

FDSN 201: Notes

Contents

1 Nutrition: Linking Food and Health	18
1.1 What is Nutrition?	18
1.2 How Does Nutrition Support Health?	18
1.3 Wellness	19
1.3.1 Physical Health	19
1.3.2 Spiritual Health	19
1.3.3 Emotional Health	19
1.3.4 Social Health	19
1.3.5 Occupational Health	19
1.4 Nutrition and Chronic Disease Prevention	19
1.5 Healthy People 2020	21
1.5.1 Goals of Healthy People 2020	21
1.6 What Are Nutrients?	22
1.7 Macronutrients Provide Energy	22
1.7.1 Carbohydrates	22
1.7.2 Vitamins	23
1.7.3 Fats and oils	23
1.7.4 Minerals	23
1.7.5 Proteins	24
1.7.6 Water	24
1.8 Micronutrients	25
1.8.1 Vitamins	25
1.8.2 Minerals	25
1.8.3 Water Supports All Body Functions	26
1.9 Determining Nutrient Needs	26
1.9.1 Estimated Average Requirement (EAR)	27
1.9.2 Recommended Dietary Allowance (RDA)	27
1.9.3 Adequate Intake (AI)	27
1.9.4 Tolerable Upper Intake Level (UL)	27
1.10 DRIs and Energy	27
1.10.1 Estimated Energy Requirement (EER)	27
1.10.2 Acceptable Macronutrient Distribution Range (AMDR)	27
1.11 Interpreting Nutrition Research	28
1.12 Types of Research Studies	28

1.12.1 Clinical Trials	28
1.13 Evaluating Nutrition-Related Claims	28
1.14 Determining a Website's Reliability	29
1.15 Whom Can You Trust?	29
1.16 In Depth: New Frontiers	30
2 Designing a Healthful Diet	31
2.1 What Is a Healthful Diet?	31
2.2 A Healthful Diet is...	31
2.2.1 Adequate	31
2.2.2 Moderate	31
2.2.3 Nutrient-Dense	32
2.2.4 Balanced	32
2.2.5 Varied	32
2.3 What's Behind Our Food Choices?	32
2.4 Designing a Healthful Diet	32
2.5 Food Labels	33
2.5.1 Nutrition Facts Panel	33
2.5.2 Nutrient Claims on Food Labels	34
3 The Human Body: Are We Really What We Eat?	36
3.1 Organization of the Body	36
3.2 Types of Organ Systems (11)	40
3.3 Why Do We Want to Eat?	40
3.4 What Happens to the Food We Eat?	42
3.5 Digestion	44
3.5.1 The Mouth	44
3.5.2 Stomach	44
3.5.3 Small Intestine	45
3.5.4 Large Intestine	46
3.5.5 Accessory Organs	46
3.6 Absorption	46
3.7 The Role of the Neuromuscular System	47
3.8 GI Tract Disorders	48
3.9 In Depth: Disorders Related to Foods	49
3.10 Non-Celiac Gluten Sensitivity	49
4 Carbohydrates: Plant-Derived Energy Nutrients	50
4.1 What Are Carbohydrates?	50
4.1.1 Starch	52
4.1.2 Glycogen	53
4.1.3 Fiber	53
4.2 Why Do We Need Carbohydrates	54
4.2.1 Energy	54
4.2.2 Fiber	56

4.3	Digestion of Carbohydrates	57
4.3.1	Pancreatic amylase	57
4.4	Regulation of Blood Glucose	60
4.4.1	Insulin	60
4.4.2	Glucagon	60
4.5	How Much Carbohydrate Should We Eat?	62
4.6	Alternative Sweeteners	66
4.6.1	Nutritive sweeteners	66
4.6.2	Sugar alcohols	66
4.6.3	Non-nutritive (alternative) sweeteners	66
4.7	Diabetes	66
4.7.1	Type 1 Diabetes	67
4.7.2	Type 2 Diabetes	67
4.8	Diabetes Testing and Diagnosis	67
4.8.1	Who is at risk?	68
4.8.2	Prevention and control	68
5	Fats: Essential Energy-Supplying Nutrients	69
5.1	What are Fats?	69
5.1.1	Triglycerides	69
5.1.2	Phospholipids	70
5.1.3	Sterols	70
5.2	Essential Fatty Acids	74
5.3	Why Do We Need Fats?	75
5.3.1	Energy	75
5.3.2	Fat-soluble vitamins	75
5.4	How Does Our Body Process Fats?	75
5.5	Recognize the Fat in Foods	76
5.6	How Much Fat Should We Eat?	76
5.7	Essential Fatty Acids	77
5.8	Limit Saturated and <i>Trans</i> Fats	77
5.9	Select Beneficial Fats	77
5.10	Fat Replacers	78
5.11	Role of Fats in Chronic Disease	78
5.12	In Depth: Cardiovascular Disease (CVD)	78
6	Proteins: Crucial Components of All Body Tissues	80
6.1	What Are Proteins?	80
6.2	Amino Acids	80
6.2.1	Essential amino acids	80
6.2.2	Nonessential amino acids	80
6.3	How Are Proteins Made?	82
6.4	Protein Organization Determines Function	84
6.5	Protein Function	85
6.6	Protein Synthesis Can Be Limited	86

6.7	Protein Synthesis Can Be Enhanced	86
6.8	Why Do We Need Proteins?	87
6.9	How Do We Break Down Proteins?	89
6.10	How Much Protein Should We Eat?	91
6.11	Protein Sources	93
6.12	Too Much Dietary Protein Can Be Harmful	94
6.13	Disorders Related to Protein Intake	95
6.13.1	Marasmus	95
6.13.2	Kwashiorkor	96
6.14	Can Vegetarian Diets Provide Protein?	96
6.15	Why Vegetarianism?	98
6.16	Health Benefits of Vegetarianism	98
6.17	Challenges of Vegetarianism	98
6.18	In Depth: Vitamins and Minerals	99
6.18.1	Macronutrients	99
6.18.2	Micronutrients	99
6.18.3	Vitamins	100
6.18.4	Characteristics of Fat-Soluble Vitamins	100
6.18.5	Characteristics of Water-Soluble Vitamins	102
6.18.6	General Properties of Minerals	102
6.18.7	Characteristics of Major Minerals	102
6.18.8	Characteristics of Trace Minerals	102
7	Nutrients Essential to Fluid and Electrolyte Balance	104
7.1	Fluids	104
7.2	Electrolytes	106
7.3	Functions of Fluids	106
7.4	Functions of Electrolytes	107
7.5	Maintaining Fluid Balance	110
7.6	Water	112
7.7	Commercial Beverages	113
7.8	Sodium	114
7.9	Potassium	115
7.10	Chloride	116
7.11	Phosphorus	117
7.12	Fluid and Electrolyte Balance Disorders	118
7.13	Dehydration	119
7.14	Heat Illnesses	120
7.14.1	Heat Cramps	120
7.14.2	Heat Exhaustion	121
7.14.3	Heatstroke	121
7.15	In Depth: Alcohol	121
7.15.1	Types Alcohol Abuse	124
7.15.2	Effects of alcohol abuse	124

8 Nutrients Essential to Key Body Functions	131
8.1 Regulating Metabolism	131
8.2 Thiamin (B ₁)	134
8.3 Riboflavin (B ₂)	134
8.4 Niacin (B ₃)	135
8.5 Pantothenic Acid (B ₅)	135
8.6 Pyrodoxine (B ₆)	136
8.7 Folate (B ₉)	136
8.8 Cobalamin (B ₁₂)	137
8.9 Antioxidants	138
8.10 Vitamin E	138
8.11 Vitamin C	140
8.12 Selenium	142
8.13 Copper, Iron, Zinc, and Manganese	145
8.14 Beta-Carotene	145
8.15 Vitamin A	147
8.16 In Depth: Cancer	150
8.16.1 Signs and Symptoms of Cancer	156
8.16.2 Cancer Treatments	157
8.16.3 Cancer Prevention	157
8.16.4 Role of Antioxidants in Cancer	157
9 Nutrients Essential to Healthy Tissues	158
9.1 Components of the Blood	160
9.2 Iron	160
9.3 Iron Storage and Recycling	161
9.4 Iron Absorption	161
9.5 Zinc	163
9.6 Copper	164
9.7 Vitamin K	166
9.8 Vitamin C	167
9.9 Bone Health	169
9.10 Assessing Bone Health	172
9.11 Calcium	173
9.12 Phosphorus	177
9.13 Magnesium	178
9.14 Fluoride	179
9.15 Vitamin D	180
9.16 In Depth: Osteoporosis	184
10 Achieving and Maintaining a Healthful Body Weight	188
10.1 What Is a Healthful Body Weight?	188
10.2 Evaluating Body Weight	188
10.3 Evaluating Body Weight	189
10.4 Gaining or Losing Weight	194

10.5 Energy Balance	194
10.6 Genetic Factors	197
10.6.1 FTO gene	197
10.6.2 Thrifty gene theory	198
10.6.3 Set-point theory	198
10.6.4 Protein leverage hypothesis	198
10.6.5 Drifty gene hypothesis	198
10.6.6 Metabolic Factors	198
10.6.7 Physiologic Factors	199
10.6.8 Leptin	199
10.6.9 Ghrelin	199
10.6.10 Peptide YY, or PYY	199
10.6.11 Cultural and Economic Factors	200
10.7 Sociocultural Factors	200
10.8 Achieve and Maintain Healthful Weight	200
10.9 Diets focusing on Macronutrient Composition	201
10.10 Weight-Loss Strategies	201
10.11 Behavior Modification	201
10.12 Underweight	202
10.13 Obesity	203
10.13.1 Metabolic Syndrome	204
10.13.2 Obesity Responds to Diet and Exercise	205
11	206
11.1 Physical Activity and Fitness	206
11.2 Physical Activity and Chronic Disease	207
11.3 Physical Activity and Most Americans	208
11.4 Designing a Sound Fitness Program	210
11.5 Sound Fitness Program	210
11.6 The FITT Principle	211
11.7 Sound Fitness Program	212
11.7.1 Warm-Up	212
11.7.2 Cool-down	212
11.8 Fuel for Physical Activity	213
11.9 Energy Needs for Physical Activity	217
11.10 Carbohydrate Intake for Physical Activity	219
11.11 Fat Intake for Physical Activity	222
11.12 Protein Intake for Physical Activity	222
11.13 Fluid Intake for Physical Activity	222
11.14 Fluid Intake and Physical Activity	223
11.15 Micronutrient Intake for Physical Activity	225
11.16 Ergogenic Aids	225
11.17 In Depth: Disorders Related to Body Image, Eating, and Exercise	226
11.17.1 Body Image	227
11.17.2 Body Dysmorphic Disorder	227

11.17.3 Contributing Factors	228
11.17.4 Anorexia Nervosa	228
11.17.5 Bulimia Nervosa	229
11.17.6 Night-Eating Syndrome	230
11.17.7 Female Athlete Triad	230
12 Food Safety and Technology: Protecting Our Food	231
12.1 Why Is Food Safety Important?	231
12.2 Government Regulators	231
12.3 Food Production – Changes over 100 years	232
12.4 Causes of Foodborne Illness	233
12.4.1 Norovirus	234
12.5 Conditions That Help Microbes Multiply	240
12.6 Preventing Foodborne Illness	240
12.7 Preventing Food Spoilage	243
12.8 Food Additives	244
12.9 Genetic Modification in Food Production	246
12.10 Benefits to Genetic Modification	246
12.11 Should We Label GM Foods?	247
12.12 Residues on Foods	247
12.13 Persistent Organic Pollutants	248
12.14 Pesticides	248
12.15 Growth Hormones and Antibiotics	249
12.16 Organic Foods	249
12.17 In Depth: Supplements	250
12.17.1 Herbal supplements	251
13 Food Equity, Sustainability, and Quality: The Challenge of “Good Food”	255
13.1 Food Insecurity	255
13.2 Food Access	256
13.3 Chronic Hunger	257
13.4 Climate Change Threatens Food Security	257
13.5 Sustainability	257
13.6 Industrial Agriculture	258
13.7 Food Diversity	259
13.8 Food Industry Influences America’s Diet	259
13.9 International Initiatives	259
13.10 National and Local Programs	259
13.11 Food Ethics: Food Equity	260
13.12 Choose Foods That Are Healthful for You	262
13.13 In Depth: Malnutrition	262

14 Nutrition Through the Life Cycle: Pregnancy and the First Year of Life	265
14.1 Nutrition Before Conception	265
14.2 Nutrition During Pregnancy	265
14.2.1 First trimester	266
14.2.2 Second trimester	268
14.2.3 Third trimester	268
14.3 Macronutrients	271
14.3.1 Energy	271
14.3.2 Protein and carbohydrate	272
14.3.3 Fat	272
14.4 Micronutrients	272
14.4.1 Folate	272
14.4.2 Vitamin B ₁₂	273
14.4.3 Vitamin C	273
14.4.4 Vitamin A	273
14.4.5 Vitamin D	274
14.4.6 Calcium	274
14.4.7 Iron	274
14.4.8 Zinc	274
14.4.9 Sodium	274
14.4.10 Iodine	274
14.5 Fluids During Pregnancy	275
14.5.1 Nutrition-Related Concerns	275
14.6 Morning Sickness	275
14.7 Cravings and Aversions	275
14.7.1 Gastroesophageal Reflux (GER)	276
14.8 Constipation	276
14.9 Gestational Diabetes	276
14.10 Gestational Hypertension	276
14.11 Foodborne Illness	277
14.12 Food Safety	277
14.13 Nutrition-Related Concerns	277
14.14 Adolescent Pregnancy	278
14.15 Vegetarianism	278
14.16 Exercise During Pregnancy	278
14.17 Consumption of Caffeine	279
14.18 Consumption of Alcohol	279
14.19 Smoking and Drug Use	279
14.20 Breastfeeding	279
14.20.1 The Benefits of Breastfeeding	283
14.21 Challenges Associated with Breastfeeding	283
14.22 Infant Nutrition	283
14.22.1 Infant Nutrient Needs	286
14.23 Supplements for Infants?	286
14.24 Formulas	286

14.24.1 When to Introduce Solid Food	287
14.24.2 Allergies	288
14.24.3 Dehydration	288
14.24.4 Colic	288
14.24.5 Anemia	288
14.24.6 Nursing bottle syndrome	288
14.24.7 Lead poisoning	289
14.25 In Depth: The Fetal Environment	289
15 Nutrition Through the Life Cycle: Childhood to Late Adulthood	292
15.1 Toddlers	292
15.2 Vegan Diets for Toddlers	295
15.3 Young Children	295
15.4 Children: Nutrition-Related Concerns	298
15.5 Older Children	298
15.6 Adolescents	299
15.7 Pediatric Obesity	301
15.7.1 Prevention	302
15.8 Older Adults	304
15.9 In Depth: The Fountain of Youth	310
15.9.1 Calorie restriction (CR)	310
15.9.2 Metabolic effects of Calorie restriction	311
15.9.3 Challenges of Calorie restriction	311
15.9.4 Alternatives to Calorie restriction	311
15.9.5 Supplements	312

List of Figures

1.1	Leading Causes of Death in the United States	20
1.2	A 15-year difference between obesity rates in the United States.	20
3.1	Organization of the Body	37
3.2	Representative Enterocyte	39
3.3	The Hypothalamus Triggers Hunger	41
3.4	Digestive System	43
3.5	Digestion: The Mouth	44
3.6	Hydrochloric Acid (HCl) on the pH Scale	45
3.7	Elimination	46
4.1	Photosynthesis	51
4.2	Disaccharides	52
4.3	Complex Carbohydrates	52
4.4	Carbohydrate Use by Exercise Intensity	55
4.5	Diverticulosis	56
4.6	Fiber May Help Decrease Blood Cholesterol	57
4.7	Digestion of Carbohydrates	59
4.8	Regulation of Blood Glucose: Insulin	60
4.9	Regulation of Blood Glucose: Glucagon	61
4.10	Regulation of Blood Glucose	61
4.11	Whole Grain	63
4.12	Diabetes Testing and Diagnosis	68
5.1	Triglyceride molecule	70
5.2	Sterol diagram	71
5.3	Saturated and Unsaturated Fatty Acids	72
5.4	Levels of Saturation Among Fatty Acids	73
5.5	Major Sources of Dietary Fat	73
6.1	Structure of an Amino Acid	81
6.2	Transamination	82
6.3	Protein Synthesis	83
6.4	Protein Turnover: Synthesis and Breakdown	84
6.5	Levels of Protein Structure	85
6.6	Protein Shape Determines Function	86

6.7 Combining Complementary Foods	87
6.8 Role of Proteins in Fluid Balance	88
6.9 Role of Proteins in Electrolyte Balance	89
6.10 Protein Digestion	90
6.11 Nitrogen Balance	92
6.12 Protein Needs	94
6.13 Protein Content of Common Foods	95
6.14 Vegetarian Diet	97
7.1 Components of Body Fluid	105
7.2 Fluids Help Maintain Body Temperature	107
7.3 Osmosis	108
7.4 Fluid and Electrolyte Balance	109
7.5 Role of Electrolytes in Nerve Function	110
7.6 Fluid Balance	111
7.7 Water Content of Various Foods	112
7.8 For a Woman Expendig 2,500 kcal/day	113
7.9 Common Food Sources of Potassium	116
7.10 Common Food Sources of Phosphorus	118
7.11 Using Urine Color to Gauge Hydration	120
7.12 What Does One Drink Look Like?	122
7.13 Metabolism of Alcohol	123
7.14 Effects of Alcohol on Mortality Risk	125
7.15 Effects of Alcohol on Brain Activity	126
7.16 Cirrhosis of the liver	127
7.17 Alcohol-Related Malnutrition	128
7.18 Fetal Alcohol Syndrome (FAS)	129
8.1 Enzymes	131
8.2 Enzymes	132
8.3 Thiamin	134
8.4 Riboflavin	135
8.5 Pyrodoxine	136
8.6 Folate	137
8.7 B ₁₂	138
8.8 Common Food Sources of Vitamin E	139
8.9 Common Food Sources of Vitamin C	141
8.10 Scurvy	142
8.11 Neutralizing Peroxide Molecules	143
8.12 Common Food Sources of Selenium	144
8.13 Kashin-Beck Disease	145
8.14 Common Food Sources of Beta-Carotene	146
8.15 The Three Active Forms of Vitamin A	147
8.16 Vitamin A Is Essential to Sight	148
8.17 Vitamin A Is Essential to Sight	149

8.18 Common Food Sources of Vitamin A	150
8.19 Cancer Initiation	151
8.20 Cancer Promotion	151
8.21 Cancer Progression	152
8.22 A Normal Lung and the Lung of a Smoker	153
8.23 Effects of Tobacco Use	154
8.24 Human papillomavirus (HPV)	155
8.25 A Lesion Associated with Malignant Melanoma	156
9.1 Components of the Blood	160
9.2 Iron	161
9.3 Common Food Sources of Iron	163
9.4 Copper	165
9.5 Vitamin Roles in Blood Formation	166
9.6 Common Food Sources of Vitamin C	168
9.7 Scurvy	169
9.8 Bone Structure	171
9.9 Bone Remodeling	172
9.10 DXA	173
9.11 Regulation of Blood Calcium Levels	175
9.12 Common Food Sources of Calcium	176
9.13 Common Food Sources of Magnesium	178
9.14 Fluorosis	180
9.15 Conversion of Sunlight into Vitamin D	181
9.16 Vitamin D and Sunlight in North America	182
9.17 Common Food Sources of Vitamin D	183
9.18 Osteoporosis	184
9.19 Osteoporosis	185
9.20 Osteoporosis	186
10.1 Estimating BMI	189
10.2 Body Composition Assessment Methods	191
10.3 Determining Fat Patterns	193
10.4 Energy Balance	195
10.5 The Energy Density of Meals	202
10.6 Abdominal Obesity	204
10.7 Weight-Loss Surgery	205
11.1 Health Benefits of Physical Activity	208
11.2 Using the FITT Principle	211
11.3 Maximal Heart Rate Training Chart	212
11.4 Adenosine Triphosphate (ATP)	213
11.5 Creatine Phosphate (CP)	213
11.6 Energy Balance	214
11.7 Metabolism of Glucose	215

11.8 Fat and Carbohydrate Contributions	216
11.9 Fat and Carbohydrate Contributions (cont.)	217
11.10 Eating for Athletes	219
11.11 Carbohydrates and Muscle Glycogen Stores	220
11.12 Dehydration Symptoms	223
11.13 Body Image	227
11.14 Anorexia Nervosa	229
12.1 Food from Farm to Table	233
12.2 Norovirus	234
12.3 Salmonella	235
12.4 Bacterial Causes of Foodborne Illness	236
12.5 Tapeworms	237
12.6 Molds	238
12.7 Mushrooms Can Contain Dangerous Toxins	239
12.8 The Danger Zone	240
12.9 Reducing Foodborne Illness	241
12.10 Keeping Foods Refrigerated	241
12.11 Food Contamination	242
12.12 The USDA's Radura	244
12.13 Common Food Additives	245
12.14 Recombinant DNA Technology	246
12.15 Biomagnification of POPs	248
12.16 USDA Organic Seal	250
12.17 Supplements	251
12.18 Potentially Harmful Herbal Supplements	253
12.19 Individuals Who May Benefit from Micronutrient Supplementation	254
13.1 Food Insecurity	256
13.2 Food Ethics: Sustainability	258
13.3 Food Ethics: Food Equity	261
13.4 Malnutrition	263
14.1 Ovulation, Conception, and Implantation	266
14.2 The First 10 Weeks	267
14.3 Placental Development	267
14.4 Embryonic and Fetal Development	269
14.5 Low-Birth-Weight Twins and Healthy Infant	270
14.6 Weight Gain During Pregnancy	271
14.7 Spina Bifida	273
14.8 Foodborne Illness	277
14.9 Anatomy of the Breast	280
14.10 Milk and Mother–Child Interaction	281
14.11 Breastfeeding	282
14.12 Weight-to-Age Growth Chart	285

14.13 Infant Formula Label	287
14.14 Nursing Bottle Syndrome	289
14.15 The Fetal Environment	290
15.1 Nutrients for Children and Adolescents	293
15.2 Fun Food	294
15.3 Portion Sizes for Preschoolers	295
15.4 MyPlate Daily Food Plan for Preschoolers	297
15.5 Skeletal Growth	300
15.6 Physical Activities for Children and Adolescents	303
15.7 Nutrients That Change with Increased Age	305
15.8 MyPlate for Older Adults	306
15.9 Nine Ds of Geriatric Weight Loss	307
15.10 Macular Degeneration and Cataracts	309
15.11 Common Drug–Nutrient Interactions	310

List of Tables

1.1	Weight, Nutrition, and Physical Activity Objectives from Healthy People 2020	21
1.2	Overview of Vitamins	25
1.3	Overview of Minerals	26
2.1	FDA-Approved Terms and Definitions	35
3.1	Signs and Symptoms of Dehydration	48
4.1	Dietary Recommendations for Carbohydrates	64
4.2	Forms of Sugar Commonly Added to Foods	65
6.1	Amino Acids of the Human Body	81
6.2	Terms and Definitions of a Vegetarian Diet	97
6.3	Nutrients of Concern in a Vegan Diet	99
6.4	Fat-Soluble Vitamins	101
7.1	Overview of Minerals Involved in Hydration and Neuromuscular Function . .	114
7.2	High-Sodium Foods and Lower-Sodium Alternatives	115
7.3	Percentages of Body Fluid Loss Correlated with Weight Loss and Symptoms .	119
7.4	Myths About Alcohol Metabolism	123
8.1	Nutrient and Energy Metabolism	133
9.1	Nutrients for Healthy Tissues	159
9.2	Circumstances Affecting Iron Status	162
9.3	Functions of Bone in the Human Body	170
9.4	Risk Factors for Osteoporosis	185
10.1	Factors Affecting Basal Metabolic Rate (BMR)	196
10.2	Energy Costs of Physical Activities	197
11.1	Components of Fitness	207
11.2	Rates of Physical Activity in the United States	209
11.3	Nutrients for Vigorous Physical Activity	218
11.4	Carbohydrate and Total energy in Various Foods	221
11.5	Carbohydrate Loading Guidelines	222
11.6	Guidelines for Fluid Replacement	224

12.1 Government Regulation Agencies	232
14.1 Recommended Weight Gain for Women During Pregnancy	270
14.2 The micronutrients that are most critical during pregnancy include	272
14.3 Nutrient Recommendations	272
14.4 A complete vegetarian (vegan) must carefully monitor the intake of	278

Chapter 1

Nutrition: Linking Food and Health

1.1 What is Nutrition?

- **Nutrition** – the study of food, including
 - How food nourished our bodies
 - How food influences our health
- Nutrition is a relatively new discipline of science.
- Nutrition research focuses on supporting health and preventing and/or treating chronic diseases.
- Nutrition involves study of the following:
 - Food consumption
 - Food digestion
 - Food absorption
 - Food storage
 - Factors that influence eating patterns
 - Recommended amounts of types of food
 - Food safety
 - The global food supply

1.2 How Does Nutrition Support Health?

- Nutrition supports health and wellness
- **Wellness** – A multidimensional, active process by which people make choices to enhance their lives
 - Includes: physical, emotional, social, occupational, and spiritual health

- Critical components of wellness
 - Nutrition
 - Physical activity

1.3 Wellness

1.3.1 Physical Health

Includes nutrition and physical activity.

1.3.2 Spiritual Health

Includes spiritual values and beliefs.

1.3.3 Emotional Health

Includes positive feelings about one's self and life.

1.3.4 Social Health

Includes family, community, and social environment.

1.3.5 Occupational Health

Includes meaningful work or vocation.

1.4 Nutrition and Chronic Disease Prevention

- Nutrition can prevent disease
 - Nutrient-deficiency diseases:
 - * scurvy (Vitamin-C deficiency)
 - * pellagra
 - Three chronic diseases strongly associated with poor nutrition:
 - * Heart disease
 - * Stroke
 - * Diabetes
 - Diseases in which nutrition plays a role:
 - * Osteoarthritis

- * Osteoporosis
- Obesity is the primary link between poor nutrition and mortality

Leading Causes of Death in the United States

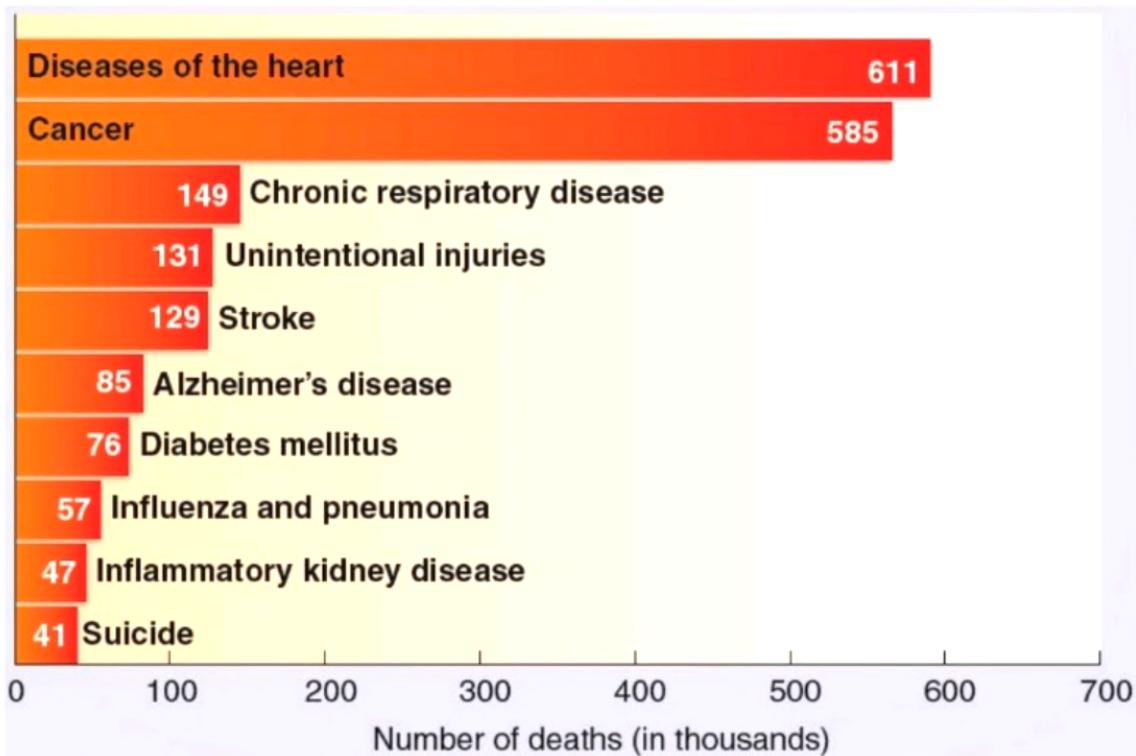
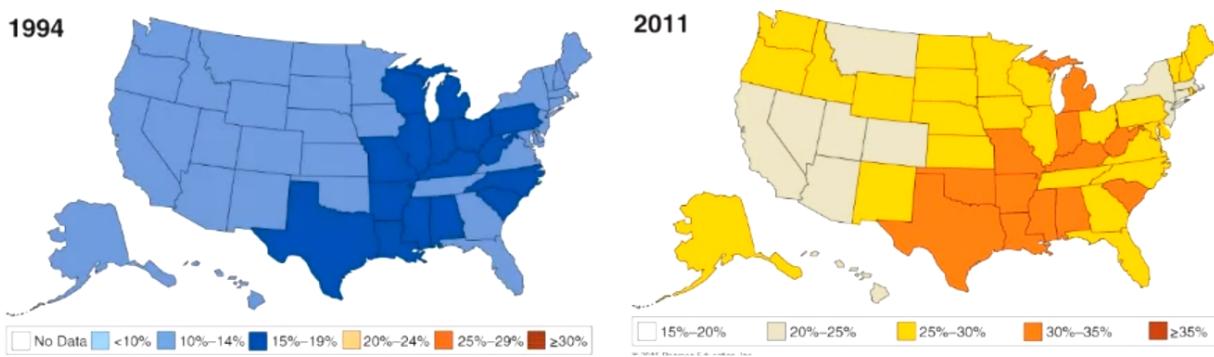


Figure 1.1: Leading Causes of Death in the United States



(a) Obesity rates per U.S. state in 1994.

(b) Obesity rates per U.S. state in 2011.

Figure 1.2: A 15-year difference between obesity rates in the United States.

1.5 Healthy People 2020

- Nutrition is so important that it has become a national goal
- The **Healthy People** plan, revised every decade, identifies goals and objectives to reach by 2020.

1.5.1 Goals of Healthy People 2020

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behaviors across all life stages

Table 1.1: Weight, Nutrition, and Physical Activity Objectives from **Healthy People 2020**

Topic	Objective Number and Description
Weight status	NWS-8. Increase the proportion of adults who are at a healthy weight from 30.8% to 33.9%. NWS-9. Reduce the proportion of adults who are obese from 34.0% to 30.6%. NWS-10.2. Reduce the proportion of children aged 6 to 11 years who are considered obese from 17.4% to 15.7%.
Food and nutrient composition	NWS-14. Increase the contribution of fruits to the diets of the population aged 2 years and older. NWS-15. Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older.
Physical activity	PA-1. Reduce the proportion of adults who engage in no leisure-time physical activity from 36.2% to 32.6%. PA-2.1. Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes per week, or 75 minutes per week of vigorous intensity, or an equivalent combination from 43.5% to 47.9%. PA-2.3. Increase the proportion of adults who perform muscle-strengthening activities on 2 or more days of the week from 21.9% to 24.1%.

Data adapted from: **Healthy People 2020** (U.S. Department of Health and Human Services).

1.6 What Are Nutrients?

- **Nutrients** – chemicals in foods that are critical to human growth and function
- There are six groups of essential nutrients found in foods:
 - Carbohydrates
 - Vitamins
 - Fats and oils
 - Minerals
 - Proteins
 - Water
- **Macronutrients** – nutrients required in relatively large amounts (grams)
 - Provide energy
 - Carbohydrates, fats and oils, proteins
- **Micronutrients** – nutrients required in smaller amounts

1.7 Macronutrients Provide Energy

- We measure energy in kilocalories (kcal)
- **Kilocalorie** – amount of energy required to raise the temperature of 1 kg of water by 1°C
- On food labels, “Calorie” actually refers to kilocalories.

1.7.1 Carbohydrates

- Provide 4 kcal per gram.

Functions

Primary energy source of fuel for the body, especially for the brain

Composed of

Chains of carbon, hydrogen, and oxygen

Best Sources

Whole grains, vegetables, fruits

1.7.2 Vitamins

Functions

Important source of energy at rest during low-intensity exercise

Composed of

Carbon, hydrogen, and oxygen

Best Sources

Vegetable oils, butter and dairy products

1.7.3 Fats and oils

- Fats are composed of lipids, molecules that are insoluble in water
- Provide 9 kcal per gram.
- Fats are an important source of fuel for our bodies during times of rest or low-intensity exercise
- Our bodies can store fat which can be used for energy while we are not eating
- Source of fat-soluble vitamins and essential fatty acids

Functions

Support tissue growth, repair and maintenance

Composed of

Amino acids made up of carbon, hydrogen, oxygen and nitrogen

Best Sources

Meats, dairy products, seeds, nuts, legumes

1.7.4 Minerals

Functions

Assist with release of macronutrients; critical to building and maintaining bone, muscle, and blood; support immune function and vision

Composed of

fat-soluble and water-soluble compounds

Best Sources

fruits, vegetables, dairy products, meats

1.7.5 Proteins

- Proteins are chains of amino acids
- Can supply 4 kcal of energy per gram, but are not usually a primary energy source
- Important for:
 - Building cells and tissues

Functions

Assist with fluid regulation and energy production; maintain health of blood and bones; rid body of harmful by-products of metabolism

Composed of

Carbon,

Best Sources

Fruits, vegetables, dairy products, meats

1.7.6 Water

Functions

Ensures proper fluid balance; assists in regulation of nerve impulses, body temperature, and muscle contractions

Composed of

Hydrogen and oxygen

Best Sources

Water, juices, soups, fruits, vegetables

1.8 Micronutrients

- Vitamins and minerals (and **phytochemicals**/phytonutrients) are known as micronutrients
- **Micronutrients** – Nutrients needed in relatively small amounts to support normal health and body functions
- Neither vitamins nor minerals provide kilocalories

1.8.1 Vitamins

- **Vitamins** – organic molecules that assist in regulating body processes
- Vitamins are classified by the way they are absorbed, transported, and stored in the body
 - Fat-soluble vitamins
 - Water-soluble vitamins

Table 1.2: Overview of Vitamins

Type	Names	Distinguishing Features
Fat soluble	A, D, E, K	Soluble in fat Stored in the human body Toxicity can occur from consuming excess amounts, which accumulate in the body
Water soluble	C, B-vitamins (thiamin, riboflavin, niacin, vitamin B ₆ , vitamin B ₁₂ , pantothenic acid, biotin, folate)	Soluble in water Not stored to any extent in the human body Excess excreted in urine Toxicity generally only occurs as a result of vitamin supplementation

1.8.2 Minerals

- **Minerals** – inorganic (cannot be broken down) substances required for body processes
 - Minerals include sodium, calcium, iron, potassium, and magnesium
 - Minerals have many different functions, such as fluid regulation and energy production; are essential to bones and blood; and help eliminate harmful by-products of metabolism

Table 1.3: Overview of Minerals

Type	Names	Distinguishing Features
Major Minerals	Calcium, phosphorus, sodium, potassium, chloride, magnesium, sulfur	Needed in amounts greater than 100 mg/day in our diet Amount present in the human body is greater than 5 g (5,000 mg)
Trace minerals	Iron, zinc, copper, manganese, fluoride, chromium, molybdenum, selenium, iodine	Needed in amounts less than 100 mg/day in our diet Amount present in the human body is less than 5 g (5,000 mg)

1.8.3 Water Supports All Body Functions

- Water is an inorganic nutrient that is vital for health and survival
- Water is involved in many bodily processes:
 - fluid balance
 - nutrient transport
 - nerve impulses
 - removal of wastes
 - muscle contractions
 - body temperature

1.9 Determining Nutrient Needs

- Dietary Reference Intakes (DRIs) identify the
 - Amount of a nutrient needed to prevent deficiency disease in healthy people
 - Amount of a nutrient that may reduce the risk of chronic disease
 - Upper level of safety for nutrient intake
- DRIs consist of four values
 - Estimated Average Requirement (EAR)
 - Recommended Dietary Allowance (RDA)
 - Adequate Intake (AI)
 - Tolerable Upper Intake Level (UL)

1.9.1 Estimated Average Requirement (EAR)

- The average daily intake level of a nutrient that will meet the needs of half of the healthy people in a particular life stage and gender group
- Used to determine the Recommended Dietary Allowance (RDA) of a nutrient

1.9.2 Recommended Dietary Allowance (RDA)

- The average daily intake level required to meet the needs of 97–98% of health people in a particular life stage and gender group

1.9.3 Adequate Intake (AI)

- Recommended average daily intake level for a nutrient that is assumed to be adequate
- Based on observations and estimates from experiments
- Used when the RDA is not yet established: vitamin D, vitamin K, fluoride, and chromium

1.9.4 Tolerable Upper Intake Level (UL)

- Highest average daily intake level that is not likely to have adverse effects on the health of most people
- Consumption of a nutrient at levels above the UL is not considered safe

1.10 DRIs and Energy

- Two DRIs apply to energy specifically
 - Estimated Energy Requirement (EER)
 - Acceptable Macronutrient Distribution Range

1.10.1 Estimated Energy Requirement (EER)

- Average dietary energy intake to maintain energy balance
- Based on age, gender, weight, height, and level of physical activity

1.10.2 Acceptable Macronutrient Distribution Range (AMDR)

- The range of energy intake from carbohydrate, fat and protein associated with reduced risk of chronic disease
- The range of macronutrient intake that provides adequate levels of essential nutrients

1.11 Interpreting Nutrition Research

- Research involves applying the scientific method
 - Observation and description of a phenomenon
 - Creation of a hypothesis
 - Design of a repeatable experiment
 - Collection, analysis, and interpretation of data
 - * Formation of a conclusion, or proposal of an alternative hypothesis
 - Development of a theory based on repeated experiments

1.12 Types of Research Studies

- Animal versus human studies
 - Drawbacks: ethical concerns, and results may not apply to humans
- Epidemiological studies
- Observational studies
 - Can only indicate relationships between factors
- Case control studies
- Clinical trials

1.12.1 Clinical Trials

- In clinical trials, an intervention's effect on a certain disease or health condition is tested using two groups: the experimental group and the control group
- Randomized trials
- Single- and double-blind experiments
 - Placebo: an imitation treatment that has no effect, given to the control group in placebo-controlled double-blind randomized clinical trials

1.13 Evaluating Nutrition-Related Claims

- Ask these questions to determine scientific validity:
 - Who is reporting the information?
 - * What are their credentials?

- Who conducted the research and who paid for it?
 - * Is there a conflict of interest?
- Is the report based on reputable research studies?
 - Was there a control and an experimental group?
 - Was the sample size large enough to rule out chance variation?
 - Was a placebo effectively administered?
 - Was it a double-blind study?
- Is the report based on testimonials?
- Are the claims too good to be true?

1.14 Determining a Website's Reliability

Look at:

- The website sponsors' credentials
- Whether the date of the website is recent
- The Internet address: “.gov”, “.edu” and “.org” are generally considered reliable

1.15 Whom Can You Trust?

- Trustworthy experts are educated and credentialed
 - Registered dietitian (RD)
 - Licensed dietitian
 - Nutritionist with credentials and experience
 - Professional with advanced degree(s) in nutrition (MS, MA, or PhD in nutrition)
 - Physician with appropriate expertise in nutrition
- Government agencies are usually trustworthy
 - The Centers for Disease Control and Prevention (CDC) supports two large national surveys
 - * National Health and Nutrition Examination Survey (NHANES)
 - * Behavioral Risk Factor Surveillance System Survey (BRFSS)
- National Institutes of Health (NIH) focuses on specific areas of research, including cancer; heart, lung, and blood diseases; diabetes; and alternative medicine

- Professional organizations publish cutting-edge nutrition research and information
- These include
 - Academy of Nutrition and Dietetics (AND)
 - American Society for Nutrition (ASN)
 - American College of Sports Medicine (ACSM)
 - The Obesity Society (TOS)

1.16 In Depth: New Frontiers

- **Nutrigenomics** – studies the interactions among genes, the environment, and nutrition
 - Key theory: foods and environmental factors can “switch” some genes on while turning off others
 - Could help in reducing risk of diet-related disease, treating existing conditions through diet, and making personalized nutrition possible
- The human genome is the set of genes making up the DNA in the nucleus of a human cell
- The human microbiome is the set of genes belonging to microorganisms that inhabit the human body
 - Our health is affected by the way they interact with our human cells and genes that are required for digestion
 - GI flora: helpful bacteria in our gastrointestinal (GI) tract
- Functional foods have biologically active ingredients that provide health benefits beyond basic nutrition
 - **Probiotics** – contain live microorganisms that improve the intestinal microbial balance
 - **Prebiotics** – nondigestible food ingredients that stimulate the growth and/or activity of probiotic bacteria
 - **Phytochemicals** – naturally occurring plant compounds believed to have health-promoting effects in humans

Chapter 2

Designing a Healthful Diet

2.1 What Is a Healthful Diet?

- A healthful diet is
 - Adequate
 - Moderate
 - Balanced
 - Nutrient-dense
 - Varied

2.2 A Healthful Diet is...

2.2.1 Adequate

- An adequate diet provides enough energy, nutrients, and fiber to support a person's health
- A diet adequate in one area can still be inadequate in another
- A diet adequate for one person may not be adequate for another

2.2.2 Moderate

- Another key to a healthful diet is moderation
- A healthful diet contains the right amounts of foods for maintaining proper weight and nutrition

2.2.3 Nutrient-Dense

- A nutrient dense diet is made up of foods and beverages that supply the highest level of nutrients for the lowest number of calories
- Examples of nutrient dense foods are fruits, vegetables and whole grain

2.2.4 Balanced

- A balanced diet contains the right combinations of foods to provide the proper proportions of nutrients

2.2.5 Varied

- **Variety** – eating many different foods from the different food groups on a regular basis
- A healthful diet is not based on only one or a few types of foods

2.3 What's Behind Our Food Choices?

- Hunger is a basic biological urge, while appetite is a psychological desire influenced by
 - Sensory data
 - * Social and cultural cues
 - * Sight
 - * Smell
 - * Taste
 - * Texture
 - * Sound
 - Social, cultural, and emotional cues
 - * Craving “comfort foods”
 - * Associating food with a location
 - Popcorn at the movies, or hot dogs at a baseball game
 - Learned factors (family, community, religion)
 - * Conditioned taste aversion: avoidance of a food as a result of a negative experience such as an illness

2.4 Designing a Healthful Diet

- Tools for designing a healthful diet include:
 - Food labels

- 2010 Dietary Guidelines for Americans
- The USDA Food Patterns and MyPlate graphic
- Other eating plans

2.5 Food Labels

- Five components of food labels:
 - Statement of identity
 - Net contents of the package
 - Ingredient list
 - Name and address of the food manufacturer, packer, or distributor
 - Nutrition information

2.5.1 Nutrition Facts Panel

- The Nutrition Facts Panel contains the nutrition information required by the FDA
 - Label regulations began in 1973
 - The U.S. Food and Drug Administration (FDA) has made changes to the 20-year old nutrition labels on packaged foods. The changes to the nutrition label provide information to help compare products and make healthy food choices.
- This information can be used in planning a healthful diet
- Serving size and servings per container
 - Serving sizes can be used to plan appropriate amounts of food
 - Standardized serving sizes allow for comparisons among similar products
- Calories and Calories from fat per serving
 - This information can be used to determine if a product is relatively high in fat
- List of nutrients
 - Fat (total, saturated, and *trans*)
 - Cholesterol
 - Sodium
 - Carbohydrates
 - Protein
 - Some vitamins and minerals

- Percent Daily Values (%DV)
 - Describe how much a serving of food contributes to your total intake of a nutrient
 - Based on a diet of 2,000 Calories per day
 - Can be used to determine if a product is low or high in a particular nutrient
 - Based on:
 - * Reference Daily Intakes (RDIs) for foods with a Recommended Dietary Allowance (RDA) value
 - * Daily Reference Values (DRVs) for foods without an RDA value
- Footnote
 - Contains general dietary advice for all people of all health
 - Must be present on all food labels
 - Also compares a 2,000-Calorie diet with a 2,500-Calorie diet

2.5.2 Nutrient Claims on Food Labels

- The FDA has approved several claims related to health and disease
- If current scientific evidence about a health claim is not convincing, the label may have to include a disclaimer
- **Structure** – function claims such as “Builds stronger bones” can be made with no proof and therefore no actual benefits may be seen

Table 2.1: FDA-Approved Terms and Definitions

Nutrient	Claim	Meaning
Energy	Calorie free	Less than 5 kcal per serving
	Low Calorie	40 kcal or less per serving
	Reduced Calorie	At least 25% fewer kcal than reference (or regular) food
	Fat free	Less than 0.5 g of fat per serving
	Low fat	3 g or less fat per serving
	Reduced fat	At least 25% less fat per serving than reference food
	Saturated fat free	Less than 0.5 g of saturated fat and less than 0.5 g of trans fat per serving
	Low saturated fat	1 g or less saturated fat and less than 0.5 g trans fat per serving and 15% or less of total kcal from saturated fat
	Reduced saturated fat	At least 25% less saturated fat and reduced by more than 1 g saturated fat per serving as compared to reference food
	Cholesterol free	Less than 2 mg of cholesterol per serving and 2 g or less saturated fat and trans fat combined per serving
Fat and Cholesterol	Low cholesterol	20 mg or less cholesterol and 2 g or less saturated fat per serving
	Reduced cholesterol	At least 25% less cholesterol than reference food and 2 g or less saturated fat per serving
	High fiber	5 g or more fiber per serving*
	Good source of fiber	2.5 g to 04.9 g fiber per serving
	More or added fiber	At least 2.5 to 4.9 g fiber per serving
	Sugar free	Less than 0.5 g sugars per serving
	Low sugar	Not defined; no basis for recommended intake
	Reduced/less sugar	At least 25% less sugars per serving than reference food
	No added sugars or without added sugars	No sugar or sugar-containing ingredient added during processing

*High-fiber claims must also meet the definition of low fat; if not, then the level of total fat must appear next to the high-fiber claim. Data adapted from: "Food Labeling Guide" (U.S. Food and Drug Administration)

Chapter 3

The Human Body: Are We Really What We Eat?

