200 to 1,500—calories a day.)

After a year, the 8-to-4 group lost no more weight than the calories-only group.

In a similar study, researchers randomly assigned 81 people with excess weight to eat only during 10 hours of the day (starting within 3 hours of waking) and cut their calories by about a third or to only cut calories by a third. After 39 weeks, the 10-hour group lost no more weight than the calories-only group.

Neither study saw differences between groups in measures like blood sugar, blood cholesterol, or blood pressure.

What to do: Don’t expect eating over fewer hours to lead to more weight loss than cutting calories alone, but if no food after 4 (or 6 or 8) p.m. helps you cut calories, go for it.


Don’t Stop Walking

Many people with peripheral artery disease avoid walking because it may cause pain. But patients who had two in-person sessions and two phone sessions with physical therapists to encourage walking over three months walked 18 yards farther over 6 minutes than those who got usual care.

What to do: Got PAD? Walking helps. Look for a program with a goal of walking at least 30 to 45 minutes at least three days a week.

We’ve all been there. A bit too much yard work, lifting, or who-knows-what, and you’re hunched over with pain in your lower back. In most cases, the pain goes away quickly. But sometimes it lingers, often without a cause that anyone can pinpoint. Here's what to know about back pain.

Q: What causes low back pain?
A: Sometimes people can identify something specific that they’ve done that set it off: they’ve moved in a particular way and get a sudden onset of pain. There are other rare issues—especially in older adults—like certain types of cancer. But in one study of 699 people over age 55 who were seeing their doctor for low back pain, cancer was the cause in just four cases. So you can’t assume that cancer is the cause of your pain.

Vertebral fractures due to osteoporosis are another cause. In the same study, 33 older adults—mainly women—had a vertebral fracture.

Q: What’s the most common cause?
A: That’s one of the mysteries. More than 90 percent of the time, we don’t find a cause. We call it non-specific low back pain. Even if you can identify an initial trigger, by the time you’ve got chronic back pain—that is, pain that’s lasted at least three months—the injury will have long healed. So there isn’t something in the back that we can identify that actually causes the pain.

Q: Can an MRI or other imaging identify the cause?
A: Almost never. The only time to do imaging is if you think there’s a specific disorder that needs to be treated—for example, if you think somebody might have cancer, an infection, or a fracture. Or if they have sciatica, which is pain going down the leg caused by a bulging disc pressing on the nerve root, which is sometimes treated with surgery.

But for the vast majority of people with non-specific back pain, there is no role for imaging. In fact, there’s some evidence that imaging makes people worse.

Q: Can surgery relieve back pain?
A: No. Only a very small number of people with chronic back pain have problems that would justify surgery. And it’s not clear that surgery improves the outcome. It’s possible that surgery makes problems worse, which is why they recommend people try non-invasive options before surgery.

Q: What harm does back pain cause?
A: It’s the leading cause of disability worldwide. For people of working age, it can interfere with their ability to work, which dramatically reduces their income. In older adults, it may also lead to social isolation, and it increases the risk of falling. And older people with low back pain are more likely to report poor sleep and mental health problems like depression.
Q: How so?
A: As we get older, there’s wear and tear on the spine. So if you have an MRI, there’s a good chance of seeing something abnormal that isn’t related to the pain.

A review of 12 studies in people aged 50 or under found that one in three people without back pain had disc degeneration. That went up to one in two people with back pain.

Disc degeneration is much more common in older people, but low back pain is only slightly more common. So for some older people who have back pain and get an MRI, disc degeneration might be the cause. But then again, it’s probably not.

Q: And that has downsides?
A: Yes. When your MRI report shows that you have a degenerative or a bulging disc or something similar, you may think you need to protect your spine, so you become less active.

But the spine is strong. Unless you have an unstable fracture, your spine doesn’t need protecting.

And there is some evidence that imaging makes people more likely to have unnecessary surgery.

Q: Does back pain diminish for most people?
A: The vast majority of acute back pain gets substantially better over a few weeks, though people who have one bout are more likely to have another.

The natural course of chronic back pain is that it waxes and wanes. But when we look at randomized trials and observational studies of what happens to people, we see that, on average, they get better. The pain may not go away, but it does improve for most.

