

Nutrition *Action*

OCTOBER 2016 \$2.50

HEALTH LETTER®
CENTER FOR SCIENCE IN THE PUBLIC INTEREST

The **changing**
American
diet

THE BEST
DIPS

Are heartburn
drugs **safe?**

COLORECTAL CANCER

A disease on the decline

Thanks to efforts by Katie Couric and others, more than half of all adults now get screened. But that's not the only reason death rates have dropped.

MEMO FROM MFJ

Hold the Bacon, Ham, & Hot Dogs



Could things get any worse for the beleaguered meat industry? Over the years, we've learned that:

- red-meat eaters have a higher risk of heart disease,
- most farm animals are raised in miserable conditions, and
- the land, water, fertilizer, feed grains, and antibiotics used to raise cattle and pigs pollute our air and water and create greenhouse gases.

Then, a year ago, a report from the International Agency for Research on Cancer (IARC) [concluded](#) that red meat *probably* causes cancer in humans...and that processed meat *does* cause cancer (see cover story).

What's processed meat? Bacon, hot dogs, sausages, ham, and deli meats. Most are made from pork or beef. They are typically cured with sodium nitrite, salt, and sometimes smoke.

But don't be fooled by the "No Nitrates or Nitrites Added" that's in large print on packages of Wellshire Dry Rubbed Uncured Pork Bacon and other "uncured" meats.

How many people notice the tiny disclosure next to those words—"Except for those naturally occurring in sea salt and celery powder"? And how many realize that

naturally occurring nitrates or nitrites are no safer than added nitrates or nitrites?

It's not the companies' fault. The U.S. Department of Agriculture, which regulates meat and poultry labels, insists on those words.

IARC estimated that eating a modest 1½ oz. portion of processed meat per day increases the risk of cancer of the colon or rectum by 18 percent. And for years, the [World Cancer Research Fund](#) and the [American Cancer Society](#) have recommended avoiding

or cutting back on processed meats.

The IARC report led to a burst of publicity at first, but now I suspect that people are blithely eating their bacon, hot dogs, and ham again.

To remind people of the risk, the USDA should

require the labels of all processed meats to say "USDA Notice: Frequent consumption of processed meat and poultry may increase your risk of cancer. To protect your health, limit your consumption of those products."

And it's time for the USDA to make sure that labels don't deceive consumers into thinking that meats preserved with celery powder are safer than those preserved with nitrite.



"NO NITRATES OR NITRITES ADDED" to Wellshire Uncured Bacon. "Except for those naturally occurring in sea salt and celery powder," that is.

Michael F. Jacobson, Ph.D., President
[Center for Science in the Public Interest](#)

EDITORIAL

- Michael F. Jacobson, Ph.D.**
Executive Editor
- Bonnie Liebman, M.S.**
Director of Nutrition
- Stephen B. Schmidt**
Editor-in-Chief
- David Schardt**
Lindsay Moyer, M.S., RD
Senior Nutritionists
- Kate Sherwood**
Culinary Director
- Leah Ettman, M.S., M.P.H.**
Jennifer Urban, B.S.
Project Coordinators
- Jorge Bach**
Art Director

CIRCULATION MANAGEMENT

- Sheila Benjamin
- Debra Brink
- Louella Fennell
- Jennifer Green-Holmes
- Brian McMeley
- Chris Schmidt
- Ken Waldmiller

SCIENTIFIC ADVISORY BOARD

- Kelly D. Brownell, Ph.D.**
Duke University
- Caldwell B. Esselstyn Jr., M.D.**
Cleveland Clinic Foundation
- Stephen Havas, M.D., M.P.H., M.S.**
Northwestern University Medical School
- Norman M. Kaplan, M.D.**
*Southwestern Medical Center
University of Texas, Dallas*
- JoAnn E. Manson, M.D., Ph.D.**
Harvard Medical School
- Julie Mares, Ph.D.**
University of Wisconsin
- J. Glenn Morris, Jr., M.D., M.P.H.&T.M.**
*Emerging Pathogens Institute
University of Florida*
- Susan B. Roberts, Ph.D.**
*USDA Human Nutrition Research Center
on Aging, Tufts University*
- Frank Sacks, M.D.**
Harvard Medical School
- Jeremiah Stamler, M.D.**
Northwestern University Medical School
- Regina G. Ziegler, Ph.D., M.P.H.**
National Cancer Institute

Nutrition Action Healthletter (ISSN 0885-7792) is published 10 times a year (monthly except bi-monthly in Jan./Feb. and Jul./Aug.) by The Center for Science in the Public Interest (CSPI), 1220 L Street NW, #300, Washington, DC 20005. Periodicals postage paid at Washington, DC and additional mailing offices.

POSTMASTER: Send address changes to *Nutrition Action Healthletter*, 1220 L Street, NW, Suite 300, Washington, DC 20005.

SUBSCRIBER SERVICES

The cost of a one-year subscription or gift (10 issues) is \$24; two years are \$42. For bulk subscriptions, please write for details. To change your address, send us your subscriber number and your old and new address. If you don't want us to exchange your name, send us your name and mailing-label information.

Mail: CSPI, 1220 L Street NW, Suite 300, Washington, DC 20005
E-mail: circ@cspinet.org. Tel: (202) 777-8393
Internet: www.cspinet.org
Expiration date is in the upper center of your mailing label. Your subscriber number precedes the expiration date.

GUARANTEE! We'll give you 2 FREE ISSUES of *Nutrition Action* if there's ever a problem with your subscription.



Veggie Nice!

From *White Beans with Roasted Cherry Tomatoes* to *Eggplant & Quinoa Stuffed Peppers*, 31 vegetarian main dishes from *Nutrition Action's Healthy Cook*.

Visit NutritionAction.com/VeggieNice or send a check for \$16.99 and your name & address to CSPI—Veggie Nice, Suite 300, 1220 L St. NW, Washington DC 20005.

The contents of NAH are not intended to provide medical advice, which should be obtained from a qualified health professional. For permission to reuse material, go to copyright.com and search for Nutrition Action.

The use of information from *Nutrition Action Healthletter* for commercial purposes is prohibited without written permission from CSPI.

©2016 Center for Science in the Public Interest.



COLORECTAL CANCER

On the decline...but still dangerous

BY BONNIE LIEBMAN

"This is good news," says Gilbert Welch, professor of medicine at Dartmouth's Geisel School of Medicine. Colorectal cancer death rates in people aged 50 and older are half what they were in 1975. "There's nothing ambiguous about it," adds Welch. "This disease is clearly on the decline."

That said, colorectal cancer is still the third leading cause of cancer death in men (after lung and prostate) and in women (after lung and breast).

A Success Story

"My father died of metastatic colon cancer when I was in medical school, so I have more than a passing interest in this disease," says Dartmouth's Gilbert Welch. "There's no question that something good has happened with colorectal cancer."

The average American's risk of dying or being diagnosed with colorectal cancer has plummeted in the last 40 years (see graphs).¹ The question is: Why?

"Screening has without a doubt had an impact," explains Welch. He's talking about colonoscopies and other measures to look for cancer or precancers in people without symptoms.

"But the decline started long before screening," he notes. "And until around 2005, less than half the U.S. population had been regularly screened. So it's only recently that we would begin to see screening's effect."

Better treatment has also played a role. "The surgery is safer, and we've improved the care of people who have more advanced disease," says Welch.

But that's not the whole story. "We've known for a long time that lifestyle and perhaps other aspects of the environment have

a profound effect on risk of colorectal cancer," says Walter Willett, chair of the nutrition department at the Harvard T.H. Chan School of Public Health.

"Back in the '60s, there were roughly ten-fold differences in colorectal cancer

rates across countries. Yet those huge differences pretty much disappeared when people migrated from low-incidence countries like Japan to high-incidence countries like the U.S."

Now it's a different story.

"U.S. colorectal cancer incidence and mortality are down by about half what they were in the '60s," says Willett.

"At the same time, in East Asian countries, colorectal cancer rates are skyrocketing. Rates in Japan now actually exceed those in the U.S. It's hard for me to believe that so much has happened since I started researching the topic."

It's good news that colorectal cancer is on the decline here. But that's no excuse to avoid screening...or other steps to lower your risk.

