Controversies that Won’t Quit

Clearing up food allergies

Underrated & OVERRATED FOODS

What Americans eat a snapshot
I used to think of the supermarket as a nutritionally neutral space, where customers could buy everything from carrots to candy and shelf space was allotted according to consumer demand. But it turns out that, at grocery stores, not all foods are equal.

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

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

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

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

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

That’s why we—the Center for Science in the Public Interest, Nutrition Action’s publisher—launched our Healthy Retail Initiative in 2015. Among our successes: CVS now dedicates 25 percent of its checkout area to healthier items and Aldi has removed candy from the checkout aisles with healthier options, and removed sugary items from shoppers’ line of sight in the cereal aisle.

Among the items on our to-do list:

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

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

Our past wins— to improve school food, require calorie labeling at chain restaurants, and ban artificial trans fat— took time. So will our push to get grocery stores to stop undermining people’s intentions to eat well.

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

**Correction**

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

**M E M O**

**RETHINKING RETAIL**

Stores keep nudging you to buy soda, not broccoli or berries.
Supplements can prevent depression?
“Helps support emotional health,” promises the Country Life Omega 3 Mood label.

“Support” claims are rarely backed by good evidence.

“Nicknamed the ‘sunshine vitamin,’ vitamin D helps to elevate your mood,” claims BrainMD by Dr. Amen, MD.

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

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

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

Visser and her team randomly assigned 1,025 overweight or obese adults to take either the supplement or a placebo every day. All had depressive symptoms but had not been diagnosed with full clinical depression.

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

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

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

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

Low-carb diets boost metabolism?
“The case against carbohydrates gets stronger,” declared an op-ed in the Los Angeles Times in November.

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

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

“After that, we randomly assigned them to eat exclusively one of three diets, containing either 20%, 40% or 60% carbohydrates. For the next five months, we made sure they didn’t gain or lose any more weight, adjusting how much food they received, but keeping the ratio of carbohydrates constant.”

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

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

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

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

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

It’s not clear that you burn more calories on a low-carb diet, as some studies claim.
and Digestive and Kidney Diseases.

“Was that significantly different between the diets in the study? No. Was physical activity different between the diets? No. Was efficiency of movement different? No. “So what is this mysterious thing that would explain the extra calorie burning in the low-carb dieters that the study reported?”

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

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

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

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

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

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

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

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### Cinnamon lowers blood sugar?

“Helps promote sugar metabolism,” says Trunature Advanced Strength CinSulin, a water extract of cinnamon. “Supports healthy blood glucose levels (within the normal range).”

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

“Water extract of cinnamon has been studied in six human clinical trials and a meta-analysis to prove its effectiveness and safety,” says CinSulin’s [website](https://www.cinsulin.com).

Sounds impressive. Yet in 2012, a rigorous Cochrane Collaboration meta-analysis of randomized trials found that cinnamon had no clear effect on blood sugar.

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

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

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

What’s more, the researchers don’t say how many of the 36 participants who dropped out had to start taking insulin because of sky-high blood sugar levels or even how many people were taking medications (other than insulin) when the study started.

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

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

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### Low-glycemic carbs are healthier?

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

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

- **High GI:** glucose (100), potatoes (80), whole-grain or white bread (75), white or brown rice (70), table sugar (65), soda (60).
- **Low GI:** white or whole-grain pasta (50), bananas (50), oranges (45), apples (35), lentils (30), chickpeas (30), kidney beans (25), fructose (15).

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

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

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

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

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

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**Helps promote sugar metabolism,** says Trunature Advanced Whole grains, beans, fruits, and vegetables are healthy carbs, whether their glycemic index is high or low.
and high or low in carbs.10 High or low in glycemic index each, healthy diets that were people were fed, for five weeks roughly 160 overweight individuals in the study started.9

In his OmniCarb study, Chan School of Public Health.7

And how much your blood sugar climbs after a meal depends on what else you eat.9 “Fattier foods—like meat, cheese, oil, or mayo—could lower the glycemic index of a meal, possibly because a meal with more fat takes longer to leave the stomach,” says Sacks. So its carbohydrates take longer to be absorbed into the bloodstream.”