Surgery and Shots

Q: Can surgery relieve back pain?
A: In some cases, yes. For example, for people with a bulging disc that is causing sciatica, surgery may help, but probably only in the sense that it speeds up recovery. If you wait long enough, sciatica often improves just as much on its own.

And there’s a well-recognized concept of failed back surgery. Many people have continuing problems and end up either in specialist pain services or having further back surgery.

It’s a cycle of more pain, more treatment, more surgery. And their problems might be a consequence of the initial surgery.

Q: Why do doctors sometimes give back-pain patients steroid shots?
A: Those can be used in the facet joints, which connect the vertebrae. If you’ve got wear-and-tear arthritis in those joints, you can see the logic for using injections, just as we use steroid injections to reduce arthritis inflammation elsewhere in the body.

But we don’t have a reliable way of identifying people who have facet joint pain, much less which joint the pain is coming from.

Q: Can steroid injections help?
A: The evidence is extremely weak. If injections do work, they typically only have a short-term effect. They aren’t recommended by the organizations that develop guidelines for back pain.

Medication

Q: Can over-the-counter pain medications curb back pain?
A: We have good-quality evidence that acetaminophen—or Tylenol—is not effective for back pain.

You could use non-steroidal anti-inflammatory drugs like ibuprofen or naproxen, which give a bit of relief, though it’s not substantial. Unfortunately, it’s unwise for older people to take NSAIDs because they can cause bleeding in the stomach and can increase blood pressure.

Q: Do muscle relaxants help?
A: They may have a small benefit for people with acute—but not chronic—low back pain. But they should be avoided in older adults because they can cause dizziness and drowsiness.

Q: Should people avoid opioids?
A: Yes. A few years ago, an analysis that pooled data from 13 randomized trials found that opioids had a small, but likely unimportant, benefit. In three studies that compared opioids to non-opioids, the non-opioid drugs reduced pain slightly more. And people taking opioids were more than twice as likely to have serious harms compared to those taking placebos.

Given the substantial risk of addiction, overdose, and death with opioids, they should very rarely be prescribed.

Q: Can other medications help?
A: There is some evidence that antidepressants can have some small benefit for some people, but antidepressants can make you drowsy and more likely to fall, which is a concern for older people.

The bottom line is, don’t use drugs for back pain in older people, except in very specific circumstances. For example, some doctors may use opioids as a last resort, at the lowest possible dose for the shortest period of time.
Q: What’s your advice for people with back pain?
A: Don’t become inactive. Years and years ago, doctors used to tell people with back pain to rest. Now we know that if you rest, you rapidly lose strength in your muscles and ligaments, which in turn makes the back pain worse.

Keep yourself as active as you can within the limits of the pain. You won’t do any horrible damage by exercising within your pain limits.

Q: How effective is exercise at easing back pain?
A: There are literally hundreds of trials of exercise for back pain. Overall, they show a small average effect. But exercise has wider health benefits than just improving your back.

Q: Are some types of exercise better than others?
A: There is evidence that aerobic exercise, strength training, and mind-body exercises like yoga can all help a bit, with none having a clear advantage over another.

But exercise can come across as very structured. If you don’t like formal exercise sessions, aim for more physical activity in general. Walk rather than drive. Play with your kids or grandkids. Find activities that you enjoy. That way, you’re more likely to continue doing them. That matters more than doing a specific type of exercise.

Q: Can spinal manipulation help?
A: Spinal manipulation involves high-velocity thrusts to joints of the spine. It’s usually performed by an osteopathic doctor, a physical therapist, or a chiropractor.

Studies show that it has a small average benefit when compared with usual care. But we don’t have as much research on spinal manipulation in older adults as we do in younger people.

Q: How about acupuncture?
A: It depends on how you interpret the evidence. If you compare acupuncture to not doing anything, it does have some reasonable benefit. But when you compare it to a placebo acupuncture, the effect of acupuncture is trivial and not worthwhile.

Q: What is a placebo for acupuncture?
A: That’s where the needles aren’t placed in the right spot or they don’t go in far enough, but your brain is getting the signal that you’ve received acupuncture.

Q: Why the difference?
A: Some might say that patients improve in studies that compare acupuncture to nothing because it’s a placebo response—that is, people feel better because they expect to. But I think it’s more than a placebo.