Get Screened

"Making sure you get screened is the optimal way to reduce your colorectal cancer risk," says Andrew Chan, associate professor of medicine at Harvard Medical School.

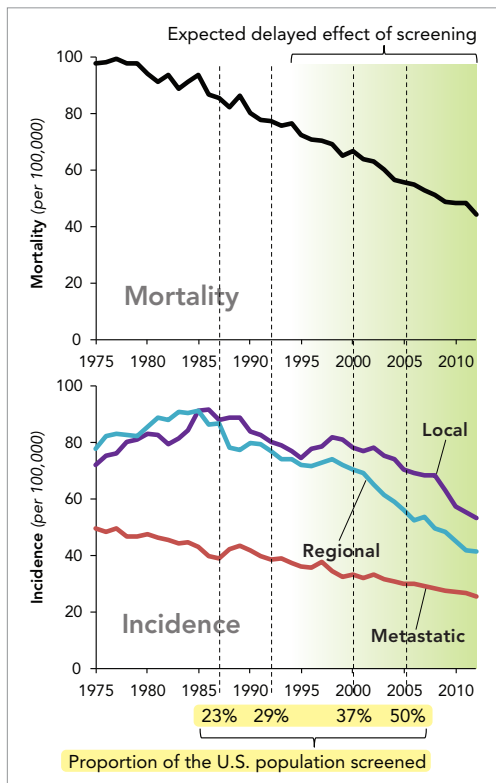
In June, the U.S. Preventive Services Task Force issued new recommendations on screening.²

The task force "strongly recommends that adults 50 to 75 be screened for colorectal cancer," Douglas Owens, professor of medicine at Stanford University and a task force member, explained in an interview with the [Journal of the American Medical Association](#).

"The bad news about colorectal cancer screening is that about a third of the people who should be screened are not."

If you're 76 to 85, the decision depends on who you are, said the task force.

"The people who are most likely to benefit," explained Owens, "would include people who have never been screened before," as well as people who



The death rate and incidence of colorectal cancer among people aged 50 and older has plummeted since 1975, and that's not just due to screening.

Photo: David Shankbone. Graph: Courtesy of Gilbert Welch (data from SEER 9).

are healthy enough to be treated if cancer is diagnosed and people who don't have other illnesses that may shorten their lives.

"We don't recommend screening after 85," Owens added. "The risks associated with screening go up with age." And because colorectal cancer takes about 10 years to develop, screening has a smaller payoff in people over 85.

Which screening test is best? A colonoscopy is the gold standard.

"It's best because you can see the whole colon," says Harvard's Walter Willett. "I had a colleague who would still be alive if he had gotten one at age 50."

But the task force recommended several options, ranging from a colonoscopy every 10 years to a stool sample analysis looking for hidden blood (with one of three types of tests) every year.

"An ongoing trial at the VA is testing whether a colonoscopy has an advantage over a simple fecal occult blood test—which is about a hundredth of the cost," says Dartmouth's Gilbert Welch.

"It's one of the biggest randomized trials going on now, with about 50,000 veterans who will be followed for 10 years."

If vets assigned to a yearly fecal immunochemical test (FIT) show signs of hidden bleeding, they will then get a colonoscopy.

In the meantime, *any* test is better than no test. "What matters is that you get screened," says Owens.

Keep a Lid on Insulin

"We have lots of data showing that physical activity is related to a lower risk and obesity is related to a higher risk," says Willett.

"They're very important, but it's interesting that the striking decrease in the U.S. incidence of colorectal cancer has occurred despite the obesity epidemic."

What's more, Asians have gained weight, but nowhere near as much as Americans.

"In Japan, obesity has hardly gone up, especially in women," says Willett. "The rates are still around 5 percent, compared to 40 percent here." (He's counting only obese, not overweight, women.)

That may be because it's not excess



Staying active and trim may lower your risk of colorectal cancer by keeping a lid on your insulin levels.

weight, but high blood insulin levels—a sign that your cells are resistant to insulin—that matters most.³ (How do you know if you're insulin resistant? If your doctor says you have the metabolic syndrome, you probably are.)

"The metabolic syndrome is highly prevalent in Asia," notes Willett. One sign of the syndrome is a large waist. However, "large" starts at 40 inches for white men and 35 inches for white women but at only 35 inches for Asian men and 32 inches for Asian women, because they're more prone to insulin resistance.

"It's not strapping 20 pounds on your waist that's causing increased colorectal cancer risk," says Willett. "It's that increased weight is causing metabolic changes including higher insulin levels, which may fuel cancer growth."

Cut Back on Meat

"The International Agency for Research on Cancer examined all of the evidence to date and concluded that processed meat consumption causes cancer in humans," says Amanda Cross, a cancer researcher at Imperial College London.⁴

One of the prime culprits: carcinogens called nitrosamines that are created both outside and inside the body.

"These N-nitroso compounds form in processed meats when they're cured using sodium nitrite," says Cross.



Katie Couric getting an on-air colonoscopy in 2000. The TV news anchor became an advocate for colorectal cancer screening after her first husband, Jay Monahan, died of the disease in 1998 at age 42.

But since 1978, the U.S. Department of Agriculture has required bacon to contain either sodium ascorbate (vitamin C) or its chemical cousin sodium erythorbate, and many other meats with added nitrites have done the same. “That inhibits the nitrosation reaction,” says Cross.

But nitrosamines can still form inside the body. “If you’re consuming amines and amides from meats, and then you get naturally occurring nitrates from water or vegetables, nitrosamines can form in the gut,” explains Cross.

“So with red meat, nitrosamines are formed only inside the body, but with processed meats, they can form both outside—during meat processing—and inside.”

Is processed poultry like turkey bacon or chicken sausage safe? It’s not clear.

“We don’t see an increased risk for white meat,” notes Cross, “but most studies have only investigated total white meat and haven’t looked at processed white meat separately.”⁵

Heme, a protein that carries oxygen through the blood, may explain why.

“Heme has a part in catalyzing the reaction that forms nitrosamines,” says Cross. “And heme iron levels in white meat are lower than those in red meat.”

The bottom line: “Avoid processed meat,” says Willett. “Eat it no more than a couple of times a year, not just to lower your risk of colorectal cancer, but also diabetes and cardiovascular disease.”

“And keep red meat low—again, not just to prevent colorectal cancer. Replace it with plant sources of protein like beans or nuts, or with poultry or fish.”

Get Enough Calcium

“Calcium is pretty clearly a beneficial factor for lowering the risk of colorectal

cancer,” says Willett.

The leading explanation: calcium may bind—and neutralize—bile acids that might be toxic to the colon’s lining.

“The overall data pretty strongly suggests that calcium protects the colon,” says Willett. For example, when research-



Who needs pepperoni, sausage, bacon, or ham when you can get a scrumptious veggie pizza?

ers pooled data from 10 studies on more than 534,000 people, those who consumed about 1,000 milligrams of calcium a day had roughly a 20 percent lower risk of colorectal cancer than those who consumed less than 500 mg a day.⁶

And giving people calcium carbonate (1,000 mg a day) eliminated the increase in nitrosamines that they excreted when they were fed six ounces a day of cooked ham for four days.⁷

“Dairy products have also been related to lower risk, likely through the calcium

pathway,” adds Willett.

What has befuddled scientists are the results of two large clinical trials that gave calcium (1,200 mg a day) to people who had already had a precancerous colon polyp removed. Both studies were led by John Baron, now professor of medicine at the University of North Carolina.

In the first trial, calcium cut the risk of precancerous colon polyps by 15 percent.⁸ In the second, calcium had no impact.⁹ Why?

“John has spent many long nights trying to understand the ambiguous results,” says Willett.

In the meantime, shoot for the Recommended Dietary Allowance for calcium. (The RDA for adults is 1,000 mg a day. It jumps to 1,200 mg for women over 50 and men over 70).

“Most of the benefit comes from getting 800 or 1,000 mg a day,” says Willett.

“And you can basically get there with one or two servings of dairy on top of a healthy diet. Or you can take a calcium supplement. With their calories and saturated fat, some dairy foods are a very expensive way to get some calcium.”

Get Your Vitamin D

“We see a very consistent relationship between lower blood levels of vitamin D and

higher colorectal cancer risk,” says Willett.¹⁰

The large VITAL trial is now testing whether a high dose (2,000 IU a day) of vitamin D can lower the risk of colorectal cancer. “If there’s a benefit, the results will be definitive,” notes Willett. “But if we don’t see something, it may be because the trial didn’t last long enough or because too many people in the placebo group were already getting enough vitamin D or started to take it on their own.”