3.1 Organization of the Body

Atoms – the smallest units of matter

- Atoms bond to each other to form molecules

Molecules – groups of atoms bonded in specific configurations

- Examples
 - Water is H_2O
 - Carbon dioxide is CO_2
- Carbohydrates, proteins, fats, and vitamins are usually very large molecules
- The goal of digestion:
 - Break these large molecules down into smaller molecules
 - Absorb the smaller molecules into the cells of the body

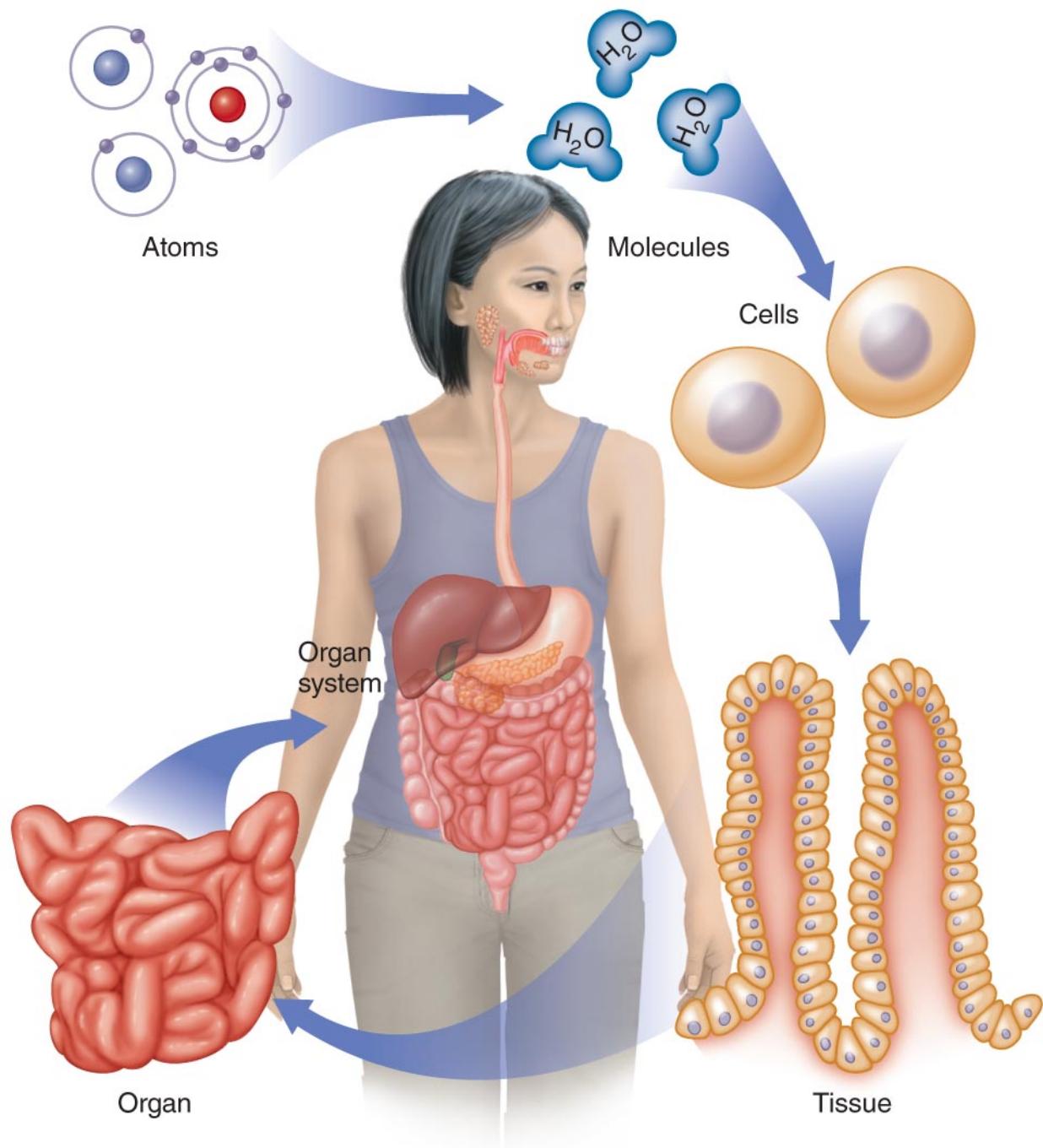


Figure 3.1: Organization of the Body

- Molecules are the building blocks of cells
- **Cells** – the smallest unit of life
- Molecules that result from the digestion of food are used to build the cells of the body
- **Cell membrane** – outer layer enclosing each cell of the body

- Composed of two layers of phospholipids
- Long lipid “tails” face each other toward the interior of the membrane
- Phosphate “heads” line the interior and exterior surfaces of the membrane
- Cholesterol and proteins are embedded in the membrane
- The cell membrane is **selectively permeable**, allowing it to control the passage of materials into and out of the cell
- The cell membrane encloses the
 - **Cytoplasm** – the liquid within the cell
 - **Organelles** – tiny structures that perform many different cellular functions
 - Examples
 - * Nucleus
 - * Mitochondria

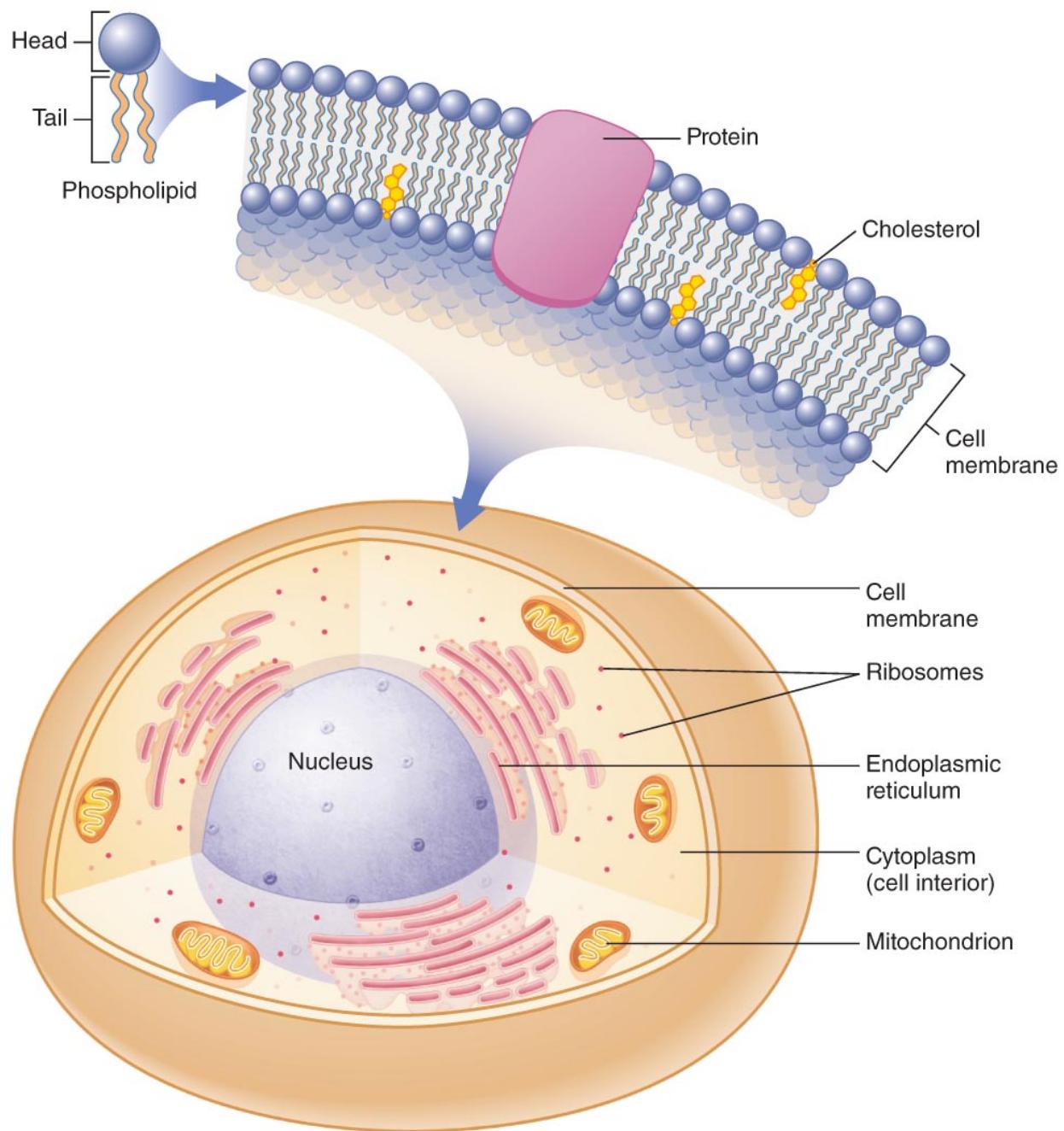


Figure 3.2: Representative Enterocyte

- Cells join together to form tissues
- **Tissue** – group of cells acting together to perform a common function
 - Examples
 - * Muscle tissue
 - * Nervous tissue

- Different tissues combine to form organs
- **Organ** – a sophisticated organization of tissues that performs a specific function
 - Examples
 - * Stomach
 - * Heart
 - * Brain
- **Organ systems** – groups of organs working together for a particular function
 - Example
 - * Gastrointestinal system

3.2 Types of Organ Systems (11)

- Nervous
- Cardiovascular (circulatory)
- Respiratory
- Renal
- Digestive
- Endocrine
- Integumentary & Exocrine
- Immune & Lymphatic
- Muscular
- Skeletal
- Reproductive

3.3 Why Do We Want to Eat?

Appetite – a desire to eat that is stimulated by

- Sight
- Smell
- Thought of food

Hunger – a physiologic drive to eat that occurs when our body senses that we need food

- The **hypothalamus** region of the brain contains a cluster of nerve cells known as the feeding center and another cluster of cells known as the satiety center
 - Nerve cells in the stomach and small intestine sense food and send message to hypothalamus
 - Hormones relay messages to the hypothalamus
 - Amount and type of food consumed influence satiety

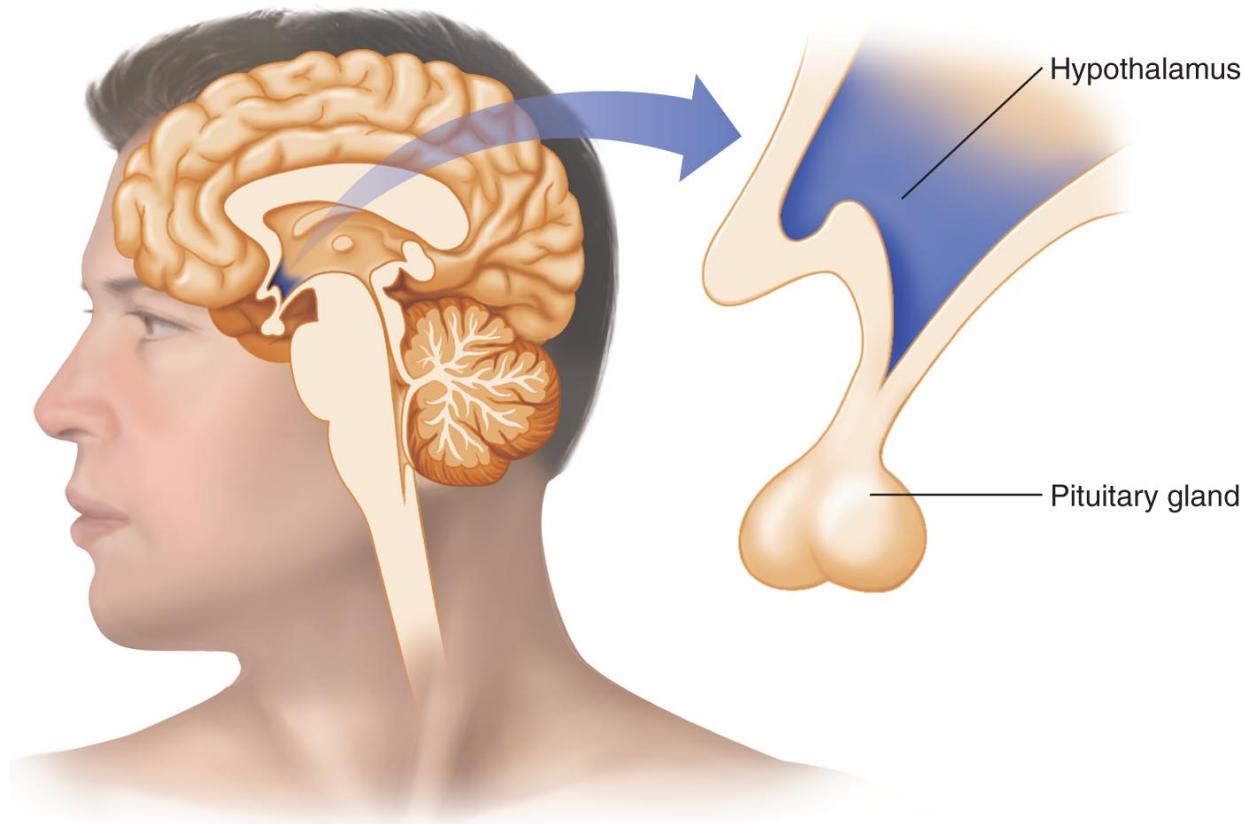


Figure 3.3: The Hypothalamus Triggers Hunger

- The signals that prompt us to eat include
 - Nerve receptors in the stomach, which send signals to the hypothalamus to indicate if the stomach is full or empty
 - Blood fuel (glucose, ketones) levels, which trigger the release of hormones
 - * insulin and glucagon
- **Hormones** – chemicals produced in specialized glands that travel in the bloodstream to target organs in other parts of the body
 - Some hormones stimulate hunger

- * Ghrelin
- Some hormones produce a feeling of satiety
 - * Cholecystokinin (CCK)
 - * Leptin
- Foods have different effects on our feelings of hunger and satiety
 - Proteins have the highest satiety value
 - Carbohydrates have a lower satiety value than fats
 - Bulky foods provided a sense of satiety
 - Solid foods are more filling than semisolid foods or liquids

3.4 What Happens to the Food We Eat?

- **Gastrointestinal (GI) tract** – series of organs arranged as a long tube through which the food passes
- The GI tract includes
 - Organs such as the stomach and intestines
 - **Sphincters** – muscles that control the passage of material from one organ to the next

The digestive system consists of the organs of the gastrointestinal (GI) tract and associated accessory organs. The processing of food in the GI tract involves ingestion, mechanical digestion, chemical digestion, propulsion, absorption, and elimination.

ORGANS OF THE GI TRACT

MOUTH

Ingestion Food enters the GI tract via the mouth.

Mechanical digestion Mastication tears, shreds, and mixes food with saliva.

Chemical digestion Salivary amylase begins carbohydrate breakdown.

PHARYNX AND ESOPHAGUS

Propulsion Swallowing and peristalsis move food from mouth to stomach.

STOMACH

Mechanical digestion Mixes and churns food with gastric juice into a liquid called chyme.

Chemical digestion Pepsin begins digestion of proteins, and gastric lipase begins to break lipids apart.

Absorption A few fat-soluble substances are absorbed through the stomach wall.

SMALL INTESTINE

Mechanical Digestion and Propulsion Segmentation mixes chyme with digestive juices; peristaltic waves move it along tract.

Chemical digestion Digestive enzymes from pancreas and brush border digest most classes of nutrients.

Absorption Nutrients are absorbed into blood and lymph through enterocytes.

LARGE INTESTINE

Chemical digestion Some remaining food residues are digested by bacteria.

Absorption Reabsorbs salts, water, and vitamins.

Propulsion Compacts waste into feces and propels it toward the rectum.

RECTUM

Elimination Temporarily stores feces before voluntary release through the anus.

ACCESSORY ORGANS

SALIVARY GLANDS

Produce saliva, a mixture of water, mucus, enzymes, and other chemicals.

LIVER

Produces bile to emulsify fats.

GALLBLADDER

Stores bile before release into the small intestine through the bile duct.

PANCREAS

Produces digestive enzymes and bicarbonate, which are released into the small intestine via the pancreatic duct.

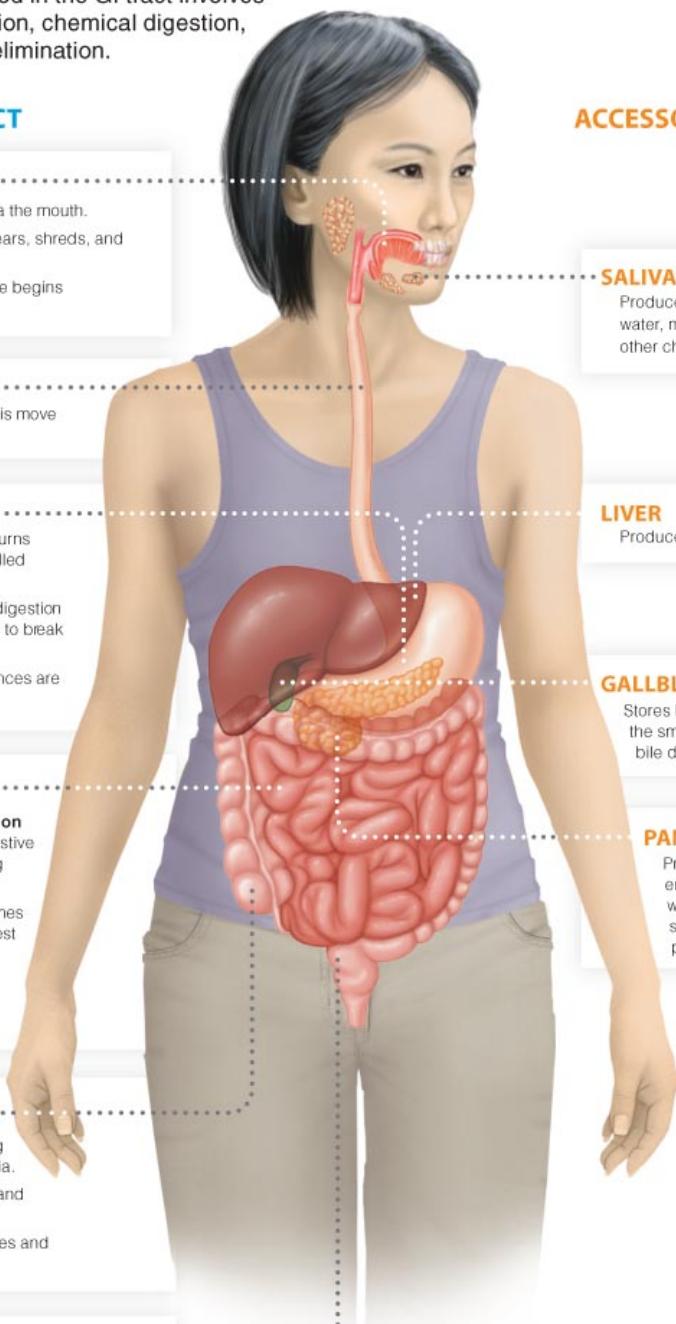


Figure 3.4: Digestive System

3.5 Digestion

3.5.1 The Mouth

- Digestion begins in the mouth
 - Chewing is the mechanical digestion that breaks food into smaller pieces
 - Some chemical digestion takes place in the mouth
 - * **Salivary amylase** – an **enzyme** produced by the **salivary glands** that begins the chemical digestion of carbohydrates

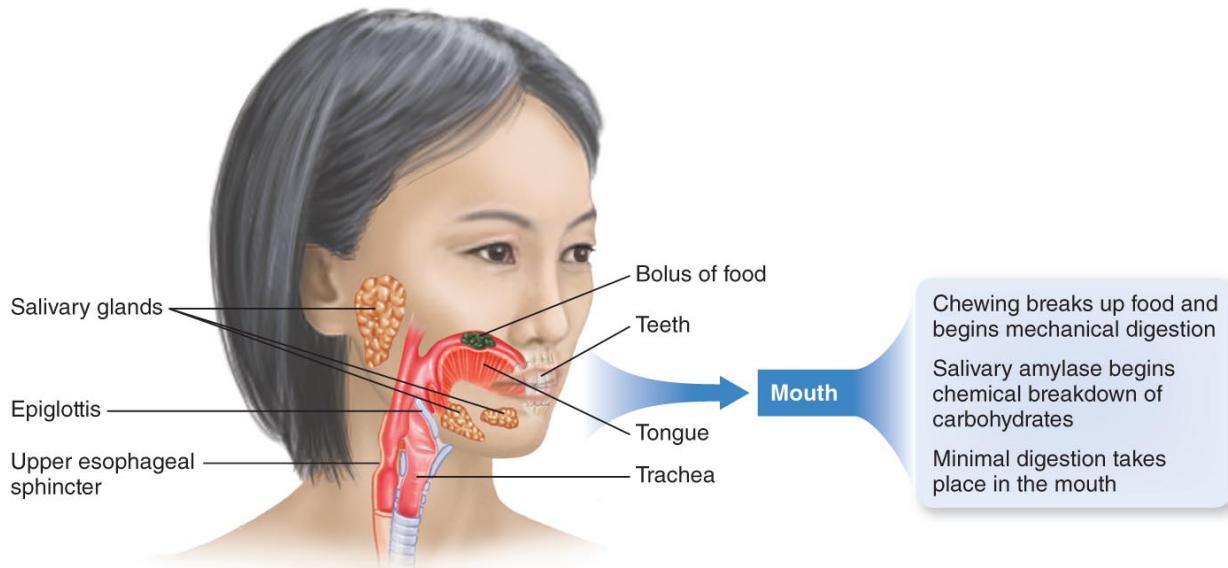


Figure 3.5: Digestion: The Mouth

- The esophagus propels food into the stomach
 - The **epiglottis** covers the opening to the trachea during swallowing
 - Food travels from the mouth to the stomach through the **esophagus**
 - **Peristalsis** is the muscular contractions moving food through the GI tract
 - The **gastroesophageal sphincter** separates the esophagus from the stomach

3.5.2 Stomach

- The stomach mixes, digests, and stores food
- Digestion in the stomach includes
 - Extensive mechanical digestion to mix food with gastric juice
 - Chemical digestion of proteins and fats

- **Gastric juice** contains
 - **Hydrochloric acid (HCl)** – to denature proteins and activate pepsin
 - **Intrinsic factor** – a protein critical to the absorption of vitamin B₁₂
 - **Pepsin** – an enzyme to digest protein
 - **Gastric lipase** – an enzyme to digest fat
- **Chyme** – semisolid product of mechanical and chemical digestion in the stomach

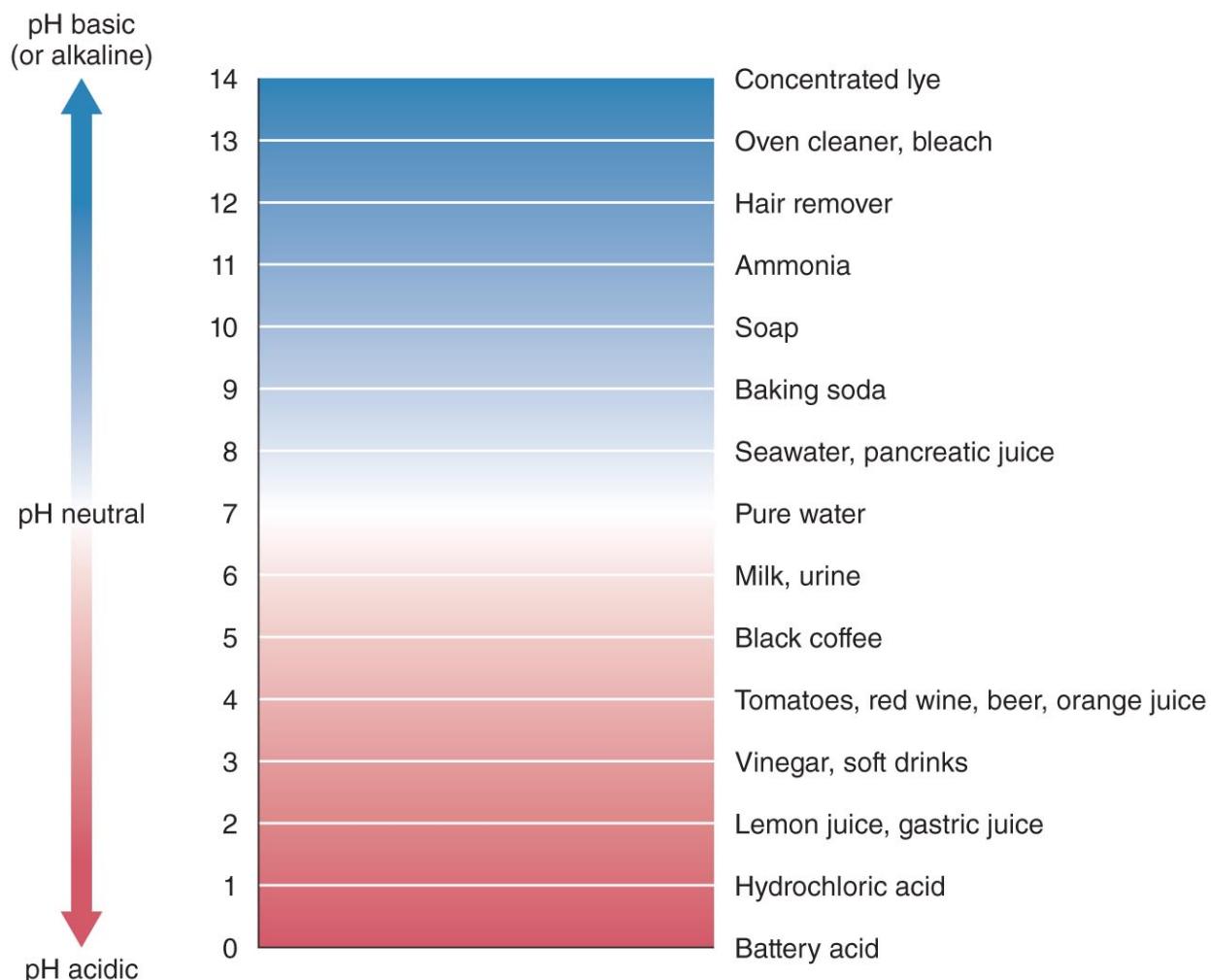


Figure 3.6: Hydrochloric Acid (HCl) on the pH Scale

3.5.3 Small Intestine

- From the stomach, chyme is slowly released through the pyloric sphincter to the small intestine
- Chemical digestion continues in the small intestine using pancreatic enzymes and bile

3.5.4 Large Intestine

- Undigested food components move through a sphincter called the **ileocecal valve** to the large intestine
- In the large intestine
 - Very little digestion takes place
 - Material is stored 12–24 hours prior to elimination
 - Water and some nutrients are absorbed

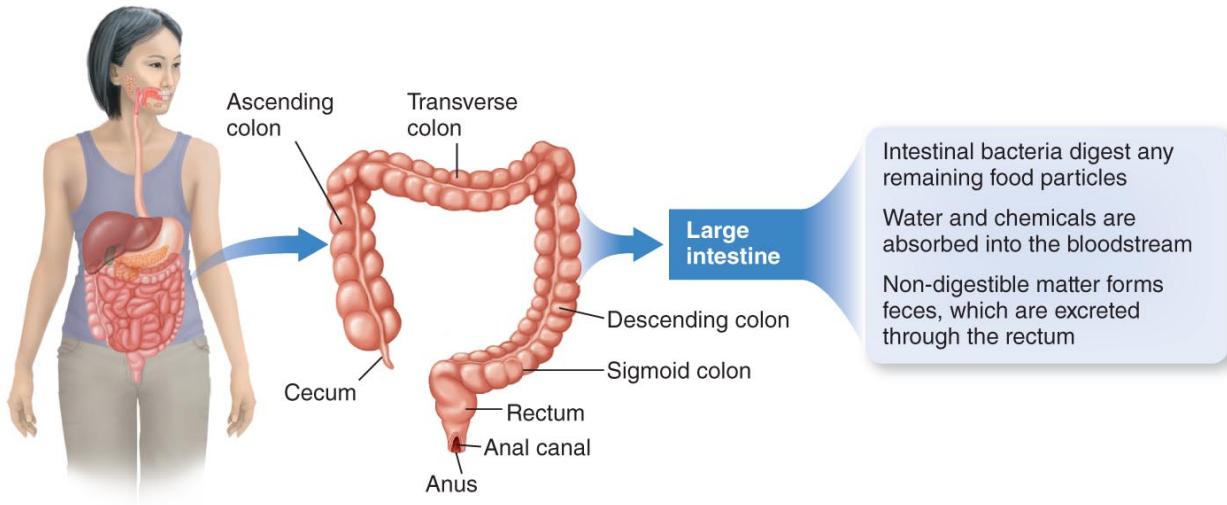


Figure 3.7: Elimination

3.5.5 Accessory Organs

- Surrounding the GI tract are several **accessory organs**
 - Salivary glands
 - Liver** – produces bile, which emulsifies fats
 - Pancreas**
 - * Produces many digestive enzymes
 - * Produces bicarbonate to neutralize chyme
 - Gallbladder** – stores bile

3.6 Absorption

- Absorption** – the process of taking molecules across a cell membrane and into cells of the body

- A small amount of absorption occurs in the stomach
- Most absorption of nutrients occurs in the three sections of the small intestine
 - Duodenum
 - Jejunum
 - Ileum
- The lining of the GI tract has special structures to facilitate absorption
 - **Villi** – folds in the lining that are in close contact with nutrient molecules
 - **Brush border** – composed of microvilli that greatly increase the surface area
- Water-soluble nutrients (carbohydrates, protein, minerals, and some vitamins) enter the **portal vein**
 - The portal vein transports these nutrients to the liver
- Fat-soluble nutrients (lipids and some vitamins) enter the lymphatic vessels
 - Lymphatic vessels transport these nutrients directly to the bloodstream
- Nutrients are absorbed across the mucosal membrane and into the blood stream or lymph by:
 - Passive diffusion
 - Facilitated diffusion
 - Active transport
 - Endocytosis

3.7 The Role of the Neuromuscular System

- Two components of the neuromuscular system regulate the activities of the GI tract
 - The muscles of the GI tract mix and move food
 - * Both voluntary and involuntary muscles
 - Nerves control the contractions and secretions of the GI tract
 - * The **enteric nervous system (ENS)**
 - * Other branches of the autonomic nervous system
 - * The central nervous system (CNS)

3.8 GI Tract Disorders

- The lining of the stomach is designed to cope with hydrochloric acid, but other regions of the GI tract are not
- Heartburn** – caused by hydrochloric acid in the esophagus
- Gastroesophageal reflux disease (GERD)** – a chronic disease for which painful, persistent heartburn is the most common symptom
- Peptic ulcers** – regions of the GI tract that have been eroded by HCl and pepsin
- The bacterium *Helicobacter pylori* contributes to the production of both gastric and duodenal ulcers
- Vomiting often accompanies a gastrointestinal infection such as the norovirus
- Cyclic vomiting syndrome (CVS)** – a chronic condition involving severe nausea and vomiting that can last for hours or days
- Diarrhea can be caused by
 - * Food intolerances
 - * Infection of the GI tract
 - * Stress
 - * Bowel disorders
 - Can lead to severe dehydration
 - Is more dangerous for children and the elderly
- Constipation** – no stool passed for two or more days

Table 3.1: Signs and Symptoms of Dehydration

Symptoms in Adults	Symptoms in Children
Thirst	Dry mouth and tongue
Light-headedness	No tears when crying
Less frequent urination	No wet diapers for 3 hours or more
Dark-colored urine	High fever
Fatigue	Sunken abdomen, eyes, or cheeks
Dry skin	Irritable or listless
	Skin does not rebound when pinches or released

Data adapted from: **Diarrhea**, National Digestive Diseases Information Clearinghouse, www.niddk.nih.gov.

- Irritable Bowel Syndrome (IBS)** – a disorder that interferes with normal colon function

- Symptoms of IBS include
 - Abdominal cramps and bloating
 - Either diarrhea or constipation
- IBS is more common in women than in men
- Cancer can develop in any region of the GI tract
- The most common forms are
 - Oral cancer
 - Pancreatic cancer
 - Colorectal cancer

3.9 In Depth: Disorders Related to Foods

- **Food intolerance** – a particular food causes numerous unpleasant symptoms, including
 - Gas
 - Pain
 - Diarrhea
 - The immune system is not involved
- **Food allergy** – hypersensitivity reaction of the immune system to a component in a food
- **Celiac disease** – an autoimmune disease that is also considered a genetic disorder
 - Complete intolerance for gluten, a protein found in wheat, rye, barley, and triticale
 - Can damage the small intestine, leading to poor absorption of nutrients
 - Requires a diet lacking wheat, rye, barley, and triticale

3.10 Non-Celiac Gluten Sensitivity

- Some individuals may have a negative GI reaction when consuming gluten, but do not have Celiac Disease
 - Bloating
 - Abdominal pain
 - Diarrhea
 - Possible joint pain
- Symptoms improve by following a gluten free diet

Chapter 4

Carbohydrates: Plant-Derived Energy Nutrients

4.1 What Are Carbohydrates?

Carbohydrates

- One of the three **macronutrients**
- An important energy source, especially for nerve cells
- Composed of the atoms: Carbon, Hydrogen, and Oxygen
- Good sources include fruits, vegetables, and grains

Glucose

- The most abundant carbohydrate
- Produced by plants through photosynthesis
- The preferred source of energy for the brain
- An important source of energy for all cells

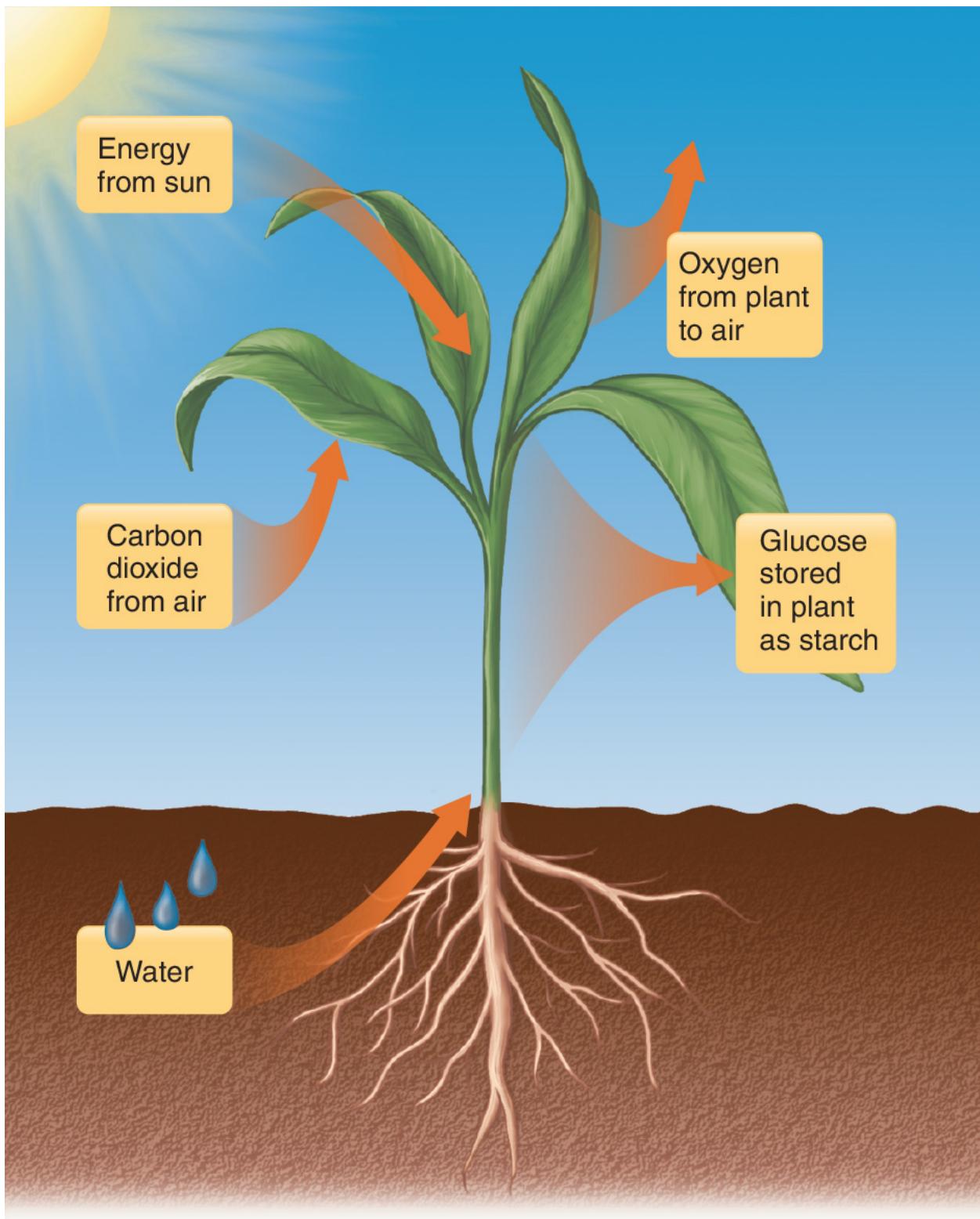


Figure 4.1: Photosynthesis

Simple carbohydrates contain one or two molecules

Monosaccharides contain only one molecule

- Glucose, fructose, galactose, ribose

Disaccharides contain two molecules

- Lactose, maltose, sucrose

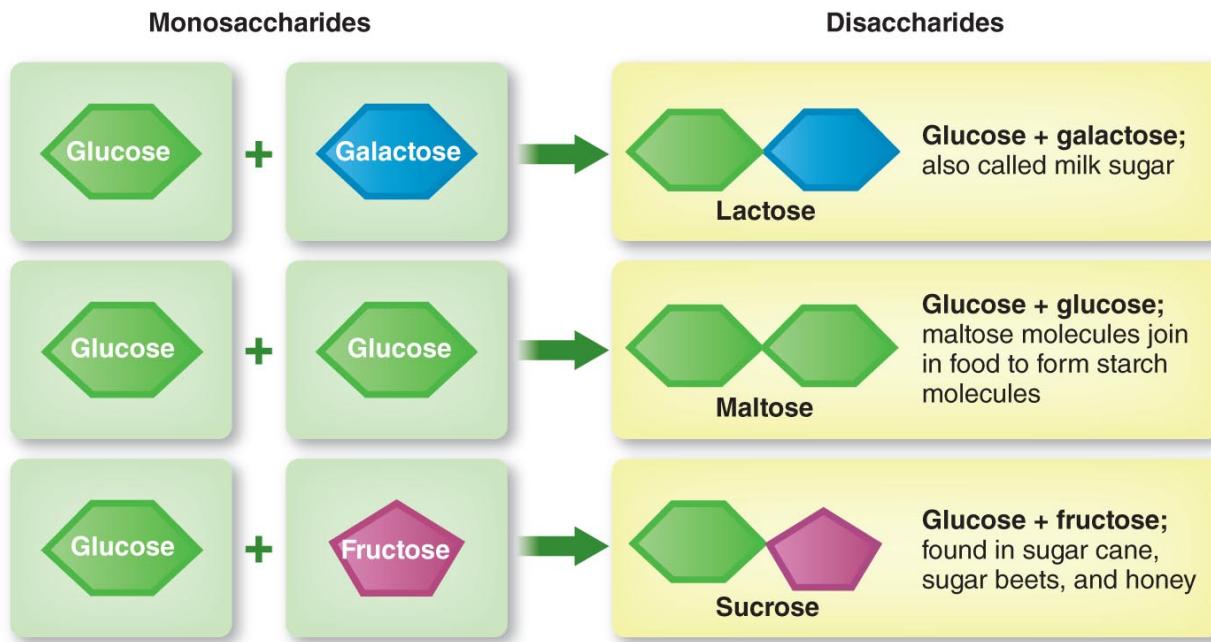
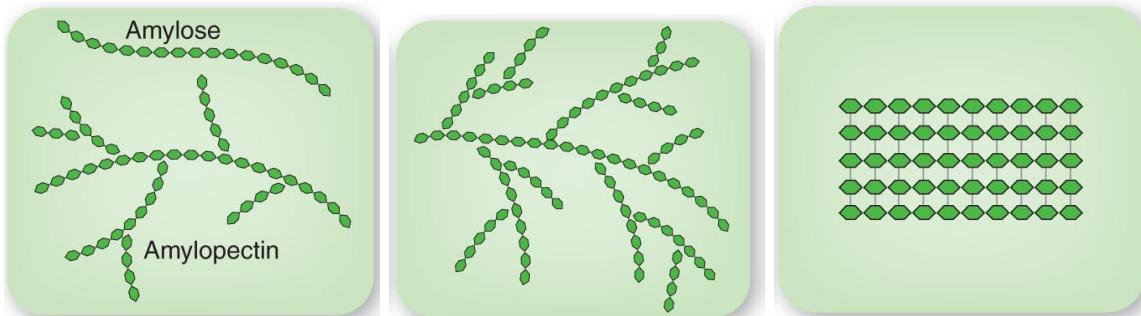