How Statins Work

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

And blood sugar levels may vary from person to person, depending on their gut microbes.11 “We know how to put together healthy diets,” says Sacks. “We know that more fruits, vegetables, and beans are protective for cardiovascular disease, diabetes, and some cancers. Would the glycemic index help us do that better? I don’t think so. It’s imperfect, and it’s a distraction.”

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

5 Statins are very risky?

Cancer. Cataracts. Confusion. Forgetfulness. Erectile dysfunction. Nerve damage. Tendonitis. Those are just some of the harms that people attribute to statins, which one in 10,000 statin takers,22 have creatine kinase levels—a measure of muscle breakdown—more than 40 times higher than normal. (Most people who report muscle aches have no significant increase in creatine kinase.)

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

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

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

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

**Diabetes.** The risk of type 2 diabetes rises when people go on statins, but the disease doesn’t come out of the blue. “I am not aware anywhere in the literature of somebody with perfectly normal blood sugar—let’s say 90—who went on a statin and all of a sudden became diabetic,” says Miller.
Instead, statins may push people with prediabetes over the line to diabetes, which is a fasting blood sugar over 125. “On average, fasting blood sugar levels go up somewhere between two to five points in people on statins,” says Miller. “So people who have a fasting blood sugar of 122 may go on a statin and, lo and behold, their blood sugar is 126 or 127.” That’s no reason to avoid statins. “Statins not only lower the risk of cardiovascular events in people with diabetes,” says Miller, “they also reduce the risk of some of the microvascular complications in diabetes, like blood vessel damage in the eyes. “So we don’t want to throw the baby out with the bathwater by saying ‘Don’t take a statin if you’re at high risk for diabetes.’” Nevertheless, Miller doesn’t dismiss his patients’ concerns. “The customer is always right,” he says. “If a patient has side effects, I give them a statin holiday to see if the symptoms go away.” Then he might try a different statin or a different dose. “I’ve had a lot of success using alternate-day therapy using statins that have a long half-life. I have some patients on a Monday-Wednesday-Friday regimen.” Clearly, Miller would prefer his patients to lower their risk with diet and exercise. “If a patient has had a heart attack or stroke, or has peripheral artery disease, we really try to get them to go on a statin. But if somebody comes in with a mild elevation in LDL but no other risk factors, we try to get them to eat a good diet, increase their activity, and lose some weight if they’re overweight. Then they may not need a statin at all.” But overall, statins’ risk of harm—and cost—are lower.1

6 Prevagen for memory?

“As you get older, [your brain] naturally begins to change, causing a lack of sharpness or even trouble with recall,” says Prevagen’s TV ad. “In clinical trials, Prevagen has been shown to improve short-term memory.” Wow. And just look at that steadily rising arrow on the ad’s graph! (It shows the Prevagen takers’ scores on a recall test after 30 and 90 days.) Ads don’t lie, right? In January 2017, the Federal Trade Commission and the New York State Attorney General sued the maker of Prevagen for its misleading ads.14

“The marketers of Prevagen preyed on the fears of older consumers experiencing age-related memory loss,” said Jessica Rich, then-director of the FTC’s Bureau of Consumer Protection. “But one critical thing these marketers forgot is that their claims need to be backed up by real scientific evidence.” So what about that graph in the Prevagen ads?

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

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

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

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

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

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

So why is Prevagen still on the market …for a typical selling price of $40 to $90 for a 30-day supply? In September 2017, a federal judge dismissed the government’s lawsuit. But in February 2018, the FTC and New York State appealed. A year later, they won. That means the lawsuit continues. Meanwhile, the ads keep running and people keep buying Prevagen. From 2007 to 2015, Americans spent about $165 million worth of the supplement.

Sigh.

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

These snapshots of the typical American diet come from the U.S. Department of Agriculture’s estimates of what food companies and farmers produce. The take-home message: We could be doing far better.
Last June, Alexi Stafford, a 15-year-old with a peanut allergy, accidentally ate a cookie filled with mini peanut butter cups. Ninety minutes later, she died. Food is a minefield for people with severe allergies. Here’s what you may not know about how some foods can make the immune system go haywire.