What to do in the meantime?



Calcium—from food or a supplement—is linked to a lower risk of colorectal cancer.

“I’d aim for 1,000 IU per day, just a little more than the RDA,” says Willett. (The RDA is 600 IU up to age 70 and 800 IU if

you’re older.) “If someone has darker skin and isn’t in the sun much, I think it’s reasonable to go for 2,000 IU.”

Consider Aspirin

“A series of randomized clinical trials has confirmed that taking aspirin for 10 years or more is associated with a lower risk of colorectal cancer,” says Harvard’s Andrew Chan.

“The evidence is so persuasive that the U.S. Preventive Services Task Force now recommends taking low-dose aspirin for the prevention of colorectal cancer as well as heart disease in people with cardiovascular risk factors.”

That advice is for people aged 50 to 59 who have at least a 10 percent risk of having a heart attack, stroke, or other cardiovascular event over 10 years, who don’t have an elevated risk of bleeding, and who are willing to take aspirin for at least 10 years.¹¹

(See tools.acc.org/ASCVD-Risk-Estimator to estimate your risk of

cardiovascular disease. It’s based on your age, blood pressure, cholesterol, and other factors.)

For those people, the benefits outweigh the risks—GI bleeding and hemorrhagic stroke—from taking aspirin. Similar people in their 60s should also *consider* taking aspirin, said the task force.

“This represents a milestone in cancer prevention,” says Chan. “It’s the first time the task force has recommended a medicine for cancer prevention for people who are not at high cancer risk. This really reflects the strength of the data.” 🍌

¹ [N. Engl. J. Med. 374: 1605, 2016.](https://doi.org/10.1093/ajph/106.10.1605)

² [uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2.](https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2)

³ [PLoS Med. 13: e1001988, 2016.](https://doi.org/10.1001/jama.2016.1988)

⁴ [Lancet Oncol. 16: 1599, 2015.](https://doi.org/10.1016/j.lancet.2015.08.015)

⁵ [J. Natl. Cancer Inst. 97: 906, 2005.](https://doi.org/10.1093/jco/17.12.2005)

⁶ [J. Natl. Cancer Inst. 96: 1015, 2004.](https://doi.org/10.1093/jco/17.12.2004)

⁷ [Am. J. Clin. Nutr. 98: 1255, 2013.](https://doi.org/10.1093/ajph/103.12.2155)

⁸ [N. Engl. J. Med. 340: 1011, 1999.](https://doi.org/10.1093/ajph/103.12.2155)

⁹ [N. Engl. J. Med. 373: 1519, 2015.](https://doi.org/10.1093/ajph/103.12.2155)

¹⁰ [Int. J. Cancer 136: E654, 2015.](https://doi.org/10.1093/ajph/103.12.2155)

¹¹ [uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/aspirin-to-prevent-cardiovascular-disease-and-cancer.](https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/aspirin-to-prevent-cardiovascular-disease-and-cancer)

WHAT ELSE MAY (OR MAY NOT) MATTER

■ **Smoking.** “It’s very clear that smoking is a cause of colorectal cancer, and the decline in smoking here is one factor that’s contributing to our decline,” says Harvard’s Walter Willett. “Smoking has gone up in many East Asian countries and in China, in particular, now that people can afford it.”

■ **Alcohol.** “It’s a risk factor, but the risk only goes up when you get beyond two drinks a day,” says Willett.

■ **Folic acid.** “The evidence is strong for folic acid in observational studies that track people for years,” notes Willett. On the other hand, clinical trials find no lower risk of colorectal cancer in people who take folic acid than in placebo takers, possibly because those studies last only a few years.¹

In the past, some researchers feared that the folic acid that is added to white flour might *raise* the risk of colorectal cancer. “But we’ve seen a lower—not a higher—risk, so that hasn’t been a problem,” says Willett. “The folic acid added to white flour and multivitamins has very likely contributed to the lower risk.”

■ **Sugar.** “We’ve looked, but we don’t see anything big there,” says Willett.

■ **Fiber.** Fiber was long believed to protect against colorectal cancer, notes Willett. “It just made sense that fiber would move carcinogens more rapidly through the colon, so it would dilute them.”

And some health authorities, like the American Institute for Cancer Research, recommend fiber-rich foods to prevent colorectal cancer. But the evidence is mixed. “Some European studies find a link,” says Willett. “But interestingly, the U.S. [data](#) on fiber and colorectal cancer is not impressive.”^{2,3}

■ **Whole grains.** “They’re not a game changer for colorectal cancer,” says Willett. “But the evidence is so strong for cardiovascular disease and diabetes that eating whole grains is still important.”

■ **Constipation.** In a study of more than 110,000 nurses and health professionals, neither the frequency of bowel movements nor laxative use was linked to cancer risk.⁴

“We didn’t see a relationship with bowel habits, which also argues against the fiber hypothesis,” says Willett.

¹ [Int. J. Cancer 129: 192, 2011.](https://doi.org/10.1093/ajph/103.12.2155)

² [JAMA 294: 2849, 2005.](https://doi.org/10.1093/ajph/103.12.2155)

³ [N. Engl. J. Med. 342: 1149, 1156, 2000.](https://doi.org/10.1093/ajph/103.12.2155)

⁴ [Cancer Causes Control 24: 1015, 2013.](https://doi.org/10.1093/ajph/103.12.2155)

Dodging Diabetes



Want to keep your prediabetes from dropping its “pre”? In 2002, the Diabetes Prevention Program (DPP) showed that weight loss and exercise could help. Duke University researchers wanted to see if exercise alone is almost as good.

The scientists randomly assigned 237 sedentary adults aged 45 to 75 with prediabetes to:

- **Diet + low-dose moderate exercise:** a low-calorie, lower-fat diet plus exercise equal to brisk walking for 8½ miles per week,
- **Low-dose moderate exercise:** equal to brisk walking for 8½ miles per week,
- **High-dose moderate exercise:** equal to brisk walking for 14 miles per week, or

■ **High-dose vigorous exercise:** equal to brisk walking for 14 miles per week on a treadmill set to an uphill incline.

After six months, only the diet + exercise group—the gold standard set by the DPP—lowered their fasting blood sugar and insulin. However, a high dose of moderate exercise was almost as effective at improving glucose tolerance, even though people in that group lost only about 4½ pounds. (Glucose tolerance tests the body’s ability to handle the rise in blood sugar after a meal. Glucose tolerance, fasting blood sugar, and hemoglobin A1c can each be used to diagnose diabetes.) People in the diet + exercise group lost about 14 pounds.

What to do: If you have prediabetes, try to lose excess weight and walk briskly for about two miles a day. (To find a Diabetes Prevention Program near you or online, go to cdc.gov/diabetes/prevention.) Even if you don’t lose much weight, the brisk walking may help you dodge diabetes.

Diabetologia 2016. doi:10.1007/s00125-016-4051-z.

Plant-Based and Healthy

Plant-based diets are gaining steam. But are they healthy?

Researchers looked at the risk of type 2 diabetes in 160,000 women and 40,000 men who were tracked for up to 28 years. Among the results:

■ **Healthy plant-based diet.** Those who ate more *healthy* plant foods (whole grains, fruits, vegetables, nuts, beans, oils) and fewer *unhealthy* plant foods (fruit juices, sugary drinks, refined grains, white potatoes, sweets, desserts) and fewer animal foods had about a 35 percent lower risk of diabetes, regardless of their weight.

■ **Unhealthy plant-based diet.** People who ate more unhealthy plant foods had a 16 percent *higher* risk of diabetes, regardless of their weight.

What to do: Eat more plant foods, but make sure they’re healthy.

PLoS Med. 2016. doi:10.1371/journal.pmed.1002039.



Fish Oil & the Heart

Fish oil may protect the heart after a heart attack.

Scientists randomly assigned 358 people who had just suffered a myocardial infarction to take four capsules of either prescription Lovaza fish oil or a placebo each day with meals. (Each Lovaza had 465 milligrams of EPA and 375 mg of DHA.)