Figure 4.2: Disaccharides



- (a) **Starch** – Storage form of glucose in plants; found in grains, legumes, and tubers
- (b) **Glycogen** – Storage form of glucose in animals; stored in liver and muscles
- (c) **Fiber** – Forms the support structures of leaves, stems, and plants

Figure 4.3: Complex Carbohydrates

4.1.1 Starch

- Plants store glucose as polysaccharides in the form of starch

- Our cells cannot use complex starch molecules exactly as they occur in plants
- We digest (break down) starch into glucose
- Grains, legumes, and tubers are good sources of dietary starch

4.1.2 Glycogen

- Animals store glucose as glycogen
- Stored in our bodies in the liver and muscles
- Not found in food and therefore not a dietary source of carbohydrate

4.1.3 Fiber

Dietary fiber the non-digestible part of plants

- Also classified by solubility

Functional fiber the non-digestible form of carbohydrate with known health benefits, which is extracted from plants and added to foods

- Cellulose, guar gum, pectin, psyllium

Total fiber dietary + function fiber

Soluble fiber

- Dissolves in water
- Viscous and fermentable
- Easily digested by bacteria in the colon
- Found in citrus fruits, berries, oats and beans
- Reduce risk of cardiovascular disease and type 2 diabetes by lowering blood cholesterol and glucose levels

Insoluble fiber

- Generally do not dissolve in water
- Found in whole grains (e.g., wheat, rye, brown rice) and many vegetables
- Promote regular bowel movements, alleviate constipation, and reduce risk of diverticulosis

4.2 Why Do We Need Carbohydrates

4.2.1 Energy

- Fuel daily activity
- Fuel exercise
- Help preserve protein for other uses
 - When the diet does not provide enough carbohydrates, the process of gluconeogenesis converts proteins in blood and tissue into glucose
- Each gram of carbohydrate = 4 kcal
- Red blood cells rely **only** on glucose for their energy supply
- Both carbohydrates and fats supply energy for daily activities
- Glucose is especially important for energy during exercise
- Sufficient energy intake from carbohydrates prevents production of ketones as an alternative energy source
- Excessive ketones can result in high blood acidity and ketoacidosis
- High blood acidity damages body tissues

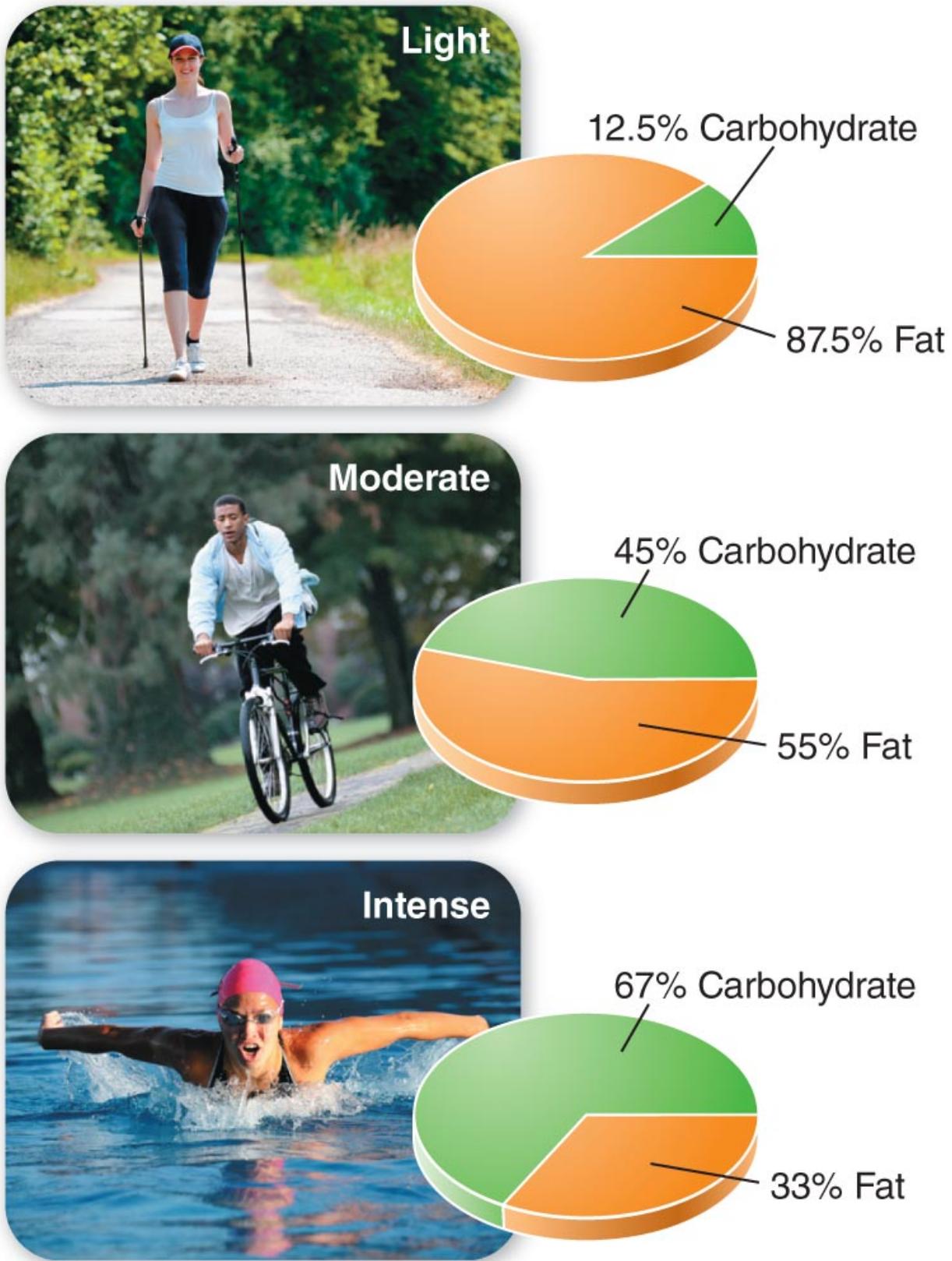


Figure 4.4: Carbohydrate Use by Exercise Intensity

4.2.2 Fiber

- May reduce the risk of colon cancer
- Promotes bowel health by helping to prevent hemorrhoids and constipation
- May reduce the risk of heart disease
- May enhance weight loss
- May lower the risk of type 2 diabetes
- Reduces risk of diverticulosis

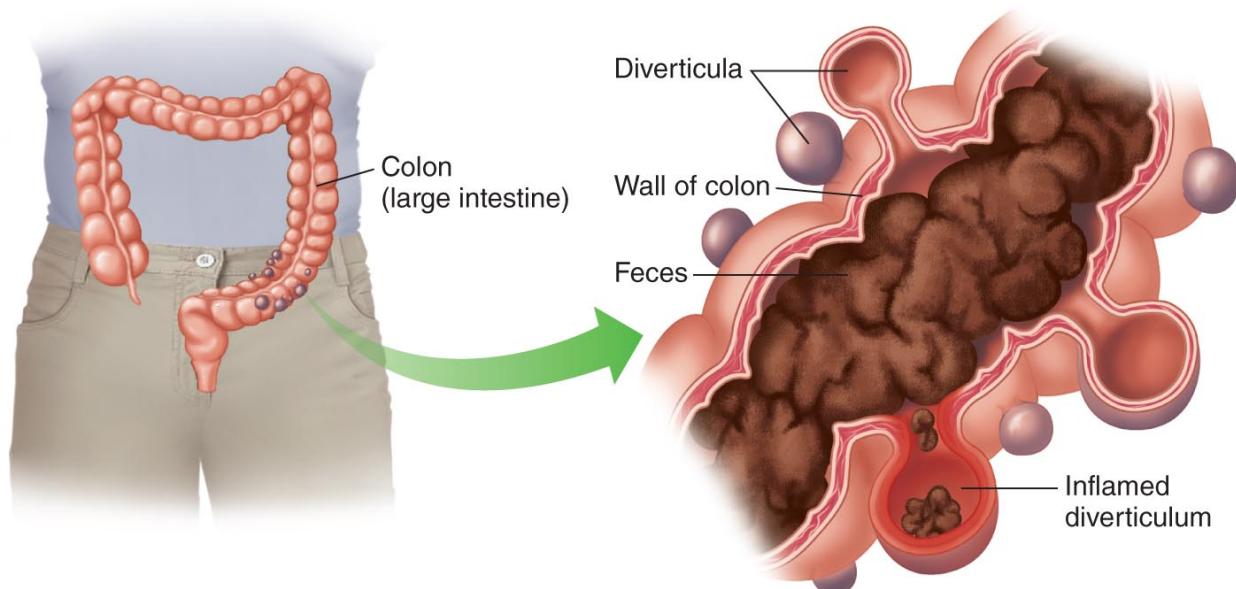


Figure 4.5: Diverticulosis

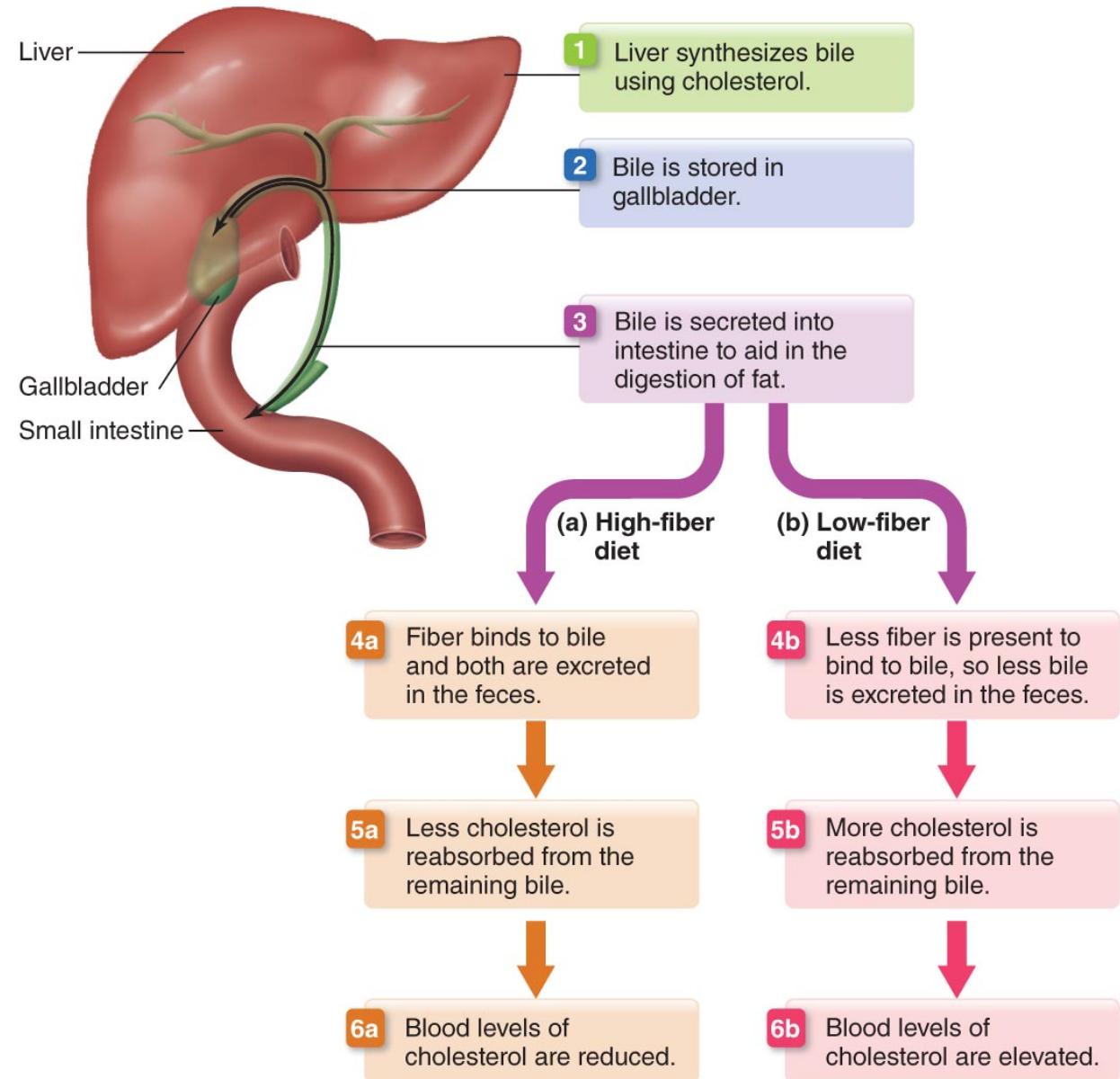


Figure 4.6: Fiber May Help Decrease Blood Cholesterol

4.3 Digestion of Carbohydrates

- Most chemical digestion of carbohydrates occurs in the small intestine

4.3.1 Pancreatic amylase

- Enzyme produced in the pancreas and secreted into the small intestine
- Enzymatically digests starch to maltose

- Additional enzymes secreted by cells that line the small intestine (mucosal cells) digest disaccharides to monosaccharides
- These enzymes include maltase, sucrase, and lactase
- Monosaccharides are absorbed into the cells lining the small intestine and then enter the bloodstream
- Most monosaccharides are converted to glucose by the liver
 - Glucose is released into the bloodstream to provide immediate energy
 - Excess glucose is converted to glycogen and stored in the liver and muscles

The primary goal of carbohydrate digestion is to break down polysaccharides and disaccharides into monosaccharides that can then be converted to glucose.

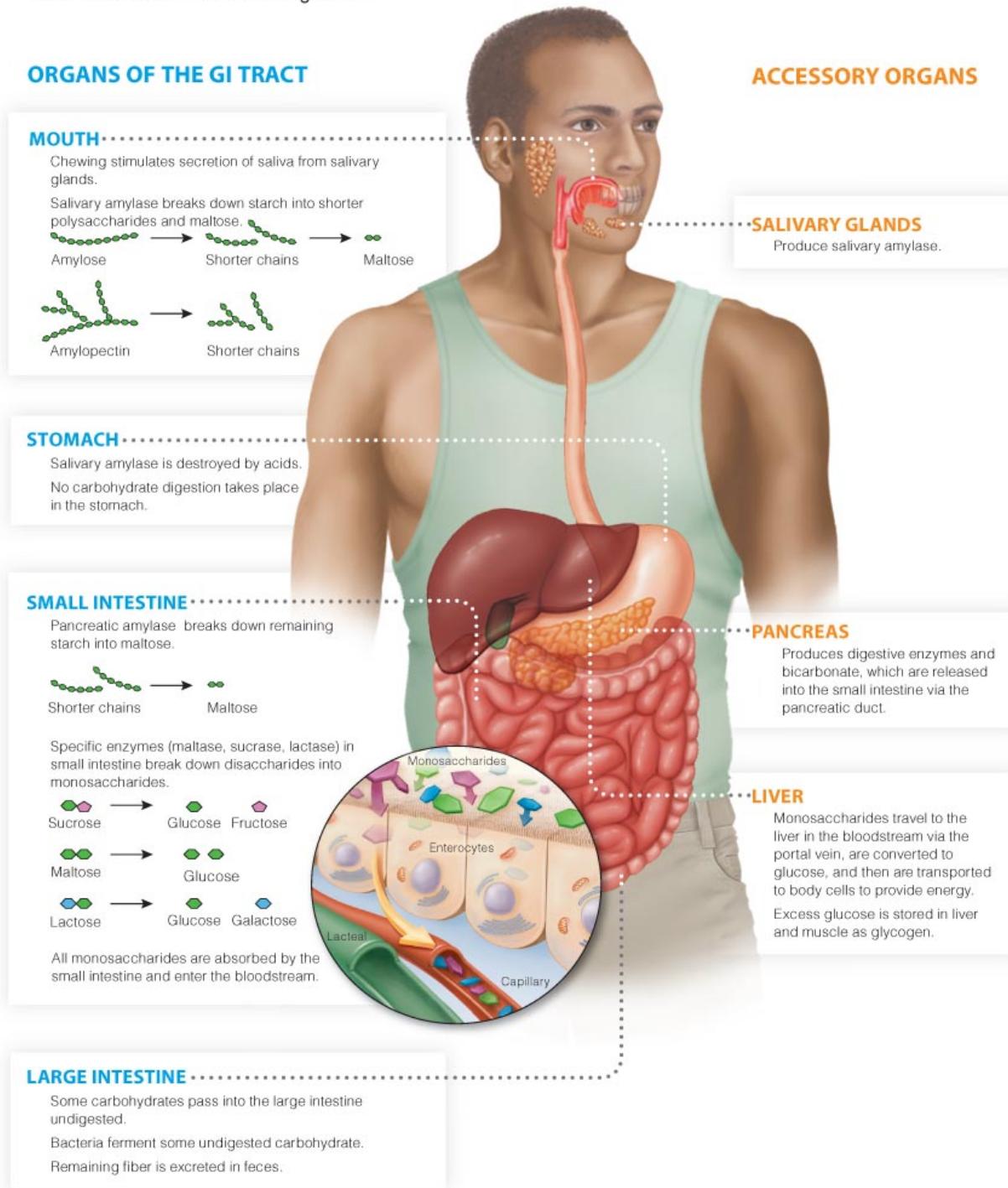


Figure 4.7: Digestion of Carbohydrates

4.4 Regulation of Blood Glucose

4.4.1 Insulin

- A hormone secreted by the pancreas
- Transported in our blood throughout the body
- Helps transport glucose from the blood into cells
- Stimulates the liver and muscles to take up glucose and convert it to glycogen

Our bodies regulate blood glucose levels within a fairly narrow range to provide adequate glucose to the brain and other cells. Insulin and glucagon are two hormones that play a key role in regulating blood glucose.

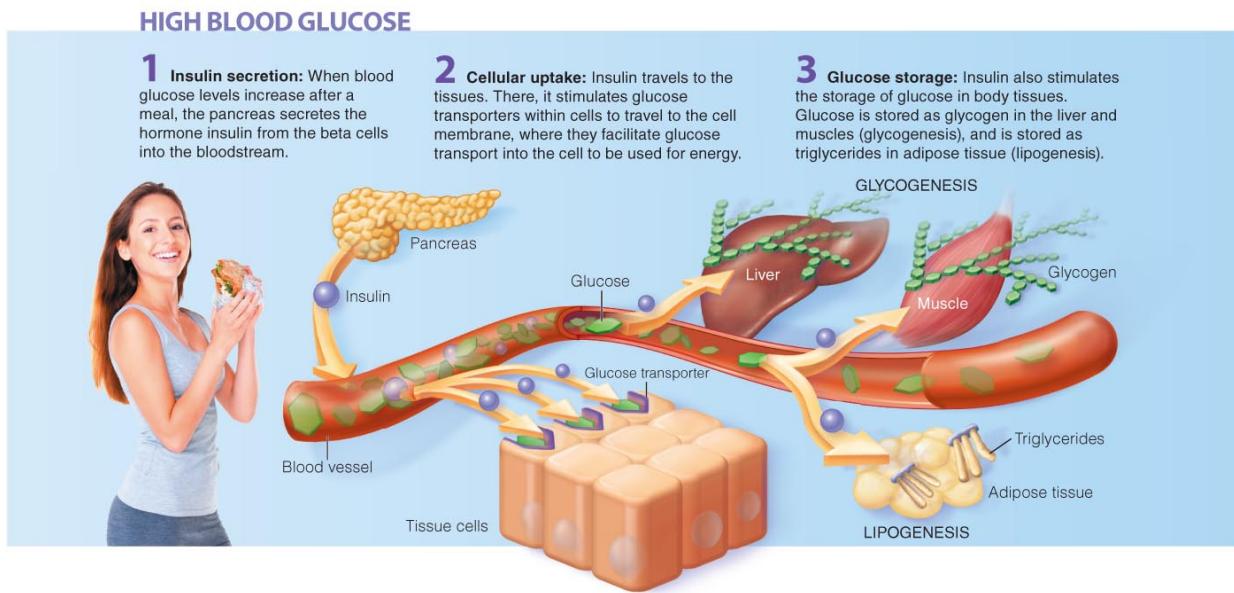


Figure 4.8: Regulation of Blood Glucose: Insulin

4.4.2 Glucagon

- Another hormone secreted by the pancreas
- Stimulates the breakdown of glycogen to glucose to make glucose available to cells of the body
- Stimulates gluconeogenesis—the production of “new” glucose from amino acids

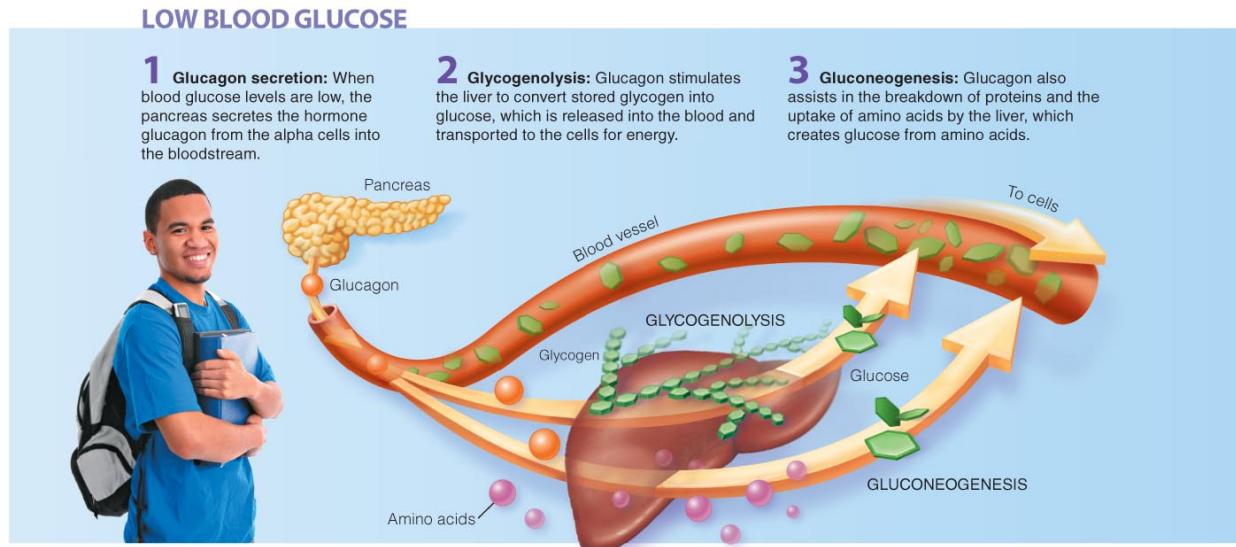


Figure 4.9: Regulation of Blood Glucose: Glucagon

- Fructose does not stimulate the release of insulin
 - Fructose is metabolized differently than glucose
 - Absorbed further down in the small intestine

Glycemic index a measure of a food's ability to raise blood glucose levels

- Foods with a low glycemic index cause low to moderate fluctuations in blood glucose

Glycemic load amount of carbohydrate in a food multiplied by its glycemic index

- Considered a more useful tool than glycemic index

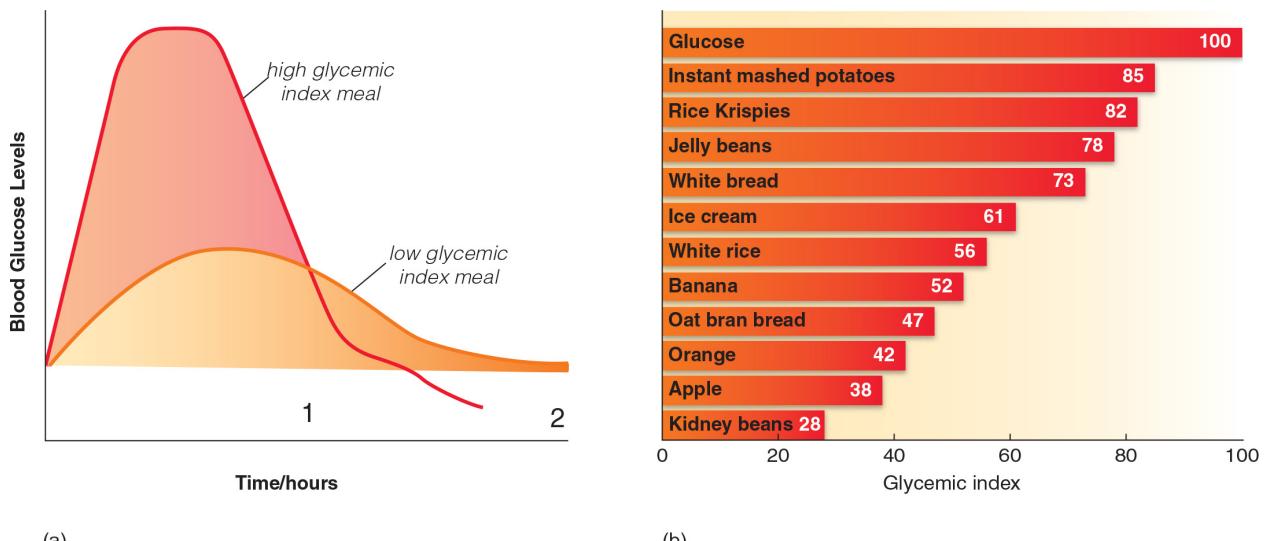


Figure 4.10: Regulation of Blood Glucose

- Foods and meals with a lower glycemic load
 - Are better for people with diabetes
 - Are generally higher in fiber
 - May reduce the risk of heart disease and colon cancer
 - Are associated with a reduced risk of prostate cancer

4.5 How Much Carbohydrate Should We Eat?

- The Recommended Dietary Allowance (RDA) for carbohydrate is 130 g per day just to supply the brain with glucose
 - 45–65% of daily Calorie intake should be in the form of carbohydrates
 - Focus on foods high in fiber and low in added sugars
- Most Americans eat too much added sugar
 - Sugars are added to foods during processing or preparation
 - Most common source is soft drinks
 - Typical sources are cookies, candy, fruit drinks
 - Unexpected sources include peanut butter, flavored rice mixes, salad dressing
 - Added sugars are not chemically different from naturally occurring sugars, but have fewer vitamins
- Sugars are blamed for many health problems
 - Can cause dental problems and tooth decay
 - No proven association with childhood hyperactivity; long-term effects not known
 - Associated with increased “bad cholesterol” and decreased “good cholesterol”
 - Associated with a higher risk of diabetes
 - Associated with obesity
- Most Americans eat too little fiber-rich carbohydrates
- The Adequate Intake (AI) of fiber is 14 grams per 1,000 kcal in the diet daily (or 25 g for women; 38 g for men)
- Whole-grain foods (grains, vegetables, fruits, nuts, legumes) are much more healthful sources than foods with added sugar or fiber
 - Whole grains are kernels that retain the bran, endosperm, and germ

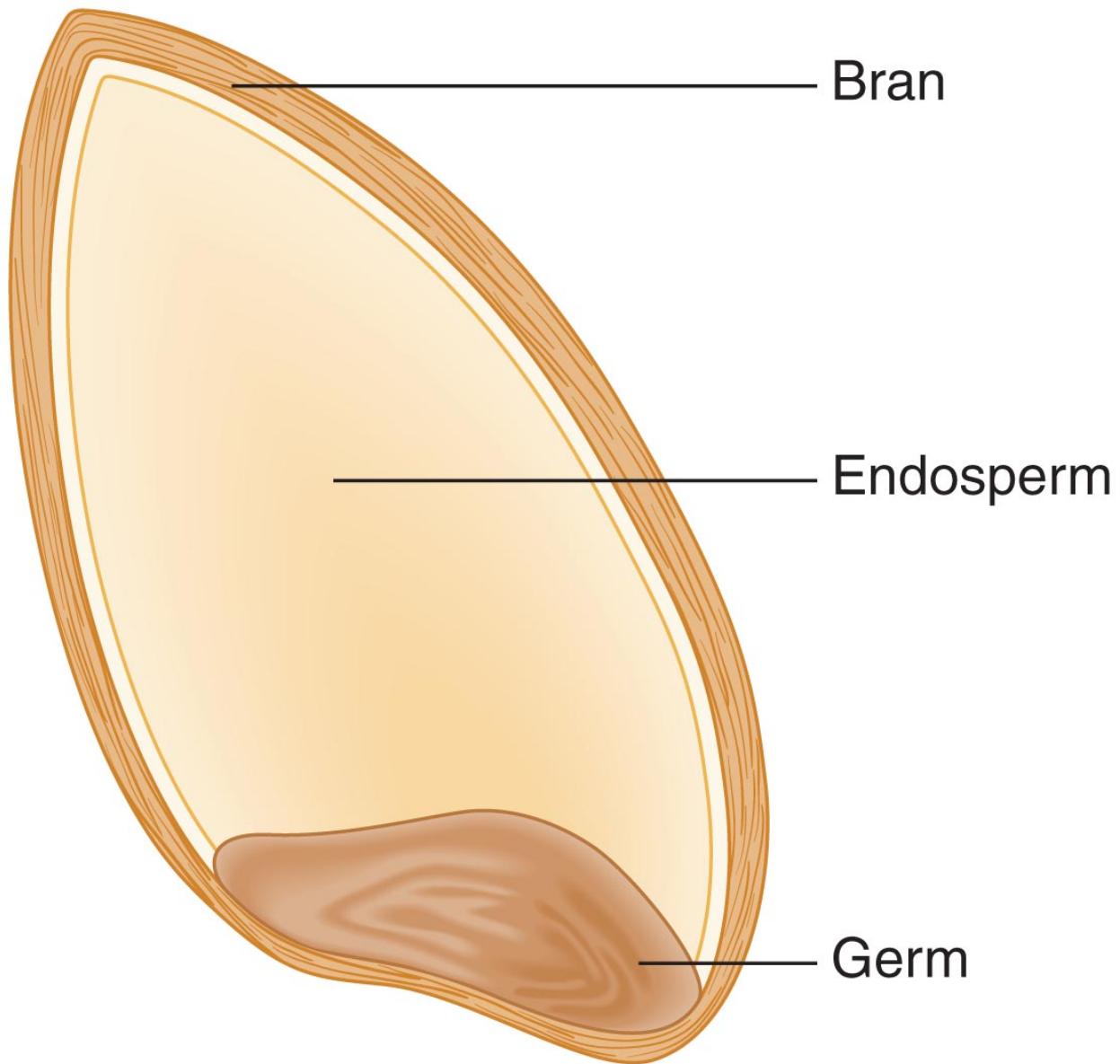


Figure 4.11: Whole Grain

Table 4.1: Dietary Recommendations for Carbohydrates

Health and Medicine Division of the National Academies of Science Recommendations*	2015–2020 Dietary Guidelines for Americans†
<p>Recommended Dietary Allowance (RDA) for adults 19 years of age and older is 130 g of carbohydrate per day.</p> <p>The Acceptable Macronutrient Distribution Range (AMDR) for carbohydrate is 45–65% of total daily energy intake.</p> <p>Added sugar intake should be 25% or less of total energy intake each day.</p>	<p>Consume a healthful eating pattern that accounts for all foods and beverages within an appropriate Calorie level. A healthful eating pattern includes: a variety of vegetables from all subgroups (dark green, red and orange, legumes, starch and other); fruits (especially whole fruits); grains (at least half of which are whole grains); fat-free or low-fat dairy; a variety of protein foods; and oils.</p>

*Data from:

Table 4.2: Forms of Sugar Commonly Added to Foods

Name of Sugar	Definition
Brown sugar	A highly refined sweetener made up approximately 99% sucrose and produced by adding to white table sugar either molasses or burnt table sugar for coloring and flavor.
Cane sugar	Sucrose that has been extracted from sugarcane, a tropical plant naturally rich in sugar.
Concentrated fruit juice sweetener	A form of sweetener made with concentrated fruit juice, commonly pear juice.
Confectioner's sugar	A highly refined, finely ground white sugar; also referred to as powdered sugar.
Corn sweeteners	A general term for any sweetener made with corn starch
Corn syrup	A syrup produced by the partial hydrolysis of corn starch.
Dextrose	An alternative term for glucose.
Fructose	A monosaccharide that occurs in fruits and vegetables; also called levulose, or fruit sugar.
Galactose	A monosaccharide that joins with glucose to create lactose.
Granulated sugar	Another term for white sugar, or table sugar.
High-fructose corn syrup	A type of corn in which part of the sucrose is converted to fructose, making it sweeter than sucrose or regular corn syrup; most high-fructose corn syrup contains 42% to 55% fructose.
Honey	A sweet, sticky liquid sweetener made by bees from the nectar of flowers; contains glucose and fructose.
Invert sugar	A sugar created by heating a sucrose syrup with a small amount of acid; inverting sucrose results in its breakdown into glucose and fructose, which reduces the size of the sugar crystals; because of its smooth texture, it is used in making candies and some syrups.
Levulose	Another term for fructose, or fruit sugar.
Mannitol	A type of sugar alcohol
Maple sugar	A sugar made by boiling maple syrup
Molasses	A thick, brown syrup that results from the processing of sugar beets or sugarcane; it is approximately 96% to 98% sucrose; true raw sugar contains impurities and is not stable in storage; the raw sugar available to consumers has been purified to yield an edible sugar.
Natural sweeteners	A general term used for any naturally occurring sweeteners, such as fructose, honey, and raw sugar.
Raw sugar	The sugar that results from the processing of sugar beets or sugarcane; it is approximately 96% to 98% sucrose; true raw sugar contains impurities and is not stable in storage; the raw sugar available to consumers has been purified to yield an edible sugar.
Sorbitol	A type of sugar alcohol
Turbinado sugar	The form of raw sugar that is purified and safe for human consumption; sold as "Sugar in the Raw" in the United States.
White sugar	Another name for sucrose, or table sugar.
Xylitol	A type of sugar alcohol

4.6 Alternative Sweeteners

4.6.1 Nutritive sweeteners

- Contain 4 kcal energy per gram
- Sucrose, fructose, honey, brown sugar

4.6.2 Sugar alcohols

- Contain 2–3 kcal energy per gram
- Have the benefit of a decreased glycemic response and decreased risk of dental caries

4.6.3 Non-nutritive (alternative) sweeteners

- Provide little or no energy
- Developed to sweeten foods without the usual risks
- No Acceptable Daily Intake (ADI) has been set for saccharin (e.g., “Sweet n’ Low”), but it has been removed from the list of cancer-causing agents
- ADIs have been established for
 - Acesulfame-K** “Sweet One”, “Sunette”
 - Aspartame** “Equal”
 - Sucralose** “Splenda”

4.7 Diabetes

- Inability to regulate blood glucose levels
- **Hyperglycemia** – in which glucose levels are higher than normal–becomes chronic
- Three types
 - Type 1 diabetes
 - Type 2 diabetes
 - Gestational diabetes
- Uncontrolled diabetes can cause infections, nerve damage, kidney damage, blindness, seizures, stroke, and cardiovascular disease; and can be fatal

4.7.1 Type 1 Diabetes

- Accounts for about 5% of all cases
- Body does not produce enough insulin
- Creates high blood sugar (glucose) levels
- Key warning sign is frequent urination
- May lead to ketoacidosis, coma and death
- Classified as an autoimmune disease
- Most frequently diagnosed in adolescents
- Has a genetic link

4.7.2 Type 2 Diabetes

- Accounts for 90–95% of cases
- Develops progressively over time
- Body cells become insensitive or unresponsive to insulin
- Obesity is most common trigger
- Variations include insulin resistance, impaired fasting glucose, and pre-diabetes
- Eventually the pancreas may become unable to produce any insulin

4.8 Diabetes Testing and Diagnosis

- Three blood tests can be used to diagnose diabetes
 - Fasting plasma glucose (FPG)
 - Oral glucose tolerance (OGT)
 - Glycosylated hemoglobin test (HbA1c)

Diagnosis	Fasting Plasma Glucose (mg/dL)	Oral Glucose Tolerance Test (mg/dL)	A1C (percent)
Diabetes	126 or above	200 or above	6.5 or above
Prediabetes	100 to 125	140 to 199	5.7 to 6.4
Normal	99 or below	139 or below	About 5

Figure 4.12: Diabetes Testing and Diagnosis

4.8.1 Who is at risk?

- Obesity, genetics, physical inactivity, and poor diet increase overall risk
- Metabolic syndrome (high waist circumference, high blood pressure, high blood lipids and glucose) increases risk of type 2 diabetes
- Increased age increases risk, but younger people and children are now commonly diagnosed

4.8.2 Prevention and control

- Eat a healthful diet, get daily exercise, keep a healthful body weight
- Limit intake of added sugars
- Choose fiber-rich foods like whole grains
- Limit consumption of red meat and processed meat
- Avoid alcoholic beverages, which can cause hypoglycemia
- Healthful lifestyle choices can prevent or delay onset of type 2 diabetes
- Oral medications and/or insulin injections may be required once diabetes has been diagnosed

Chapter 5

Fats: Essential Energy-Supplying Nutrients

5.1 What are Fats?

- Fats are one type of lipid
- **Lipid** – diverse class of organic substances that are insoluble in water
 - Lipids (fats) do not dissolve in water

5.1.1 Triglycerides

- Most of the fat we eat is in the form of triglycerides
 - About 95% of the fats we consume
- Triglycerides are composed of
 - Three fatty acid molecules
 - * **Fatty acids** – long chains of carbon atoms surrounded by hydrogen atoms
 - One glycerol molecule
 - * **Glycerol** – a three-carbon alcohol that is the backbone of a triglyceride

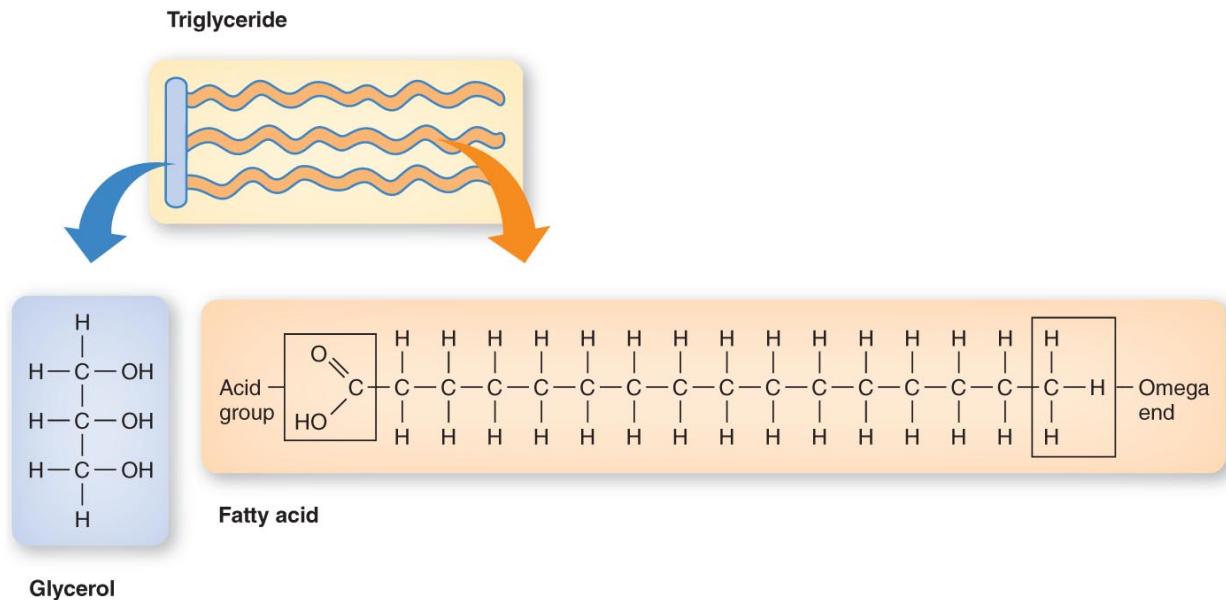


Figure 5.1: Triglyceride molecule

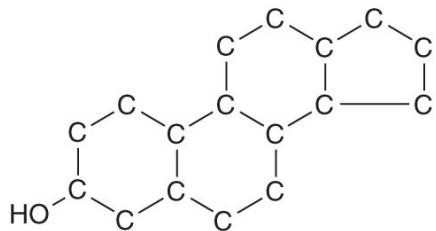
5.1.2 Phospholipids

- Composed of
 - Glycerol backbone
 - Two fatty acids
 - Phosphate
- Soluble in water
- Manufactured in our bodies so they are not required in our diet
- Important components of cell membranes

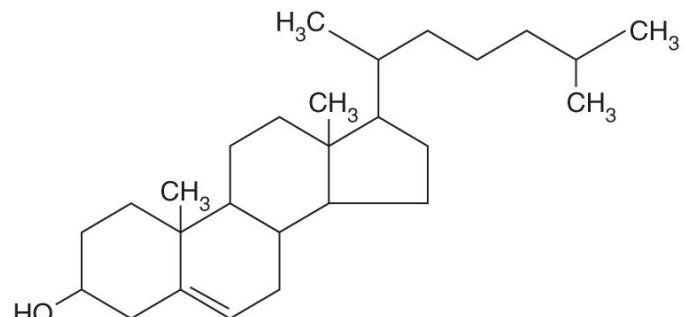
5.1.3 Sterols

Sterols – Lipids containing multiple rings of Carbon atoms

- Essential components of cell membranes and many hormones
- Manufactured in our bodies and therefore not an essential component of our body
- Cholesterol is the major sterol found in the body



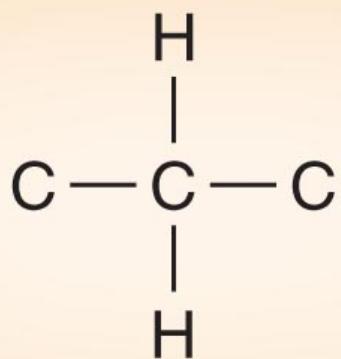
(a) Sterol ring structure



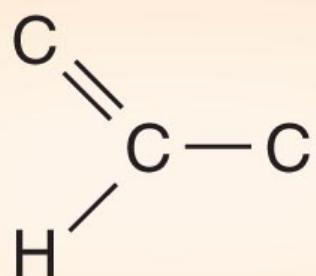
(b) Cholesterol

Figure 5.2: Sterol diagram

- Fatty acids can differ in
 - Length of their carbon chain
 - * Short (< 6 Carbons)
 - * Medium (6 – 12 Carbons)
 - * Long (> 13 Carbons)
 - Level of saturation
 - * Saturation refers to how many hydrogen atoms surround each carbon
 - Shape
- **Saturated fatty acids** – have strong hydrogen atoms surrounding every Carbon in the chain; they have no double bonds
- **Monosaturated fatty acids** – lack hydrogen atoms in one region; they have one double bond
- **Polysaturated fatty acids** – lack hydrogen atoms in multiple locations; they have two or more double bonds
- Note: Each double bond causes the loss of two hydrogen atoms