If you talk to people with back pain, many report that doctors don’t take them seriously. But when they go to see an acupuncturist, they may feel as if they’ve been listened to and they may have received a more detailed examination.

The same logic may also explain the benefits seen with spinal manipulation and perhaps physical therapy. And even if acupuncture is a placebo, it is safer than some of the other treatments used for low back pain.

Q: What about cognitive behavioral therapy, or CBT?
A: You’ve probably gotten familiar with the refrain: It also has a small average effect.

The cognitive approaches are not about getting rid of your pain. They’re about helping you to live better with your pain. If you can cope with your pain, you may have less disability, and you can get on with your life.

A recent analysis that looked at nearly 100 randomized trials found that CBT seemed to work best for back pain if you combined it with exercise.

Q: So there’s no one fix?
A: No. This is a phenomenally big problem. Some people’s lives get absolutely dominated by back pain.

For each therapy, some people get a benefit, but a lot don’t. So none of them is the singular solution.

But as an individual, you can set a goal of substantial improvement, keeping in mind that back pain typically improves over time. And the treatments that you try are likely to give you a small additional lift.

Try different approaches to see what works for you. Just don’t let the pain stop you from getting on with your life.
**HOT TIPS**
How to keep food safe

**BY LINDSAY MOYER**

Who doesn’t love summer’s outdoor feasts? Maybe you, if a case of food poisoning strikes. Here’s how to avoid some common hot-weather pitfalls, especially if you’re at high risk—you’re over 65 or under 5, pregnant, or have a weakened immune system.

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**Picnics & Parties**

- **Stay cool.** Don’t leave perishable foods unrefrigerated (or out of a cooler) for more than two hours ...or one hour if it’s above 90°F.
- **All prepared foods matter.** Heard that only mayo-based salads are at risk if they sit out too long? That’s a myth. It’s also salads of all kinds, cut fruit, cheese, meat, leftovers, etc.
- **Rinse, then cut.** Before cutting, rinse fruits and vegetables under running water, even if you don’t plan to eat their peel or rind (like melons). Why? A knife can transfer pathogens from rind to flesh. Use a produce brush to scrub melon, avocado, and other firm fruits or vegetables.
- **Cook that seafood.** Raw oysters or other shellfish can harbor *Vibrio*, which typically causes diarrhea and vomiting. Though rare, severe infections can be deadly. Having a seafood boil? Throw out shellfish like clams or mussels that don’t open during cooking.

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**Grilling**

- **Thaw and marinate meat in the fridge.** As you grill, don’t brush with used marinade, which has been contaminated by the raw meat.
- **Start fresh.** Don’t serve grilled meat on the plate you used when it was raw.
- **Does that look done?** Who can tell! Use an instant-read thermometer to make sure the thickest parts reach:
  - 165°F for chicken & turkey (ground or parts)
  - 160°F for ground beef, pork, & lamb (including burgers)
  - 145°F for beef, pork, & lamb steaks and chops (then let them rest for at least 3 minutes)
  - 145°F for fish (or until the flesh is opaque and separates easily with a fork)

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**Camping & Backpacking**

- **Separate.** Bring one reusable bag for meat, poultry, and eggs and another for produce or other foods. (Wash your bags often—ideally, after each use.) Pack perishables in an insulated cooler bag.
- **Make sure milk, juice, or cider is pasteurized.** The process kills harmful germs like *Campylobacter* and *E. coli* that can contaminate raw milk or unpasteurized juice or cider.
- **Do a cold check.** Only buy meat, eggs, and prepared foods that were kept in closed coolers with ice.
- **Can it?** For the USDA’s Complete Guide to Home Canning, go to nchfp.uga.edu/publications/publications_usda.html.

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- **Don’t drink untreated water from rivers, etc.** Ditto for washing hands or dishes. If you can’t bring enough water with you, boil it for at least 1 minute, then let cool. Most water treatment methods remove or kill bacteria. What about viruses or parasites? See cdc.gov/healthywater/drinking/travel/backcountry_water_treatment.html.
- **Pack your cooler safely.** That means plenty of ice. And double-bag raw meat in zipper bags so it won’t leak.
- **Hand washing with soap beats sanitizer.** That’s especially true if your hands are visibly dirty. In a pinch, alcohol-based hand sanitizers fight most germs, but they’re not a good bet for bugs like *Cryptosporidium* or *norovirus.*
Did Someone Say Satay?