After six months, the hearts of the fish oil takers had less scarring and thickening and were able to pump blood more effectively than the hearts of the placebo takers. While that suggests that fish oil might lower the risk of heart failure, the study didn’t last long enough to say.

What to do: If you’ve had a heart attack, ask your doctor about whether to take fish oil. High doses can lead to bleeding, especially in people who take blood thinners.

The jury is still out on whether fish oil can *prevent* a heart attack. Earlier studies reported a lower risk, but recent studies have come up empty, possibly because drugs like statins and aspirin lower heart disease risk so much that fish oil adds nothing.

Circulation 134: 378, 2016.

Caffeine & PMS

Avoid caffeine if you have premenstrual syndrome, says the American Congress of Obstetricians and Gynecologists. But that advice may not be based on solid evidence.

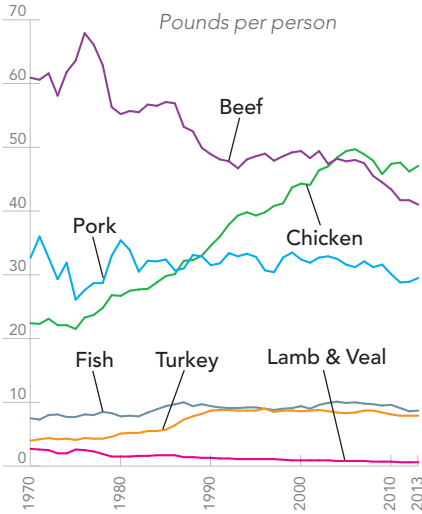
Researchers looked at caffeine intakes reported by 3,660 women in the Nurses’ Health Study II before any of them were diagnosed with PMS.

After the scientists took factors like age, smoking, body weight, and exercise into account, neither caffeine nor coffee or tea intake was linked to the onset of PMS or to symptoms like breast tenderness or irritability.

What to do: Don’t assume that avoiding caffeine prevents or eases PMS. ☝

Am. J. Clin. Nutr. 104: 499, 2016.

Meat, Poultry, & Seafood **D+**



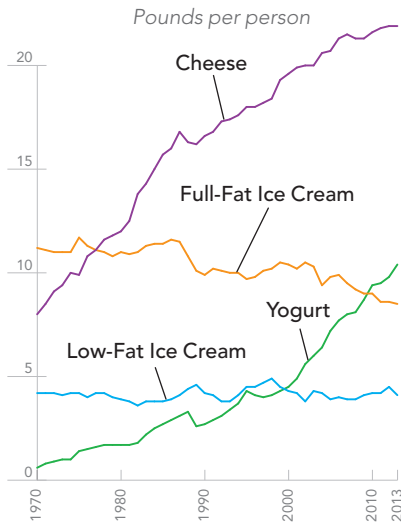
Chicken edged out beef starting in 2004, but red meat (beef, pork, lamb, and veal) is still king.

Red meats—especially processed meats like bacon, ham, hot dogs, and sausage—raise the risk of colon cancer, heart disease, and stroke.

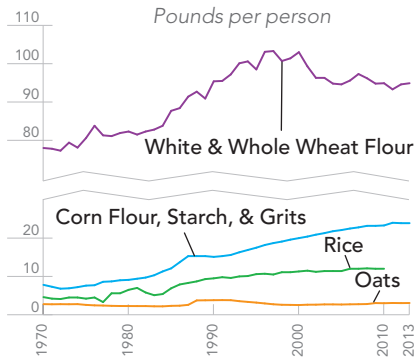
At least beef continues its decades-long decline.

Dairy **C-**

Cheese is on a roll...and on nearly every sandwich, salad, pizza, taco, and burrito served in restaurants. That's not good news for arteries or waists. Full-fat ice cream still trounces low-fat. On the upside, yogurt has doubled since 2000 and quadrupled since 1985.



Grains **C-**



You've heard the advice to replace refined grains with whole grains. But we'd also be better off with less grain, period...say, back where we were in 1970, before companies upped their servings of (mostly white-

flour) bagels, buns, tortillas, pasta, muffins, cupcakes, doughnuts, cookies, pizza crusts, etc.

THE CHANGING AMERICAN DIET

A REPORT

BY BONNIE

How is the American diet doing? Let's just say it's not about to crack the honor roll.

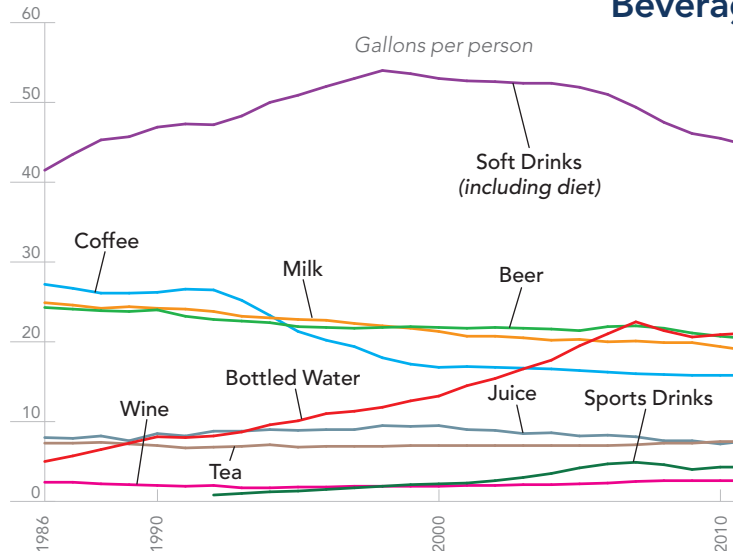
For starters, we eat too much. The average American consumes about 2,500 calories a day, according to [U.S. Department of Agriculture estimates](#) of how much food companies produce (adjusted for waste and loss). In the 1970s, before the obesity epidemic took off, we ate 2,000 calories a day.

(In 2011, the Census Bureau stopped collecting data on fats and oils, so the USDA has no estimates since then. That's why we've given fats and oils an "Incomplete." Our dotted line assumes that fats and oils have stayed stable. We did the same with the grains line to reflect missing rice data.)

Clearly, it's not just *how much*, but *what we eat* that needs work. We've made only so-so progress in reversing the surge in white flour and sugar that began in the 1980s. We're ignoring advice to fill half our plates with vegetables and fruits. And we're eating too much meat, especially beef, for both our health and the planet's.

Let's get with the program, people! It's time to leave some calories behind. 🍌

Beverages

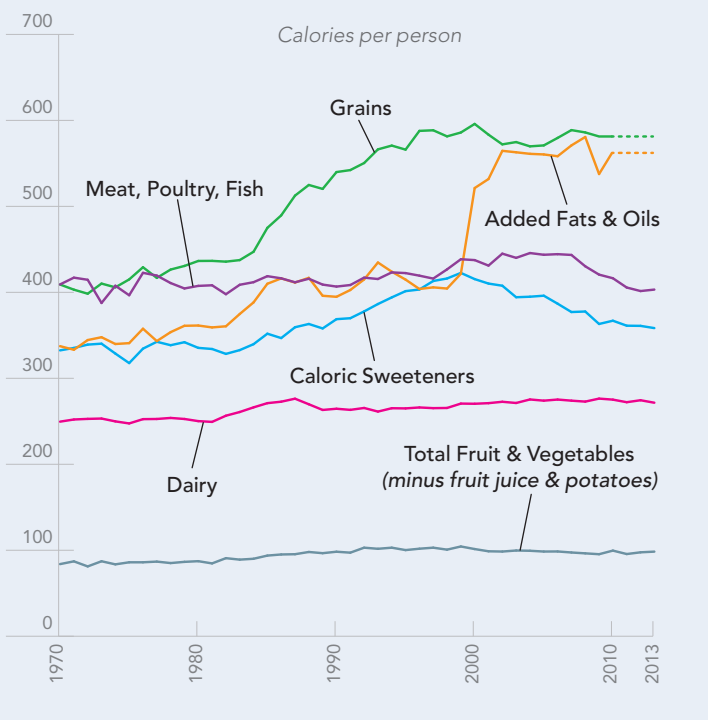


Sources: U.S. Department of Agriculture (all graphs except Beverages), Beverage Digest Fact Book 2015 (Beverages graph).