(a) Saturated fatty acid



(b) Unsaturated fatty acid

Figure 5.3: Saturated and Unsaturated Fatty Acids

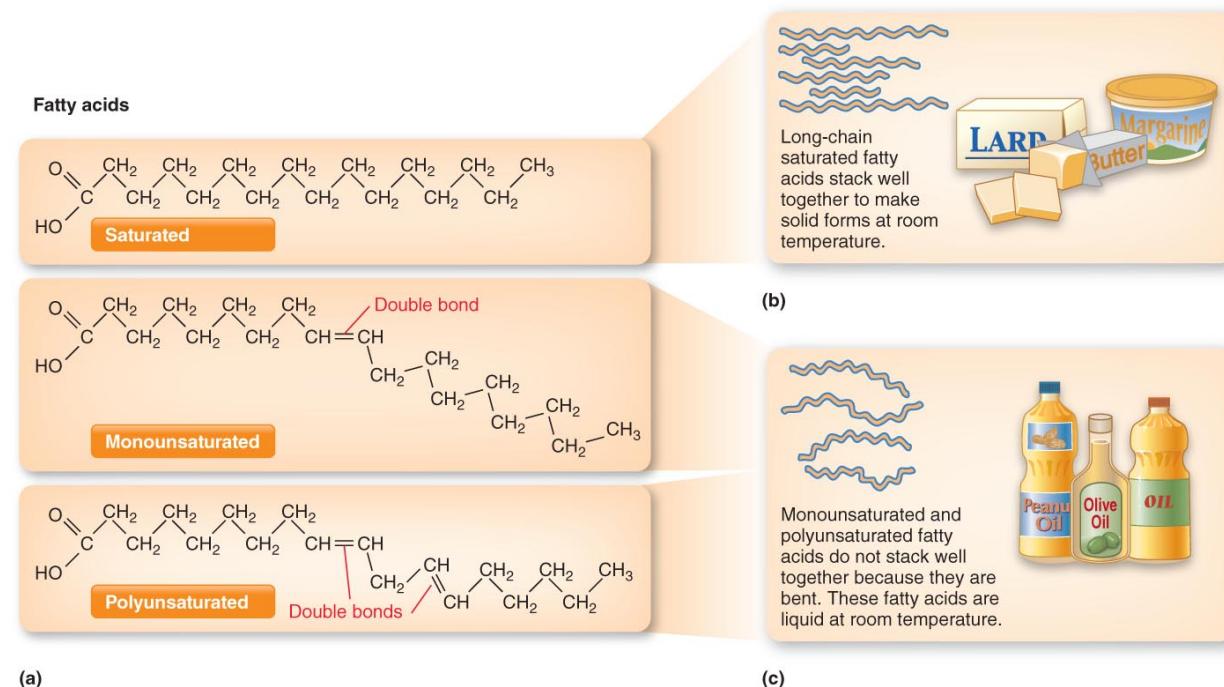


Figure 5.4: Levels of Saturation Among Fatty Acids

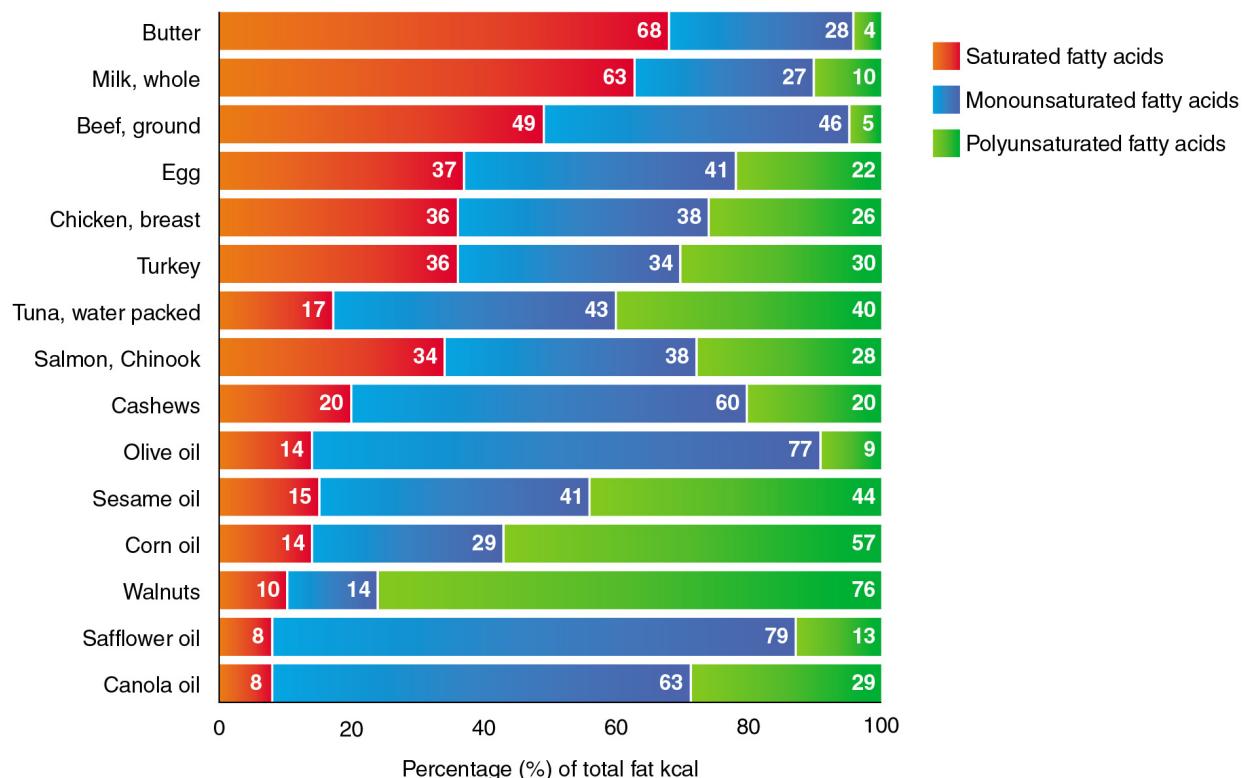


Figure 5.5: Major Sources of Dietary Fat

- The shape of a triglyceride is determined by the saturation of the carbon chains
- Saturated fatty acids can pack tightly together and are solid at room temperature
 - For example, coconut oil, animal fats, butter, and lard are high in saturated fatty acids
- Unsaturated fatty acids do not stack together well and are liquid at room temperature
 - Unsaturated fatty acids are the predominant type in plants
 - Two exceptions are coconut and palm kernel oil
- The hydrogen atoms at the unsaturated region can be arranged in different positions
 - Cis** same side of the carbon chain
 - Trans** opposite sides of the carbon chain
- **Hydrogenation** – the addition of hydrogen atoms to unsaturated fatty acids
 - Converts liquid fats (oils) into a semisolid (spreadable) or solid form
 - Used to create margarine from plant oil
 - Often creates **trans** fatty acids
 - Listed on food labels as partially hydrogenated oil

5.2 Essential Fatty Acids

Essential Fatty Acids – cannot be synthesized in the body and must be obtained in the diet

- Omega-6 and omega-3 fatty acids
- There are precursors to biological compounds called *eicosanoids*, which regulate cellular function
- Linoleic acid is found in vegetable and nut oils
- Alpha-linolenic acid (ALA) is derived from dark-green leafy vegetables, flaxseeds and flaxseed oil, soybeans and soybean oil, walnuts and walnut oil, and canola oil
- Eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) have important health benefits and are found in fish, shellfish, and fish oils

5.3 Why Do We Need Fats?

5.3.1 Energy

- Fat is very energy dense, providing 9 kcal/gram
- Much of the energy used during rest comes from fat
- Fat is used for energy during exercise, especially after glycogen is depleted
- Fat is also used for energy storage

5.3.2 Fat-soluble vitamins

- Vitamins A, D, E, and K are soluble in fat; fat is required for their transport
- Fat is essential to many body functions
 - Cell membrane structure
 - Nerve cell transmissions
 - Protection of internal organs
 - Insulation to retain body heat
- Fat provides flavor and texture to foods
- Fat contributes to making us feel satiated
 - Fats are more energy dense than carbohydrates or protein
 - Fats take longer to digest

5.4 How Does Our Body Process Fats?

- As fat enters the small intestine:
 - Bile is secreted from the gallbladder into the small intestine
 - * Bile is produced by the liver and stored in the gallbladder
 - Bile disperses fat into smaller fat droplets
 - Pancreatic enzymes break triglycerides into two separate fatty acids and a monoglyceride
 - Fat enters the mucosal cell as a micelle (fatty acids, monoglycerides), phospholipids, and sterols)
- In the intestinal mucosal cell:
 - Fatty acids are reattached to the monoglyceride to re-form triglycerides

- A small amount of protein is added to lipids, forming a chylomicron
- **Chylomicron** – a lipoprotein produced by cells lining the small intestine
 - * Composed of triglycerides surrounded by phospholipids and proteins
 - * Soluble in water
- Chylomicrons are the transport vehicles that remove absorbed fats from the small intestine
 - Travel through the lymphatic system
 - Are transferred to the bloodstream
- Short- and medium-chain fatty acids are absorbed more quickly because they are not arranged into chylomicrons
- Once the chylomicron gets to a cell in the body, the triglycerides in the chylomicrons must be disassembled by lipoprotein lipase into two fatty acids and a monoglyceride before they can pass through the cell membrane
- After entering the cell, the two fatty acids and monoglyceride re-form a triglyceride
- The triglyceride can be
 - Used immediately for energy
 - Used to make lipid-containing compounds
 - Stored in liver and muscle cells

5.5 Recognize the Fat in Foods

Visible fats those we can see in foods or can easily see have been added to foods, such as dressing or chicken skin

Hidden fats those added to processed or prepared foods to improve texture or taste, which we may not be aware of, or that occur naturally

- Read the Nutrition Facts Panel on foods carefully
 - Lower-fat versions of foods may not always be lower in Calories

5.6 How Much Fat Should We Eat?

- The Acceptable Macronutrient Distribution Range (AMDR) for fat
 - 20–35% of Calories should be from fat
- Athletes and highly active people may need more energy from carbohydrates and can reduce their fat intake to 20–25% of total Calories

- The type of fat consumed is important
 - Intake of saturated and *trans* fatty acids should be minimized as much as possible
 - We typically get enough linoleic acid in our diets from salad dressings, vegetable oils, margarines, and mayonnaise
 - To ensure an adequate amount of omega-3 fatty acids, we need to consume more dark-green leafy vegetables, walnuts, flaxseeds, and fish or fish oils

5.7 Essential Fatty Acids

- Linoleic Acid (omega-6)
 - AI is 14–17 g per day for men and 11–12 g per day for women
- Alpha-linoleic acid (Omega-3)
 - AI is 1.6 g per day for men and 1.1 g per day for women

5.8 Limit Saturated and *Trans* Fats

- Reduce your intake of saturated fats
 - Be conscious of the saturated fat content of meats, baked goods and snack goods, and foods including vegetables that are fried, breaded, or drenched in sauce
- Avoids *trans* fatty acids
- Limit your intake of dietary cholesterol, which will also help limit your intake of saturated fats

5.9 Select Beneficial Fats

- Consume and cook with leafy green vegetables, avocados, soybeans, soybean oil, and flaxseed oil
- Add walnuts, almonds, flaxseeds, and chia seeds to your diet, and try almond milk in your cereal
- Consider including fish in your diet at least twice a week or consider taking a fish oil supplement
 - Fish can contain mercury, PCBs, and other environmental contaminants, so be selective

5.10 Fat Replacers

- Snack foods are frequent targets for fat replacers, substances that can reduce the fat content
- Fat replacers such as olestra have not proved very popular or effective because of potential gastrointestinal side effects
- Our growing obesity problems indicate that fat replacers do not help Americans lose weight

5.11 Role of Fats in Chronic Disease

- The chronic disease most closely associated with diets high in saturated fat is cardiovascular disease
- The role of dietary fat in the development of cancer has been extensively researched, but the relationship between some cancer types and dietary fats is controversial (e.g., breast cancer)
- The strongest association between dietary fat and cancer is for prostate cancer

5.12 In Depth: Cardiovascular Disease (CVD)

- Dysfunction of the heart or blood vessels
- The most common forms:
 - Coronary heart disease, or coronary artery disease
 - Stroke
 - Hypertension, or high blood pressure
 - Peripheral vascular disease
- **Atherosclerosis** – a disease in which artery walls build up lipid deposits and scar tissue, impairing blood flow
 - The stiffness that results is commonly called “hardening of the arteries”
 - The result is that the heart must work harder to push blood through the vessels
- **Hypertension** – a major chronic disease in the United States
 - It functions as a warning sign for a person’s risk for developing heart disease or stroke
 - For many people, hypertension is hereditary; for others, it can be induced through poor nutrition and exercise habits or a combination of poor habits and heredity

- Modifiable risk factors for cardiovascular disease include
 - Being overweight
 - Physical inactivity
 - Smoking
 - Type 2 diabetes mellitus
 - Inflammation in the body
 - Abnormal blood lipids
- The intake of certain types of fats can protect against heart disease
- Diets high in omega-3 fatty acids (along with moderate exercise) can reduce inflammation and increase HDL (“good”) cholesterol levels
- Low-density lipoproteins (LDLs) are often called “bad” cholesterol because of their role in transporting cholesterol throughout the body
- Diets high in saturated fats
 - Decrease the removal of LDLs from the blood
 - Contribute to the formation of plaques that can block arteries
 - Increase triglyceride levels (chylomicrons and very-low-density lipoproteins, or VLDLs)
- Recommendations to improve blood lipid levels
 - Keep total fat intake level to within 20–35% of your daily energy intake
 - Decrease your dietary saturated fat to less than 7% of total energy intake
 - Increase your consumption of dietary omega-3 fatty acids from foods (e.g., green vegetables, fish)
 - Consume 400 µg/day of folate
 - Increase dietary intakes of whole grains, fruits and vegetables
 - Maintain blood glucose within normal ranges
 - Eat meals throughout the day rather than eating most of your Calories in the evening before bed
 - Limit alcohol consumption
 - Don’t smoke
 - Maintain an active lifestyle
 - Maintain a healthful body weight
- Recommendations to reduce blood pressure
 - Limit dietary sodium
 - Follow the DASH diet “Dietary Approaches to Stop Hypertension”
 - If need, use doctor-prescribed medications

Chapter 6

Proteins: Crucial Components of All Body Tissues

6.1 What Are Proteins?

- Large, complex molecules found in the cells of all living things
- Critical components of all the tissues of the human body
- Function in metabolism, immunity, fluid balance, and nutrient transport
- In certain circumstances, provide energy
- Contain a special form of nitrogen our bodies can readily use

6.2 Amino Acids

Amino acids – the nitrogen-containing molecules that combine to form proteins

6.2.1 Essential amino acids

- Cannot be produced by our bodies
- Must be obtained from food
- Nine of 20 amino acids in our bodies are essential

6.2.2 Nonessential amino acids

- Can be made by our bodies

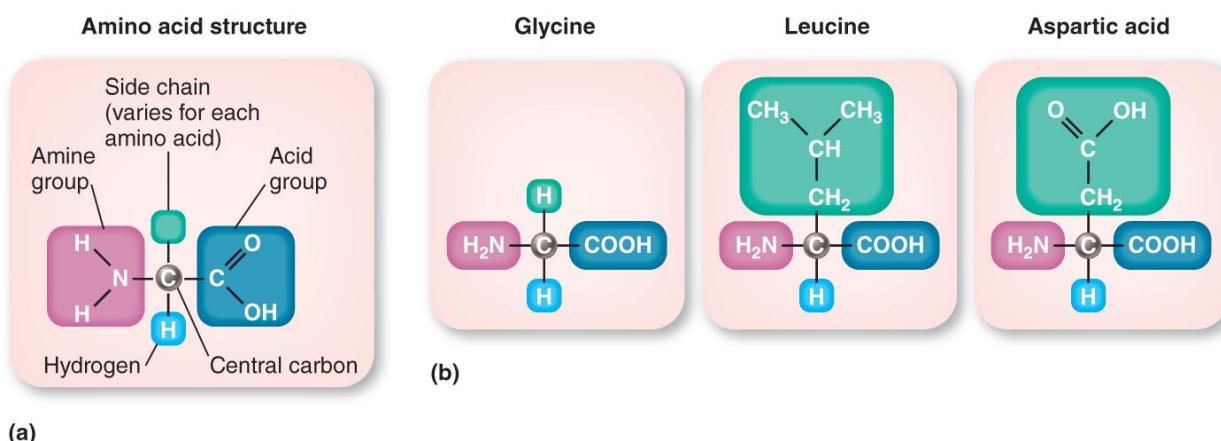


Figure 6.1: Structure of an Amino Acid

Table 6.1: Amino Acids of the Human Body

Essential Amino Acids	Nonessential Amino Acids
These amino acids must be consumed in the diet.	These amino acids can be manufactured by the body.
Histidine	Alanine
Isoleucine	Arginine
Leucine	Asparagine
Lysine	Aspartic acid
Methionine	Cysteine
Phenylalanine	Glutamic acid
Threonine	Glutamine
Tryptophan	Glycine
Valine	Proline
	Serine
	Tryosine

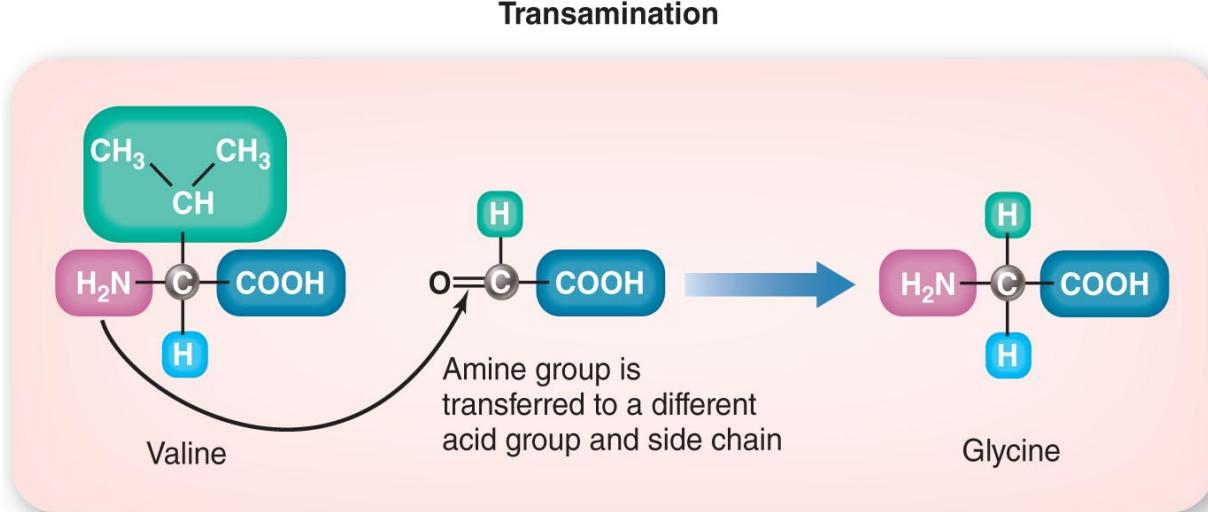
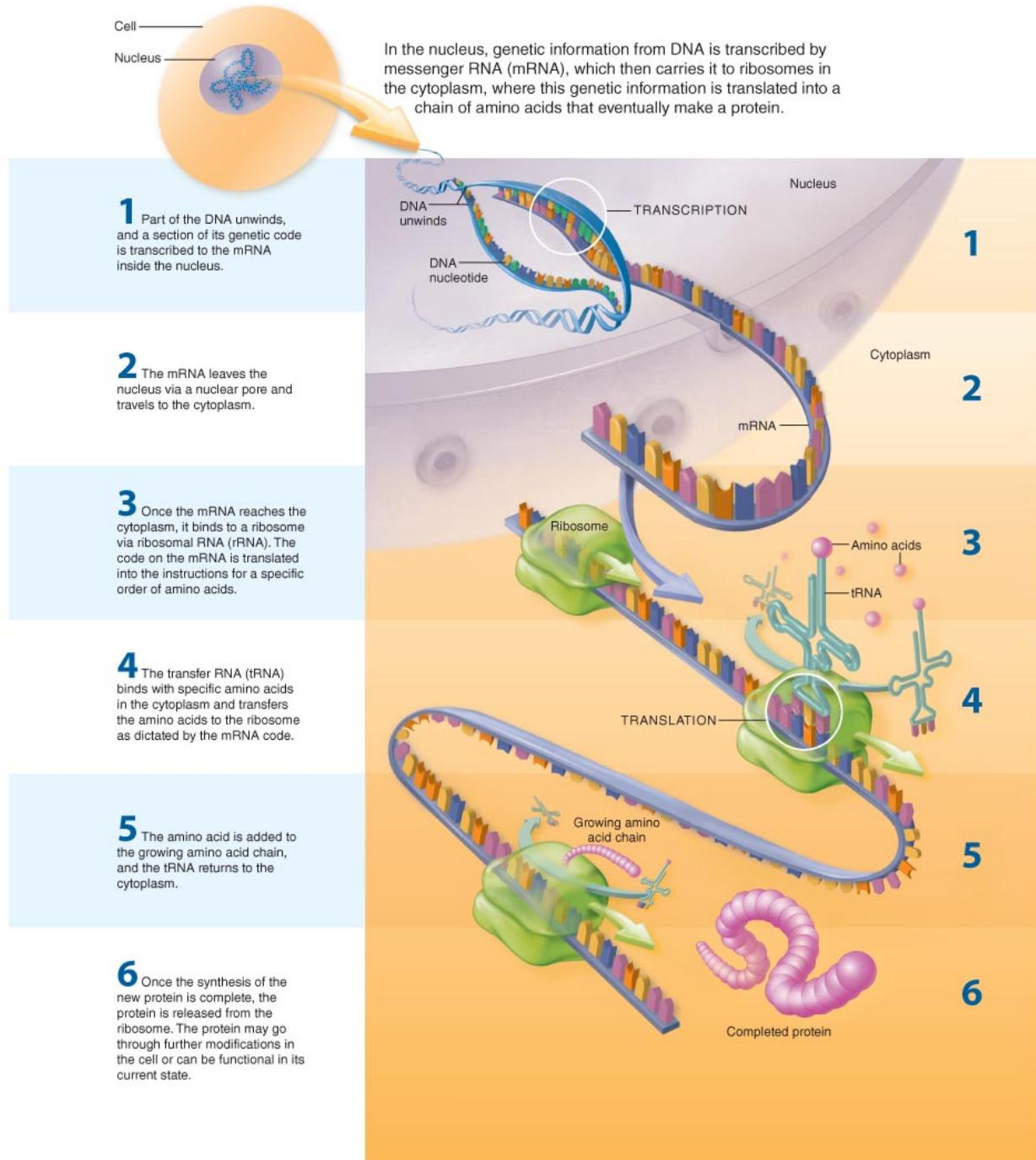


Figure 6.2: Transamination

6.3 How Are Proteins Made?

- When two amino acids join together in a peptide bond, they form a dipeptide
- Two or more amino acids bonded together form a polypeptide
- Proteins are made by combining multiple amino acids



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Figure 6.3: Protein Synthesis

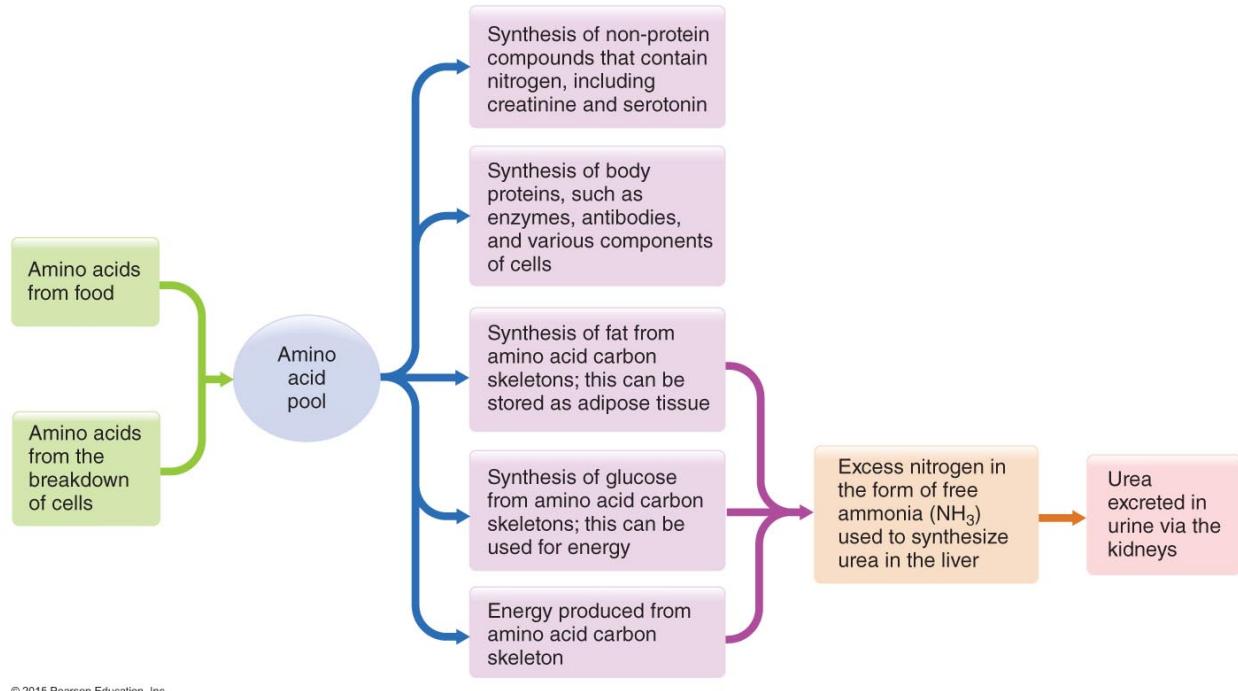


Figure 6.4: Protein Turnover: Synthesis and Breakdown

Transcription – use of the genetic information in DNA to make RNA

- mRNA copies the genetic information and carries it to the ribosome

Translation – conversion of genetic information in RNA to assemble amino acids in the proper sequence to synthesize a protein on the ribosome

6.4 Protein Organization Determines Function

- Protein structure has four levels
 - Primary structure
 - * Sequential order of amino acids
 - Secondary structure
 - * Spiral shape due to the chemical bonding between the amino acids
 - Tertiary and quaternary structure
 - * Further folding into a unique three-dimensional shape that may be globular or fibrous

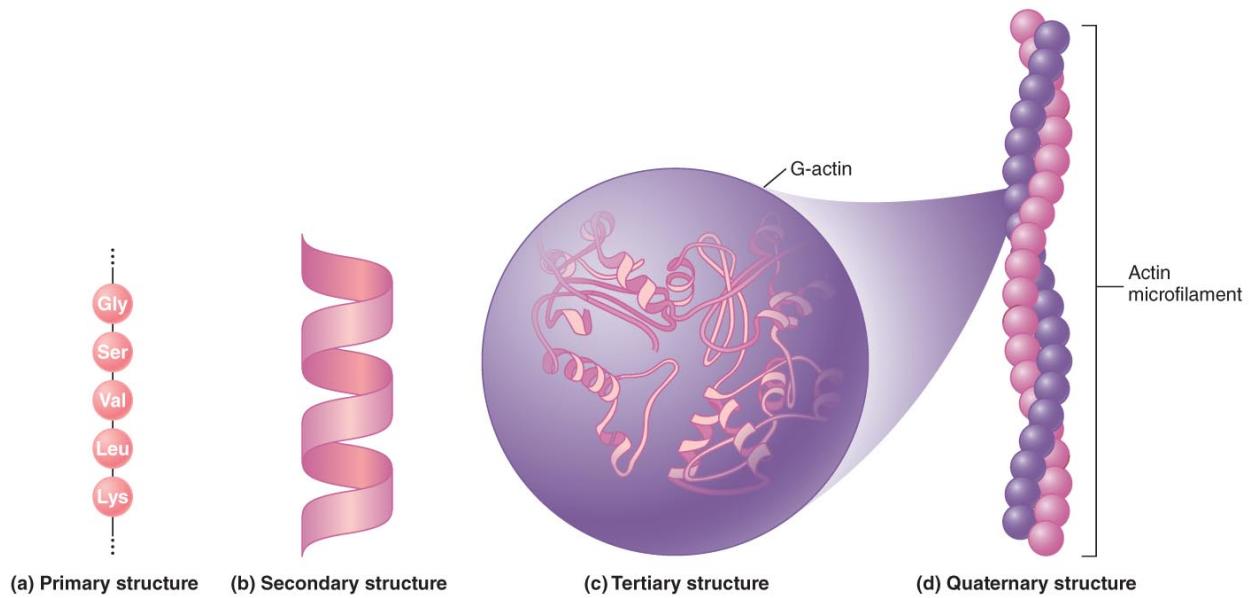


Figure 6.5: Levels of Protein Structure

6.5 Protein Function

- Proteins lose shape (denaturation) when subject to
 - Heat
 - Acids and bases
 - Heavy metals
 - Alcohol
- Denaturation results in an irreversible loss in protein function



Figure 6.6: Protein Shape Determines Function

6.6 Protein Synthesis Can Be Limited

Incomplete protein – does not contain all essential amino acids in sufficient quantities

- Growth and health are compromised
- Considered a “low-quality” protein

Complete protein – Contains sufficient amounts of all nine essential amino acids

- Considered a “high-quality” protein

6.7 Protein Synthesis Can Be Enhanced

Mutual supplementation – combining two incomplete proteins to make a complete protein

Complementary proteins – two protein sources that together supply all nine essential amino acids

- Example: beans and rice

Combining Complementary Foods

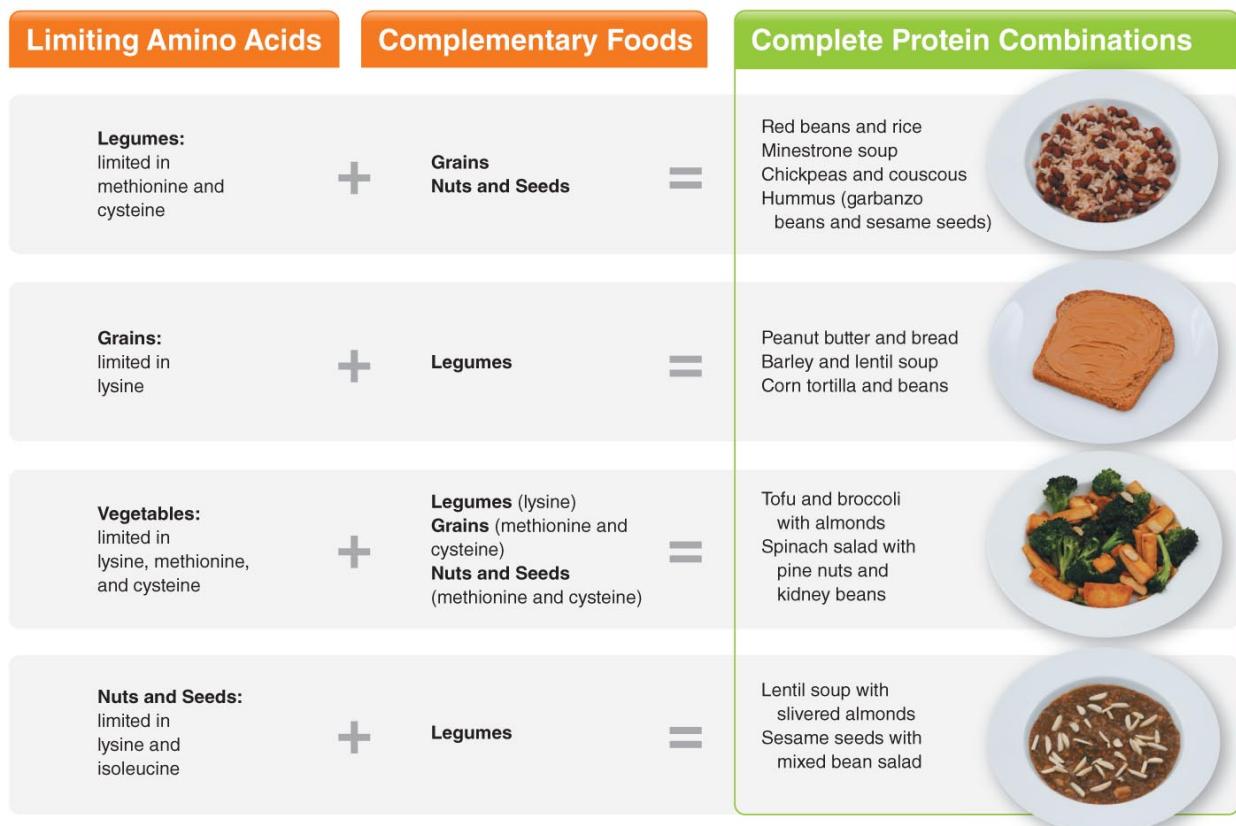
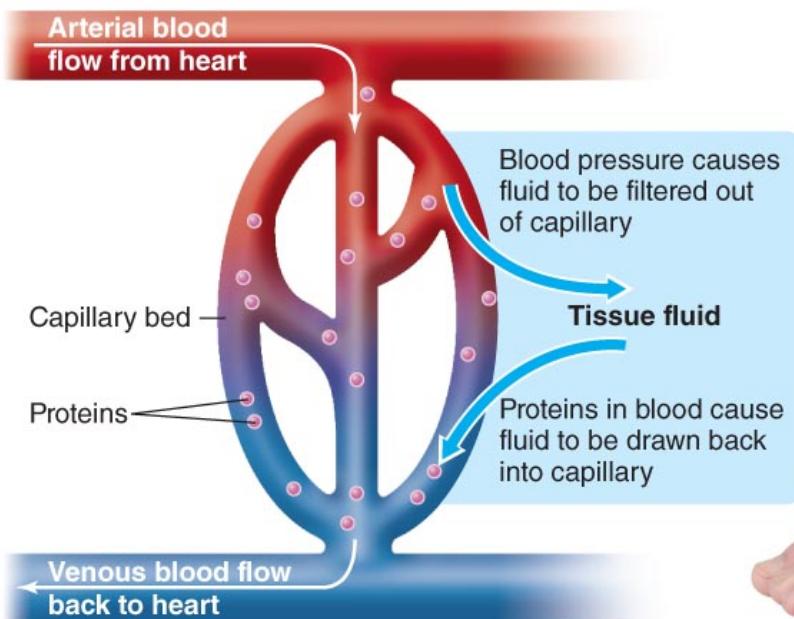


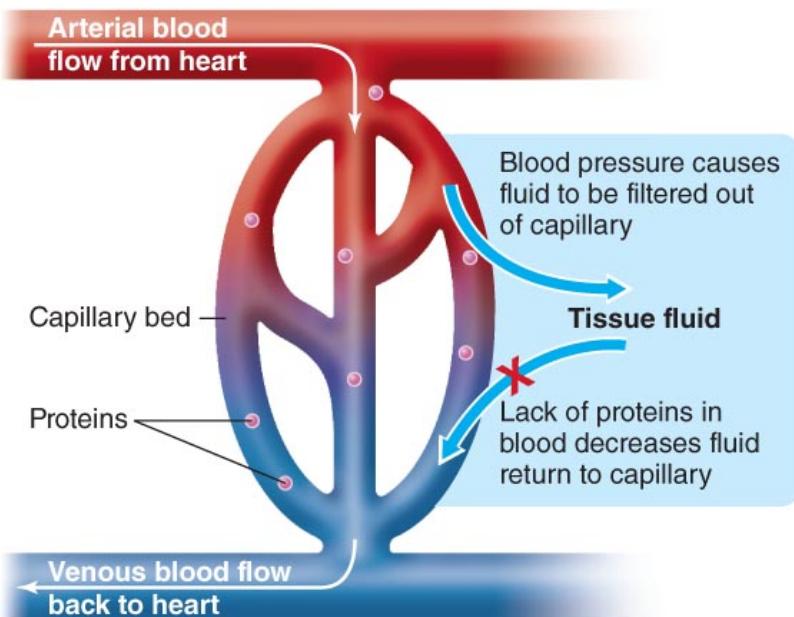
Figure 6.7: Combining Complementary Foods

6.8 Why Do We Need Proteins?

- Cell growth, repair, and maintenance
- Enzymes
- Hormones
- Fluid and electrolyte balance
- pH balance
- Antibodies to protect against disease
- Energy source
- Transport and storage of nutrients
- Compounds such as neurotransmitters, fibrin, and collagen



(a) Normal fluid balance



(b) Edema caused by insufficient protein in bloodstream

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Figure 6.8: Role of Proteins in Fluid Balance

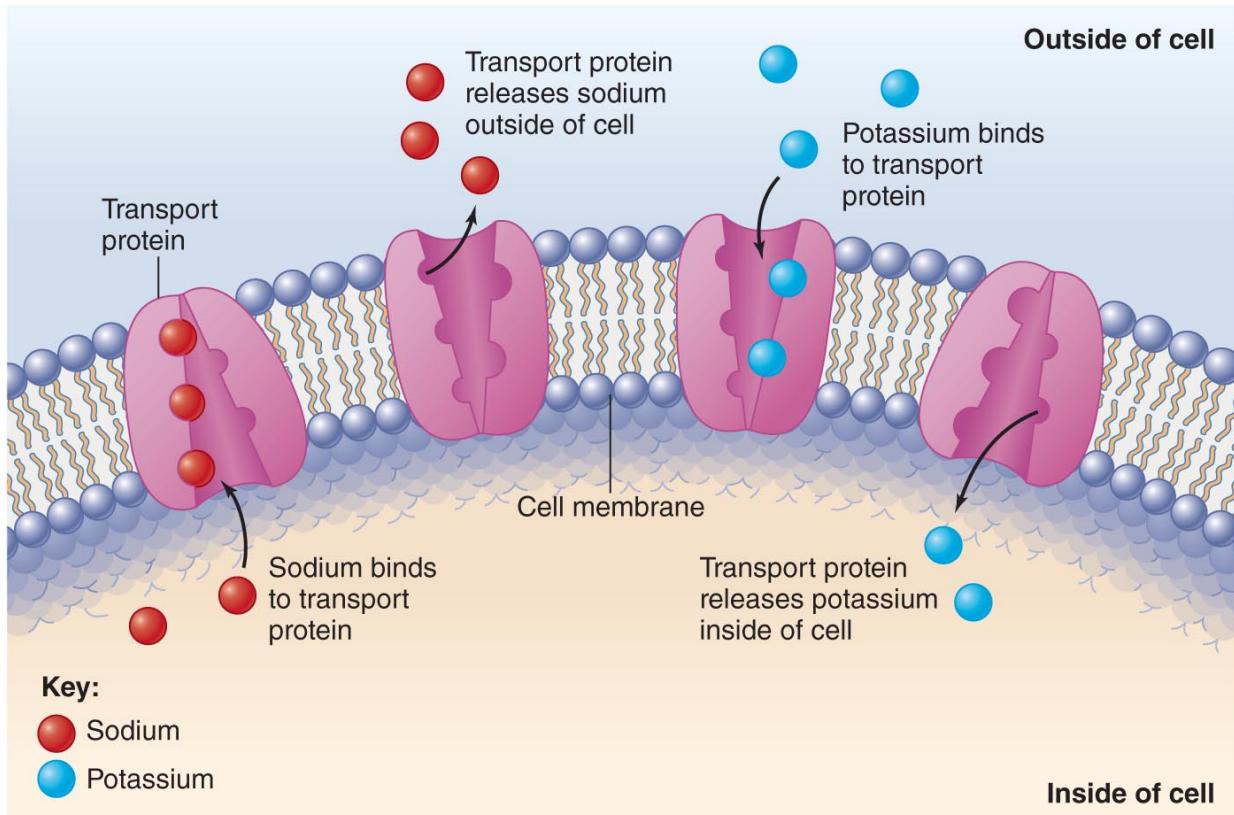


Figure 6.9: Role of Proteins in Electrolyte Balance

6.9 How Do We Break Down Proteins?

- Stomach acids and enzymes break proteins into short polypeptides
- Digestion of proteins continues in the small intestine, where the polypeptides are further broken down
 - Pancreatic enzymes called **proteases** complete the digestion of proteins into single amino acids

Digestion of dietary proteins into single amino acids occurs primarily in the stomach and small intestine. The single amino acids are then transported to the liver, where they may be converted to glucose or fat, used for energy or to build new proteins, or transported to cells as needed.

ORGANS OF THE GI TRACT

MOUTH

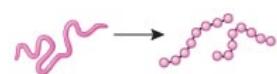
Proteins in foods are crushed by chewing and moistened by saliva.

STOMACH

Proteins are denatured by hydrochloric acid.

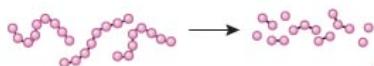


Pepsin is activated to break proteins into single amino acids and smaller polypeptides.

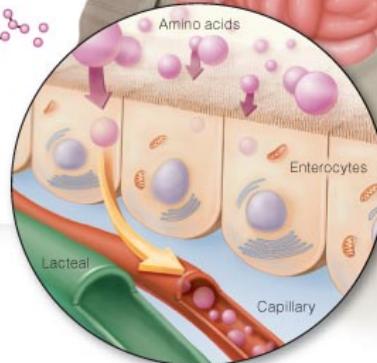


SMALL INTESTINE

Proteases are secreted to digest polypeptides into smaller units.



Cells in the wall of the small intestine complete the breakdown of dipeptides and tripeptides into single amino acids, which are absorbed into the bloodstream.



ACCESSORY ORGANS

PANCREAS

Produces proteases, which are released into the small intestine.

LIVER

Amino acids are transported to the liver, where they are converted to glucose or fat, used for energy or to build new proteins, or sent to the cells as needed.