No grill? You can sauté (sans skewers) this simplified version of the classic Southeast Asian grilled-meat dish in a cast iron skillet over medium-high heat for 3–5 minutes. To make it easy to cut the raw chicken into strips, freeze for 15–20 minutes before cutting.

Chicken Satay

1 Tbs. + 1 Tbs. neutral-tasting oil (grapeseed, safflower, or sunflower)
1 clove garlic, chopped
1 red chili pepper, chopped
1 small onion, chopped
1 ½-inch piece ginger, chopped
4 dried apricots
1 Tbs. + 1 Tbs. reduced-sodium soy sauce
1 Tbs. fresh lime juice
½ cup roasted salted peanuts
1 tsp. ground coriander or cumin
1 tsp. smoked paprika
1¼ lbs. boneless, skinless chicken breasts or thighs

1 Make the Peanut Sauce: In a small pan over medium-high heat, heat 1 Tbs. oil with the garlic, chili, onion, and ginger. Cook, stirring often, until softened and lightly browned, 5–7 minutes. Let cool. In a blender, combine the mixture with the apricots, 1 Tbs. soy sauce, lime juice, peanuts, and ½ cup water. Purée until smooth.

2 In a medium bowl, whisk together the remaining 1 Tbs. oil and 1 Tbs. soy sauce with the coriander and paprika. Cut the chicken into ½-inch-wide strips, add it to the oil-soy mixture, and turn to coat. Thread onto 8 skewers.

3 Grill the skewers over medium heat until lightly marked and cooked through, 7–10 minutes, turning 2–3 times. Serve with the Peanut Sauce.

MAKES 8 SKEWERS

PER SERVING (1 skewer + 2 Tbs. sauce): calories 170 | total fat 9 g | sat fat 1.5 g | carbs 4 g | fiber 1 g | total sugar 2 g | added sugar 0 g | protein 19 g | sodium 200 mg

For more skewers
Go to cspinet.org/TheHealthyCook

FOR COOKING ADVICE
Write to Chef Kate at healthycook@cspinet.org
It's not always clear if ice creams are getting better for us... or just better at marketing. Should you go for a keto, plant-based, or protein-packed pint? Or pick one that adds olive oil, fruit, nuts, or fiber? Rule No. 1: Don’t confuse ice cream with health food. That said, you can scoop up a fabulous frozen treat without heading into Häagen-Dazs territory. Read on.

**What to Look For**

Our criteria for Better Bites, per ¾-cup serving:

- **Saturated fat.** No more than 4 grams. That’s 20 percent of a day’s max, but it sure beats the 10 to 18 grams in a regular Ben & Jerry’s or Häagen-Dazs.
- **Added sugar.** No more than 4 teaspoons (17 grams). That’s also high. It’s why we have Better (not Best) Bites. Why didn’t we set the bar even lower? For ice cream, 4 tsp. is realistic. Most regular ice creams have more.
- **Calories.** No more than 200. Why limit calories, not just sugar? Some frozen desserts tack on calories from fruit juice, which labels don’t count as “added sugars.” Others add tapioca syrup. Only some of tapioca’s refined carbs are sugars, but they’re all empty calories. And ice cream is high in calories per bite, so it’s easy to overdo it.
- **Low-calorie sweeteners.** No acesulfame potassium or sucralose. Those sweeteners are rated “avoid” by CSPI’s [chemicalcuisine.org](http://chemicalcuisine.org). We didn’t disqualify items with allulose, erythritol (or other sugar alcohols), or monk fruit or stevia extract.

**See the Light**

Don’t love the taste or texture of the Halo Top crowd? Pick a light ice cream that skips the low-cal sweeteners altogether. Two good bets:

- **Dreyer’s or Edy’s Slow Churned.** Choose from more than a dozen creamy Better Bites. Most have just 130 to 150 calories per serving, so they’re closing in on Halo Top, whose dairy varieties range from 90 to 120 calories.

- **Breyers.** There’s no “light” line, so without checking the Nutrition Facts label (or our chart) it’s not easy to tell which are typical ice creams and which dip into Better Bite territory.

Both brands go easy on your pocketbook. A 1½-quart tub of Edy’s, Dreyer’s, or Breyers (nine servings) sells for about the same price as a petite pint of Halo Top (three servings).