CHANGING AMERICAN DIET

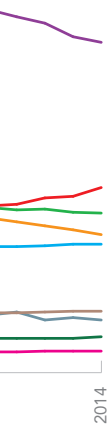
ART CARD

E LIEBMAN

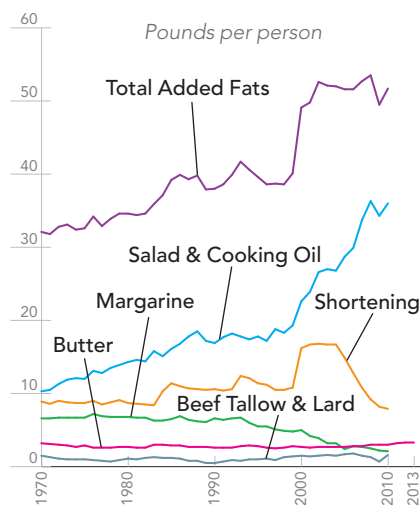


eggs D+

Soft drinks are still way too high, but they've dropped 23 percent since their 1998 peak, says data from *Beverage Digest*. (The USDA has no numbers for most beverages, but it says that sweeteners—including high-fructose corn syrup and ordinary sugar—are also down, by 14 percent, over that time.) Note: "Soft drinks" includes diet sodas, but they've stayed at about a quarter of the total. Too bad there's no line on the graph for "fruit drinks," which are as unhealthy as soda. The upside: it looks like bottled water has resumed its upward march.



Fats & Oils INCOMPLETE

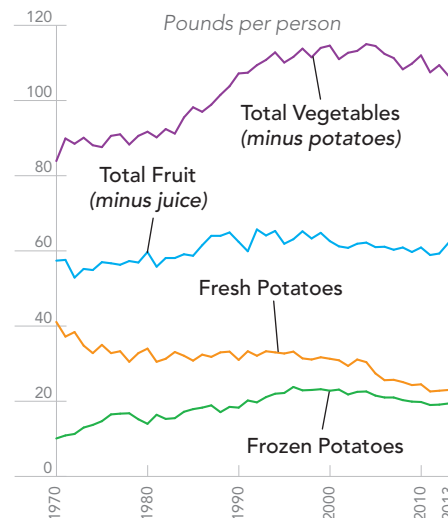


No one knows if we're eating less (or more) fat than we ate in 2010. Only butter data is recent. But odds are, we still eat far more fat than in 1970. (In 2000, the number of firms reporting data jumped, so the real rise was likely less steep than it appears.) The good news: we've mostly

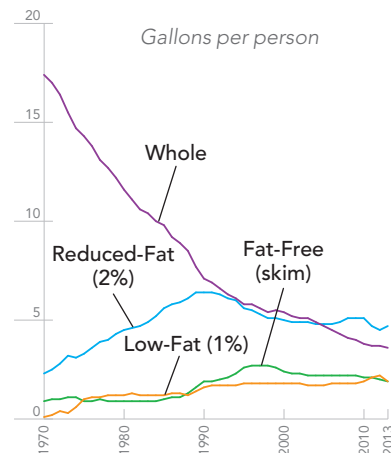
bumped up (unsaturated) oils, not shortening, margarine, or butter (which since 2013 has climbed only 14% from its low level, says [industry data](#), despite the "butter is back" buzz).

Fruits & Vegetables B-

Veggies (minus potatoes) climbed in the late 1980s, but have been inching down since. Fruit (minus juice) has been fairly flat. Ever heard about experts' advice to fill half your plate with fruits and veggies? Most restaurants haven't.



Milk B+



Total milk has slid from 21 gallons to 12 gallons per person per year since 1970. Whole (3.3% fat) and 2% fat milk still outsell 1% fat and fat-free. And we're still eating whole milk's milk fat...in cheese, whose rise shows no signs of slowing.

ACID TEST

Are proton pump inhibitors safe?

BY DAVID SCHARDT



“I take Prilosec OTC each morning for my frequent heartburn,” says Larry the Cable Guy in TV ads. What Larry doesn’t tell viewers is that most people shouldn’t take an over-the-counter proton pump inhibitor (PPI) for more than 14 days in a row. That warning appears at the bottom of the screen at the end of the ad. But who’s going to notice while Larry is waving the BBQ that he can now eat without heartburn?

When acid from your stomach backs up into your esophagus—the tube that carries food from your mouth to your stomach—it burns.

Nearly everyone suffers from an occasional bout of heartburn. But when it’s frequent, it’s more than just a nuisance.

Chronic acid reflux, or GERD (gastroesophageal reflux disease), can keep you from getting a good night’s sleep and can irritate the lining of your esophagus enough to cause ulcers.

In about 1 in 10 people with GERD, stomach acid makes the cells that line the esophagus turn into cells that resemble the lining of the intestines. One in 100 people with that condition—Barrett’s esophagus—can get a deadly cancer called esophageal adenocarcinoma.

Bye Bye GERDie

For years, the go-to remedy for heartburn was antacids. Tums’ calcium carbonate helps neutralize stomach acid. So do Maalox’s ingredients. But they only work on acid that’s already in the stomach.

In the mid-1970s, drug companies began marketing H2 blockers—like Tagamet, Zantac, and Pepcid—which make the stomach produce less acid. But it wasn’t until the early 1990s that they launched a game-changing class of acid reducers.

“Proton pump inhibitors are revolutionary drugs,” says Scott Gabbard, a gastroenterologist at the Cleveland Clinic.

“They’re our best treatment for patients who truly have reflux disease or who have erosive esophagitis, which is ulcers in the esophagus.”

PPIs—like Prilosec, Prevacid, and Nexium—cut acid further and for longer.

“For me, Nexium was a sure thing,” says Florida IT architect Ross Castillo. “I took one a day and it didn’t matter what I ate. I was not going to have any discomfort.”

But PPIs may come with a cost.



Larry the Cable Guy can eat *anything*...because he takes Prilosec.

“There’s mounting evidence that long-term use might be associated with health problems,” says Joel Rubenstein, research scientist at the Ann Arbor Veterans Affairs Center for Clinical Management Research and director of the Barrett’s Esophagus Program at the University of Michigan. “It’s just not clear that the drugs are causing those problems.”

But the stakes are higher now that so many people take PPIs. They’re sold over the counter, and many people decide to

take—and keep taking—them on their own. Likewise, “many physicians prescribe them for years for people who may not need them,” says Rubenstein.

“If most patients with GERD went from taking a PPI once a day to coming off them entirely, about 60 percent would remain symptom-free months later.”

(But don’t stop taking a PPI without talking to your doctor if he or she prescribed it to prevent an ulcer, adds Rubenstein. “You may not have GERD symptoms, but you don’t want to get a bleeding or perforated peptic ulcer.”)

Dementia

“Does your heartburn drug make you vulnerable to dementia?” asked the *Washington Post* last February.

The news: In a German study of nearly 74,000 people aged 75 and older, those who took PPIs for seven years were 44 percent more likely to get dementia than those who didn’t take PPIs. Occasional users were 16 percent more likely.¹ A similar German study in 2015 found a 38 percent increased risk.²

“These were observational studies, so they can’t prove that PPIs caused the higher dementia risk,” notes Gabbard.

“Patients prescribed PPIs may have poorer lifestyle habits and be generally unhealthier, and that, not the PPIs, may be increasing their risk.”

It’s also possible, says Rubenstein, that the more often someone seeks medical care, the more likely they are to be prescribed a PPI and, if they also have subtle symptoms of dementia, the more likely they are to be diagnosed with the disease.

“Those sorts of issues can lead to weak

associations that aren't cause and effect between PPI use and the diagnosis of other health problems," he explains.

What could PPIs have to do with memory?

One possibility: We need stomach acid to absorb the vitamin B-12 in most foods. If PPIs suppress stomach acid enough to cause a B-12 deficiency, that could lead to dementia (though not the Alzheimer's seen in some of the PPI-taking Germans).

Among more than 200,000 Kaiser Permanente patients in California, those prescribed PPIs for at least two years were 65 percent more likely to have a B-12 deficiency than those not prescribed PPIs.³

"Even though it isn't recommended by any specific guideline, I check vitamin B-12 in my patients on PPIs every two years to make sure they're not becoming deficient," says Gabbard.