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Figure 6.10: Protein Digestion

- Protein digestibility affects protein quality
- Animal protein sources (meat, dairy), soy products, and legumes are highly digestible

- Grains and vegetable proteins are less digestible

6.10 How Much Protein Should We Eat?

- People who require more protein include
 - Children
 - Adolescents
 - Pregnant or lactating women
 - Athletes
 - Vegetarians
- Nitrogen balance describes the relationship between how much nitrogen (or protein) we consume and excrete each day

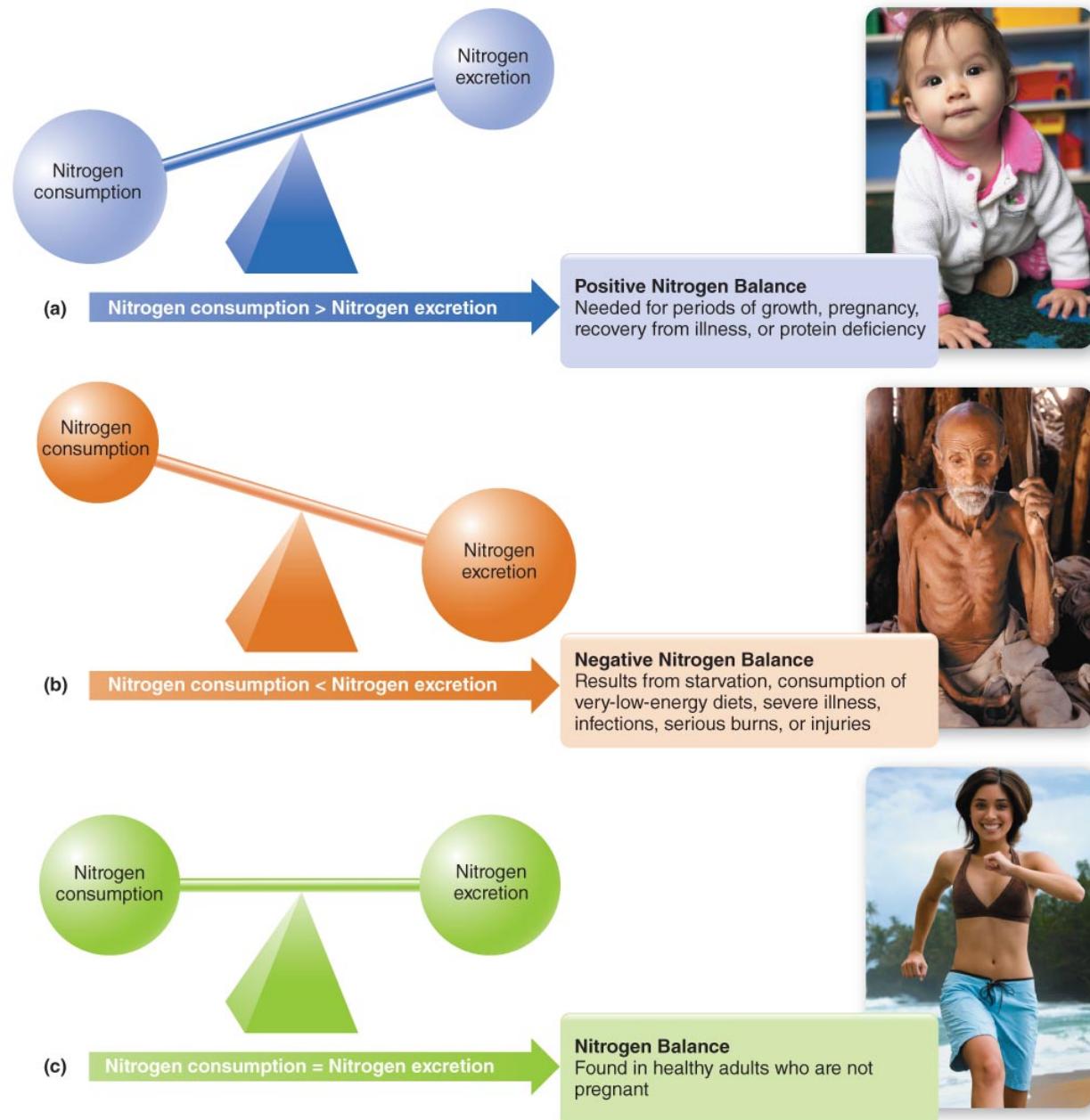


Figure 6.11: Nitrogen Balance

- Recommended Dietary Allowance (RDA)
 - 0.8 grams of protein per kilogram of body weight per day
 - 10–35% of total intake should be from protein
- Most Americans meet or exceed the RDA for dietary protein
- This is true for many athletes as well

- Certain groups of athletes, such as distance runners, figure skaters, female gymnasts, and wrestlers who are dieting, are at risk for low protein intake

6.11 Protein Sources

- Protein sources include much more than just meat
 - Legumes
 - Nuts
 - “New” foods
 - * quorn
 - * quinoa
 - * amaranth
 - * teff
 - * millet
 - * sorghum

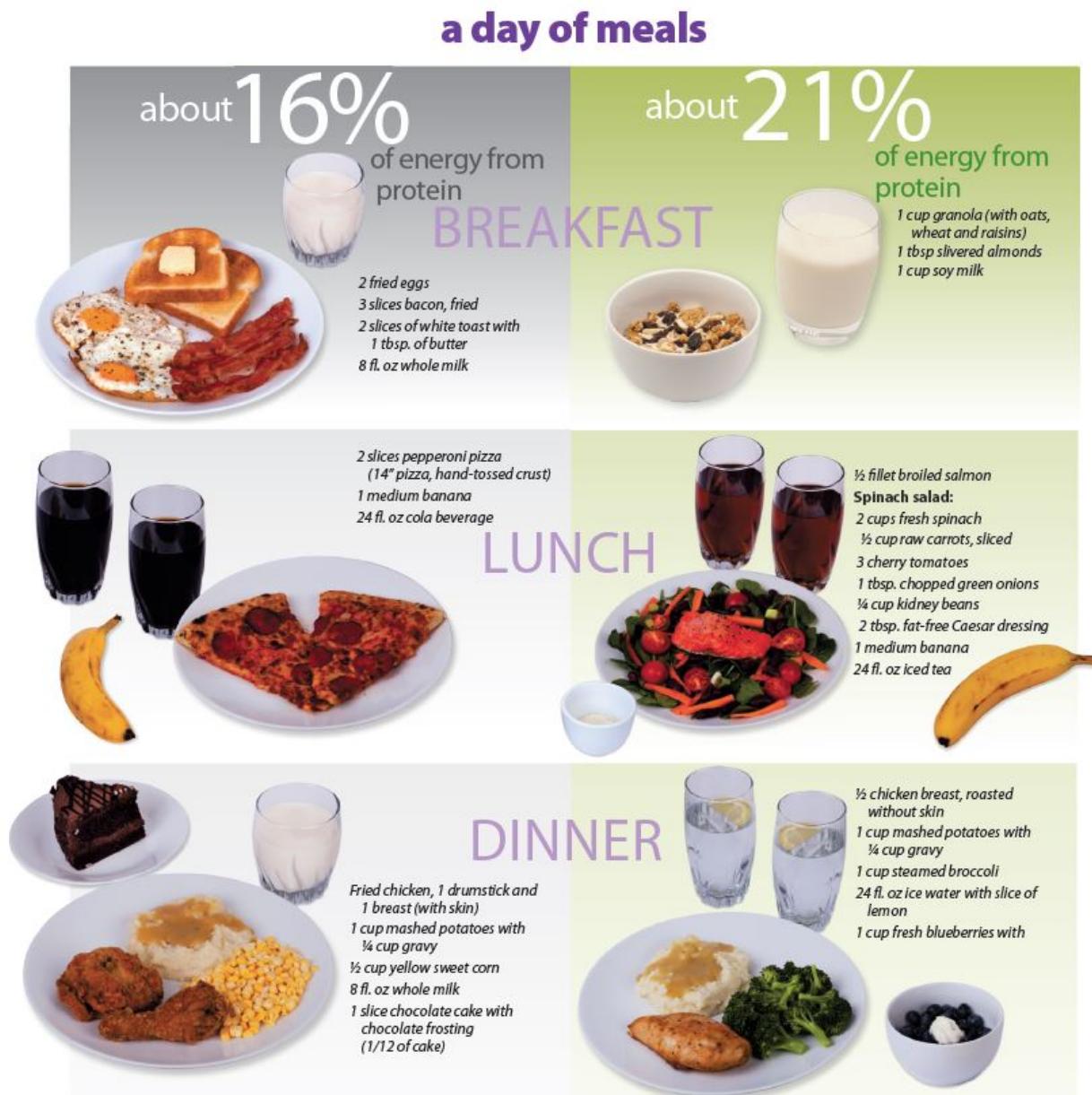


Figure 6.12: Protein Needs

6.12 Too Much Dietary Protein Can Be Harmful

- The risks of too much dietary protein include
 - High cholesterol and heart disease
 - * Diets high in protein from animal sources are associated with high blood cholesterol
 - Kidney disease

- * High-protein diets are associated with an increased risk of kidney disease in people who are susceptible
- There is no evidence that high-protein diets lead to bone loss, except in people consuming inadequate calcium

TABLE 6.2 Protein Content of Commonly Consumed Foods

Food	Serving Amount	Protein (g)	Food	Serving Amount	Protein (g)
Beef			Dairy		
Ground, lean, broiled (15% fat)	3 oz	22	Whole milk (3.25% fat)	8 fl. oz	7.7
Beef tenderloin steak, broiled (1/8-in. fat)	3 oz	24.7	Skim milk	8 fl. oz	8.8
Top sirloin, broiled (1/8-in. fat)	3 oz	23	Low-fat, plain yogurt	8 fl. oz	12
			Cottage cheese, low-fat (2%)	1 cup	23.6
Poultry			Soy Products		
Chicken breast, broiled, no skin (bone removed)	1/2 breast	27	Tofu, firm	1/2 cup	10
Chicken thigh, bone and skin removed	1 thigh	28	Tempeh, cooked	3 oz	5.5
Turkey breast, roasted, luncheon meat	3 oz	18.7	Soy milk beverage	1 cup	8
Seafood			Beans		
Salmon, Chinook, baked	3 oz	22	Refried	1/2 cup	6.4
Shrimp, cooked	3 oz	20.4	Kidney, red	1/2 cup	6.7
Tuna, in water, drained	3 oz	16.5	Black	1/2 cup	7.2
Pork			Nuts		
Pork loin chop, broiled	3 oz	22	Peanuts, dry roasted	1 oz	6.9
Ham, roasted, extra lean (5% fat)	3 oz	18.7	Peanut butter, creamy	2 tbsp.	7
			Almonds, blanched	1 oz	6

Source: Data from U.S. Department of Agriculture, Agricultural Research Service. 2015. USDA National Nutrient Database for Standard Reference, Release 28.

Figure 6.13: Protein Content of Common Foods

6.13 Disorders Related to Protein Intake

Protein-energy malnutrition – a disorder caused by inadequate intake of protein and energy

- There are two common, serious forms
 - Marasmus
 - Kwashiorkor

6.13.1 Marasmus

Disease resulting from severely inadequate intakes of protein, energy, and other nutrients

- It is characterized by extreme tissue wasting and stunted growth and development

6.13.2 Kwashiorkor

Disease resulting from extremely low protein intake

- Kwashiorkor symptoms include
 - Some weight loss and muscle wasting
 - Edema resulting in distention of the belly
 - Retarded growth and development
- Kwashiorkor is often seen in children in developing countries

6.14 Can Vegetarian Diets Provide Protein?

Vegetarianism – restricting the diet to foods of plant origin

- There are many versions of vegetarianism
- There are many reasons to adopt a vegetarian diet

Table 6.2: Terms and Definitions of a Vegetarian Diet

Type of Diet	Foods Consumed	Comments
Semivegetarian (also called flexitarian or plant-based diet)	Vegetables, grains, nuts, fruits, legumes; sometimes meat, seafood, poultry, eggs and dairy products	Typically excluded or limit red meat; may also avoid other meats
Pescovegetarian	Similar to semivegetarian but excludes poultry	<i>Pesco</i> means "fish," the only animal source of protein in this diet
Lacto-ovovegetarian	Vegetables, grains, nuts, fruits, legumes, dairy products (<i>lacto</i>), and eggs (<i>ovo</i>)	Excludes animal flesh and seafood
Lacto-vegetarian	Similar to lacto-ovovegetarian but excludes eggs	Relies on milk and cheese for animal sources of protein
Ovovegetarian	Vegetables, grains, nuts, fruits, legumes and eggs	Excludes dairy, flesh, and seafood products
Vegan (also called strict vegetarian)	Only plant-based foods (vegetables, grains, nuts, seeds, fruits, legumes)	May not provide adequate vitamin B ₁₂ , zinc, iron, or calcium
Macrobiotic diet	Vegan-type diet; becomes progressively more strict until almost all foods are eliminated; at the extreme, only brown rice and small amounts of water or herbal tea	Taken to the extreme, can cause malnutrition and death
Fruitarian	Only raw or dried fruit, seeds, nuts, honey, and vegetable oil	Very restrictive diet; deficient in protein, calcium, zinc, iron, vitamin B ₁₂ , riboflavin, and other nutrients

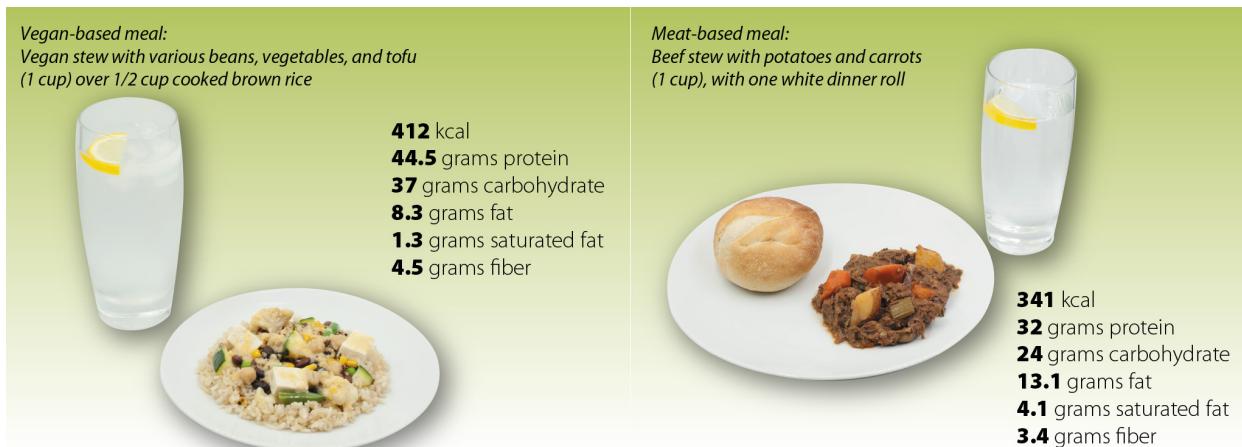


Figure 6.14: Vegetarian Diet

6.15 Why Vegetarianism?

- People chose vegetarianism because of
 - Health benefits
 - Ecological reasons
 - Religious reasons
 - Ethical reasons
 - Concerns over food safety

6.16 Health Benefits of Vegetarianism

- Lower intake of fat and total energy
- Lower blood pressure
- Reduced risk of heart disease
- Reduced risk of some types of cancer
- Fewer digestive problems
- Reduced risk of kidney disease, kidney stones, and gallstones

6.17 Challenges of Vegetarianism

- Vegetarian diets can be low in some vitamins and minerals (iron, calcium, zinc, vitamins D and B₁₂)
- Vegetarians must plan a balanced and adequate diet
- Soy products are an excellent protein source
- Vegetarians should include complementary proteins
- Vegetarians can find health eating tips for vegetarians at MyPlate online

Table 6.3: Nutrients of Concern in a Vegan Diet

Nutrient	Functions	Nonmeat/Nondairy Food Sources
Vitamin B ₁₂	Assists with DNA synthesis; protection and growth of nerve fibers	Vitamin B ₁₂ -fortified cereals, yeast, soy products, and other meat analogs; vitamin B ₁₂ supplements
Vitamin D	Promotes bone growth	Vitamin D-fortified cereals, margarines, and soy products; adequate exposure to sunlight; supplementation may be necessary for those who do not get adequate exposure to sunlight
Riboflavin (Vitamin B ₂)	Promotes release of energy; supports normal vision and skin health	Whole and enriched grains, green leafy vegetables, mushrooms, beans, nuts, and seeds
Iron	Assists with oxygen transport; involved in making amino acids and hormones	Whole-grain products, prune juice, dried fruits, beans, nuts, seeds, and leafy vegetables (such as spinach)
Calcium	Maintains bone health; assists with muscle contraction, blood pressure, and nerve transmission	Fortified soy milk and tofu, almonds, dry beans, leafy vegetables, calcium-fortified juices, and fortified breakfast cereals
Zinc	Assists with DNA and RNA synthesis, immune function, and growth	Whole-grain products, wheat germ, beans, nuts, and seeds

6.18 In Depth: Vitamins and Minerals

6.18.1 Macronutrients

- Carbohydrates
- Fats
- Protein
- Provide energy
- Required in relatively large amounts

6.18.2 Micronutrients

- Vitamins
- Minerals

- Do not supply energy
- Required in relatively small amounts
- Assist body functions (e.g., energy metabolism, maintenance of healthy cells and tissues)
- Absorption may be very low (3–10%) when compared to macronutrients (85–99%)
- Many micronutrients need to be chemically altered before they are active in the body

6.18.3 Vitamins

- Organic compounds
- Thirteen are essential
- Nine are soluble in water
- Four are soluble in fat

6.18.4 Characteristics of Fat-Soluble Vitamins

- Large storage capability
- Toxicity is possible
- Deficiency symptoms may take many months to develop
- May occur in numerous chemical forms

Table 6.4: Fat-Soluble Vitamins

Vitamin Name	Primary Functions	Func-	Recommended In-take*	Reliable Sources	Food	Toxicity/Deficiency Symptoms
A (retinol, retinal, retinoic acid)	Required for ability of eyes to adjust to changes in light Protects color vision Assists cell differentiation Required for sperm production in men and fertilization in women Contributes to healthy bone Contributes to healthy immune system	RDA: Men: 900 µg/day Women: 700 µg/day UL: 3,000 µg/day	Preformed retinol: beef and chicken liver, egg yolks, milk Carotenoid precursors: spinach, carrots, mango, apricots, cantaloupe, pumpkin, yams			<i>Toxicity:</i> Fatigue, bone and joint pain, spontaneous abortion and birth defects of fetuses in pregnant women, nausea and diarrhea, liver damage, nervous system damage, blurred vision, hair loss, skin disorders <i>Deficiency:</i> Night blindness and xerophthalmia; impaired growth, immunity, and reproductive function
D (cholecalciferol)	Regulates blood calcium levels Maintains bone health Assists cell differentiation	RDA: Adults aged 19-70: 15 µg/day Adults aged >70: 20 µg/day UL 100 µg/day	Canned salmon and mackerel, milk, fortified cereals			<i>Toxicity:</i> Hypercalcemia <i>Deficiency:</i> Rickets in children, osteomalacia and/or osteoporosis in adults
E (tocopherol)	As a powerful antioxidant, protects cell membranes, polyunsaturated fatty acids, and vitamin A from oxidation Protects white blood cells Enhances immune function Improves absorption of vitamin A	RDA: Men: 15 mg/day Women: 15 mg/day UL: 1,000 mg/day	Sunflower seeds, almonds, vegetable oils, fortified cereals			<i>Toxicity:</i> Rare <i>Deficiency:</i> Hemolytic anemia; impairment of nerve, muscle, and immune function
K (phylloquinone, menaquinone, menadione)	Serves as a coenzyme during production of specific proteins that assist in blood coagulation and bone metabolism	AI: Men: 120 µg/day Women: 90 µg/day	Kale, spinach, turnip greens, brussels sprouts			<i>Toxicity:</i> None known <i>Deficiency:</i> Impaired blood clotting, possible effect on bone health

*RDA: Recommended Dietary Allowance; UL: upper limit; AI: Adequate Intake.

6.18.5 Characteristics of Water-Soluble Vitamins

- Minimal storage capacity
- Toxicity is rare
- Deficiency symptoms occur quickly
- Excreted in urine when tissues are saturated

6.18.6 General Properties of Minerals

- Inorganic
- Cannot be synthesized by plants or animals
- Not digested or broken down prior to absorption
- Two classifications based on need

6.18.7 Characteristics of Major Minerals

- Required in amounts of at least 100 mg/day
- Body contains 5 g or higher
- Seven major minerals

6.18.8 Characteristics of Trace Minerals

- Required in amounts of less than 100 mg/day
- Body contains less than 5 g
- Eight trace minerals are essential for human health
- Absorption of micronutrients depends on numerous factors
 - Chemical form (e.g., absorption of heme iron from meats, fish, poultry is ~25%, whereas non-heme iron from plant products is ~3–5%)
 - Numerous factors in foods bind micronutrients and prevent absorption
 - Other nutrients within a meal alter absorption
- Supplementation of micronutrients is controversial
 - Easier to develop toxicity with supplements
 - Some may be harmful to certain subgroups of consumers
 - Most minerals are better absorbed from animal food sources

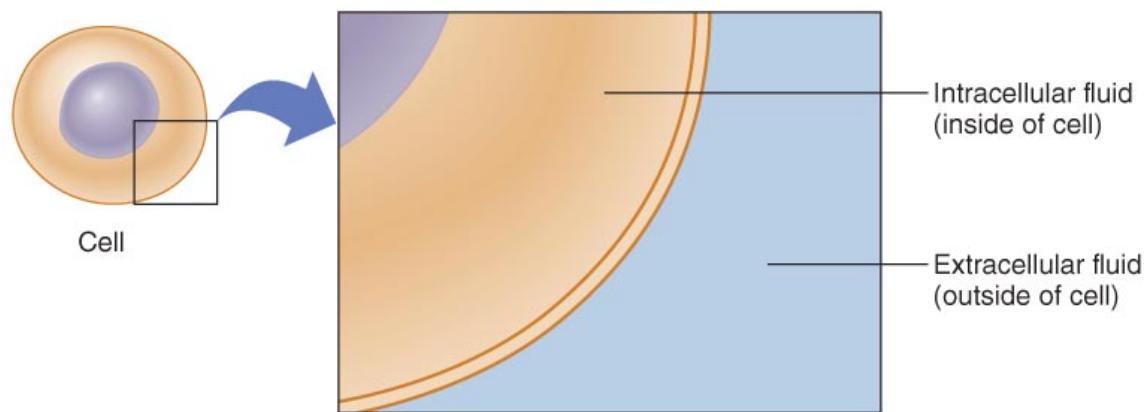
- Eating a variety of foods provides many other nutrients (e.g., phytochemicals)
- Supplements may alter the balance between nutrients
- Adequate intake of these minerals has been associated with lowered disease risk
 - Vitamin D and colon cancer
 - Vitamin E and complications of diabetes
 - Vitamin K and osteoporosis
 - Calcium and hypertension
 - Chromium and type 2 diabetes in older adults
 - Magnesium and muscle wasting in older adults
 - Selenium and certain types of cancer
- Do more essential micronutrients exist?
- Nutrition researchers continue to explore the possibility of other substances being essential
- Vitamin-like factors (e.g., carnitine) and numerous minerals (e.g., boron, nickel, silicon) may prove to be essential in our diet

Chapter 7

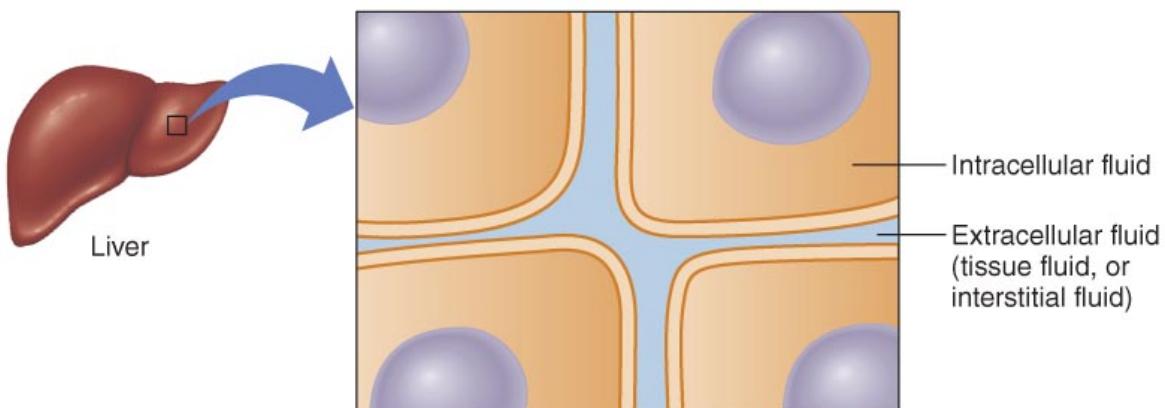
Nutrients Essential to Fluid and Electrolyte Balance

7.1 Fluids

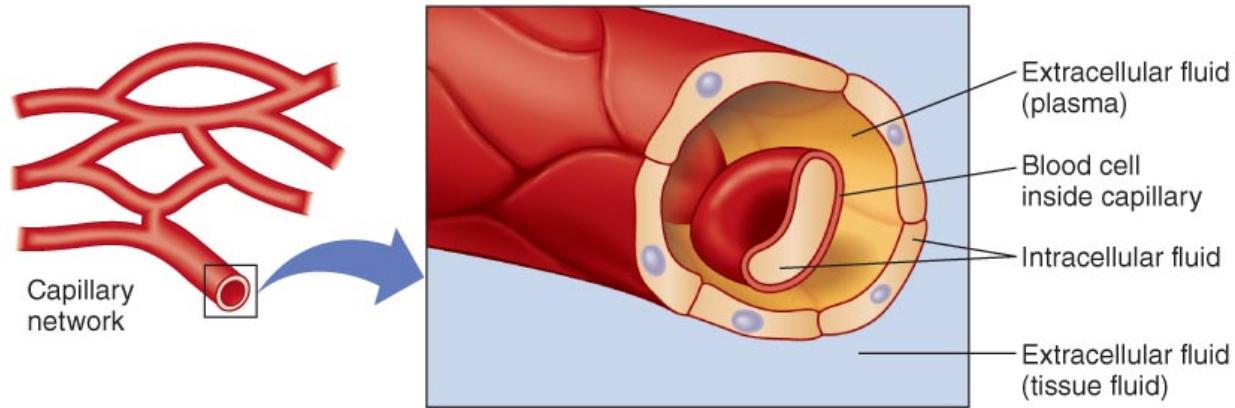
- Substances composed of freely moving molecules
- Have the ability to conform to the shape of the container that holds them
- There are different types of fluids in our bodies
 - $\frac{2}{3}$ of the body's fluid is **intracellular fluid**
 - The remaining $\frac{1}{3}$ is **extracellular fluid**



(a)



(b)



(c)

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Figure 7.1: Components of Body Fluid

- Extracellular fluids include
 - **Tissue fluid** – found between the cells within tissues and organs of the body
 - **Plasma** – the fluid portion of blood that carries the blood cells
- The body fluid composition of tissue varies by

Tissue type lean tissues have higher fluid content than fat tissues

Gender males have more lean tissue and therefore more body fluid

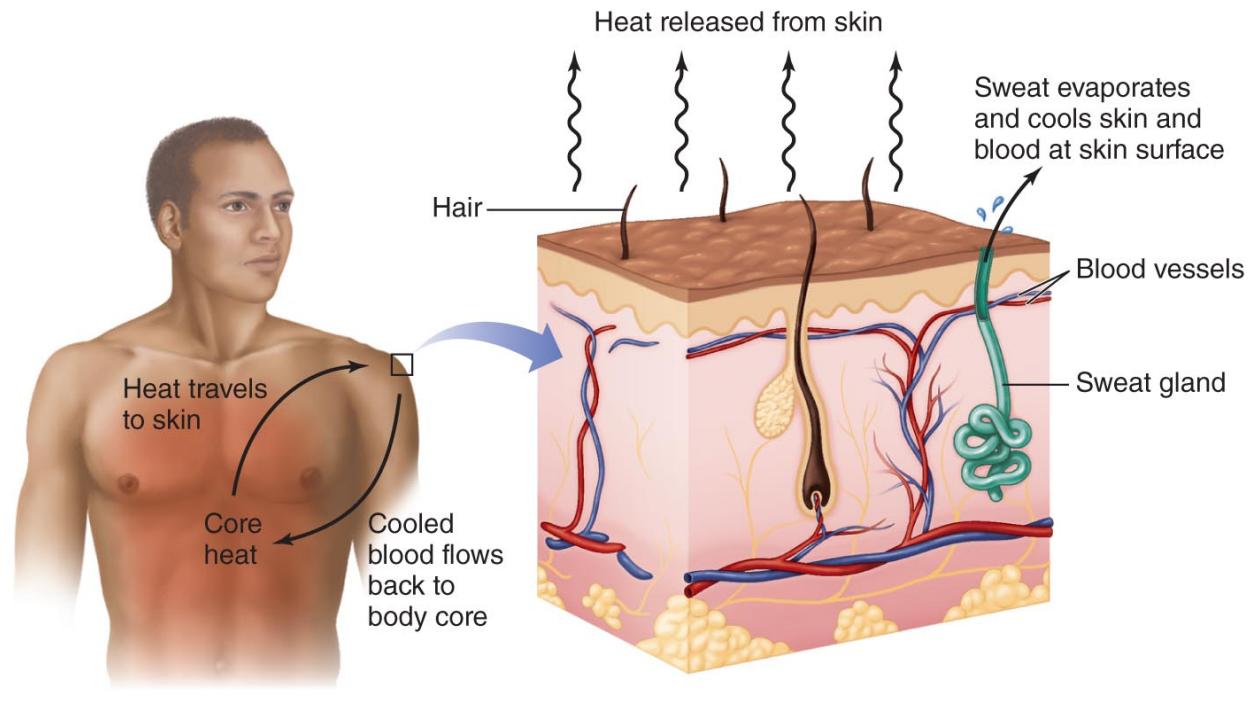
Age lean tissue is lost with age, and body fluid is lost with it

7.2 Electrolytes

- In intracellular fluid, K^+ and HPO_4^{2-} are the predominant electrolytes
- In extracellular fluid, Na^+ and Cl^- predominate
- There is a slight electrical charge difference on either side of the cell membrane

7.3 Functions of Fluids

- Fluids dissolve and transport substances
 - Water is an excellent **solvent** because it can dissolve many different substances
 - The dissolved materials, or **solutes**, include ions, carbohydrates, amino acids, vitamins, and minerals
- Fluids account for blood volume
 - **Blood volume** – the amount of fluid in the blood
 - Increased blood volume can cause blood pressure to rise (hypertension)
 - Decreased blood volume can cause low blood pressure
- Fluids help maintain body temperature
 - Because water has a high heat capacity, the temperature of our body fluids remain quite stable
 - Sweating releases heat as the evaporation of water from the skin cools the skin and blood



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Figure 7.2: Fluids Help Maintain Body Temperature

- Fluids protect and lubricate our tissues
 - Cerebrospinal fluid protects the brain and spinal column
 - Amniotic fluid protects the fetus
 - Synovial fluid is a lubricant around joints
 - Digestive secretions allow for easy passage
 - Pleural fluid covering the lungs allows friction-free expansion and retraction

7.4 Functions of Electrolytes

- Electrolytes help regulate fluid balance
 - Water follows the movement of electrolytes, moving by osmosis to areas where the concentration of electrolytes is high
 - This allows for the controlled movement of fluids into and out of cells

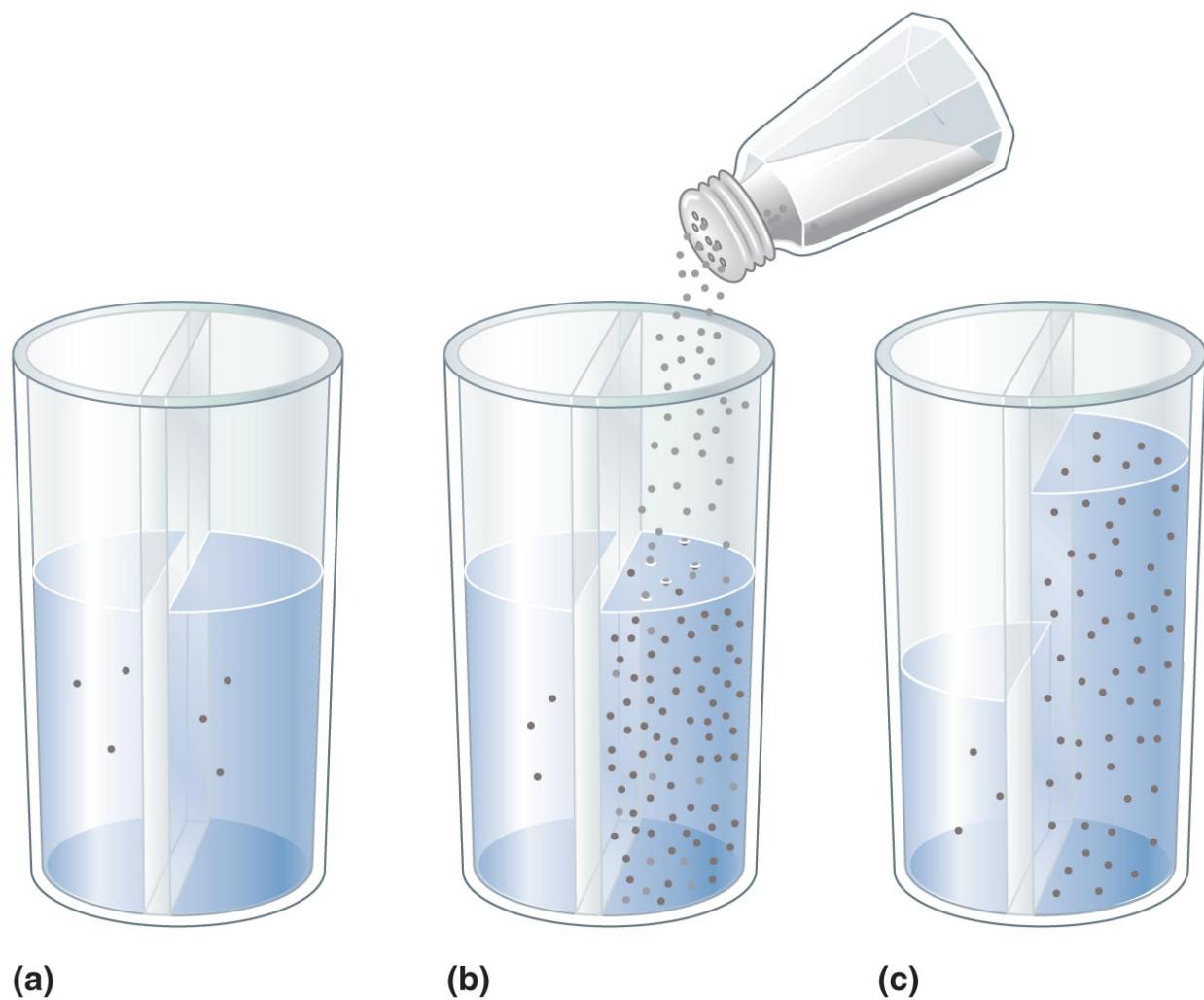


Figure 7.3: Osmosis



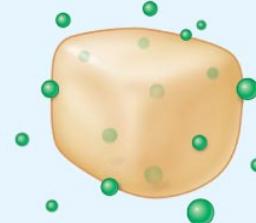
The health of our body's cells depends on maintaining the proper balance of fluids and electrolytes on both sides of the cell membrane, both at rest and during exercise. Let's examine how this balance can be altered under various conditions of exercise and fluid intake.

MODERATE EXERCISE

When you are appropriately hydrated, engaged in moderate exercise, and not too hot, the concentration of electrolytes is likely to be the same on both sides of cell membranes. You will be in fluid balance.



Concentration of electrolytes about equal inside and outside cell

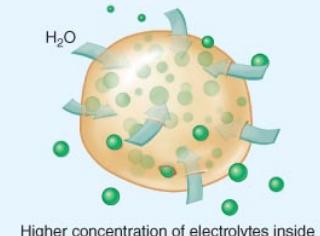


STRENUOUS EXERCISE WITH RAPID AND HIGH WATER INTAKE

If a person drinks a great deal of water quickly during intense, prolonged exercise, the extracellular fluid becomes diluted. This results in the concentration of electrolytes being greater inside the cells, which causes water to enter the cells, making them swell. Drinking moderate amounts of water or sports drinks more slowly will replace lost fluids and restore fluid balance.



Lower concentration of electrolytes outside

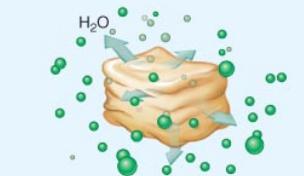


STRENUOUS EXERCISE WITH INADEQUATE FLUID INTAKE

If a person does not consume adequate amounts of fluid during strenuous exercise of long duration, the concentration of electrolytes becomes greater outside the cells, drawing water away from the inside of the cells and making them shrink. Consuming sports drinks will replace lost fluids and electrolytes.



Higher concentration of electrolytes outside



Lower concentration of electrolytes inside

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Figure 7.4: Fluid and Electrolyte Balance

- Electrolytes enable our nerves to respond to stimuli
 - Movement of sodium (Na^+) and potassium (K^+) across the membranes of nerve cells changes the electrical charge across the membrane
 - This change in electrical charge carries the nerve impulse along the nerve cell

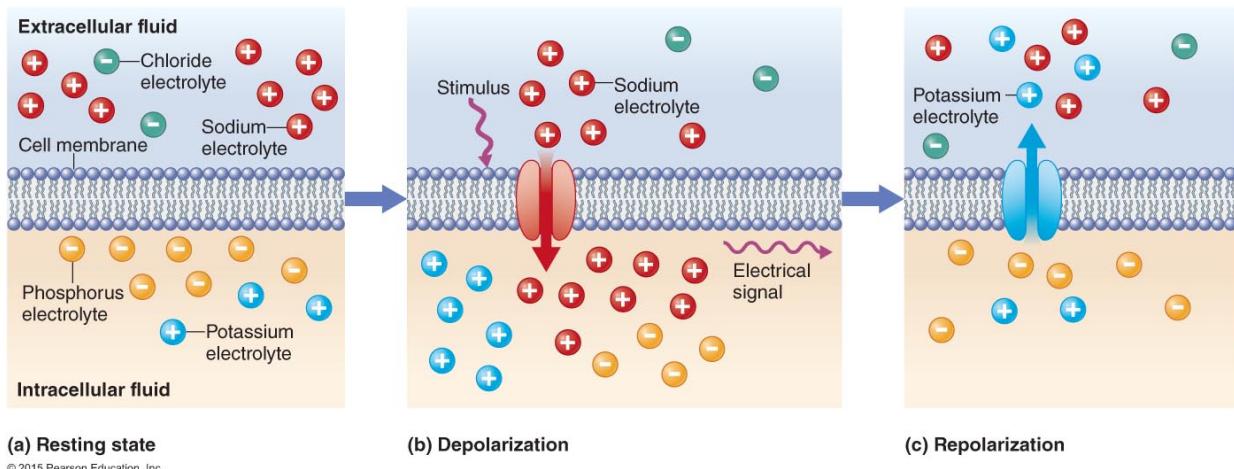


Figure 7.5: Role of Electrolytes in Nerve Function

- Electrolytes signal our muscles to contract
 - The movement of calcium (Ca^{2+}) into a muscle cell stimulates the muscle to contract
 - The (Ca^{2+}) is pumped back out of the cell after the muscle contraction

7.5 Maintaining Fluid Balance

- Fluid balance is maintained by different mechanisms prompting us to drink and retain fluid
- The **thirst mechanism** occurs from a cluster of nerve cells (in the hypothalamus) that stimulate our desire to drink
- However, the thirst mechanism is not always sufficient; the amount of fluids people drink may not be enough to achieve fluid balance
- Water lost from the body must be replaced
- Water is lost through urine, sweat, evaporation, exhalation, and feces
- Water is gained through beverages, food, and metabolic reactions
 - **Metabolic water** contributes about 10–14% of the water the body needs

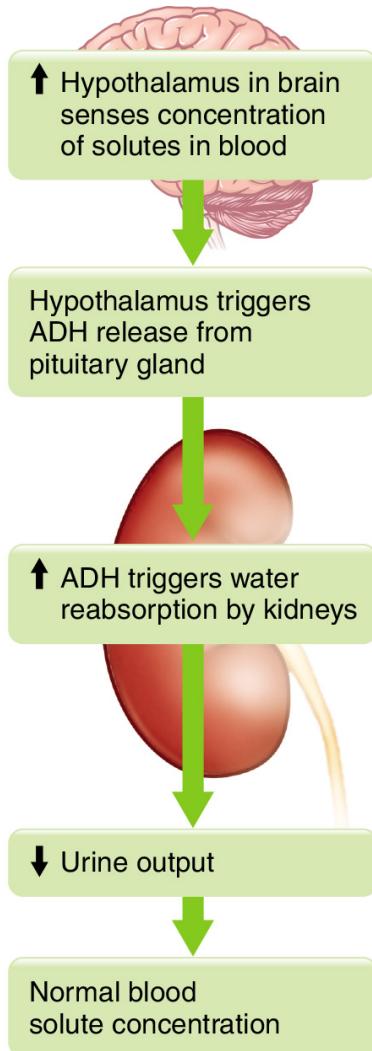


Figure 7.6: Fluid Balance

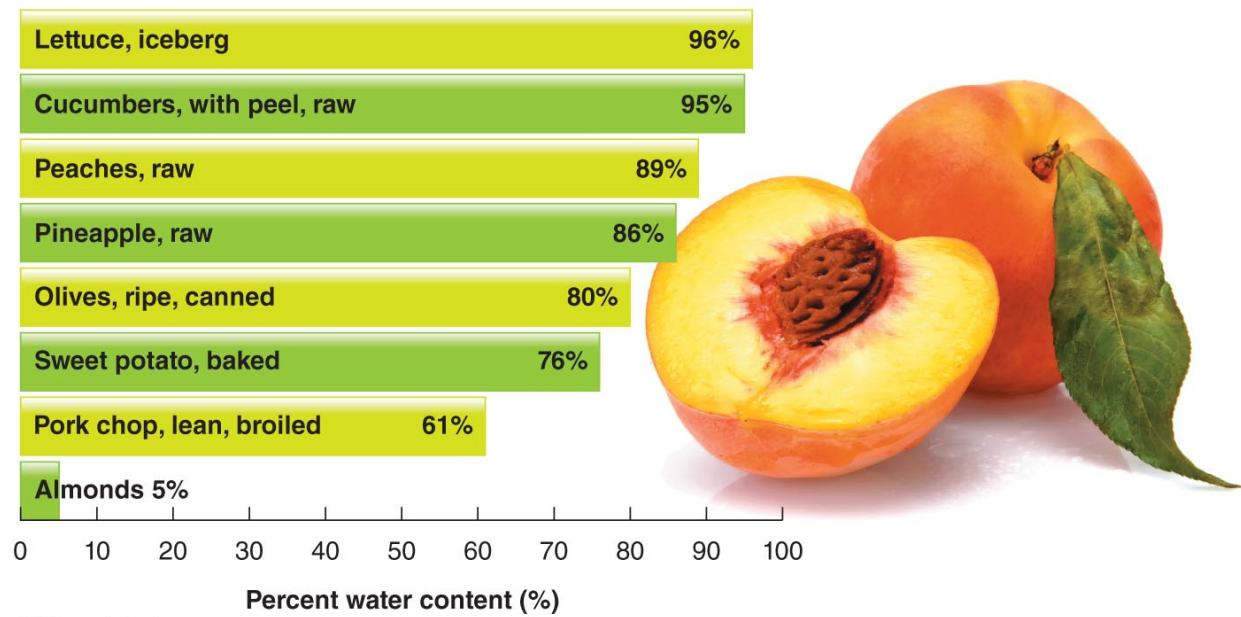


Figure 7.7: Water Content of Various Foods

- Loss of water

Sensible water loss occurs through urine and sweat

- Most water is lost through urine
- The kidneys control how much water is reabsorbed; excess water is processed by the kidneys and excretes as urine

Insensible water loss occurs through evaporation from the skin or exhalation from the lungs, as well as through feces

Diuretics increase fluid loss via the urine

7.6 Water

- Functions of water
 - Essential for life
 - Required for fluid and electrolyte balance and many metabolic reactions
- Recommended intake
 - Varies with environment and activity level

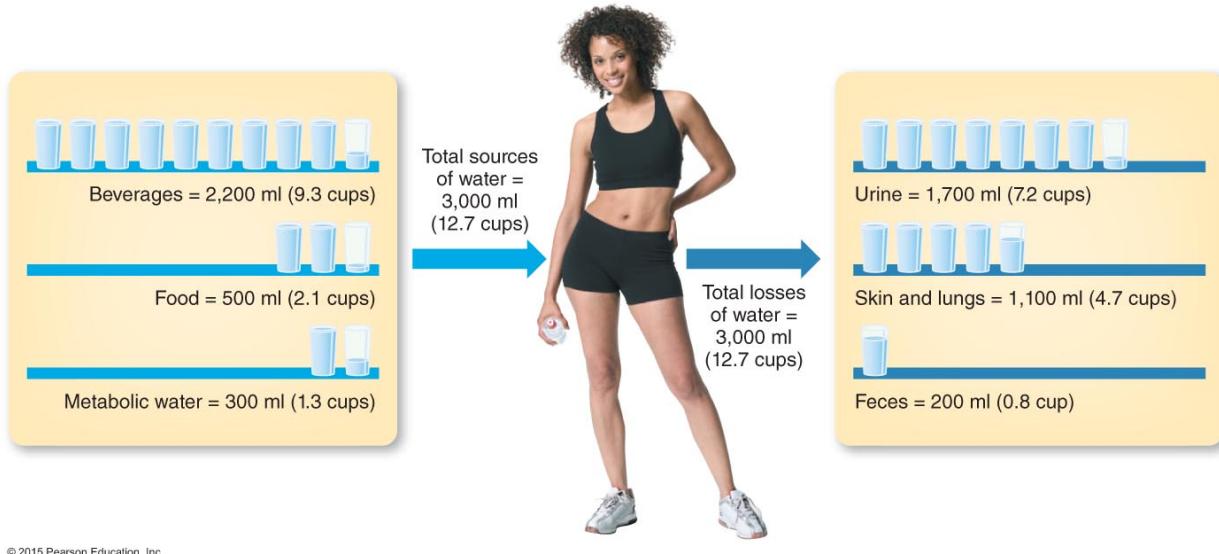


Figure 7.8: For a Woman Expending 2,500 kcal/day

- Surface water comes from lakes, rivers, and reservoirs
- Groundwater comes from underground rock formations called aquifers
- “Hard water” is relatively high in calcium
- The U.S. Environmental Protection Agency (EPA) sets and monitors standards for public water systems and is responsible for regulation of bottled water
- What is you drink too much water?
 - Becoming overhydrated is rare
 - Can resulted in a dilution of sodium (hyponatremia)
- What is you don’t drink enough water?
 - Dehydration
 - Infants and the elderly are especially vulnerable

7.7 Commercial Beverages

- Low-fat and skim milk provide protein, calcium, phosphorus, vitamin D, and, usually, vitamin A
- Moderate consumption of beverages with caffeine is safe and potentially healthful
- Most soft drinks, juice drinks, flavored waters, and bottled tea and coffee drinks are loaded with added sugars

- “Designer waters” with added nutrients and/or herbs can add more than 300 Calories to the day’s intake and rarely contribute to better health
- Many energy drinks, typically consumed quickly, contain a high amount of caffeine, which can cause a dramatic rise in blood pressure and heart rate
 - The can also contain a significant amount of added sugar

Table 7.1: Overview of Minerals Involved in Hydration and Neuromuscular Function

Nutrient	Recommended Intake
Sodium	AI for 19 to 50 years of age: 1.5 g/day
Potassium	AI for 19 years of age and older: 4.7 g/day
Chloride	AI for 19 to 50 years of age: 2.3/day
Phosphorus	RDA for 19 years of age and older: 700 mg/day

To see the full profile of all micronutrients, turn to the **In Depth** essay following Chapter 6, Vitamins and Minerals: Micronutrients with Macro Powers (pages 211–221).