Of course, scooping from a larger tub may make it trickier to size up a single ¾-cup serving. Try spooning into a small dish—a teacup or ramekin, say—instead of an ordinary bowl.

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**Health Halo?**

Halo Top, Enlightened Light, and lookalikes add less cream and sugar, plus a few extra grams of protein. The payoff: Lots of Better Bites that slash added sugar to roughly 1 tsp. per serving and shave a quarter of the calories off a “light” ice cream. Worth it? You decide:

- **Taste.** If your taste buds detect an aftertaste from stevia or monk fruit, Halo or Enlightened might disappoint.
- **Texture.** Love ice cream that’s jam-packed with mix-ins? Lower-calorie pints may seem stingy. Think cookie specks, not chunks, in Halo Top Cookies & Cream.
- **The whole pint?** “Whether it’s a few bites or the whole pint, now everyone can feel good about eating ice cream,” says Halo Top’s website. But any pint packed with processed fibers like soluble corn fiber or inulin (aka chicory root) or Enlightened’s allulose may not feel good to your GI tract if you’re sensitive to them. Take Halo Top Dairy Free Chocolate Chip Cookie Dough. A pint has 19 grams of fiber, largely from inulin, a known gas generator. (Halo’s dairy varieties add less inulin.)
- **Keto.** Keto versions add no sugar but have more cream, saturated fat, and calories. Why bother?
Alas, a serving of most dairy-frees has enough coconut milk or oil to bump up the saturated fat to at least 8 to 10 grams (40 to 50 percent of a day's worth), so skipping dairy's cream doesn't do your heart any favors. (Exception: A handful of mostly lower-calorie dairy-frees are Better Bites. See “Health Halo?” p. 13.)

Here's a rundown of what else plant-based brands are churning into their frozen desserts:

- **Oats.** Oatly nails an ultra-creamy mouthfeel (as it does with its oatmilk). Competitor Planet Oat, on the other hand, is a tad icy.

- **Cashews.** Too bad creamy So Delicious Cashewmilk frozen desserts get their fat not just from nuts, but also from plenty of coconut oil. At least a couple of flavors—Very Vanilla and Snickerdoodle—have less saturated fat (5 or 6 grams) than most.

- **Olive oil.** Kudos to Wildgood for replacing coconut oil with olive oil. That makes it low enough in saturated fat (though not in sugar) for a Better Bite. You'll love the super smooth, rich texture.

### Animal-Free

**Brave Robot** “animal-free” ice cream “contains milk allergen,” notes the label. Ditto for Nick's “Vegan” Frozen Dessert. How can that be?

Both are made with whey (milk protein) from genetically engineered fungi. (Cow or no cow, the milk protein is still an allergen.) Both are free of lactose (milk sugar), though.

Too bad Nick's texture is a little icy, maybe because it has no added sugar. Brave Robot is creamy and tasty, well, like super-premium ice cream. Sadly, it's got enough saturated fat (12 to 15 grams) from coconut oil to match.

### Lactose-Free

**Every Fairlife is light and lactose-free.**

Got lactose intolerance? Finding dairy ice cream with no lactose is simple. (Companies add lactase enzyme to break it down.) Too bad most lactose-frees, like Beckon and Lactaid, are full-fat.

Instead, look for Breyers Lactose Free Vanilla or Chocolate. Both are light ice creams. Or try Fairlife. Most are Better Bites or just miss.

### Fruit Sorbet

Most fruit sorbets miss a Better Bite by a mile. Saturated fat isn’t the issue (they’ve got none). It’s added sugar.

Among the highest: Häagen-Dazs Mango Sorbet adds more sugar (9½ teaspoons per ³⁄₄-cup serving) than mango. You’re better off with the 6 tsp. (and 160 calories) in Talenti Alphonso Mango Sorbetto. And Talenti’s taste is so intense—mango’s the first ingredient—that you might even be satisfied with a smaller serving.

Halo Top’s fruit sorbets add soluble corn fiber, erythritol, and stevia to drop the added sugar to 3 tsp. and the calories to 90-ish. That creates a fluffier texture and less real-fruit flavor. (The “Made with real fruit” on the labels means purée and juice.)

### Frozen Yogurt

Years ago, frozen yogurt was a standby in the freezer case. Now, the category is getting smaller...and richer, and Better Bites aren’t so easy to come by.