Kidney Disease

In a study of 249,000 people in rural Pennsylvania, PPI users had a 16 percent risk of kidney disease over 10 years, versus 14 percent for non-users. People who took an H2 blocker had no greater risk than non-users. Results were similar in a second study of nearly 10,500 people.⁴

The increased risk amounts to one additional case of kidney disease for every 30 to 60 PPI users. "That's a very weak

association that could be due to something else besides PPIs," says Rubenstein.

Bone Fractures

"No more Nexium. These are the only bones I've got," Ross Castillo says he told his doctor six years ago, after he heard that long-term use of PPIs increases the risk of bone fractures.

Castillo, then in his late 40s, was overweight, out of shape, smoking cigarettes, eating greasy foods, and had been suffering from GERD for years.

Should Castillo have worried? When researchers looked at nine studies in the United States, Canada, Sweden, and Australia, they found that PPI users were 24 percent more likely than non-users to fracture a hip.⁵

How might PPIs weaken bones? They may reduce the absorption of calcium (and magnesium) from food or supplements.

"But the evidence tying bone fractures to PPI use is inconsistent, and there is reason to be suspicious about the link between the two," says Rubenstein.

What's more, a 24 percent increase in risk isn't huge. For example, in the Nurses' Health Study of 80,000 women, one in every 100 nurses who weren't taking PPIs broke a hip over an eight-year period.⁶ A 24 percent increase would make it one in every 80 nurses.

"When you give patients real numbers, the risks sound less scary," says Gabbard.

The Bottom Line

"People should be on the lowest dose of the least potent medication that controls their symptoms," says Rubenstein.

Gabbard agrees. "If someone has heartburn and the symptoms disappear when they take a PPI, they should try to see if a safer H2 blocker works."

That's what Ross Castillo did. After taking a PPI for about 10 years, he switched to the H2 blocker ranitidine. He also lost weight, stopped smoking, started exercising, and watched what he ate.

Castillo's GERD disappeared. Today he takes ranitidine only when he visits his family. "You gotta eat what they dish out and when they eat it," he explains.

"Overall, PPIs are very safe, but only a select few patients should be taking them long term," concludes Gabbard.

"The overuse of PPIs is very common," adds Rubenstein. "But people who truly need them for GERD shouldn't live life miserably because they fear the very small possible risks." 🍌

¹ *JAMA Neurol.* 73: 410, 2016.

² *Eur. Arch. Psychiatry Clin. Neurosci.* 265: 419, 2015.

³ *JAMA* 310: 2435, 2013.

⁴ *JAMA Intern. Med.* 176: 238, 2016.

⁵ *Osteoporos. Int.* 27: 339, 2016.

⁶ *BMJ* 344: e372, 2012.



No Good Proof

■ **Probiotics.** "It shouldn't be a surprise that probiotics may help for GERD," says powerofprobiotics.com. That's because probiotics excel at "encouraging proper functioning of the digestive tract."

Really? No good studies have tested probiotics to treat GERD in adults.

■ **Melatonin.** According to a hard-to-believe 2006 Brazilian study of GERD sufferers, symptoms disappeared in all 176 who took 6 milligrams of melatonin a day, plus vitamins and amino acids, for 40 days, while they vanished in just two-thirds of the 175 people who took the PPI Prilosec.¹ Too good to be true? No good studies have pitted melatonin against a placebo since then.

¹ *J. Pineal Res.* 41: 195, 2006.

What Helps?

Here's how to reduce GERD symptoms:

- Lose excess weight
- Don't smoke
- Elevate your head while sleeping

Some people also believe that avoiding chocolate, spicy foods, caffeine, alcohol, or late dinners helps, though good studies haven't looked (see *Nutrition Action*, June 2014, p. 9). In a small U.S. trial, walking or chewing gum for an hour after a meal reduced the length of time stomach acid remained in contact with the esophagus in GERD patients.¹



¹ *Aliment. Pharmacol. Ther.* 15: 151, 2001.

The Sweet Taste of Fall



BY KATE SHERWOOD

Welcome to the best of fall—the super crisp, sweet-tart bite of apples, the luxury of ripe pears, and the juicy pop of grapes. 🍷

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

Curried Chicken & Fall Fruit Salad

The lightly spicy dressing pairs perfectly with mild, sweet lettuces like butter or romaine.

Serves 4



- ¼ cup mayonnaise
- 2 Tbs. plain 0% or 2% greek yogurt
- 1 tsp. curry powder
- ¼ tsp. kosher salt
- 2 cups chopped cooked chicken breast
- 3 small inner stalks celery with leaves, thinly sliced
- 1 apple, diced
- 4 cups chopped lettuce
- ½ cup red grapes, halved

1. In a large bowl, make the dressing: whisk together the mayonnaise, yogurt, curry powder, and salt.
2. Toss the chicken, celery, and apple with the dressing.
3. Divide the lettuce onto four plates. Spoon the chicken salad onto the lettuce.
4. Top with the grapes.

Per serving (2 cups)

calories 260 | total fat 13 g | sat fat 2.5 g | carbs 12 g | fiber 2 g | protein 24 g | sodium 280 mg

Sweet & Savory Pear Salad

I like to contrast the sweetness of the pear with slightly bitter lettuces like radicchio and frisée.

Serves 4



- 1 Tbs. cider vinegar
- 2 tsp. whole-grain mustard
- ¼ tsp. honey
- ¼ tsp. kosher salt
- 2 Tbs. grapeseed or canola oil
- 8 cups chopped lettuce
- 1 red pear, thinly sliced
- ¼ cup roasted salted pumpkin or sunflower seeds

1. In a large bowl, make the vinaigrette: whisk together the vinegar, mustard, honey, salt, and oil.
2. Toss the lettuce and pear with the vinaigrette.
3. Sprinkle with the seeds.

Per serving (2 cups)

calories 150 | total fat 11 g | sat fat 1.5 g | carbs 12 g | fiber 4 g | protein 4 g | sodium 210 mg





Skinny Dipping?

Diving for the healthiest dips

BY LINDSAY MOYER & BONNIE LIEBMAN

Hummus



Sabra doesn't disappoint.

"We just got home. We wanna eat, we wanna hang out. Can't we squeeze an unofficial meal in there?" asks the TV ad for Sabra hummus (which is partly owned

by PepsiCo). Solution: "Put out the Sabra and call everyone to the kitchen."

With two out of three American adults either overweight or obese, it's not clear that most of us need an extra meal. But hummus—typically a blend of chickpeas (garbanzo beans), tahini (sesame seed butter), oil, garlic, and salt—can add a satisfying savory kick to your baby carrots, sliced red peppers, crisp cucumbers, and other raw veggies.

Just remember: a serving (usually 40 to 80 calories) is two level tablespoons. Sabra's single-serve containers hold twice that much (1/4 cup), and they don't look excessive. You can't just dip 'til you drop.

And don't think that a serving of hummus is synonymous with a serving of chickpeas. Each two-tablespoon serving of hummus—any brand—has just 1 to 2 grams each of fiber and protein. A half-cup serving of chickpeas has about 6 grams of each.

Our Best Bites (for all dips) have no more than 130 milligrams of sodium and



Hummus made from white beans? You bet.

Hummus has conquered the dip aisle. It's now a staple in one out of four homes. Annual sales top \$725 million, up from just \$5 million in the mid-1990s, according to the USA Dry Pea & Lentil Council.

It's not just hummus. A slew of yogurt dips, guacamoles, and salsas are ready to gussy up those crisp veggies or jazz up that chicken or fish. Here's our guide to the best dips. (See the photos for some of our taste favorites.)

The information for this article was compiled by Jennifer Urban.

1½ grams of saturated fat in two tablespoons. (We didn't set a sat-fat limit if a dip's fat comes largely from oil, avocados, olives, or other sources of unsaturated fat.) Luckily, it's not hard to meet those limits. Three lines with Best Bites galore:

■ **Sabra.** Reliably good flavor, in part because tahini—not oil or water—is usually the second ingredient. Sabra, Eat Well Embrace Life, and some other brands add (safe) potassium sorbate so their hummus doesn't spoil quickly, a bonus if you're just an occasional dipper.

■ **Cedar's.** Nice and creamy. And every bit as tasty as Sabra.

■ **Eat Well Embrace Life.** Why stop with chickpeas? Eat Well offers hummus made from a base of lentils, black beans, edamame, or white beans. And bravo for its labels, which clearly state, for example, that its Beet Hummus is 30 percent beets and its Zesty Sriracha Carrot Hummus is 25 percent carrots.