7.8 Sodium

- Functions of sodium
 - Fluid and electrolyte balance
 - Associated with blood pressure and pH balance in the body
 - Required for nerve impulse transmission
 - Assists in the transport of certain nutrients (e.g., glucose) into body cells
- Recommended intake
 - 1.5 g/day is required
 - No more than 2.3 g/day is recommended
- Sources of sodium
 - Processed foods and restaurant foods are generally high in sodium

Table 7.2: High-Sodium Foods and Lower-Sodium Alternatives

High-Sodium Food	Sodium (mg)	Lower-Sodium Food	Sodium (mg)
Dill pickle (1 large, 4 in.)	1,731	Low-sodium dill pickle (1 large, 4 in)	23
Ham, cured, roasted (3 oz)	1,023	Pork, loin roast (3 oz)	54
Turkey pastrami (3 oz)	915	Roasted turkey, cooked (3 oz)	54
Tomato juice, regular (1 cup)	877	Tomato juice, lower sodium (1 cup)	24
Macaroni and cheese (1 cup)	800	Spanish rice (1 cup)	5
Ramen noodle soup (chicken flavor) (1 package [85 g])	1,960	Ramen noodle soup made with sodium-free chicken bouillon (1 cup)	0
Teriyaki chicken (1 cup)	3,210	Stir-fried pork/rice/vegetables (1 cup)	575
Tomato sauce, canned ($\frac{1}{2}$ cup)	741	Fresh tomato (1 medium)	11
Creamed corn, canned (1 cup)	730	Cooked corn, fresh (1 cup)	28
Tomato soup, canned (1 cup)	695	Lower-sodium tomato soup, canned (1 cup)	480
Potato chips, salted (1 oz)	168	Baked potato, unsalted (1 medium)	14
Saltine crackers (4 crackers)	156	Saltine crackers, unsalted (4 crackers)	100

Data from: U.S. Department of Agriculture. 2011. USDA Nutrient Database for Standard Reference, Release 24.

- What is you consume too much sodium?
 - **Hypernatremia** – abnormally high blood sodium concentration
 - Can occur in patients with congestive heart failure or kidney disease
 - Results in high blood volume, edema, and high blood pressure
- What is you don't consume enough sodium?
 - **Hyponatremia** – an abnormally low blood sodium level
 - Can result from prolonged vomiting, diarrhea, or sweating
 - Has been seen in marathon athletes who consume too much water and fail to replace sodium

7.9 Potassium

- Functions of potassium
 - Fluid and electrolyte balance
 - Very important in muscle contractions and transmission of nerve impulses
 - High potassium intake helps to maintain a lower blood pressure
- Recommended intake
 - 4.7 g/day
- Sources of potassium

- Processed foods are usually low in potassium
- Fresh fruit and vegetables and whole grains are good sources of potassium

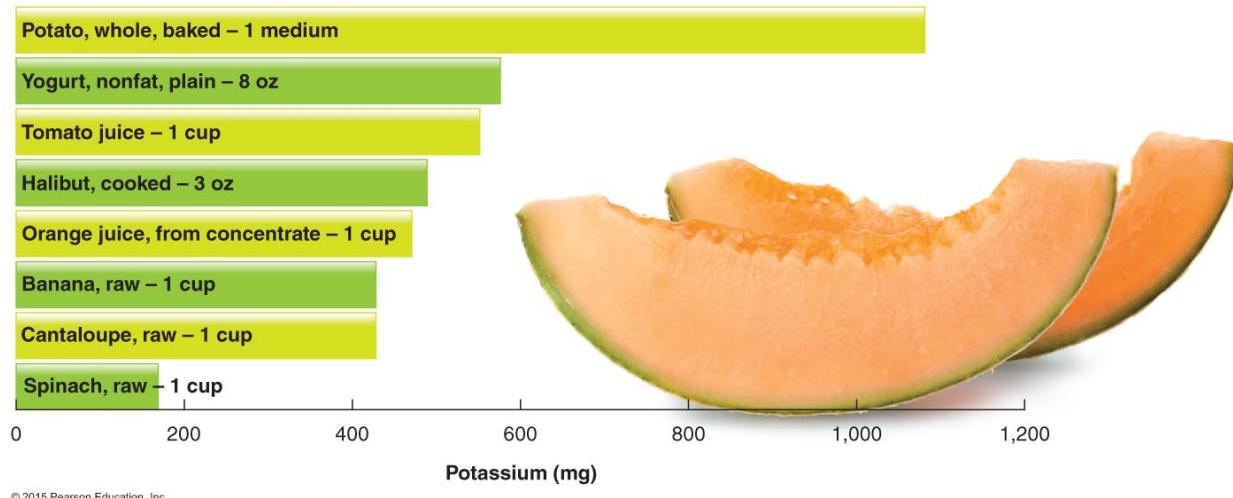


Figure 7.9: Common Food Sources of Potassium

- What if you consume too much potassium?
 - **Hyperkalemia** – a high blood potassium level
 - Can occur in patients with kidney disease
 - Can alter normal heart rhythm, resulting in a heart attach
- What if you don't consume enough potassium?
 - **Hypokalemia** – a low blood potassium level
 - Can be seen in patients with kidney disease or diabetic acidosis
 - Can occur when taking certain diuretic medications

7.10 Chloride

- Functions of chloride
 - Assists with maintaining fluid balance
 - Assists the immune system
 - Component of HCl in the stomach
- Recommended intake
 - Minimum recommendation is 2.3 g/day

- What if you consume too much chloride?
 - May lead to hypertension in salt-sensitive patients
- What if you don't consume enough chloride?
 - This is rare but can occur in people with eating disorders

7.11 Phosphorus

- Functions of phosphorus
 - The major intracellular negatively charged electrolyte
 - Required for fluid balance
 - Critical role in bone formation (85% of body's phosphorus is found in bone)
 - Regulated biochemical pathways by activating or deactivating enzymes
 - Found in ATP, DNA, RNA
- Recommended intake
 - Recommended Dietary Allowance (RDA) for phosphorus is 700 mg/day
- Sources of phosphorus
 - Widespread in many foods
 - Found in high amounts in foods that contain protein (e.g., meat, milk, eggs)

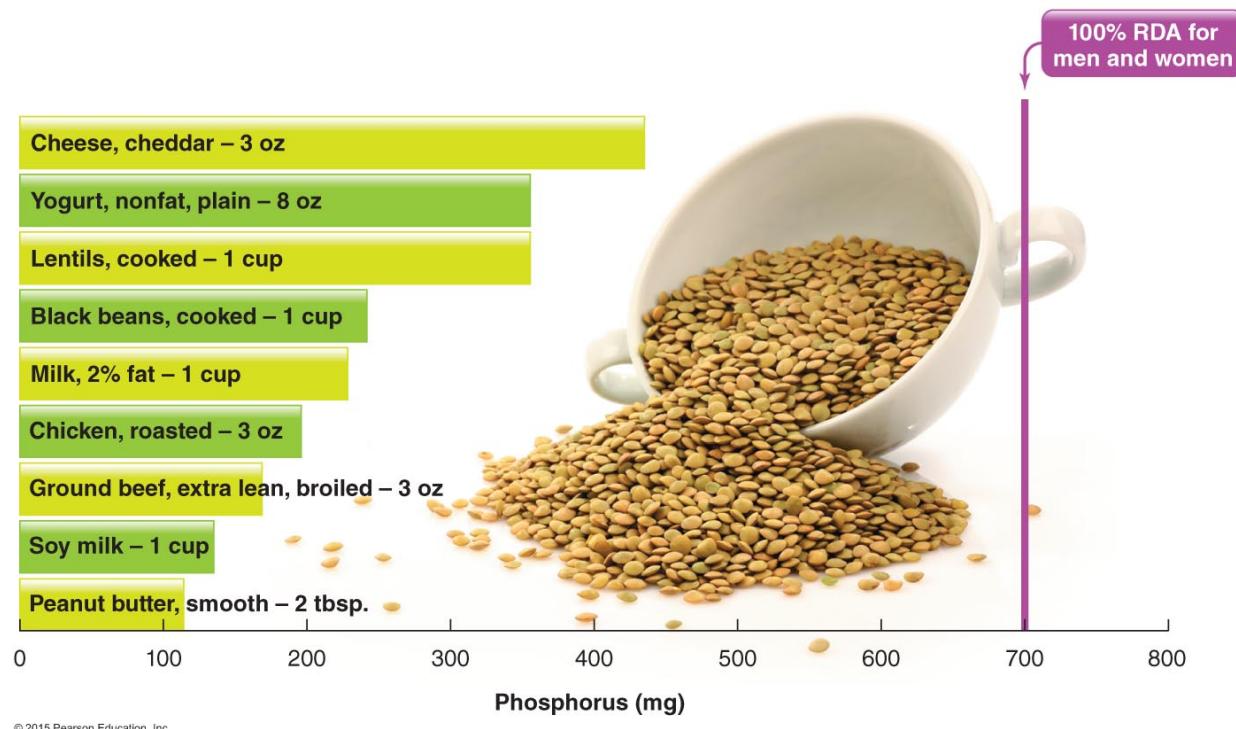


Figure 7.10: Common Food Sources of Phosphorus

- What if you consume too much phosphorus?
 - High blood levels of phosphorus can occur with kidney disease or when taking too much vitamin D supplements
 - Causes muscles spasms, and convulsions
- What if you don't consume enough phosphorus?
 - Deficiencies of phosphorus are rare

7.12 Fluid and Electrolyte Balance Disorders

- Serious health problems that can occur when fluid excretion exceeds fluid intake include
 - Dehydration
 - * Occurs when fluid excretion exceeds fluid intake
 - Heat illnesses
 - * Heat cramps
 - * Heat exhaustion
 - * Heat stroke

7.13 Dehydration

- Occurs when water loss exceeds water intake
 - Commonly due to heavy exercise or high environmental temperatures
 - Infants and the elderly are more at risk
- Other common causes of dehydration include
 - Diarrhea
 - Vomiting
 - Fever
 - Burns, including sunburn
 - Poorly controlled diabetes
 - Abuse of diuretics or laxatives
- Dehydration is classified in terms of percentage of weight loss that is exclusively due to the loss of fluids

Table 7.3: Percentages of Body Fluid Loss Correlated with Weight Loss and Symptoms

Body Water Loss (%)	Weight Lost If You Weight 160 lb	Weight Lost If You Weight 130 lb	Symptoms
1–2	1.6–3.2 lb	1.3–2.6 lb	Strong thirst, loss of appetite, feeling uncomfortable
3–5	4.8–8.0 lb	3.9–6.5 lb	Dry mouth, reduced urine output, greater difficulty working and concentrating, flushed skin, tingling extremities, impatience, sleepiness, nausea, emotional instability
6–8	9.6–12.8 lb	7.8–10.4 lb	Increased body temperature that doesn't decrease, increased heart rate and breathing rate, dizziness, difficulty breathing, slurred speech, mental confusion, muscle weakness, blue lips
9–11	14.4–17.6 lb	11.7–14.3 lb	Muscle spasms, delirium, swollen tongue, poor balance, and circulation, kidney failure, decreased blood volume and blood pressure

Data from: Nutrition and Aerobic Exercise, edited by D. K. Layman. ©1986 American Chemical Society.

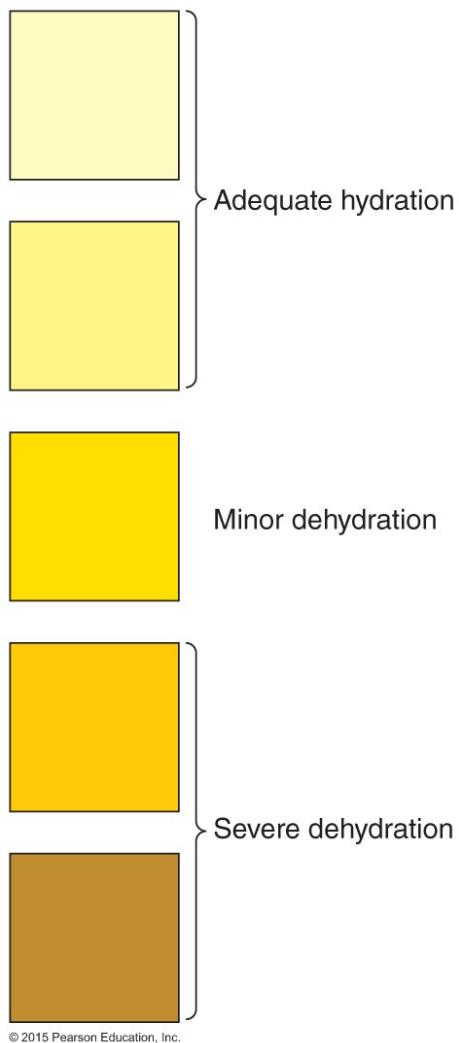


Figure 7.11: Using Urine Color to Gauge Hydration

7.14 Heat Illnesses

- Three common types of heat illnesses closely linked to dehydration are
 - Heat cramps
 - Heat exhaustion
 - Heatstroke

7.14.1 Heat Cramps

- Painful muscle cramps, usually in the abdomen, arms, or legs
- Develop during vigorous activity sessions in the heat

- Spasms can last seconds or minutes
- Important to stop activity immediately, cool down, and rest; cramps may signal a more serious problem

7.14.2 Heat Exhaustion

- Typically occurs from vigorous activity in heat
- May develop after several days in high heat when fluids are inadequate
- Symptoms include cramps, weakness, vomiting, dizziness, and elevated blood pressure and pulse
- Must be treated promptly and aggressively to prevent heatstroke from developing

7.14.3 Heatstroke

- Occurs if the body's temperature regulation mechanisms fail
- Occurs in hot, humid environments
- Symptoms include rapid pulse, hot and dry skin, high body temperature, and weakness
- Has been fatal for athletes during exercise in extreme heat
- If it occurs, provide immediate cooling and rest, and contact emergency medical help quickly

7.15 In Depth: Alcohol

- Alcohols are chemical compounds characterized by a hydroxyl group
- In common usage, beverages containing ethanol made from fermented fruits, vegetables, or grains



Figure 7.12: What Does One Drink Look Like?

- What is moderate alcohol intake?
 - A **drink** is defined as the amount of a beverage that provides $\frac{1}{2}$ fluid ounce of pure alcohol
 - **Proof** – a measurement of alcohol content
 - Moderate alcohol intake is defined as the consumption of up to one drink per day for women, and up to two drinks per day for men
- Benefits of moderate consumption include
 - Stress and anxiety reduction
 - Appetite improvement
 - Lower rates of heart disease
 - Possible lower risks for diseases such as diabetes, heart disease, and liver disease
- Concerns about moderate alcohol intake include
 - Women appear to be at higher risk of breast cancer
 - Increased risk of hypertension
 - Higher rates of bleeding in the brain

- Relatively high Calorie content
- Potential risk of adverse drug interactions

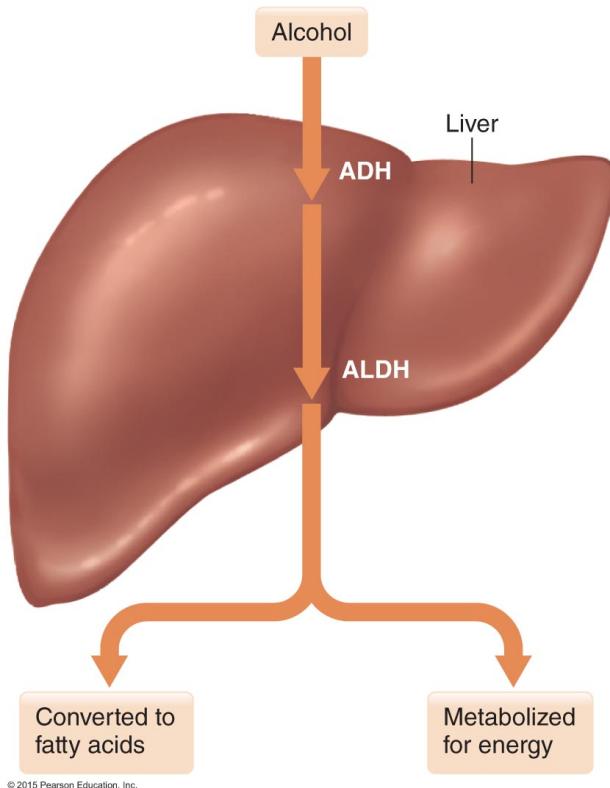


Figure 7.13: Metabolism of Alcohol

Table 7.4: Myths About Alcohol Metabolism

The Claim	The Reality
Physical activity, such as walking around, will speed up the breakdown of alcohol.	Muscles don't metabolize alcohol; the liver does.
Drinking a lot of coffee will keep you from getting drunk.	Coffee intake simply leaves you both wired and drunk.
Using a sauna or steam room will force the alcohol out of your body.	Very little alcohol is lost in sweat; the alcohol will remain in your bloodstream.
Herbal and nutritional products are available that speed up the breakdown of alcohol.	No commercial supplement is effective in increasing the rate of alcohol metabolism.

- Alcohol use disorder (AUD)
 - Medical diagnosis for problem drinking that has become severe and is characterized by either abuse or dependence

7.15.1 Types Alcohol Abuse

Alcohol abuse

excessive intake of alcohol

Binge drinking

consumption of five or more drinks per occasion

Alcoholism

a disease characterized by chronic dependence on alcohol

7.15.2 Effects of alcohol abuse

- A **hangover** is a consequence of drinking too much alcohol; symptoms include headache, fatigue, dizziness, muscle aches and nausea
- Even at low intakes, alcohol impairs reasoning and judgement
- **Alcohol poisoning** – a potentially fatal metabolic state involving cardiac or respiratory failure
- Alcohol abuse can lead to traumatic injury from falls, drownings, assaults, and traffic accidents

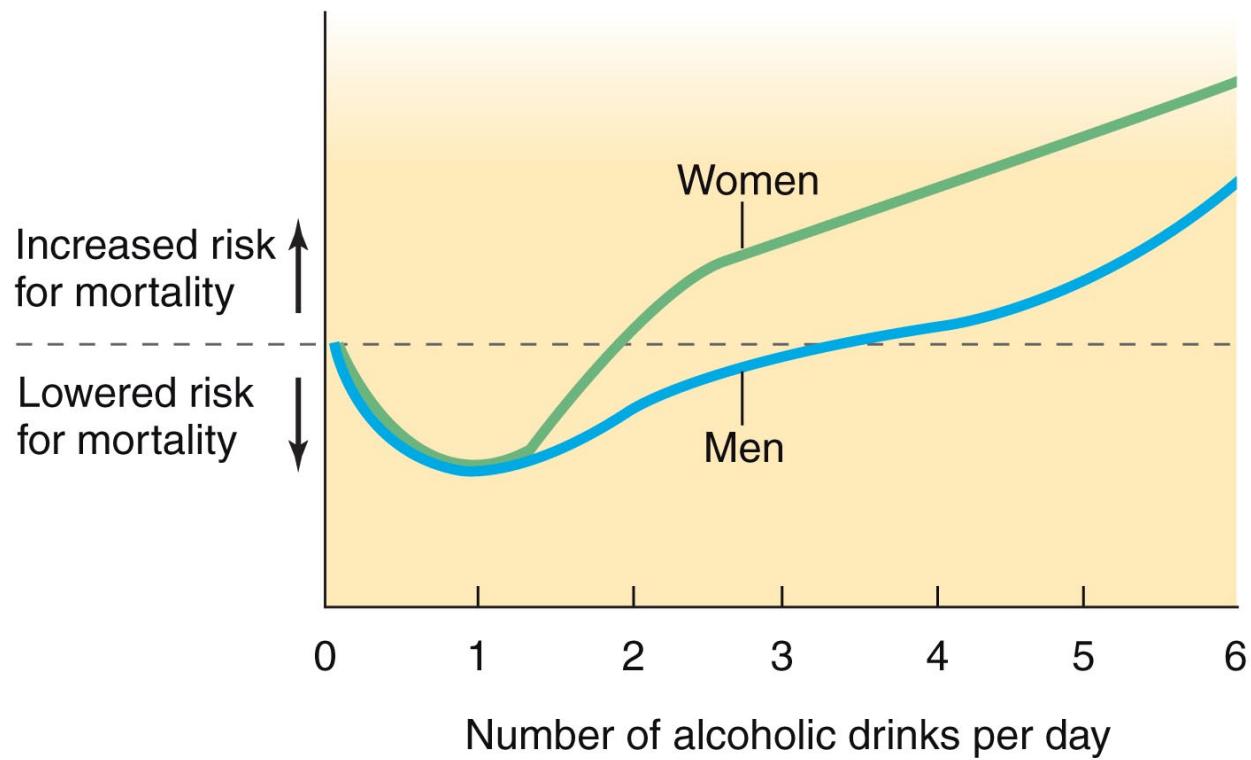


Figure 7.14: Effects of Alcohol on Mortality Risk

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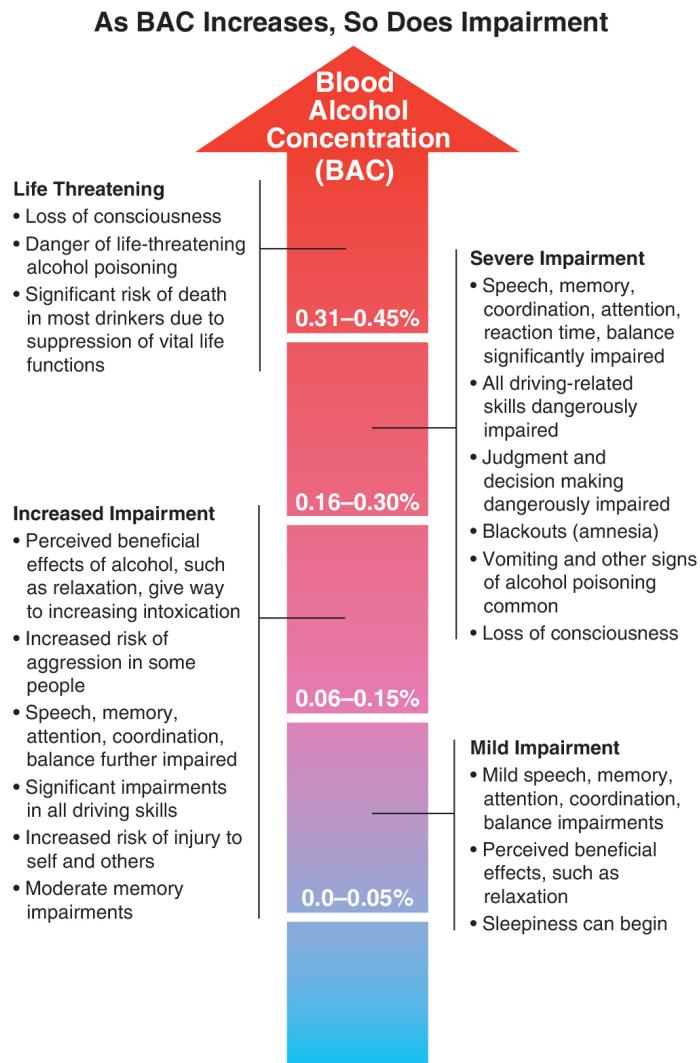


Figure 7.15: Effects of Alcohol on Brain Activity

- Effects of alcohol abuse:
 - When the rate of alcohol intake exceeds the ability of the liver to break alcohol down, liver cells are damaged or destroyed
 - Fatty liver** is an early but reversible sign of liver damage
 - Alcohol hepatitis** results in loss of appetite, nausea and vomiting, abdominal pain, and jaundice
 - Cirrhosis of the liver** involves permanent scarring after years of alcohol abuse

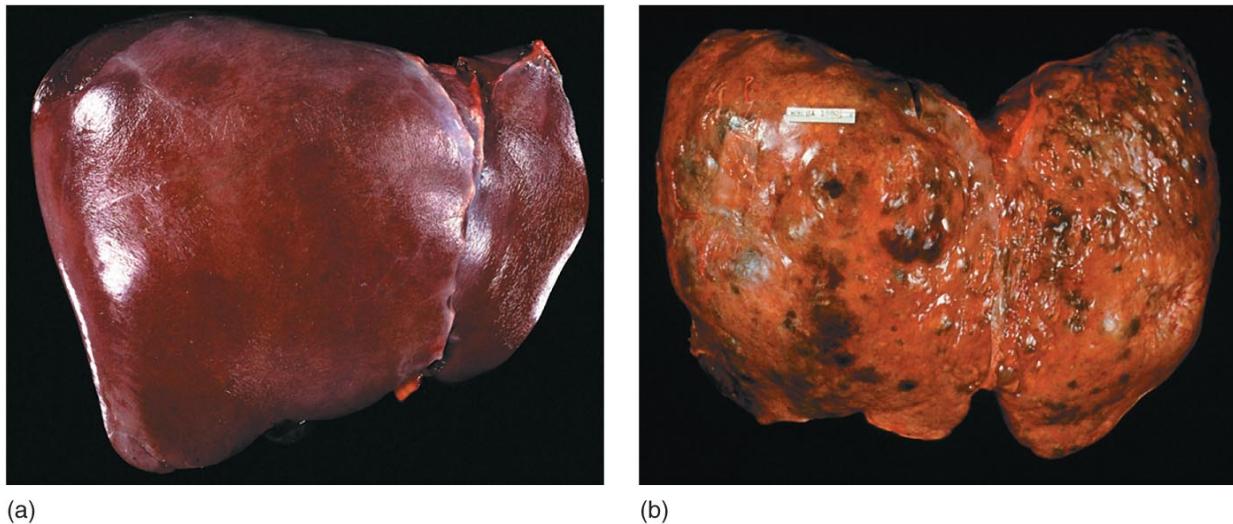
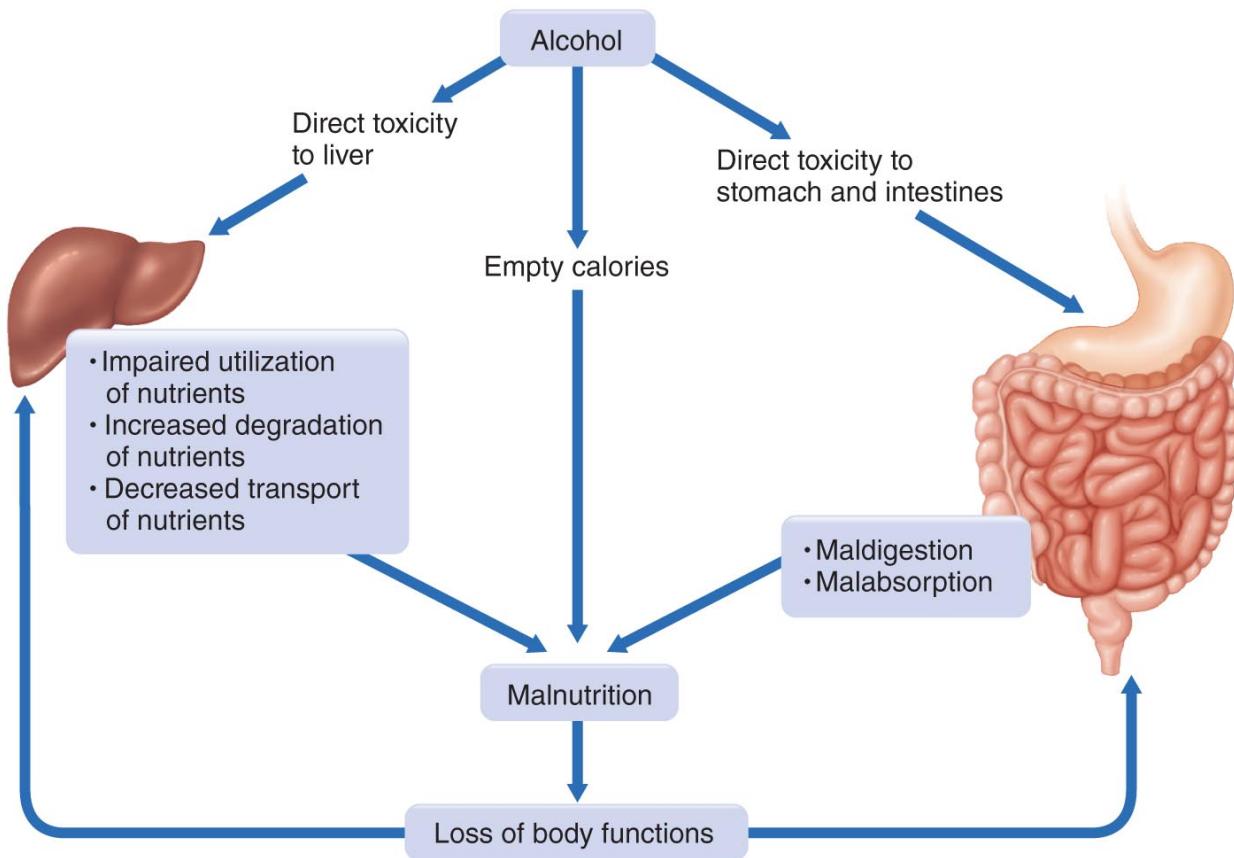


Figure 7.16: Cirrhosis of the liver

- Chronically high intake increases risk of
 - Impaired bone health
 - Pancreatic injury and diabetes
 - Cancer
 - Abdominal obesity
 - Malnutrition



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Figure 7.17: Alcohol-Related Malnutrition

- Fetal and infant health problems include
 - **Fetal alcohol syndrome (FAS)** – a set of serious, irreversible birth defects, including physical, emotional, behavioral, and developmental problems
 - **Fetal alcohol effects (FAE)** – subtler consequences that may be exhibited later, including hyperactivity, attention deficit disorder (ADD), and impaired learning abilities



Figure 7.18: Fetal Alcohol Syndrome (FAS)

- You should be concerned about your alcohol intake if you engage in binge drinking or drink at inappropriate times

- Speak with a trusted friend, coach, teacher, counselor, or healthcare provider

Chapter 8

Nutrients Essential to Key Body Functions

8.1 Regulating Metabolism

- Vitamins and minerals do not contain Calories but assist in generating energy provided by macronutrients in the diet

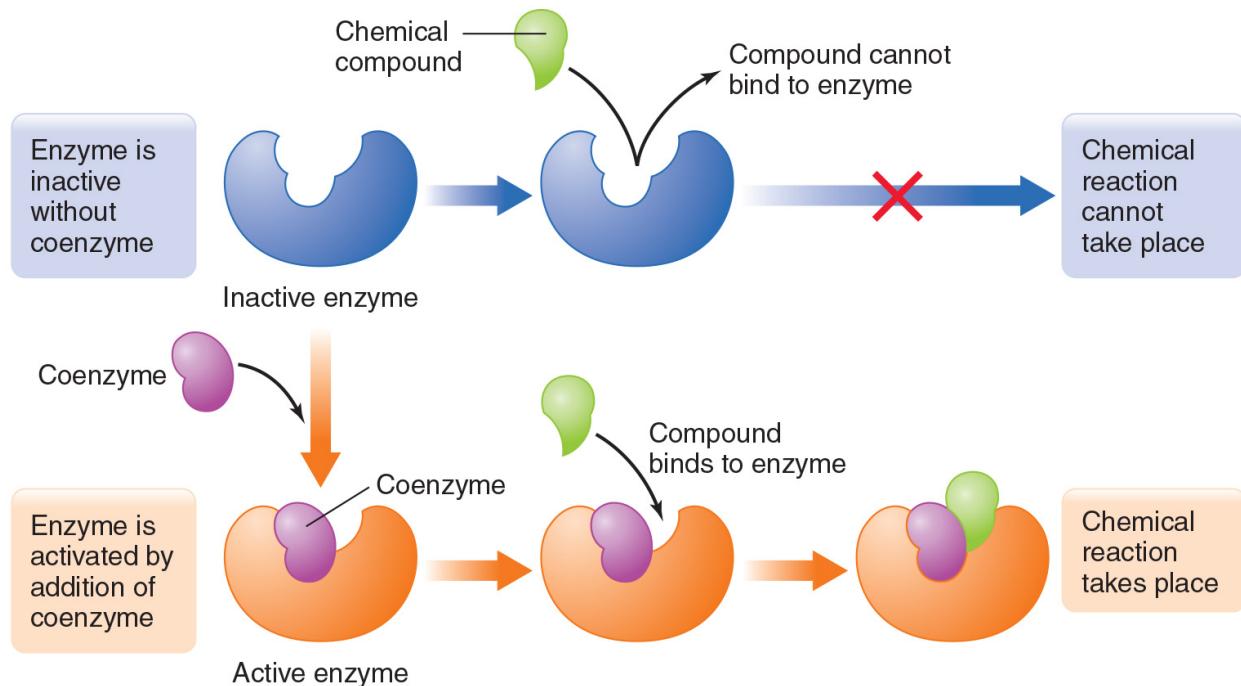


Figure 8.1: Enzymes

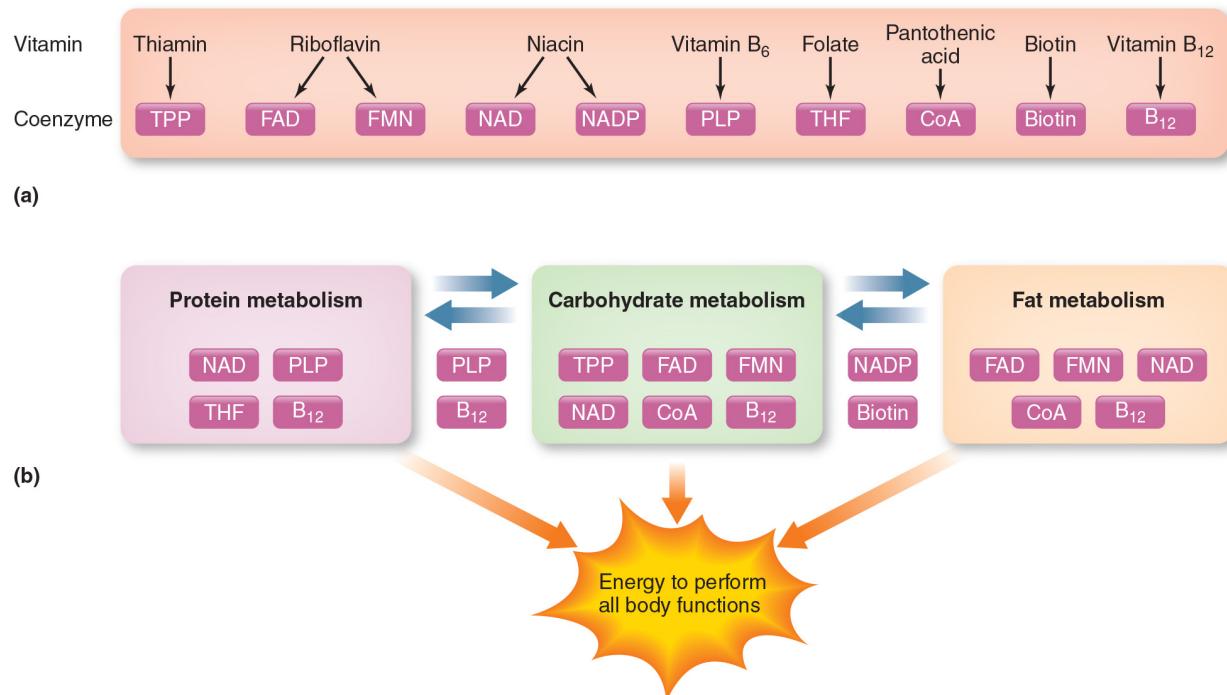


Figure 8.2: Enzymes

Table 8.1: Nutrient and Energy Metabolism

Nutrient	Recommended Intake
Thiamin (vitamin B1)	RDA for 19 years of age and older: Women = 1.1 mg/day Men = 1.2 mg/day
Riboflavin (vitamin B2)	RDA for 19 years of age and older: Women 1.1 mg/day Men 1.3 mg/day
Niacin (nicotinamide and nicotinic acid)	RDA for 19 years of age and older: Women 14 mg/day Men 16 mg/day
Vitamin B6 (pyridoxine)	RDA for 19 to 50 years of age: 1.3 mg/day RDA for 51 years of age and older: Women = 1.5 mg/day Men 1.7 mg/day
Folate (folic acid)	RDA for 19 years of age and older 400 μ g/day
Vitamin B12 (cobalamin)	RDA for 19 years of age and older: 2.4 μ g/day
Pantothenic acid	AI for 19 years of age and older: 5 mg/day
Biotin	AI for 19 years of age and older: 30 μ g/day
Choline	AI for 19 years of age and older: Women 425 mg/day Men 550 mg/day
Iodine	RDA for 19 years of age and older: 150 μ g/day
Chromium	RDA for 51 years of age and older: Women 20 μ g/day Men 30 μ g/day RDA for 19 to 50 years of age: Women 25 μ g/day Men 35 μ g/day
Manganese	AI for 19 years of age and older: Women 1.8 mg/day Men = 2.3 mg/day
Sulfur	No DRI.

To see the full profile of all micronutrients, turn to the In Depth essay following Chapter 6, Vitamins and Minerals: Micronutrients with Macro Powers (pages 211–221).

8.2 Thiamin (B₁)

- Coenzyme that plays a critical role in carbohydrate metabolism
- Involved in the metabolism of branched chain amino acids
- Deficiency known as “Beriberi”
- Sources include whole grains, pork, green vegetables, and okra.