**An allergy isn’t just any reaction to food.**

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

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

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

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

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

**Allergies don’t cause symptoms like fatigue.**

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

“Most people with IgE-based allergies develop symptoms within two hours of eating the food,” says Oriel.

**Many doctors don’t know how to diagnose allergies.**

Ever had a panel test, where a doctor uses skin pricks or blood samples to measure your IgE levels in response to a variety of foods?
children than in adults. While “most kids grow out of milk and egg allergies,” says Ciaccio, “a lot of people never grow out of peanut, tree nut, and shellfish allergies.”

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

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

“More than 1 in 10 U.S. adults has a food allergy, study finds,” ran the CNN.com headline in January.

That study based its estimates on oral food challenges, where a patient eats a food to see if they get symptoms. It’s the gold standard for diagnosing a food allergy. But they’re time consuming and they’re done only in clinics that can handle a severe allergic reaction.

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

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

4 Food allergies can start in adulthood.

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

Food allergies are more common in

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

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

That may be news to your doctor.

In a survey of 407 primary care physicians, 32 percent incorrectly believed that blood or skin prick tests alone were sufficient to diagnose a food allergy.

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

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

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

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

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6 The immune system can confuse food with pollen.

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

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

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

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

And many allergens that cause oral allergy syndrome are inactivated by heat. “I have patients who can’t eat a fresh apple, but apple pie or applesauce is fine,” says Oriel. “If the food is cooked or processed, they don’t have symptoms.”

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

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

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

What might explain the link? Lone star ticks inject alpha-gal—which they may get from feeding on animals or from their
“Do you ever feel like you may have certain symptoms related to foods, such as headaches, stomach pain, diarrhea, or fatigue?” asks EverlyWell, a company that sells dozens of at-home health tests online.

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

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

High levels of IgG (an antibody made by the immune system) may simply mean that you were exposed to a food. In fact, some research suggests that high IgG may mean that you can eat the food without harm.1

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

The test results can hurt people if it leads them to cut out too many foods. “We’ve had to put in I.V. feeds for patients who became overly restrictive and malnourished after following non-validated test results,” says Ciaccio.

Just what is a food intolerance or sensitivity?

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

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

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

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

Don’t waste your money on food intolerance tests.

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

Peanut allergy kills more people in the United States than allergies to any other food. And doctors didn’t know how to prevent peanut allergies...until the landmark LEAP study came out in 2015.4

Researchers had noticed that peanut allergies were ten times more common among Jewish children in the United Kingdom than in Israel.2 Could that be because UK parents typically didn’t feed peanut-based foods to babies until they were at least a year old, while Israeli parents fed peanut-based foods around seven months? To find out, scientists randomly assigned 640 UK infants (aged 4 to 10 months) who had a high risk for peanut allergy—because they had severe eczema, egg allergy, or both—to either eat or avoid peanuts until the age of five. The parents of the peanut eaters were told to give their children two grams of peanut protein—the amount in about two teaspoons of peanut butter—three times a week.

The results were startling: Among babies who ate peanut butter, 80 percent were not allergic to peanuts when they were 5 years old. In the group that avoided peanuts, only 3 percent were not allergic. The results went on to help upend allergy guidelines worldwide, and get millions of children who previously wouldn’t have been able to eat peanuts eating them safely. But questions remain. Why is earlier better? It may be safer. Perhaps the earlier you start feeding peanuts to a baby, the more your immune system can learn to “like” them, instead of making them allergic. Doctors are also concerned about the side effects on childhood obesity and diabetes—will feeding peanuts early instead of late cause these problems? We won’t know yet, but studies are under way.

“...you can eat the food with no harm.”1

“...patients bring in IgG test results...”

“...that dairy is giving you reflux...”

“...pull dairy out of your diet for a couple of weeks...”

“...also tell us that we need to...”

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

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

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

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

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

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

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

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

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

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

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

New therapies are on the way.

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

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

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

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

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

(AR101 is currently under review by the FDA.)

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

Food labels don’t guarantee safety.