Greek Yogurt



Every flavor's a Best Bite.

"80% less fat and 65% fewer calories than the leading hummus," say Chobani's new Mezé Dips, which are made with greek yogurt. "75% Less Fat than Hidden

Valley Ranch," says Sabra's website about its Farmer's Ranch Greek Yogurt Dip.

Move over, ranch dressing and hummus.

Make room for greek yogurt dips.

Cedar's Tzatziki is the traditional Greek dip made with yogurt, cucumber, garlic, dill or mint, and salt. Others, like Chobani Mezé Smoked Onion & Parmesan or Chili Lime, break new ground (for yogurt).

Sabra's Spinach Parmesan Greek Yogurt Dip is a (better-for-you) dead ringer for the cheesy spinach dips on many restaurant menus.

At 25 to 60 calories in two tablespoons, yogurt dips are slightly better for your waistline than hummus (40 to 80 calories). Chobani's surprisingly thick and creamy Mezés are lowest in calories (25). All four flavors are Best Bites.

Just don't expect the wallop of protein you'd get in a tub of greek yogurt. You're talking 2 or 3 grams in two tablespoons. Not bad for a dip, but not the 13 to 15 grams in a 5 oz. plain greek yogurt.

What if you eat 5 oz. (10 tablespoons) of one of Chobani's Mezé Dips? The calories (130) and protein (15 grams) are good, but the sodium (480 to 650 mg) isn't.

And don't think you're getting so many veggies in the dip that you can reach for the chips. "Half a serving of



Our favorite yogurt dip, period.

Photos: © chandelervid85/istolia.com (top), Tali Perelman/CSP (all others).

farm market-fresh vegetables per container,” boasts Sabra’s Tzatziki Greek Yogurt Dip. That’s about ¼ cup of veggies in the entire *nine-serving* container.

Guacamole

If you’ve ever made your own guacamole, you won’t be wowed by guacamole from a package. (For a can’t-be-beat homemade guac from our Healthy Cook, Kate Sherwood, see “Take a Dip.”)

But if there’s no ripe avocado in sight, here’s your Plan B:

■ **Wholly Guacamole.** Classic, Organic, Spicy, Hatch Chile. Take your pick. All seven of the company’s guacs are Best Bites.



For when you’re not going to make your own.

Reduced Guilt Chunky Guacamole cuts the calories (from 60 to 30) by adding greek yogurt. Too bad Joe also triples the sodium (from 90 to 280 mg).

■ **Sabra Veggie Fusions.** “Guacamole + Veggies = 30% Less Fat,” say the labels. Less avocado cuts the calories (to about

40), but Sabra’s Classic guac isn’t much higher (50), and you want *more*, not less, of avocado’s unsaturated fat. Also, the Fusions’ taste didn’t exactly wow us.

Salsa

Too much salt. That’s the problem with most salsas, especially your run-of-the-mill ones that come in jars and typically have a base of tomato paste or purée.

Solution: try salsa fresca or pico de gallo. That’s Spanish for fresh (refrigerated) salsa, which is mostly diced tomatoes, onions, jalapeños, and salt. (Some companies add corn or beans.) You get less salt and more flavor.

Many stores carry their own brand of refrigerated fresh salsa. If you can’t find them, try one of our Best Bite national-brand faves:

■ **Trader Joe’s Pico de Gallo.** If you like it hot, you’ve got a Best Bite (115 mg). The mild version is a near miss (140 mg).

■ **Wholly Guacamole.**



Calls itself guac, but it’s really a yummy salsa.

The Avocado Verde—it just misses a Best Bite—is more like a (delicious) avocado salsa than a guacamole. It has more tomatillo than avoca-

do, which cuts the calories in two tablespoons from 50 or 60 to 25.

■ **Newman’s Own.** If you want a jarred salsa and you’re not a heatnik, try



Want your salsa in a jar? Here’s one to try.

Newman’s Own Mild or Medium. If you can take some fire, go with **Green Mountain Gringo Roasted Chile Pepper**, our taste favorite.

Bruschetta

Bruschetta usually consists of chopped tomatoes, garlic, olive oil, basil, and salt spread on crusty bread, but it can also have olives, artichokes, roasted red peppers, or sun-dried tomatoes.

Too bad almost all brands have too much salt. And our only Best Bite, DeLallo Roasted Pepper, was nothing to write home about.

If you’re buying bruschetta anyway, check the label. Calories range from 15 (Sabra) to 150 (DeLallo Sun Dried Tomato), depending on how much oil you’re getting.

On the upside, disappointment in the bruschetta aisle may prompt you to try our easy, to-die-for homemade recipe (see “Take a Dip”). You’ll never look back. 🍅

Take a Dip



GUACAMOLE

- 2 avocados
- ¼ cup minced white onion
- ½ cup finely chopped tomato
- 2 Tbs. lime juice
- 1 jalapeño pepper, minced (optional)
- ¼ tsp. kosher salt

Mash all ingredients with a fork. Makes 2 cups.

Per 2 Tbs: 30 calories, 30 mg sodium.



BRUSCHETTA

- 1 cup chopped tomato
- 1 Tbs. minced basil
- 1 Tbs. extra-virgin olive oil
- 1 small clove garlic, finely minced
- ¼ tsp. kosher salt

Mix all ingredients and allow the flavors to meld for 10 minutes. Makes 1 cup.

Per 2 Tbs: 20 calories, 60 mg sodium.



YOGURT-TAHINI

- ½ cup 0% greek yogurt
- ¼ cup extra-virgin olive oil
- 2 Tbs. tahini
- 2 Tbs. fresh lemon juice
- 1 small clove garlic, finely minced
- ½ tsp. kosher salt

Whisk all ingredients together in a small bowl. Makes 1 cup.

Per 2 Tbs: 90 calories, 125 mg sodium.



FRESH SALSA

- 1 pint cherry tomatoes
- ¼ cup chopped white onion
- ¼ cup cilantro sprigs
- 1 jalapeño pepper (optional)
- 1 Tbs. lime juice
- ½ tsp. kosher salt

Combine all ingredients in a food processor and pulse until uniformly minced. Makes 1⅔ cups.

Per 2 Tbs: 5 calories, 75 mg sodium.

Decoding Dips

Best Bites (✓✓) have no more than 130 milligrams of sodium and 1½ grams of saturated fat in two level tablespoons. (Sat fat isn't shown because no dips in the chart exceeded our limit.) There's no sat-fat limit if the dip's fat comes largely from oil, avocado, olives, or other sources of unsaturated fat. Within each section, dips are ranked from least to most sodium, then calories.

Hummus (2 Tbs., refrigerated)

	Calories	Sodium (mg)
✓✓ Engine 2 Plant-Strong (Whole Foods) ¹	25	50
✓✓ Cedar's Fat Free ¹	30	55
✓✓ Trader Joe's Mediterranean	70	80
✓✓ Cedar's—except Chipotle, Everything, Pineapple Jalapeño, Sriracha, or Sundried Tomato & Basil ¹	60	95
✓✓ Eat Well Embrace Life—except Edamame or Wasabi Edamame ¹	50	110
✓✓ Hope Organic—Kale Pesto, Spicy Avocado, Sriracha, or Thai Coconut Curry ¹	50	110
✓✓ Trader Joe's Hummus Dip—Spicy or Tomato & Basil ¹	45	120
✓✓ Trader Joe's—Beet, Organic, Roasted Garlic, or Three Layer ¹	60	120
✓✓ Tribe—Roasted Garlic or Zesty Spice & Garlic ¹	70	120
✓✓ Tribe Swirl—except Fiery Sriracha or Sweet Red Pepper ¹	70	120
✓✓ Cedar's Organic—Original or Garlic ¹	60	125
✓✓ Sabra—except Olive Tapenade or Sun Dried Tomato ¹	70	125
✓✓ Tribe—Everything, Lemon Rosemary Focaccia, or Mediterranean Olive ¹	60	130
✓✓ Trader Joe's Smooth and Creamy Roasted Red Pepper	80	130
Trader Joe's White Bean & Basil	60	135
Tribe—Classic or Mediterranean Style ¹	70	135
Trader Joe's Hummus Dip	80	135
Tribe Swirl Sweet Red Pepper	50	140
Trader Joe's Smooth and Creamy—except Roasted Red Pepper ¹	80	140
Cedar's—Chipotle, Pineapple Jalapeño, Sriracha, or Sundried Tomato & Basil ¹	50	150
Eat Well Embrace Life—Edamame or Wasabi Edamame ¹	60	160
Cedar's Organic Roasted Red Pepper	70	160
Sabra—Olive Tapenade or Sun Dried Tomato ¹	80	170
Cedar's Everything	50	190
Tribe Swirl Fiery Sriracha	60	190