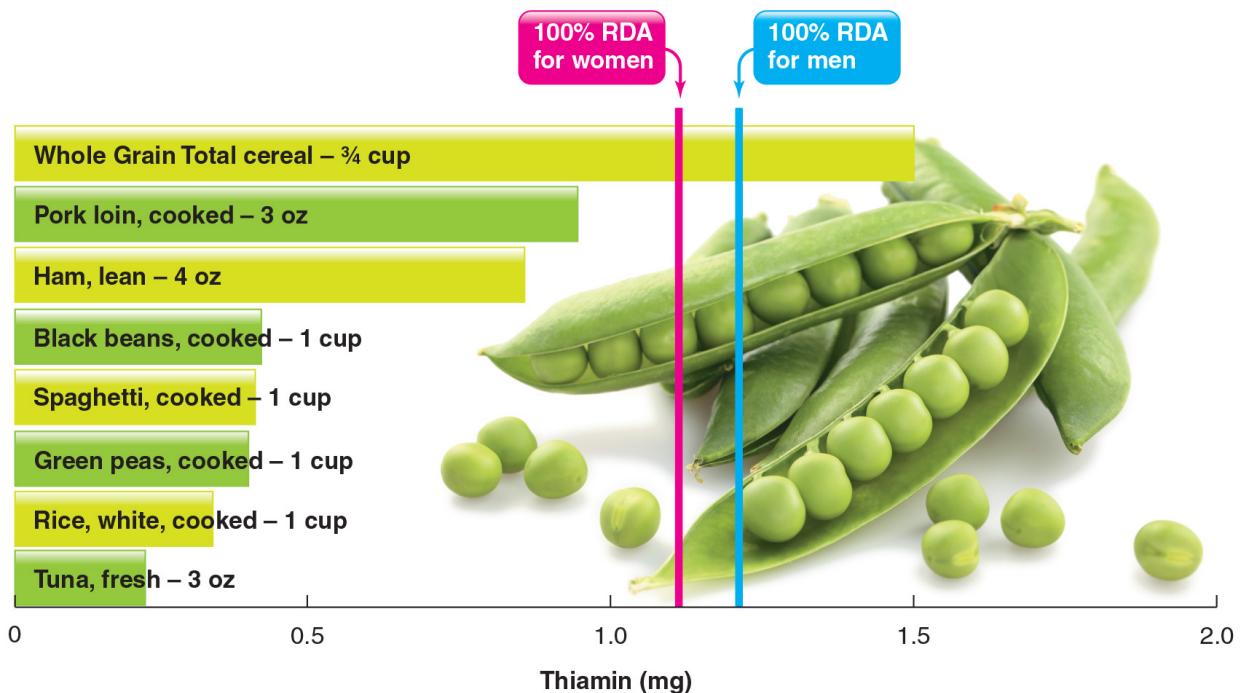


Figure 8.3: Thiamin

8.3 Riboflavin (B₂)

- Coenzyme in the metabolism of carbohydrates and fats
- Deficiency is known as ariboflavinosis
- No known toxicity
- Sources include milk, fish, eggs, and poultry products

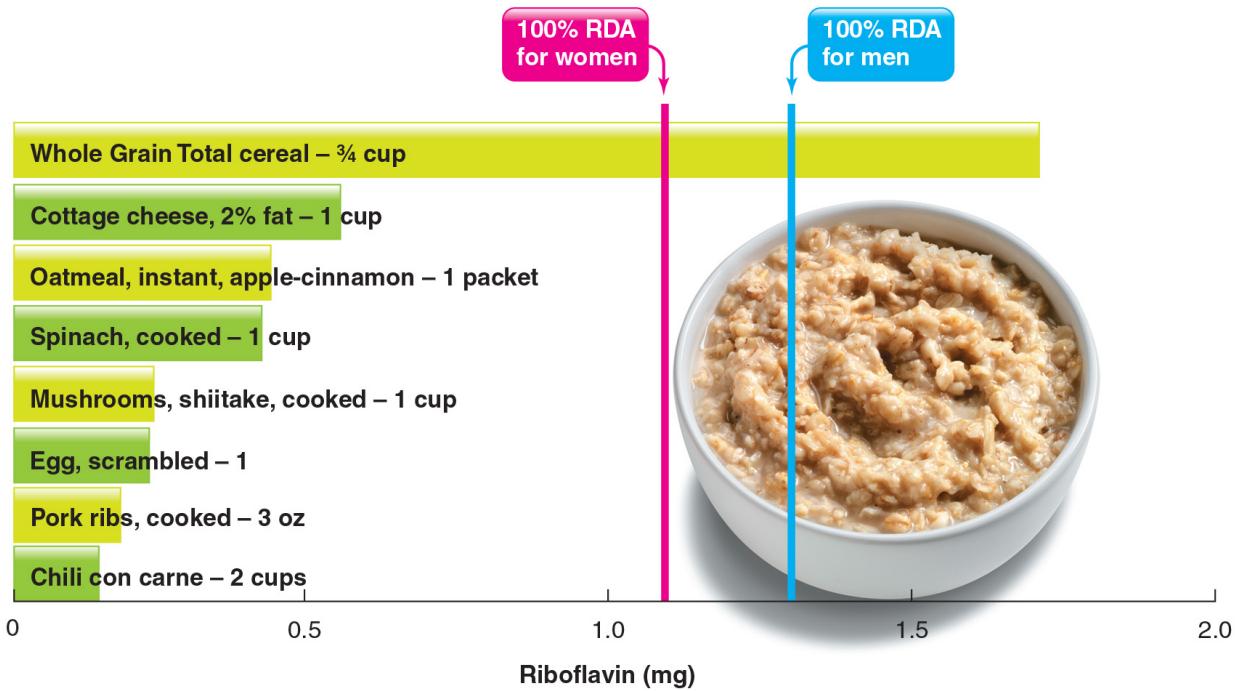


Figure 8.4: Riboflavin

8.4 Niacin (B_3)

- Plays a role in the metabolism of carbohydrates and fatty acids
- Assists in DNA replication and cell differentiation
- Deficiency called pellagra
 - Translated as “angry skin”
 - * Dermatitis, diarrhea, dementia, and death
- Sources include meats, fish, and whole grains

8.5 Pantothenic Acid (B_5)

- Component of all energy producing pathways
 - Especially important for the breakdown and synthesis of fatty acids
- Found in widespread food sources such as meats, eggs, potatoes, oats, tomatoes, whole grains, and yeast

8.6 Pyrodoxine (B₆)

involved in

- Amino acid metabolism
- Neurotransmitter synthesis
- Carbohydrate metabolism
- Heme (hemoglobin) synthesis
- Immune function
- Reduction in cardiovascular disease
- Metabolism of other nutrients

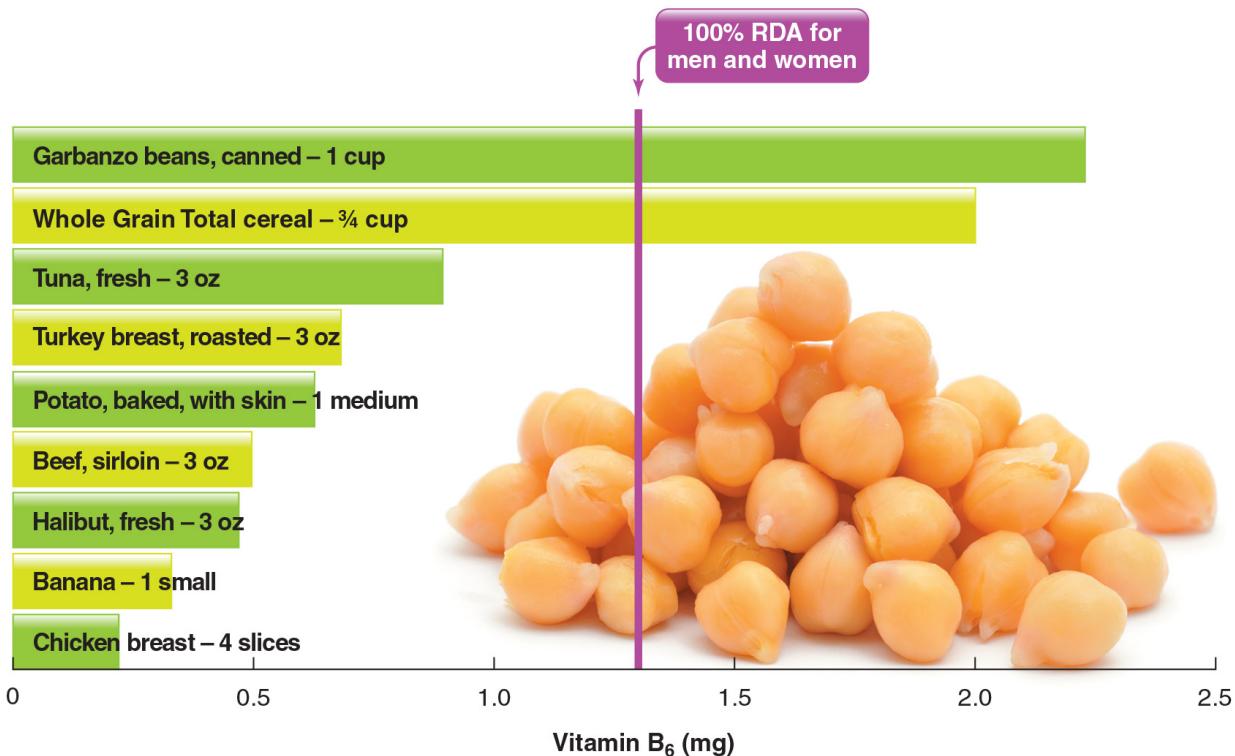


Figure 8.5: Pyrodoxine

8.7 Folate (B₉)

- Folate adds carbon units to other organic compounds
 - Nucleotide synthesis
 - Amino acid metabolism

- Red blood cell synthesis
- Critical role in spinal cord formation during pregnancy
- Sources include leafy greens, fortified grain products, and ready to eat cereals

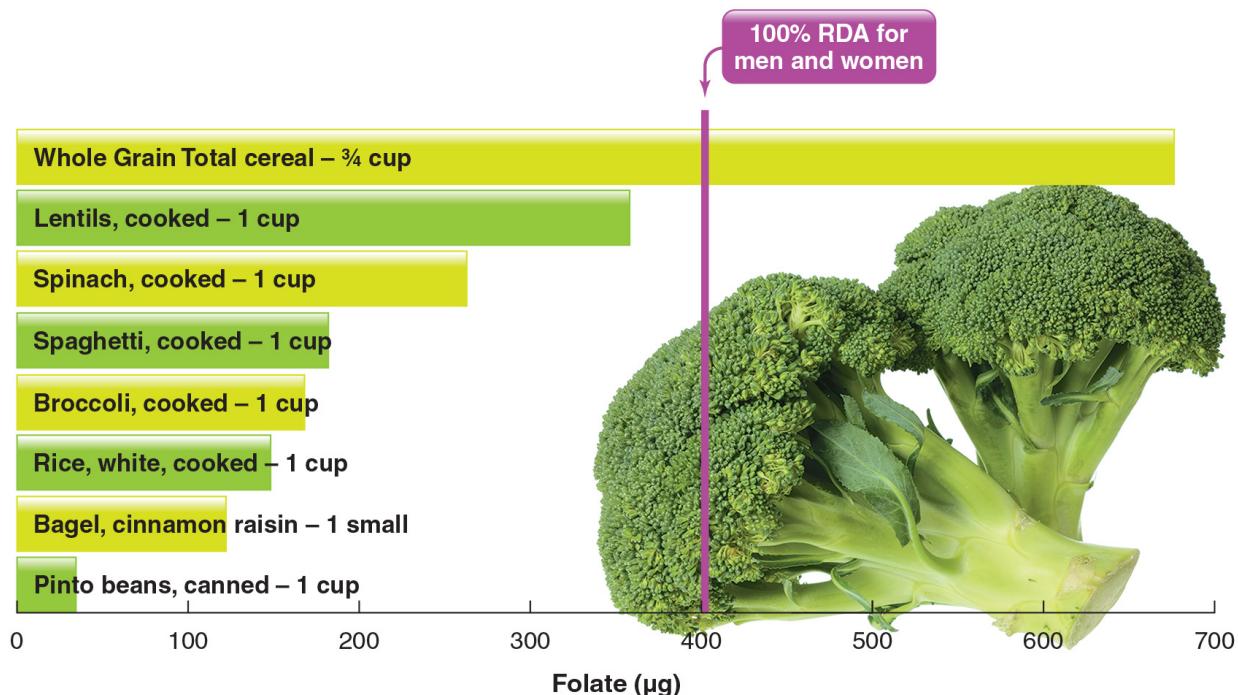
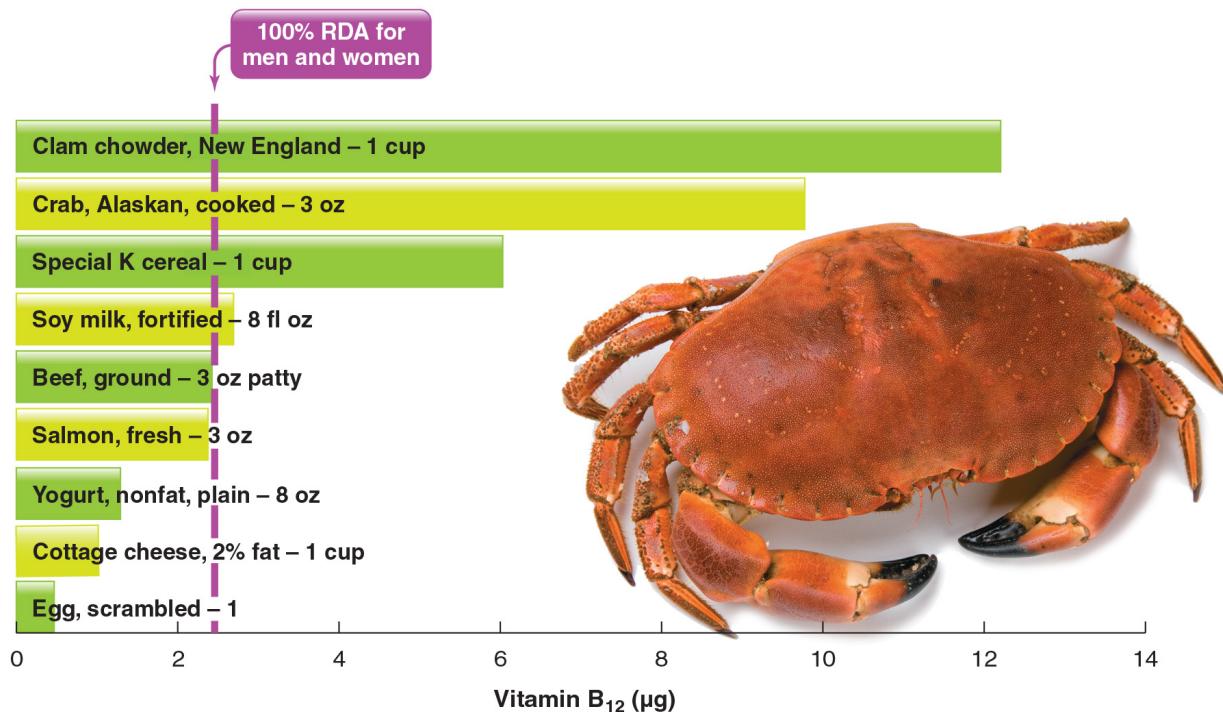


Figure 8.6: Folate

8.8 Cobalamin (B₁₂)

- Involved in metabolism of fatty acids
- Helps to maintain myelin sheath of nerves
- Helps to prevent the build up of homocysteine
- Sources include meats, dairy, eggs, fortified soy milk, and cereals
- No known toxicity
- Deficiency seen mainly in vegans

Figure 8.7: B₁₂

8.9 Antioxidants

- Micronutrients and phytochemicals that play a role in stabilizing free radicals include:
 - Vitamins E, C, and A
 - Minerals selenium, copper, iron, and manganese
- Carotenoids such as beta-carotene also appear to have antioxidant properties

8.10 Vitamin E

- Vitamin E is a fat-soluble vitamin made of
 - **Tocotrienol** – biologically inactive form
 - **Tocopherol** – biologically active form
- Functions of vitamin E
 - Primary role is as an antioxidant
 - Protects polyunsaturated fatty acids (PUFAs)
 - Protects low-density lipoproteins (LDLs)
- Recommended Dietary Allowance (RDA) is 15 mg alpha-tocopherol per day

- Tolerable upper limit (UL) is 1,000 mg per day
- Sources of vitamin E
 - Vegetable oils, nuts, seeds, wheat germ, soybeans
 - Animal and dairy products are poor sources

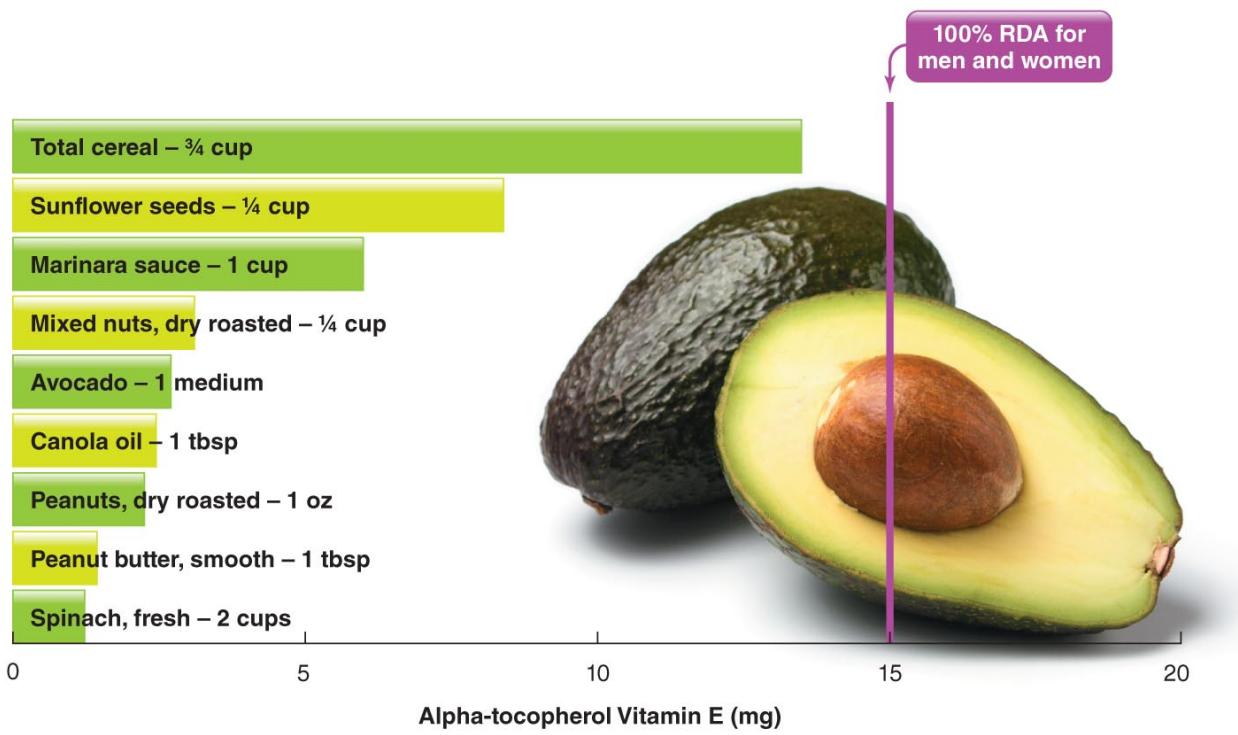


Figure 8.8: Common Food Sources of Vitamin E

- What if you consume too much vitamin E?
 - Some studies suggest possible links to vascular disease, diabetes, heart failure, and prostate cancer
 - Side effects such as nausea, intestinal distress, and diarrhea have been reported
 - Vitamin E can interfere with anticoagulant medications
 - Tolerable upper limit (UL) is 1,000 mg per day
- What if you don't consume enough vitamin E?
 - Vitamin E deficiencies are uncommon
 - Can result in fragile red blood cells (erythrocyte hemolysis)
 - Can cause loss of muscle coordination and reflexes
 - Can impair immune function

8.11 Vitamin C

- Vitamin C is a water-soluble vitamin that must be consumed in the human diet
- Functions of vitamin C
 - Antioxidant
 - Synthesis of collagen
 - Prevents the disease scurvy
 - Enhances the immune system
 - Regenerates vitamin E after oxidation
 - Enhances the absorption of iron
- Recommended intake
 - 90 mg/day for men; 75 mg/day for women
 - Smokers need an extra 35 mg/day
 - UL is 2,000 mg/day for adults
- Sources of vitamin C
 - Fresh fruits and vegetables
 - Heat destroys vitamin C
 - Cooking foods lowers their vitamin C content

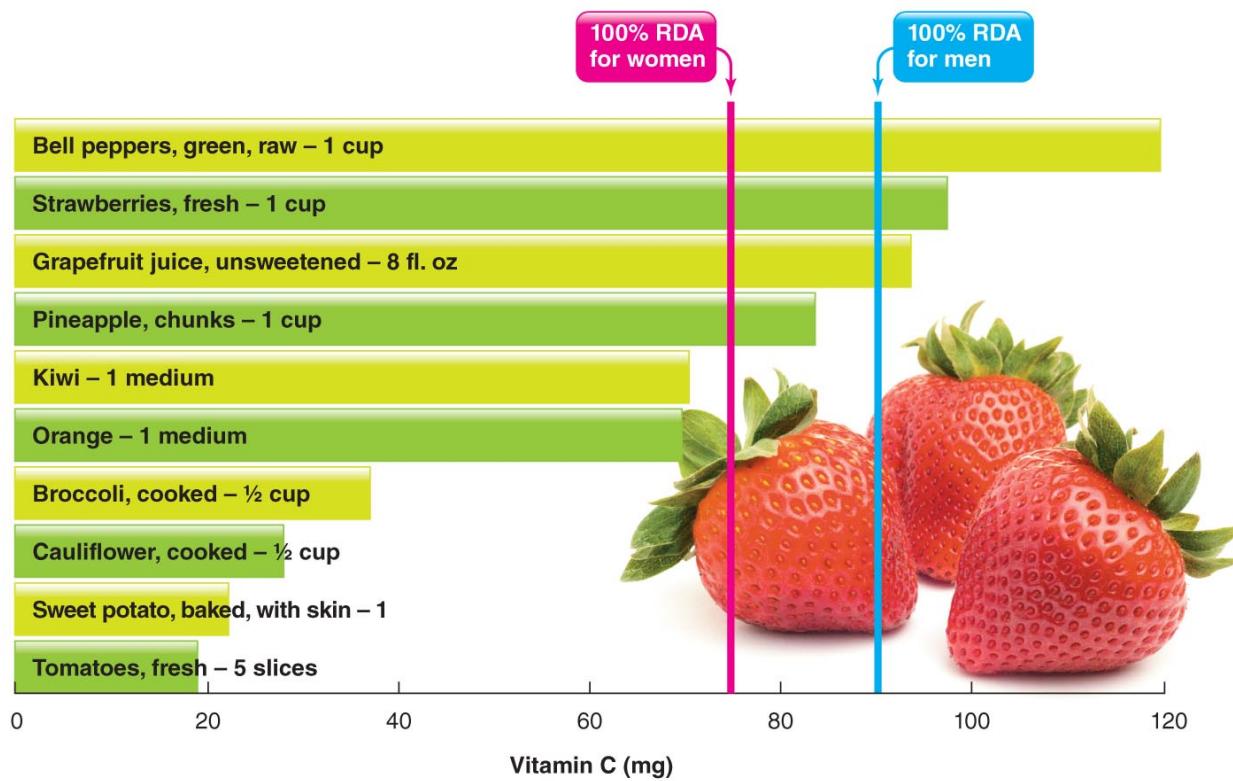


Figure 8.9: Common Food Sources of Vitamin C

- What if you consume too much vitamin C?
 - Megadoses (ten times or more of the recommended intake) of vitamin C can cause nausea, diarrhea, nosebleeds, and abdominal cramps
 - Can cause iron toxicity in people with hemochromatosis
 - Can lead to kidney stone formation in people with kidney disease

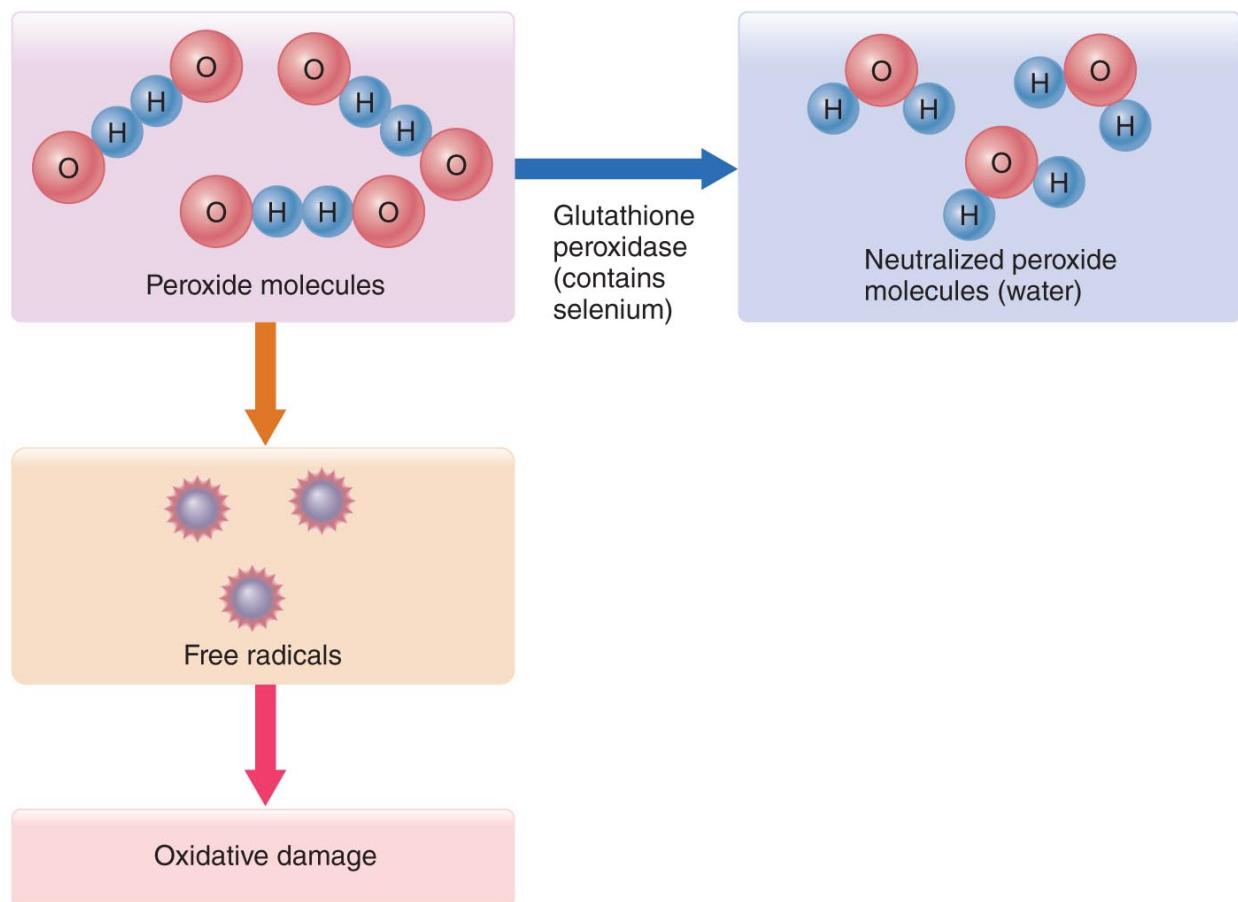
- What if you don't consume enough vitamin C?
 - Scurvy is the most common vitamin C deficiency disease
 - Bleeding gums, loose teeth, wounds that fail to heal, swollen ankles and wrists, bone pain and fractures, diarrhea, weakness, and depression
 - Anemia can also result from vitamin C deficiency



Figure 8.10: Scurvy

8.12 Selenium

- **Selenium** – a trace mineral found in a few amino acids in the body
- Functions of selenium
 - Antioxidant–part of the glutathione peroxidase enzyme system
 - Production of thyroxine, a thyroid hormone



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Figure 8.11: Neutralizing Peroxide Molecules

- Recommended intake
 - 55 µg/day for men and women
 - UL is 400 µg/day
- Sources of selenium
 - Rich sources include organ meats, pork, seafood, fish, and nuts

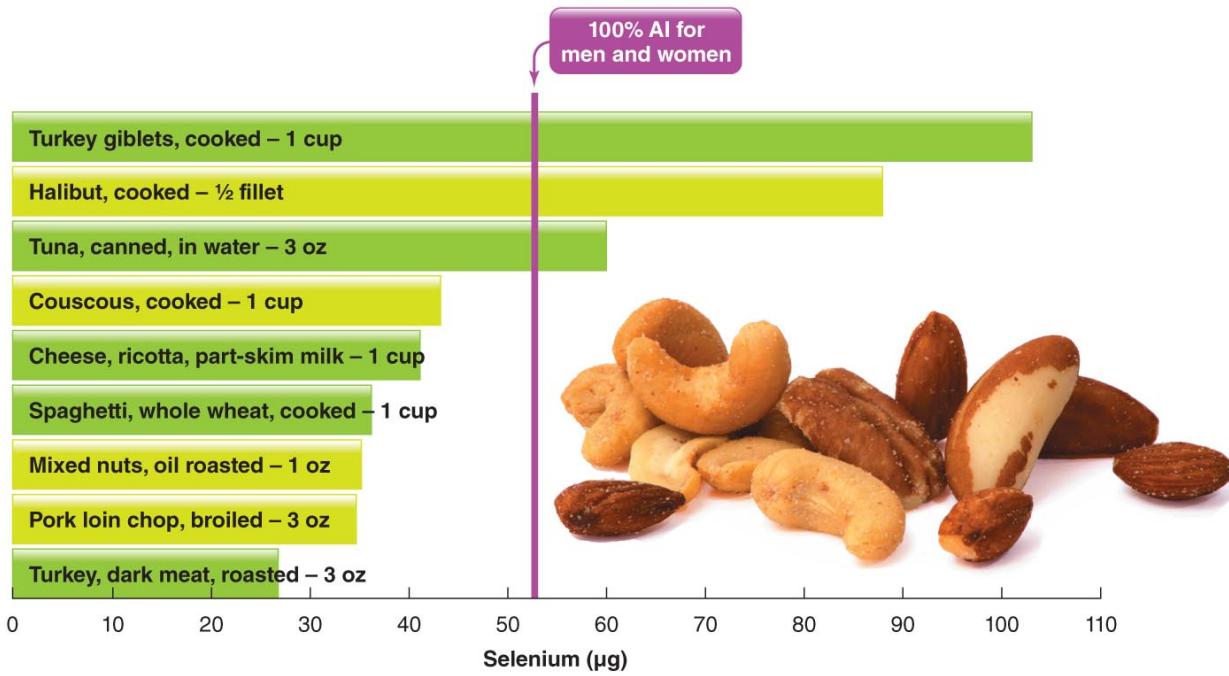


Figure 8.12: Common Food Sources of Selenium

- What if you consume too much selenium?
 - Selenium toxicity (brittle hair, nails, skin rashes) can result from supplements
- What if you don't consume enough selenium?
 - **Keshan disease** – a form of heart disease
 - **Kashin-Beck disease** – a type of arthritis



Figure 8.13: Kashin-Beck Disease

8.13 Copper, Iron, Zinc, and Manganese

Cofactor – a compound needed for proper functioning of an enzyme

- Copper, zinc, and manganese are cofactors for the superoxide dismutase antioxidant enzyme system
- Copper, iron, and zinc help us maintain the health of our blood
- Manganese is an important cofactor in carbohydrate (CHO) metabolism

8.14 Beta-Carotene

- In the class of chemicals called carotenoids
- A provitamin: inactive precursors that must be converted to the active form of a vitamin in the body
- The precursor of retinol, an active form vitamin A

- Functions of beta-carotene
 - A relatively weak antioxidant
 - Effective against oxidation in cell membranes and LDLs
- Carotenoids in general are known to
 - Enhance the immune system
 - Protect skin from damage by UV light
 - Protect eyes from damage
- Recommended intake
 - Beta-carotene is not considered an essential nutrient
 - No RDA has been established
- Sources of beta-carotene
 - Fruits and vegetables that are red, orange, yellow, and deep green
 - Carotenoids are better absorbed from cooked foods

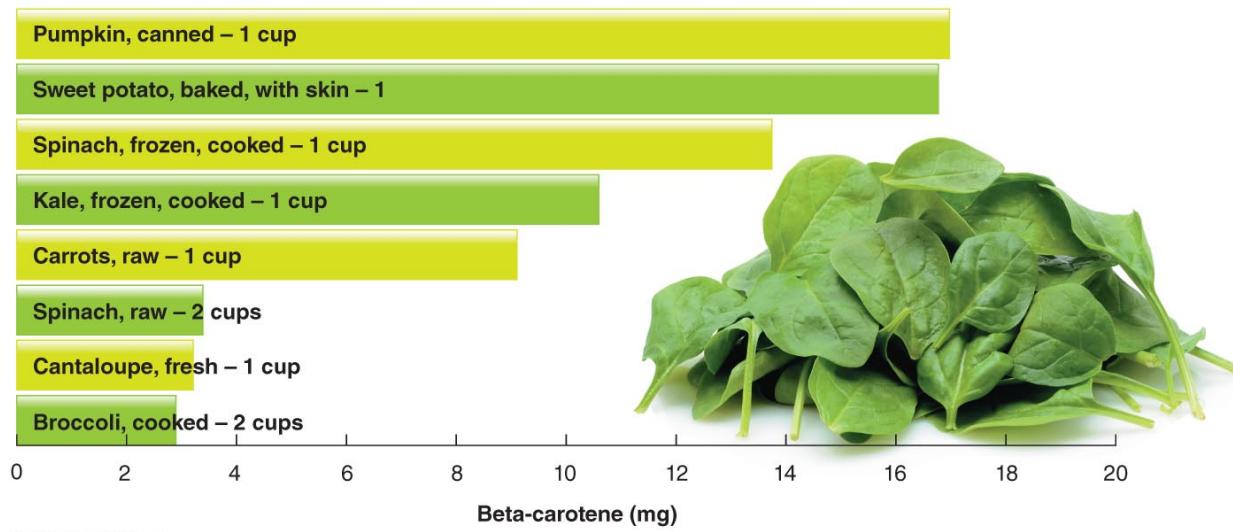


Figure 8.14: Common Food Sources of Beta-Carotene

- What if you consume too much beta-carotene?
 - Large quantities do not appear to be toxic
 - Skin may turn yellow or orange at high intakes; harmless and reversible
- What if you don't consume enough beta-carotene?
 - There are no known deficiency symptoms

8.15 Vitamin A

- Vitamin A is a fat-soluble vitamin
 - Excess vitamin A is stored in the liver, adipose tissue, kidneys, and lungs
 - There are three active forms of vitamin A
 - * Retinol
 - * Retinal
 - * Retinoic acid

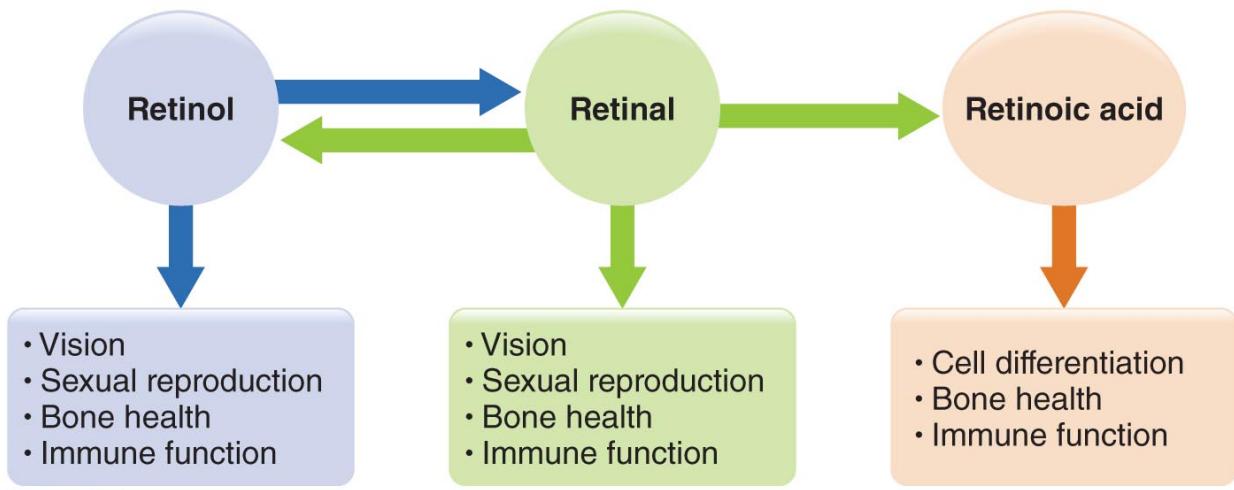
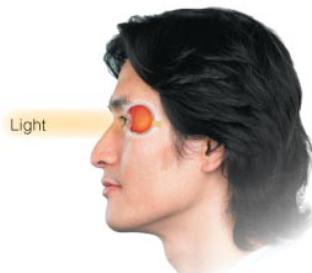


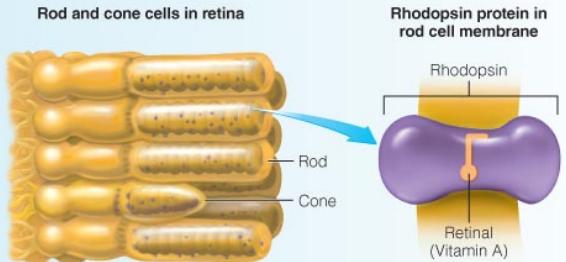
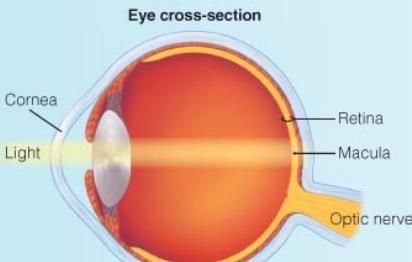
Figure 8.15: The Three Active Forms of Vitamin A

- Functions of vitamin A
 - Contributes to cell differentiation
 - Contributes to reproduction and bone growth
 - May act as an antioxidant
 - Essential to sight



Vitamin A is a component of two light-sensitive proteins, rhodopsin and iodopsin, that are essential for vision. Here we examine rhodopsin's role in vision. Although the breakdown of iodopsin is similar, rhodopsin is more sensitive to light than iodopsin and is more likely to become bleached.

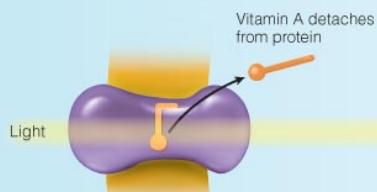
EYE STRUCTURE



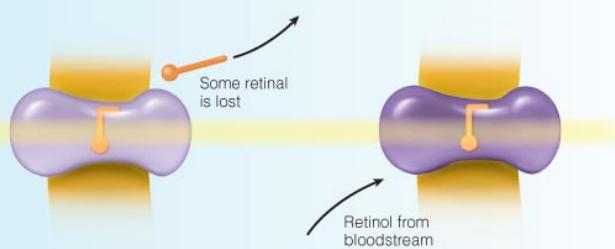
1 After light enters your eye through the cornea, it travels to the back of your eye to the macula, which is located in the retina. The macula allows you to see fine details and things that are straight in front of you.

2 Inside the retina are two types of light-absorbing cells, rods and cones. Rods contain the protein rhodopsin, while cones contain the protein iodopsin.

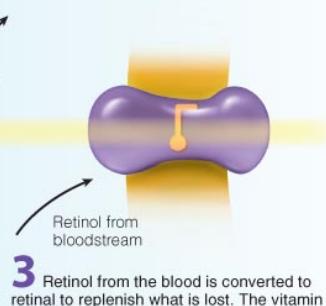
EFFECT OF LIGHT ON RHODOPSIN



1 As rhodopsin absorbs incoming light, the shape of vitamin A is altered, and it detaches from the rhodopsin.



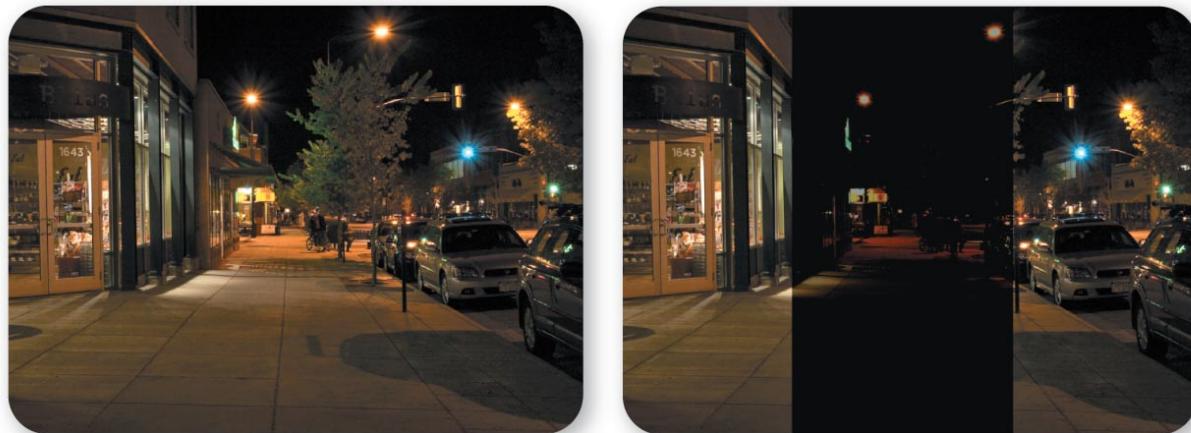
2 This process, called bleaching, causes a cascade of events that transmits visual messages through your optic nerve to your brain. After bleaching, some retinal is lost.



3 Retinol from the blood is converted to retinal to replenish what is lost. The vitamin A returns to its original shape and becomes part of rhodopsin again, regenerating the eye's light-absorbing capabilities. This regeneration can take a few moments.