Take newbie Noosa Frozen Yoghurt Gelato, which is made with skim milk, whole-milk yogurt, and cream. That means its saturated fat (6 to 9 grams per serving), calories (220 to 290), and protein (just 4 or 5 grams) are a far cry from what you’d get in, well, yogurt. In fairness to Noosa, the label does call it “decadent.”

A nice surprise: Ben & Jerry's Cherry Garcia FroYo has the super-premium brand’s classic dense texture, yet only a quarter of the sat fat of its Cherry Garcia Ice Cream. And it misses a Better Bite by just 30 calories and 1 teaspoon of added sugar. The brand’s other FroYo (Half Baked) goes over by 1½ tsp. How about a few more like those, Ben & Jerry? 😊
Cream of the Crop

Better Bites (✔) have no more than 200 calories, 4 grams of saturated fat, and 4 teaspoons of added sugar in a ⅔-cup serving, and are free of acesulfame potassium and sucralse. Products are ranked from least to most saturated fat, then added sugar, then calories. (We listed protein to show how brands vary, but you don’t need to shoot for more in frozen desserts. Most people get plenty from other foods.)

<table>
<thead>
<tr>
<th>Dairy Ice Cream &amp; Gelato (⅔ cup)</th>
<th>Calories</th>
<th>Saturated Fat (g)</th>
<th>Added Sugar (tsp.)</th>
<th>Protein (g)</th>
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<tbody>
<tr>
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</table>

✔ Better Bite. (Better Bites refer to sat fat, sugar, etc., not taste.)

¹ Average of the entire line or the varieties listed.
² Contains acesulfame potassium and sucralse.


Source: company information. Nutrition facts and ingredients can change; check the label before you buy. The use of information from this article for commercial purposes is strictly prohibited without written permission from CSPI.
What makes strawberries stupendous? It’s not just that they’re an irresistibly sweet treat. Or that each cup is a good source of fiber and packs nearly a full day’s vitamin C.

Strawberries are also 90 percent water, so their calorie density is low, even compared to most other fruits (see Apr. 2021, p. 3).

That explains why a pound of them delivers just 150 calories. That works out to about 50 calories per cup. There’s no better way to bulk up yogurt, cereal, or even ice cream. (Don’t expect much fruit in any of them, even if the label says “made with real strawberries.”)

Those perks apply no matter the month. But June is when petite, bright red, super-sweet strawberries grown closer to home start popping up at the market (unless, of course, you’re lucky enough to live in California or Florida).

Bought more in-season beauties than you can snack your way through before they go bad? Don’t forget:

- **Savory salads.** Toss sliced berries with baby spinach, goat cheese or pecans, and balsamic dressing. Or try The Healthy Cook’s Dish of the Month.

- **The freezer.** Rinse, let dry, de-stem, and slice. Freeze in a single layer on a sheet pan lined with parchment paper until firm, then transfer to a freezer bag...and enjoy those strawberry yields forever.

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“Champagne? Nope. Premium beer? Wrong again. Try Nitro Pepsi, “the first-ever nitrogen-infused cola.” It’s “all made possible by a unique widget technology placed at the bottom of every can,” explains Pepsi. “It’s more than just a cola, it’s an experience.” More, indeed. Nitro Draft Cola and Nitro Vanilla Draft Cola only come in 13.65 oz. cans, not your typical 12 oz. soda cans. And ounce for ounce, Nitro has about 32 percent more sugar (from high-fructose corn syrup) than regular Pepsi.

So instead of the 10 teaspoons (41 grams) of added sugar in a 12 oz. can of Pepsi, you get 15 teaspoons (62 or 63 grams) in a larger can of Nitro.

And you get 230 (empty) liquid calories—more than a regular Pepsi’s 150—that don’t curb your appetite like calories from solid food do.

Nitro also has 77 milligrams of caffeine per can, twice the 38 mg in a 12 oz. Pepsi.

“PepsiCo is committed to developing a portfolio of choices to respond to consumer demands related to health and wellness,” says the company’s [website](https://www.pepsi.com), adding that “The World Health Organization recommends people consume no more than 25 grams of free sugars per day.”

So just one regular or Nitro Pepsi puts you way over the WHO’s limit? Oops.