Greek Yogurt Dips (2 Tbs., refrigerated)

✓✓ Cedar's Tzatziki	30	95
✓✓ Sabra—Cucumber Dill, Spinach Parmesan, or Tzatziki ¹	40	110
✓✓ Chobani Mezé ¹	25	120
Sabra—Farmer's Ranch or French Onion ¹	45	140
Cedar's Spinach	50	140
Trader Joe's Reduced Guilt Spinach & Kale	30	150
Marzetti Otria ¹	60	190

Guacamole (2 Tbs., refrigerated)

✓✓ Trader José's (Trader Joe's) Avocado's Number	60	90
✓✓ Del Monte Fresh Guac ¹	40	100
✓✓ Trader José's (Trader Joe's) Chunky Spicy Auténtico	40	105
✓✓ Wholly Guacamole—except Guacamole & Spicy Pico ¹	50	110
✓✓ Wholly Guacamole Guacamole & Spicy Pico	35	115
✓✓ Sabra Veggie Fusions ¹	40	125
Sabra ¹	50	150
Trader Joe's Reduced Guilt Chunky	30	280

Savory Salsa (2 Tbs., non-refrigerated unless noted)

	Calories	Sodium (mg)
✓✓ Trader Joe's Fire-Roasted Tomato	10	20
✓✓ Trader José's (Trader Joe's) Chipotle Hot	10	40
✓✓ Trader José's (Trader Joe's) Hatch Valley	10	70
✓✓ Green Mountain Gringo ¹	10	80
✓✓ Newman's Own—Medium or Mild ¹	10	85
✓✓ Trader Joe's Corn and Chile Tomato-Less Salsa	45	85
✓✓ Trader José's (Trader Joe's) Roasted Garlic	10	95
✓✓ Desert Pepper—2 Olive Roasted Garlic or Tequila ¹	10	105
✓✓ Muir Glen Organic ¹	10	110
✓✓ Sabra Southwestern (refrig.)	15	110
✓✓ Trader José's (Trader Joe's) Pico de Gallo Hot (refrig.)	10	115
✓✓ Trader Joe's Cowboy Caviar	25	115
✓✓ Pace Restaurant Style—Garlic & Lime Verde or Orig. Recipe ¹	10	130
Wholly Guacamole Avocado Verde (refrig.)	25	135
Sabra Garden Style (refrig.)	10	140
Trader José's (Trader Joe's) Pico de Gallo Mild (refrig.)	10	140
Chi-Chi's Thick & Chunky Mild	10	150
Sabra—except Garden Style or Southwestern (refrig.) ¹	10	170
Amy's ¹	10	180
Newman's Own—except Medium or Mild ¹	15	180
Desert Pepper—except 2 Olive Roasted Garlic or Tequila ¹	15	210
Tostitos Restaurant Style Medium	15	210
Pace Chunky ¹	10	230
Herdez—Medium, Mild, or Salsa Verde Mild ¹	10	240
Simply Tostitos Organic ¹	15	240
Tostitos Chunky—Medium or Mild ¹	10	250
Mrs. Renfro's ¹	15	250
Trader José's (Trader Joe's) Salsa Verde	10	280

Fruit Salsa (2 Tbs., non-refrigerated unless noted)

✓✓ Desert Pepper Peach Mango	15	25
✓✓ Desert Pepper Pineapple	15	80
✓✓ Mrs. Renfro's—Pineapple, Pomegranate, or Raspberry Chipotle ¹	15	90
✓✓ Trader Joe's Spicy, Smoky, Peach	15	90
✓✓ Newman's Own Peach	25	100
✓✓ Sabra Mango Peach (refrig.)	25	100
✓✓ Chi-Chi's Pineapple	15	110
✓✓ Cucina & Amore Piquillo Pepper & Mango	15	120
✓✓ Trader Joe's Pineapple	15	130
Newman's Own Pineapple	20	135
Newman's Own Mango	25	200

Bruschettas & Spreads (2 Tbs., non-refrigerated unless noted)

✓✓ DeLallo Bruschetta Roasted Pepper	40	120
Trader Joe's Piquillo Pepper & Quinoa	70	135
Trader Joe's Eggplant Garlic with Sweet Red Peppers	30	170
Trader Giotto's (Trader Joe's) Bruschetta Sauce (refrig.)	50	180
DeLallo Bruschetta—except Roasted Pepper ¹	100	180
Sabra Bruschetta (refrig.)	15	200

✓✓ Best Bite. ¹Average.

Note: Best Bites refer to numbers only, not taste.

Daily Sodium Limit: 1,500 milligrams.

Source: company information. The use of information from this article for commercial purposes is strictly prohibited without written permission from CSPI.



RIGHT STUFF

elevEat It Up

Aronia berries. Cacao nibs. Red adzuki beans. Goji berries. Beluga lentils.

When **elevÄte** says “We’ve raised the salad bar,” it’s not kidding.

Pre-packaged refrigerated salads are everywhere these days. Many, though, turn out to be boring variations on the iceberg or

romaine/salty ham or chicken/cheese/salty dressing theme.

Enter elevÄte.

From the **blu•rugula** (arugula and baby greens, sorghum, aronia berries, almonds, chia seeds, and cacao nibs, with a blueberry vinaigrette) to the **go•go•goji** (chopped kale, carrots, red cabbage, and radicchio, adzuki beans, goji berries, cashews, broccoli and cauliflower, and black sesame seeds, with a green tea dressing), the company’s eight single-serve salads impress.

Taste? Check. Vitamins and minerals? Check. Protein? It ranges from 6 grams in the **organic power grains** to a decent 14 grams in the **kale caesar**.

Bonus: The salads were delish with just half the dressing. So you can end up with even fewer calories than the 240 to 320—and less sodium than the 125 to 560 milligrams—that are listed on the labels.

Consider the salad bar raised.

elevatesuperfoods.com—(800) 800-7822



FOOD PORN

Top Botch

“We use only TOP-NOTCH INGREDIENTS,” shout the Kraft Heinz **DEVOUR** frozen-entrée boxes, which evoke a trendy bistro as they try to attract millennials to dressed-up comfort foods.

Let’s see. There’s the top-notch white flour in nearly every **DEVOUR**. There’s the processed cheese in the **White**



Cheddar Mac & Cheese with Bacon, the maple-less “syrup” (mostly corn syrup, water, and sugar with caramel color and natural and artificial flavor) in the **Chicken & Waffles**, and the “tender Angus beef” (mostly beef and water with modified food starch, sodium phosphate, and caramel color) in the **Angus Beef with Cornbread**.

And don’t forget the sodium hexametaphosphate, BHA, BHT, sodium nitrite, carrageenan, and other top-notch ingredients sprinkled throughout the **DEVOURS**.

You’ll also find top-notch numbers. It’s hard to squeeze so many calories (450 to 750) and so much sat fat (typically 7 to 17 grams) and sodium (940 to 1,770 mg) into an 8-to-12 oz. frozen entrée.

“Whatever you’re craving, the **DEVOUR** brand has a decadently delicious meal just waiting for

your mouth to discover it!” gush the boxes.

Craving modified cornstarch and cellulose, anyone?

devour-foods.com—(877) 535-5666

DISH of the month



Mexican Street Corn

Sauté 3 cups fresh corn with 6 chopped scallions in 1 tsp. oil over high heat until lightly browned, 2-3 min. Whisk 2 Tbs. mayo, 1 Tbs. low-fat sour cream, 2 Tbs. minced cilantro leaves, ½ minced serrano chili, and ¼ tsp. salt. Toss with the corn. Serve with lime wedges. Serves 4.

quick tip

Does your cutting board slide all over the kitchen counter every time you try to chop or slice? Put a small damp cloth under it. Problem solved.