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

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

If a packaged food contains one of the eight major food allergens as an ingredient, the label must list the common name of the allergen in the ingredient list—“whey (milk),” for example—or bear a statement like “Contains milk.” (The Center for Science in the Public Interest, Nutrition Action’s publisher, has asked the FDA to add sesame to the major-allergens list.)

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

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

Photo: BrightSideStock/Shutterstock.com, top; Jennifer Urban/CSPI, bottom.

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

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(AR101 is currently under review by the FDA.)

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

Food labels don’t guarantee safety.

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

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

If a packaged food contains one of the eight major food allergens as an ingredient, the label must list the common name of the allergen in the ingredient list—“whey (milk),” for example—or bear a statement like “Contains milk.” (The Center for Science in the Public Interest, Nutrition Action’s publisher, has asked the FDA to add sesame to the major-allergens list.)

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

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

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

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

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

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

New therapies are on the way.

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

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

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

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Diabetes? No Longer.

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

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

- **a formula diet** (shakes and soups) with 825 calories a day (for 12 to 20 weeks),
- **a gradual return** to foods (for 6 to 8 weeks), and
- **monthly counseling** to keep the weight off, and a “rescue plan” option—going back to a formula diet if they regained more than a few pounds.

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

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

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

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

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

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

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Whole Grains & Insulin

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

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

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

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

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

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A Walk in the Park?

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

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

After 3½ years, each daily hour of light activity (on the accelerometer) was linked to a 20 percent lower risk of a heart attack and a 10 percent lower risk of any cardiovascular event (like stroke, heart failure, or angioplasty). Though this kind of study can’t prove cause and effect, scientists did take factors like age, smoking, and illness into account.

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

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Photos: stock.adobe.com: Rido (top left), Arkadiusz Fajer (top right), Africa Studio (bottom).
Cook Once, Eat Twice

BY KATE SHERWOOD

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

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

Smokin’ Paprika Chicken

SERVES 3

½ tsp. smoked paprika
½ tsp. ground coriander
¼ tsp. kosher salt
¼ tsp. black pepper
1 tsp. Worcestershire sauce
2 Tbs. olive oil
3 6 oz. boneless, skinless chicken breasts

1. In a medium bowl, whisk together all the ingredients except the chicken. Add the chicken and turn to coat.

2. In a large non-stick pan, sauté the chicken over medium heat until cooked through, about 5-8 minutes, turning once.

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

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

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

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

Everything you’re supposed to have?

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

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

Green Juices


Oops! Forgot to mention the apple.

Daily Greens, for example, has more (nutrient-poor) apple juice than anything else. No wonder a 15 oz. bottle packs 150 calories, largely from 30 grams (7 teaspoons) of total sugars.

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

Granola

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

Too bad it doesn’t also promise honest labels. The package’s Nutrition Facts use the 1 oz. (¼-cup) serving size for snacks, not the 2 oz. (½-cup) serving for dense cereals.

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

And even a (still petite) ½ cup serving packs 280 calories and a quarter of a day’s added sugar. That’s typical for granola, which is calorie dense and often sugar laden.

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

Coconut Sugar

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

Coconut sugar and white sugar each starts with a liquid (coconut palm sap or sugar cane juice) that’s then boiled down to form crystals. Coconut sugar is brown because it skips white sugar’s final refining step. But would you call that unrefined? Hardly.

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

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

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

Veggie Chips

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

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

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

Even if veggie chips had enough pulverized greens to boost their nutrient levels, they wouldn’t be smart and wholesome. Smart is crunching on carrots, grape tomatoes, bell peppers, and other non-starchy fresh veggies that fill you up with few calories.
Lentils
Cheap. Quick. Nutritious. How could we resist?
A half cup of cooked lentils has 9 grams of protein and a hefty 8 grams of fiber, plus a good dose of magnesium, iron, potassium, zinc, and folate and other B vitamins. For just 120 calories, that’s a deal.
Like all dried beans and peas, lentils help lower LDL (“bad”) cholesterol. And, like other plant proteins, they carry a smaller environmental footprint than meat. But unlike most other dried beans, you don’t need to soak ‘em before cooking. Yes!!!
Toss black or French lentils—they hold their shape when cooked—into a salad, or use them to replace that starchy side on your plate.
Save (less-firm) brown lentils for soup or stew. And red lentils (the softest) have their skins removed, so they cook in just 10 to 15 minutes. Use them in a thick soup or curry. Or add them to packaged or takeout Indian lentil dishes to cut the salt.

Cabbage
A head of green cabbage can stay fresh in the fridge for weeks and gives you plenty of bang for your buck. Feeding a small army of friends? Green cabbage goes far.
Plus, you’ve got options. There’s also the vibrant purple-red cabbage or the more delicate Napa or savoy.
A cup of shredded raw cabbage is packed with vitamins C and K, and also delivers a decent dose of folate and fiber. For around 20 calories...and a whole lot of crunch...that’s hard to beat.
Slice some into thin ribbons—or grab a pre-shredded bag—and start bulkin’ up your meal. Use it raw for a salad or slaw that won’t wilt. Prefer cooked? Add it to stir-fries, soups, or fried rice. Mmm...

Salmon Pouches
Fillets get all the attention, but salmon pouches are also superstars.
First, inside is almost always wild salmon—pink or sockeys—that has often been sustainably caught (see seafoodwatch.org).
Second, fatty fish—like salmon—can help protect your heart. They’re rich in the omega-3 fats that may matter. You get 300 to 600 milligrams of EPA + DHA omega-3 fats in a 2½ oz. pouch. Bonus: you also get around 15 grams of protein and 50 to 75 percent of a day’s vitamin D (which is rare to find in foods).
Third, pouches are easy (no draining!). Simply mix with vegetables (celery, scallions, cherry tomatoes), fresh herbs (parsley or dill), and a light dressing (olive oil and fresh lemon juice). Serve on a salad or with whole-wheat toast or crackers.

Bulgur
Short on time? You can’t beat bulgur. Simply add boiling water, cover for 10 to 15 minutes, and drain. Ta-dah! (Coarser bulgur needs a longer soak, or a 10-minute simmer on the stovetop.)
Bulgur—dried wheat that’s steamed and cracked—isn’t just for tabbouleh. Sub it for the side of brown rice on your dinner plate, and you’ve doubled the fiber. Or cook it with raisins or other dried fruit and top with nuts for a new spin on hot cereal.
The whole-grain goods: a ¾-cup (cooked) serving has 6 grams of fiber, 10 percent of a day’s magnesium, and a decent dose of iron, zinc, and many B vitamins.
What’s more, stores like Whole Foods sell bulgur in bulk. Whether you’re trying to sidestep excess packaging waste or want to buy only what you need, it’s a find.

Pineapple
Pineapple is no slouch in the nutrient department. One cup has roughly 90 percent of a day’s vitamin C, 2 grams of fiber, and a smattering of potassium, magnesium, folate, and other B vitamins—all for only 80 calories.
But it’s not just about the numbers. Have you ever gotten a bad pineapple? You can count on irresistible, juicy fruit hiding underneath the prickly skin because pineapples are typically picked ripe. Just look for one with fresh-looking dark green leaves and a sweet smell.
Google “how to cut a pineapple” before you dig in. (Blending in a smoothie? Use frozen.) Then get chopping...and snacking. Or mix with tomato, white onion, jalapeño, and wine vinegar for a tropical salsa to top chicken, fish, or tofu.
You’ve probably walked right by them at the supermarket. On the outside, they look like any other kiwi. But on the inside, there’s yellow (not green) flesh, a smaller core, fewer seeds, and sweeter, less tangy fruit.

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

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

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

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

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

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

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

So go ahead. Go for the gold.

zesprikiwi.com—(949) 706-2284

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

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

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

Dunkin’ needs those extras to jam 840 calories, 22 grams of saturated fat (a day’s worth), and an estimated 27 teaspoons of added sugar (more than a two-day supply) into every large (32 oz.) cup. (That’s right. Restaurants now serve sugary caffeinated beverages by the quart.)

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

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

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

dunkindonuts.com—(800) 859-5339

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