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Figure 8.16: Vitamin A Is Essential to Sight



(a) Normal night vision

Poor night vision



(b) Normal light adjustment

Slow light adjustment

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Figure 8.17: Vitamin A Is Essential to Sight

- Recommended intake
 - RDA is 900 µg/day for men, 700 µg/day for women
- Sources of vitamin A
 - Animal sources: liver, eggs
 - Plant sources such as the provitamin carotenoids (dark-green, orange, and deep-yellow fruits and vegetables)

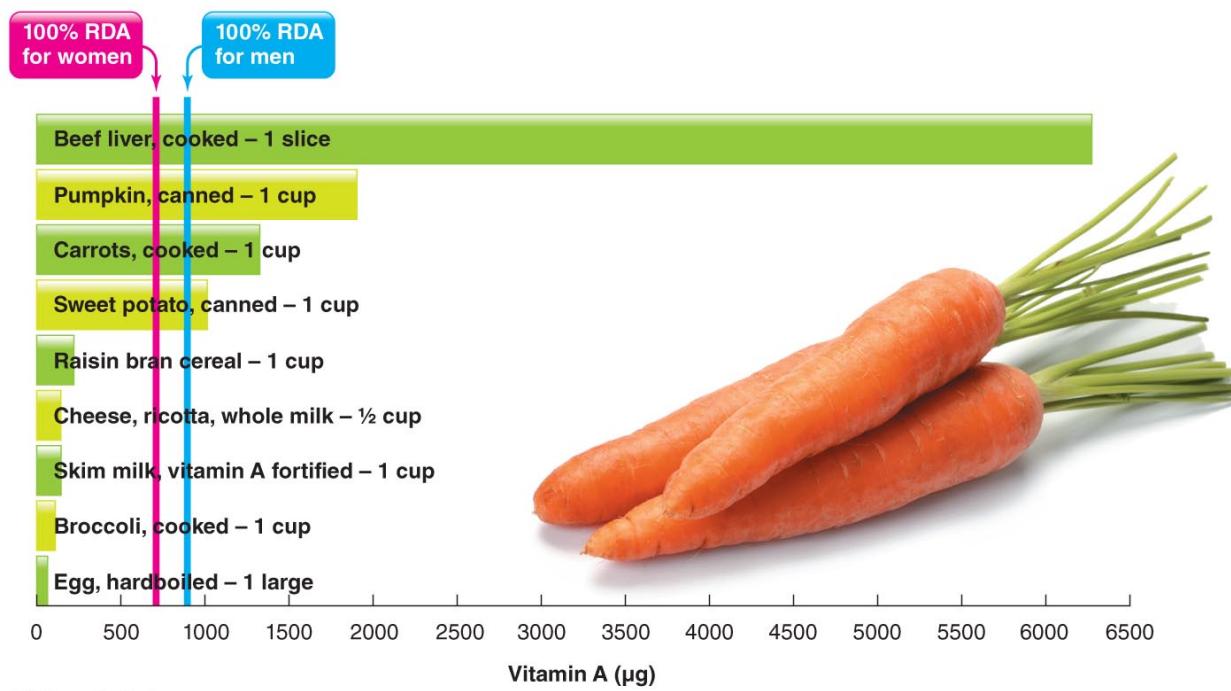


Figure 8.18: Common Food Sources of Vitamin A

- What if you consume too much vitamin A?
 - Vitamin A is highly toxic, especially from supplements
 - Birth defects and permanent damage to the liver and eyes can result
- What if you don't consume enough vitamin A?
 - Night blindness is the most common disease of vitamin A deficiency
 - Irreversible blindness (xerophthalmia)

8.16 In Depth: Cancer

- **Cancer** – a group of related diseases characterized by cells growing out of control
 - Composed of three steps
 - * **Initiation** – a cell's DNA is mutated
 - * **Promotion** – altered cell repeatedly divides
 - * **Progression** – cells grow out of control

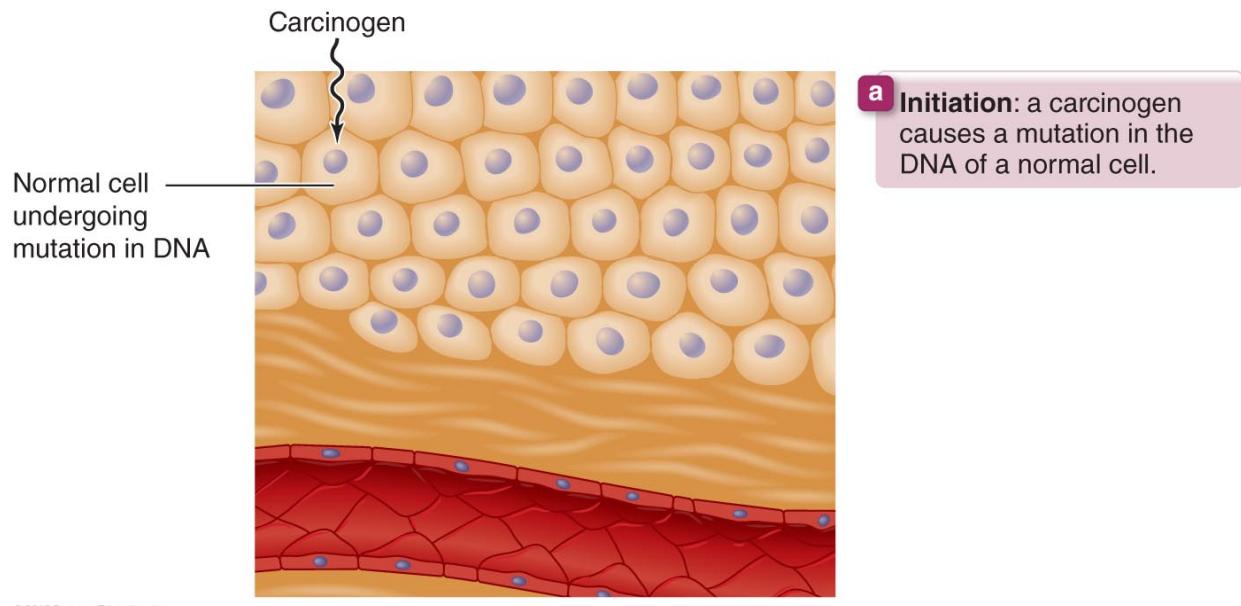


Figure 8.19: Cancer Initiation

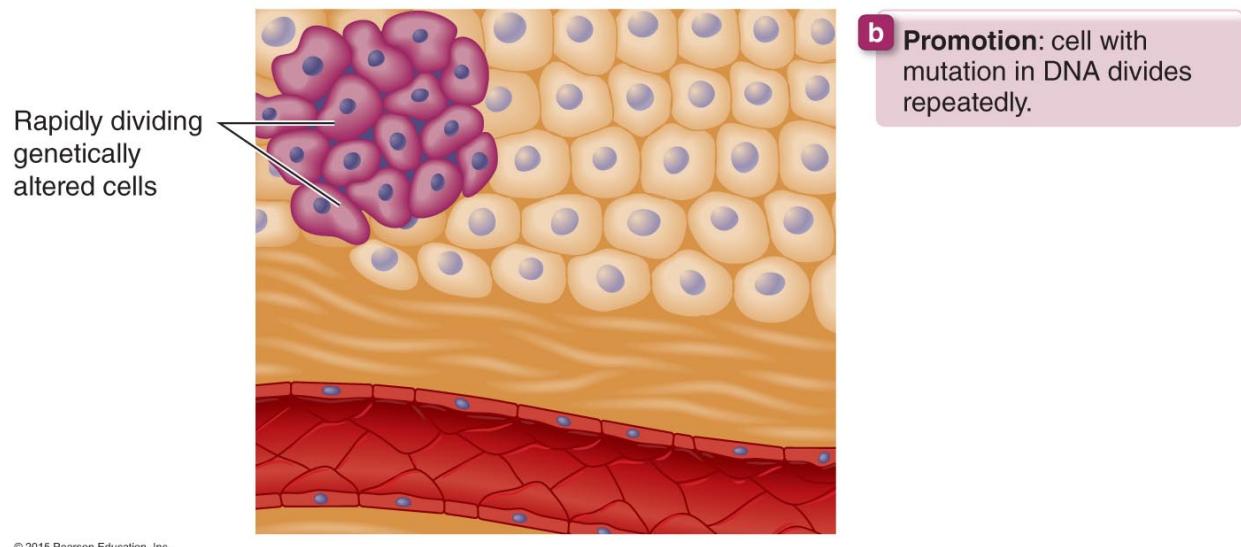
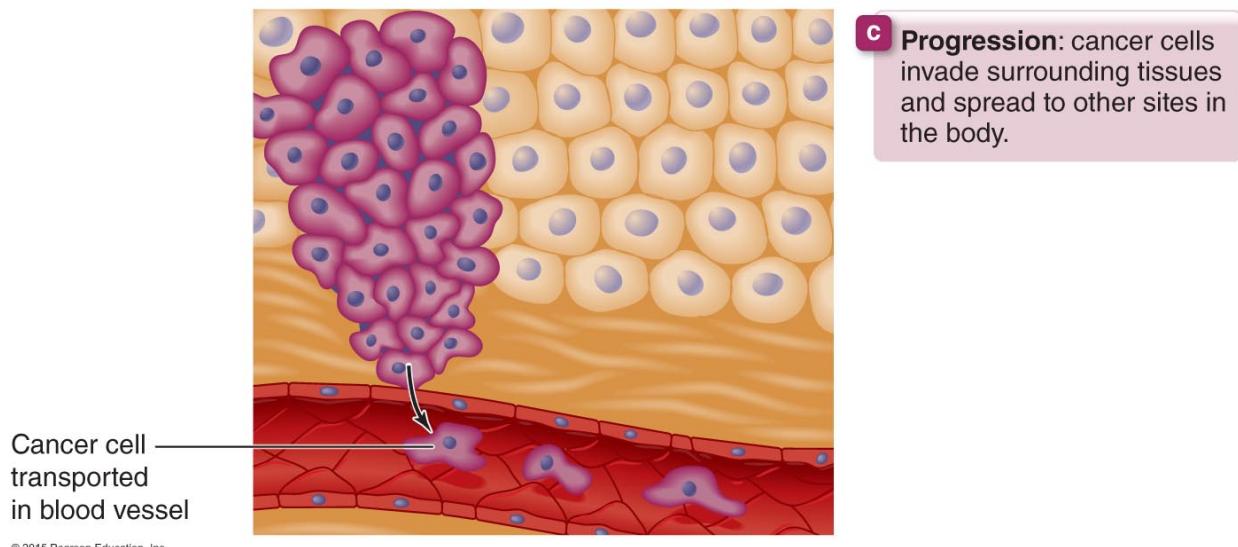


Figure 8.20: Cancer Promotion



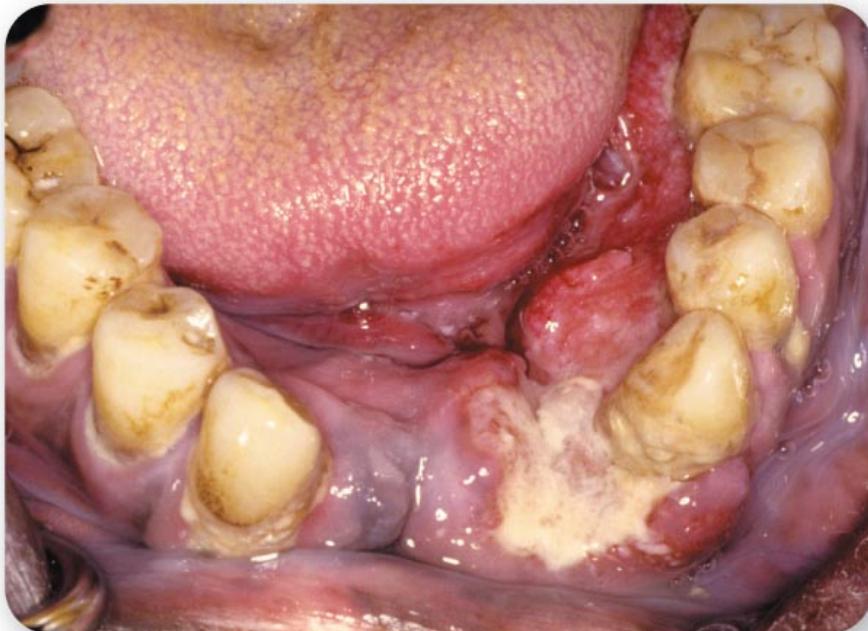
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Figure 8.21: Cancer Progression

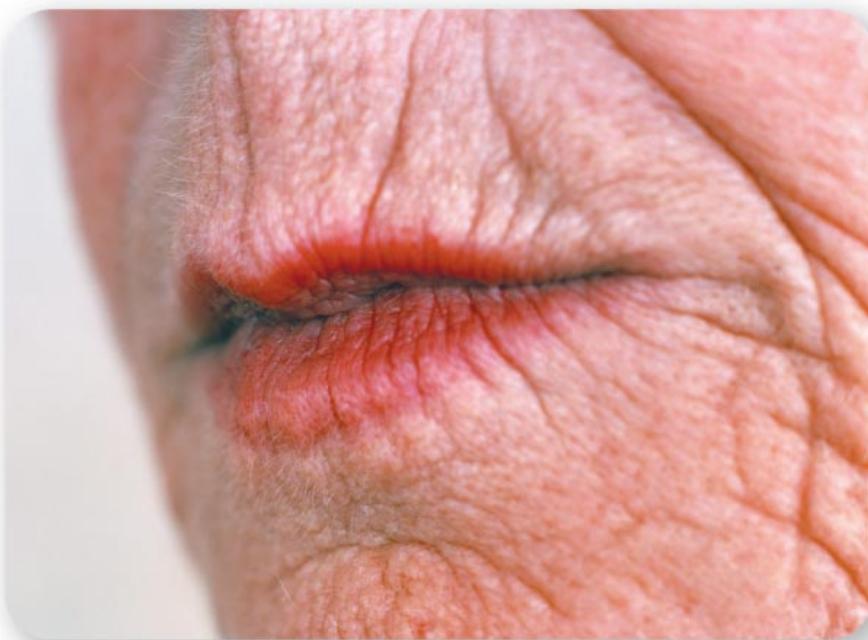
- Factors that increase cancer risk include
 - Family history of cancer
 - Tobacco use
 - Weight, poor diet, and sedentary lifestyle
 - Infectious agents (e.g., STDs)
 - Sun exposure (ultraviolet radiation)



Figure 8.22: A Normal Lung and the Lung of a Smoker



(a)



(b)

Figure 8.23: Effects of Tobacco Use

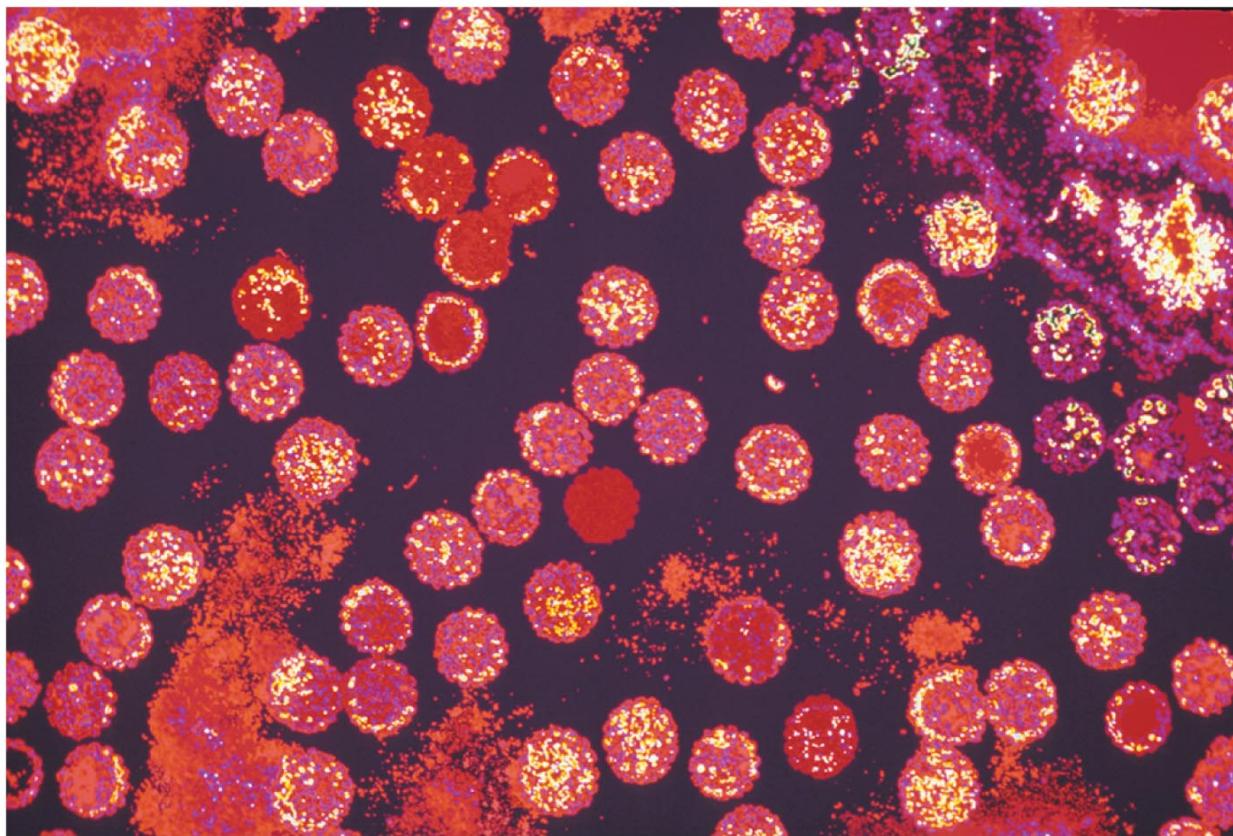


Figure 8.24: Human papillomavirus (HPV)



Figure 8.25: A Lesion Associated with Malignant Melanoma

8.16.1 Signs and Symptoms of Cancer

- Unexplained weight loss
- Fever
- Extreme fatigue
- Pain
- Skin changes
- Changes in bowel habits or bladder function
- Indigestion or trouble swallowing
- White patches inside the mouth or on the tongue
- Unusual bleeding or discharge
- Any thickening or lump
- Nagging cough or hoarseness

8.16.2 Cancer Treatments

- Treatment varies according to the location, the cell type, whether or not it has metastasized, and other individual factors
- Three major types of treatments:
 - Surgery
 - Radiation
 - Chemotherapy

8.16.3 Cancer Prevention

Check: get screenings and exams

Quit: stop smoking and alcohol abuse

Move: get regular physical activity

Nourish: maintain a recommended weight and eat a balanced, healthful diet

8.16.4 Role of Antioxidants in Cancer

- Antioxidants may contribute to reducing the risk of cancer
- Antioxidants may reduce cancer risk by
 - Enhancing the immune system
 - Preventing oxidative damage to cells
 - Inhibiting the growth of cancer cells and tumors
 - Inhibiting the capacity of cancer cells to avoid aging and programmed cell death (apoptosis)

Chapter 9

Nutrients Essential to Healthy Tissues

Table 9.1: Nutrients for Healthy Tissues

Nutrient	Recommended Intake
Iron	RDA for 19 to 50 years of age: Women 18 mg/day Men = 8 mg/day
Zinc	RDA for 19 to 50 years of age: Women = 8 mg/day Men = 11 mg/day
Copper	RDA for 19 to 50 years of age: 90 $\mu\text{g}/\text{day}$
Vitamin B6 (pyridoxine)	RDA for 19 to 50 years of age: 1.3 mg/day RDA for 51 years of age and older: Women 1.5 mg/day Men 1.7 mg/day
Folate (folic acid)	RDA for 19 years of age and older: 400 $\mu\text{g}/\text{day}$
Vitamin B12 (cobalamin)	RDA for 19 years of age and older: 2.4 $\mu\text{g}/\text{day}$
Vitamin K	AI for 19 to 50 years of age: Women = 90 $\mu\text{g}/\text{day}$ Men 120 $\mu\text{g}/\text{day}$
Vitamin C	RDA for 19 years of age and older. Women 75 mg/day Men 90 mg/day Smokers = 35 mg more per day than RDA
Calcium	RDA for 19 to 50 years of age: 1,000 mg/day Women 51 years of age and older = 1,200 mg/day Men 51 to 70 years of age = 1,000 mg/day; 70 years of age and older = 1,200 mg/day
Phosphorus	RDA for 19 years of age and older. 700 mg/day
Magnesium	RDA for 19 to 30 years of age: Women = 310 mg/day Men = 400 mg/day RDA for 31 years of age and older: Women = 320 mg/day Men = 420 mg/day
Fluoride	RDA for 19 years of age and older: Women = 3 mg/day

9.1 Components of the Blood

- **Erythrocytes** – red blood cells
- **Leukocytes** – white blood cells; key to our immune function
- **Platelets** – cell fragments that assist in the formation of blood clots
- **Plasma** – the watery matrix of blood in which the cells and platelets flow

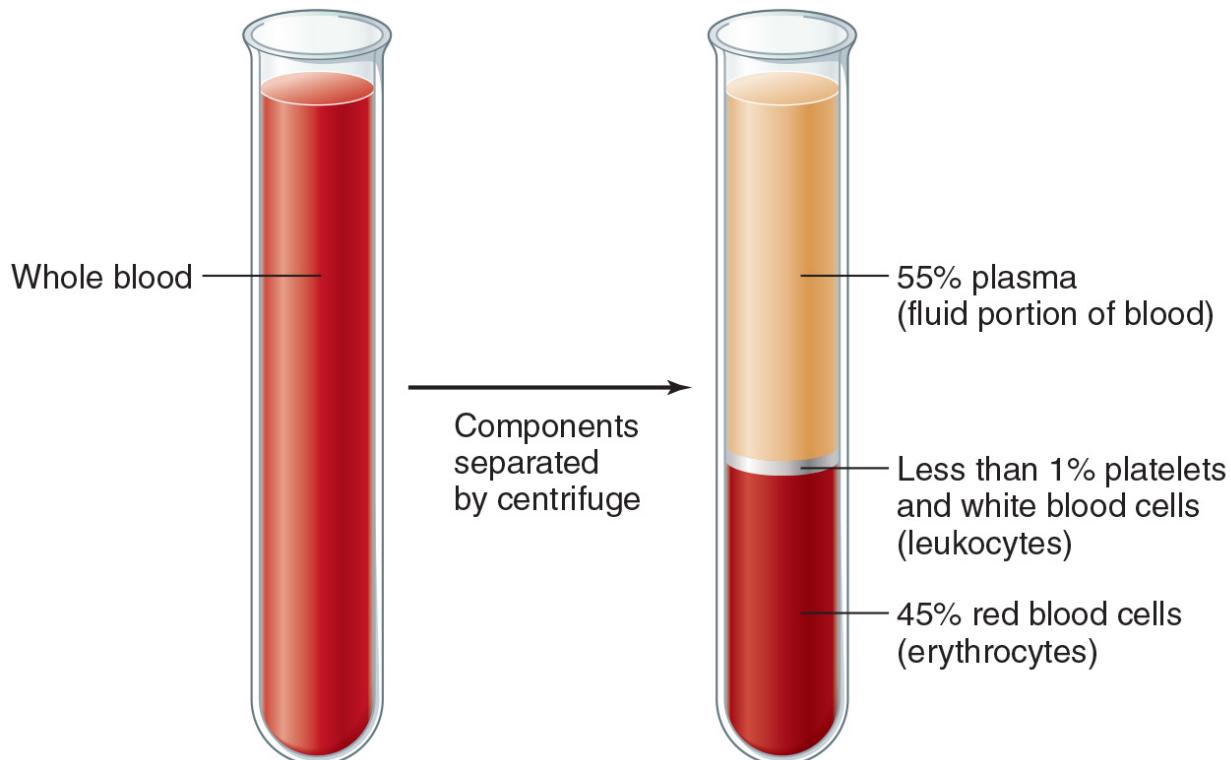


Figure 9.1: Components of the Blood

9.2 Iron

- Iron is a component of numerous proteins in the body
 - Approximately two-thirds of the body's iron is found in the hemoglobin, the oxygen-carrying protein, of the red blood cells
 - Iron can also be found in myoglobin, which is similar to hemoglobin but is found in the muscle cells

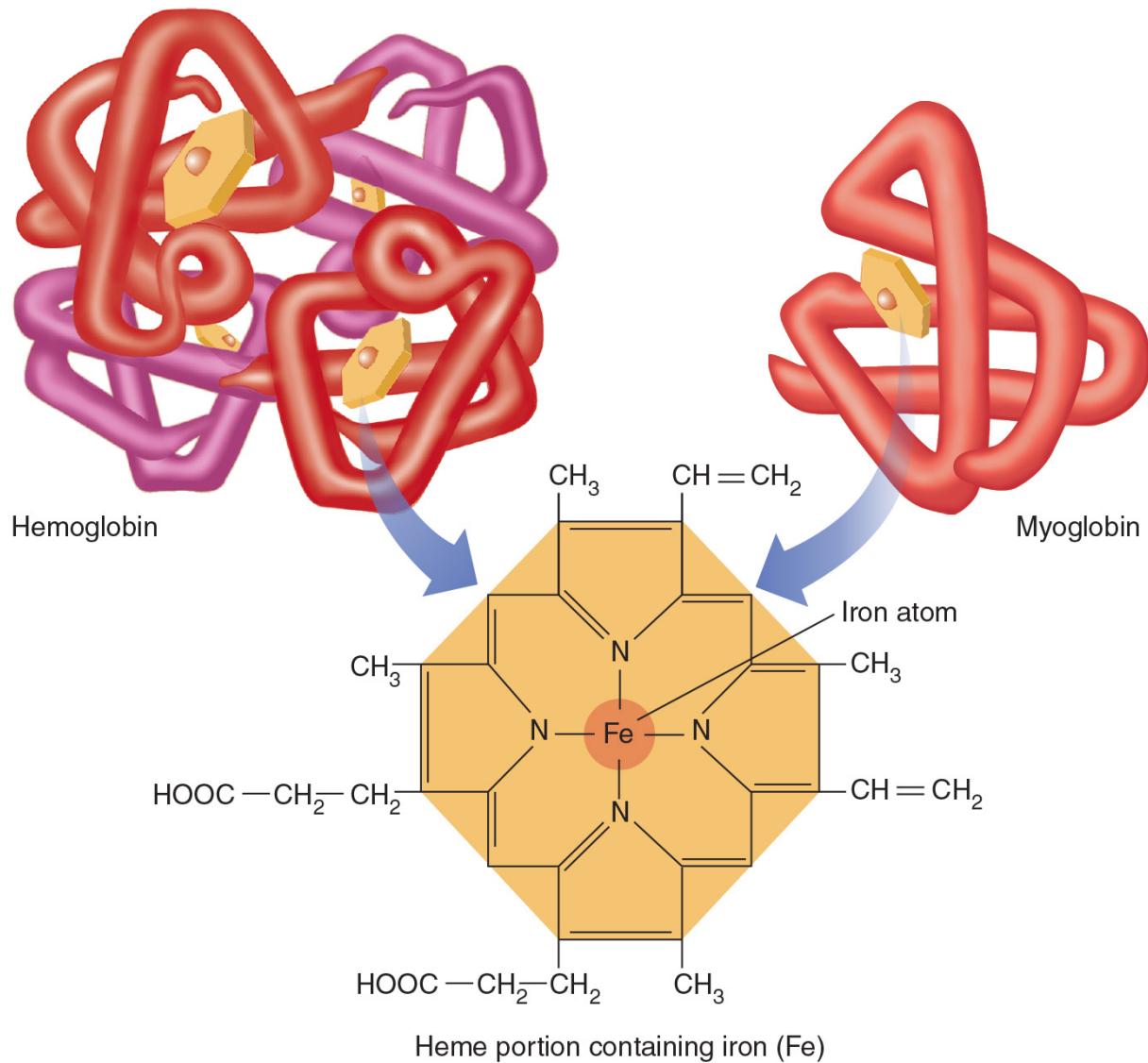


Figure 9.2: Iron

9.3 Iron Storage and Recycling

- Extra iron can be stored in the liver, intestinal mucosa, bone marrow, and spleen
- As red blood cells break down their iron is released and can be recycled
 - The liver and spleen are responsible for iron-recycling, which decreases our need for dietary iron

9.4 Iron Absorption

- The body's ability to absorb iron are influenced by:

- Iron status
- Stomach acid
- Iron content in the diet
- Type of iron consumed
- Other dietary factors; phytates, polyphenols, and other minerals
- Sources: Beef, oysters, clams, turkey, chicken, pork, beans, lentils, spinach, tomatoes

Table 9.2: Circumstances Affecting Iron Status

Circumstances That Improve Iron Status	Circumstances That Diminish Iron Status
<ul style="list-style-type: none"> • Use of oral contraceptives-reduces menstrual blood loss in women. • Breastfeeding-delays resumption of menstruation in new mothers and thereby reduces menstrual blood loss. It is therefore an important health measure, especially in developing nations. • Consumption of iron-containing foods and supplements. 	<ul style="list-style-type: none"> • Use of hormone replacement therapy-can cause uterine bleeding. • Eating a vegetarian diet-reduces or eliminates sources of heme iron. • Intestinal parasitic infection-causes intestinal bleeding. Iron-deficiency anemia is common in people with intestinal parasitic infection. • Blood donation-reduces iron stores; people who donate frequently, particularly premenopausal women, may require iron supplementation. • Intense endurance exercise training-appears to increase risk for inflammation, suboptimal iron intake, increased iron loss due to rupture of red blood cells, and losses in sweat and feces.

Source: Data from Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Manganese, Molybdenum, Nickel, Silicon, Vanadium, and Zinc © 2002 by the National Academy of Sciences, National Academies Press.

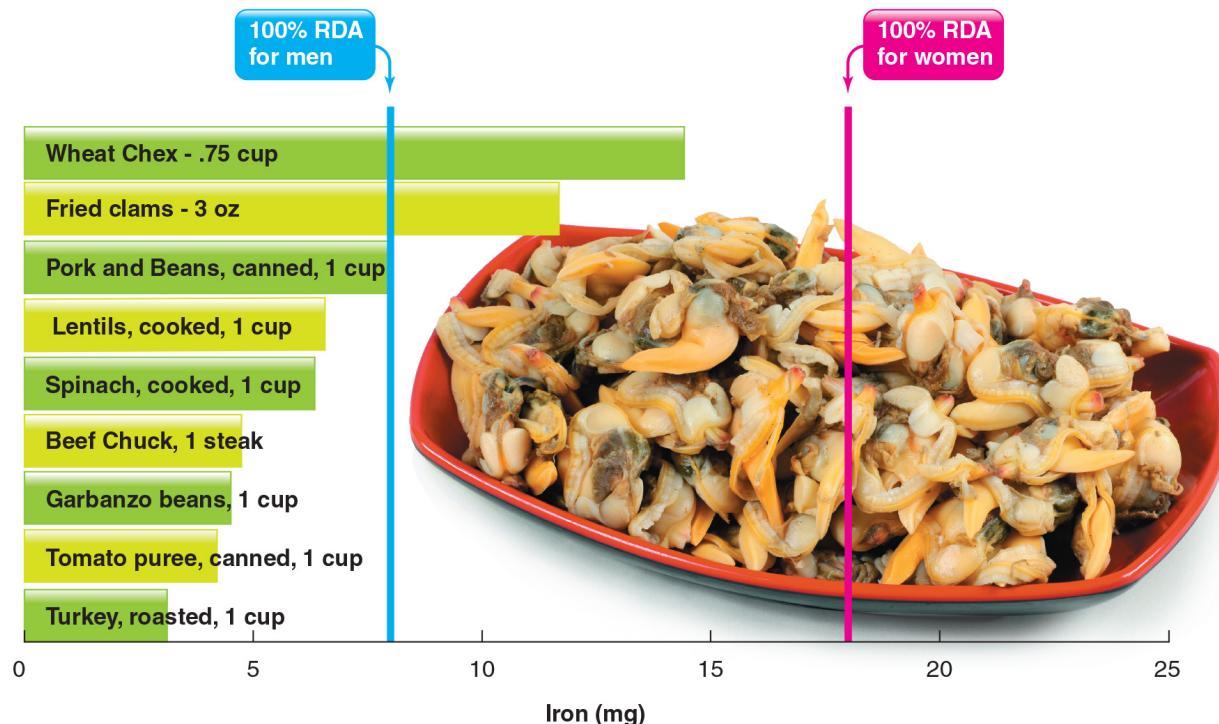


Figure 9.3: Common Food Sources of Iron

- Iron toxicity
 - In the U.S. accidental iron overdose is the leading cause of death in children under 6
 - Can cause nausea and constipation in mild cases
- Iron deficiency
 - Iron deficiency anemia causes the red blood cells to be smaller and paler than normal

9.5 Zinc

- Functions of zinc include
 - Enzymatic functions—over 300 enzymes in the human body use zinc
 - Structural functions—helps to stabilize proteins so that they function properly
 - Regulatory functions—helps to regulate gene expression

Only 10–35% of dietary zinc is absorbed. Factors decreasing absorption include:

- Non-heme iron intake
- Phytates

- Fiber
- Sources
 - Oysters
 - Beef
 - Crab
 - Lobster
 - Pork
 - Cashews
 - Garbanzo beans
 - Cheese
 - Yogurt
- Toxicity is rare, but is mainly seen with over consumption of zinc supplements
- Deficiency is rare in the U.S. but can be seen in other countries where diets are predominantly bread or grain based
 - Symptoms include growth retardation, delayed sexual maturation, and increased risk of infections

9.6 Copper

- Trace mineral that is crucial for blood health
 - Component of ceruloplasmin
 - * Protein used in iron transport
 - Energy metabolism
 - Building of connective tissues
- Sources:
 - Oysters
 - Lobster
 - Nuts
 - Seeds
 - Pork
 - Spinach
- Toxicity is not well studied in humans

- Deficiencies are rare but can lead to
 - Inhibition of hemoglobin synthesis
 - Inadequate iron utilization
 - Microcytic anemia

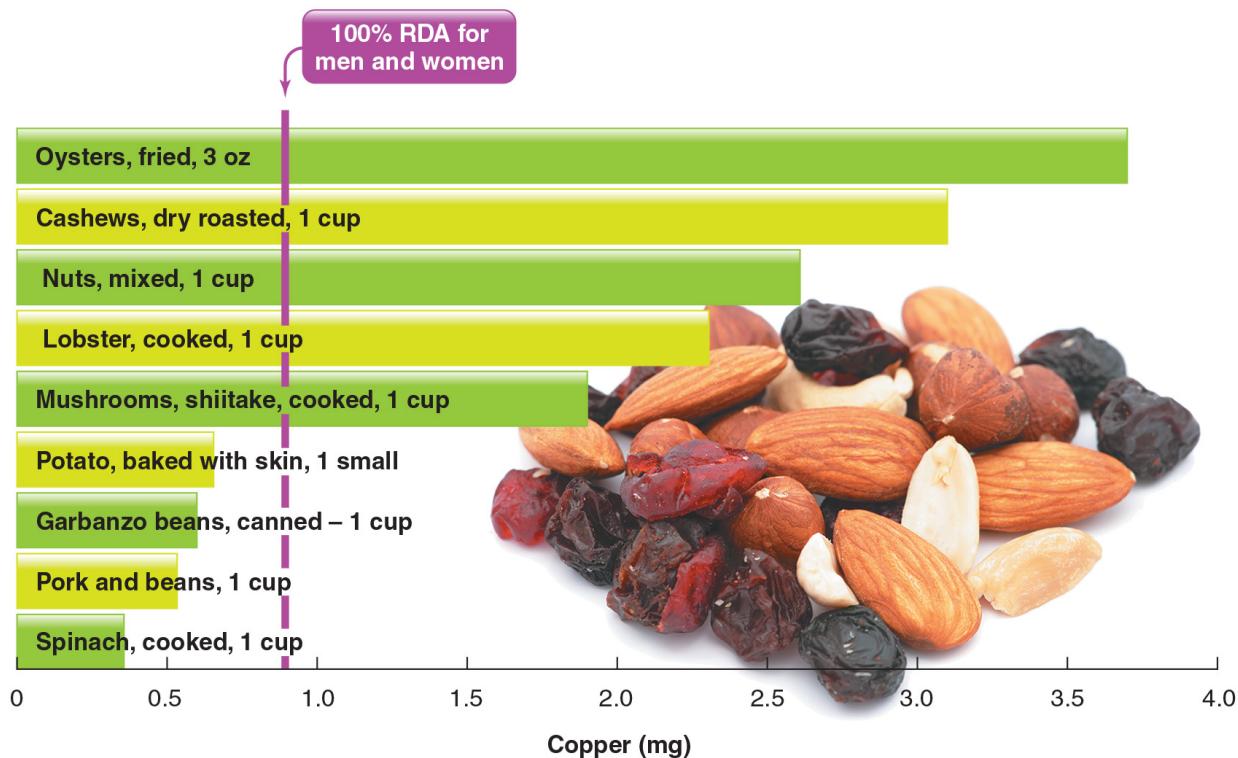


Figure 9.4: Copper

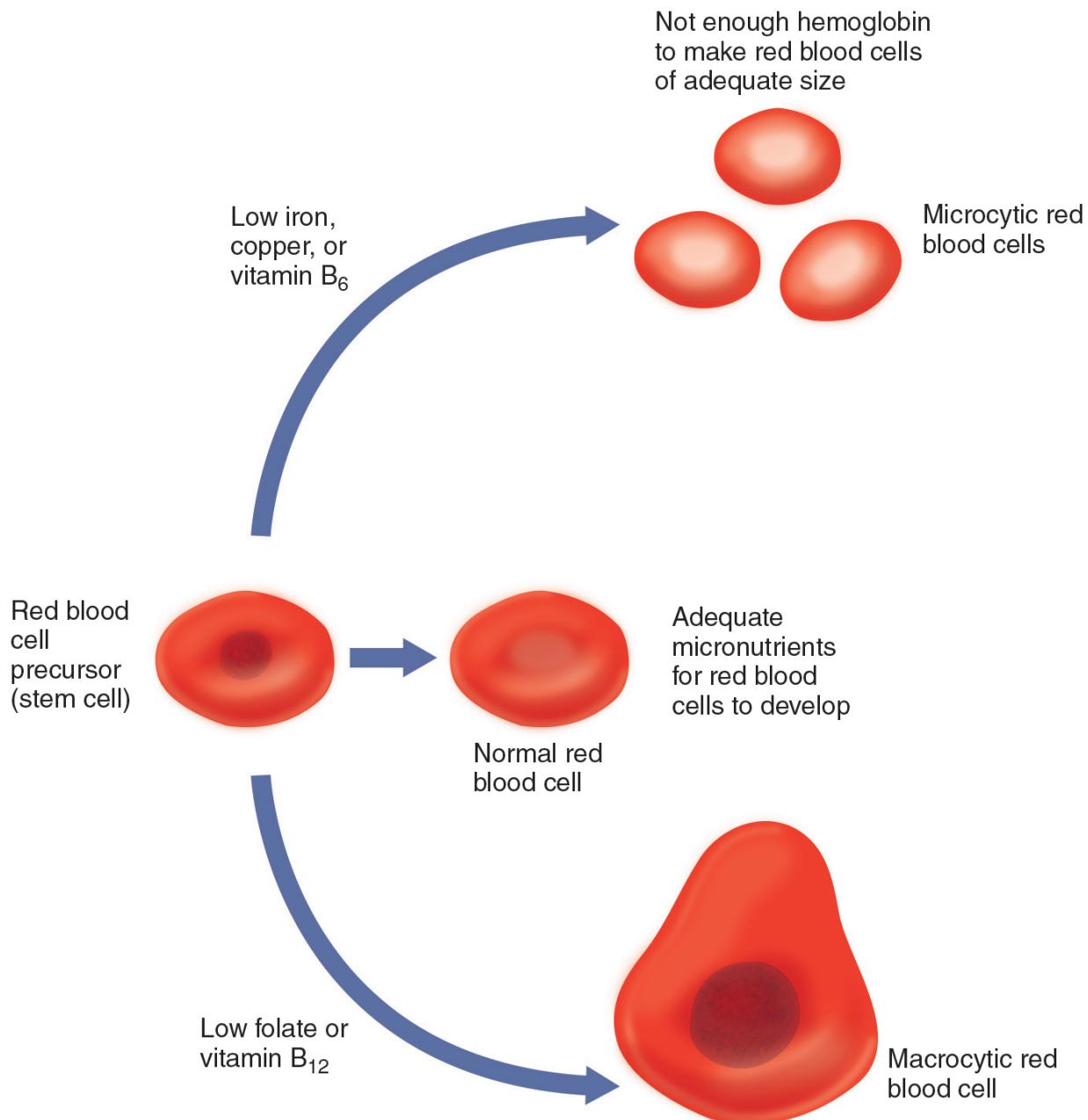


Figure 9.5: Vitamin Roles in Blood Formation

9.7 Vitamin K

- Fat-soluble vitamin
- Stored primarily in the liver

- Types:
 - **Phylloquinone** – plant form of vitamin K
 - **Menaquinone** – form of vitamin K produced by bacteria in the large intestine
- Functions of vitamin K
 - Blood clotting (prothrombin synthesis)
 - Bone metabolism (osteocalcin synthesis)
- Recommended intake
 - There is no RDA for vitamin K
 - AI values are 120 µg/day for men and 90 µg/day for women
- Sources of vitamin K
 - Green leafy vegetables, vegetable oils
- What if you consume too much vitamin K?
 - No side effects from large quantities
- What if you don't consume enough vitamin K?
 - Reduced blood clotting, excessive bleeding
 - Occurs with diseases that limit absorption of fat in the small intestine

9.8 Vitamin C

- Vitamin C helps to produce and maintain healthy collagen
 - Collagen is a fibrous protein found in the bone, teeth, tendons, blood vessels, and gum tissue
- Assists in the synthesis of
 - DNA
 - Bile
 - Serotonin
 - Carnitine
- Recommended intake
 - 90 mg/day for men; 75 mg/day for women
 - Smokers need an extra 35 mg/day

- UL is 2,000 mg/day for adults
- Sources of vitamin C
 - Fresh fruits and vegetables
 - Heat destroys vitamin C
 - Cooking foods lowers their vitamin C content

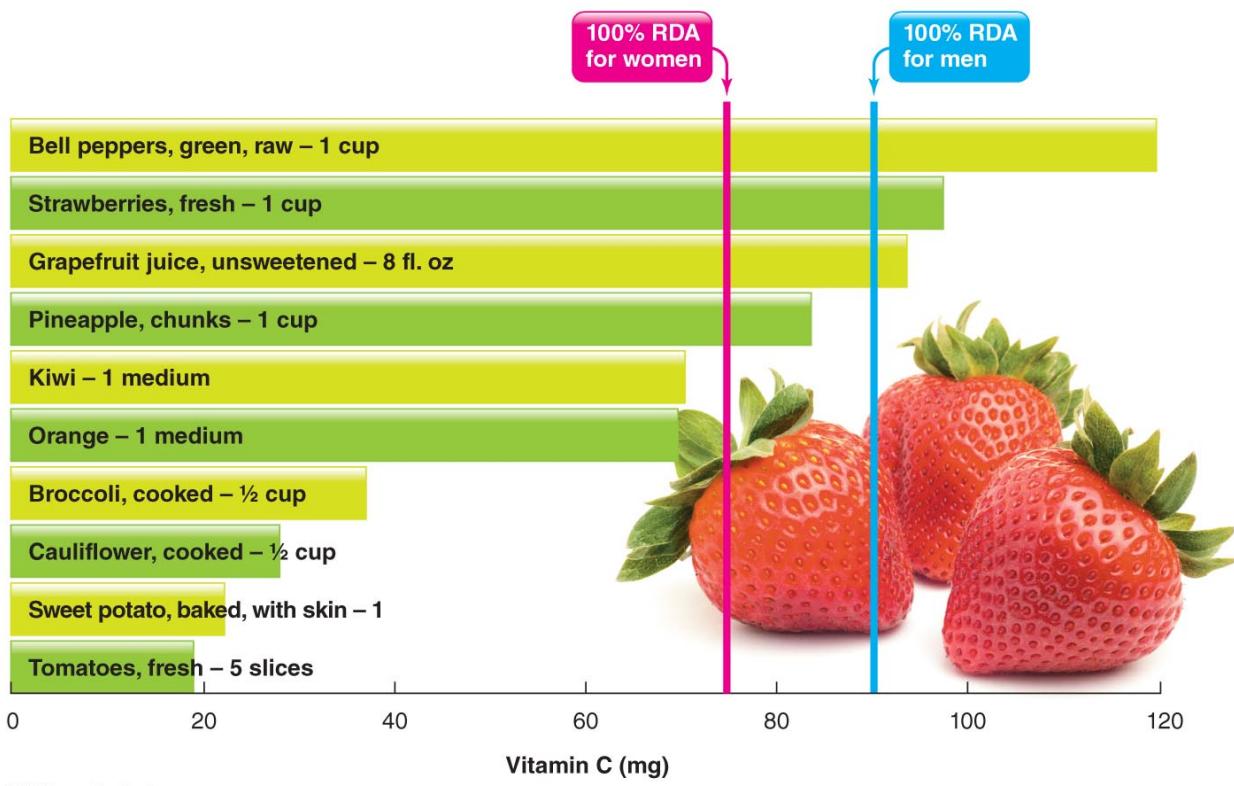


Figure 9.6: Common Food Sources of Vitamin C

- What if you consume too much vitamin C?
 - Megadoses (ten times or more of the recommended intake) of vitamin C can cause nausea, diarrhea, nosebleeds, and abdominal cramps
 - Can cause iron toxicity in people with hemochromatosis
 - Can lead to kidney stone formation in people with kidney disease
- What if you don't consume enough vitamin C?
 - Scurvy is the most common vitamin C deficiency disease
 - * Bleeding gums, loose teeth, wounds that fail to heal, swollen ankles and wrists, bone pain and fractures, diarrhea, weakness, and depression

- Anemia can also result from vitamin C deficiency



Figure 9.7: Scurvy

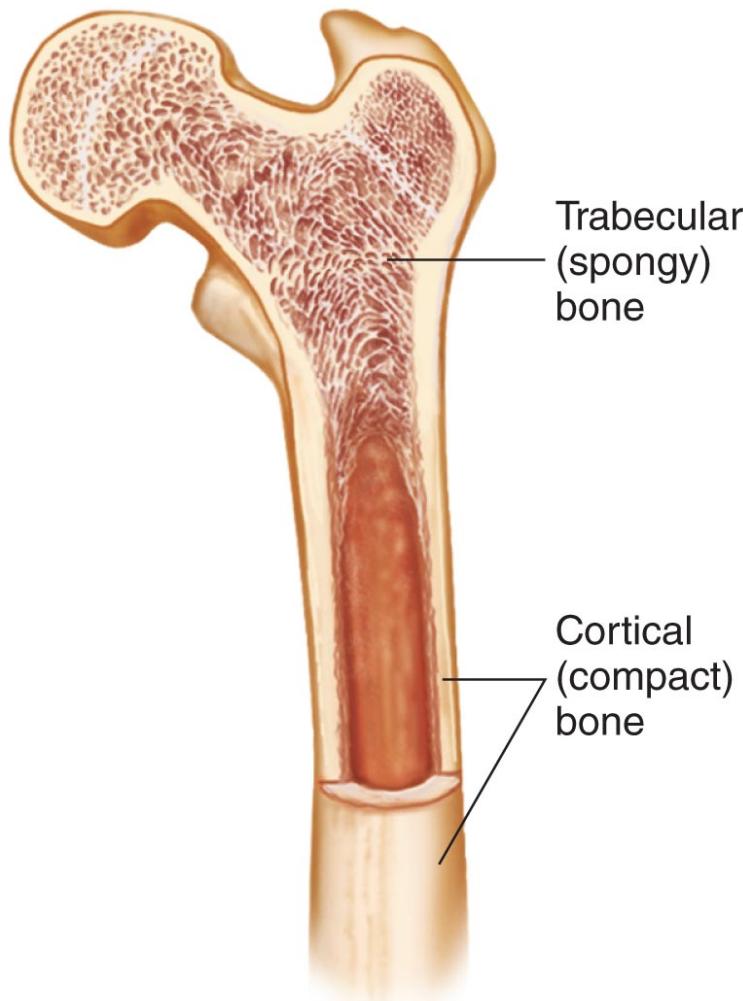
9.9 Bone Health

- Bone structure
 - Provides strength to support the body
 - Allows for flexibility
 - Contains about 65% minerals, providing the hardness of bone
 - Contains 35% organic structures for strength, durability, and flexibility
 - **Collagen** – fibrous protein in bone tissue

Table 9.3: Functions of Bone in the Human Body

Functions Related to Structure and Support	Functions Related to Metabolic Processes
<ul style="list-style-type: none"> Bones provide physical support for organs and body segments. Bones protect vital organs; for example, the rib cage protects the lungs, the skull protects the brain, and the vertebrae of the spine protect the spinal cord. Bones work with muscles and tendons to allow movement-muscles to attach to bones via tendons, and their contraction produces movement at the body's joints. 	<ul style="list-style-type: none"> Bone tissue acts as a storage reservoir for many minerals, including calcium, phosphorus, and fluoride. The body draws upon such deposits when these minerals are needed for various body processes; however, this can reduce bone mass. Most blood cells are produced in the bone marrow.

- Two types of bone tissue
 - **Cortical bone (compact bone)** – very dense tissue making up 80% of the skeleton
 - * Outer surface of all bones
 - * Many of the small bones (wrists, hands, feet)
 - **Trabecular bone (spongy bone)** – “scaffolding” on the inside of bones; supports cortical bone and makes up 20% of the skeleton
 - * Faster turnover rate



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Figure 9.8: Bone Structure

- Bones develop through three processes

Bone growth increase in bone size

Bone modeling shaping of bone

- Size and shape do not change significantly after puberty
- **Bone density** – degree of compactness of bone tissue; continues to develop into early adulthood

Bone remodeling reshaping of bone; occurs throughout life

- Bone remodeling involves
 - * **Resorption** – surface of bones is broken down by osteoclasts
 - **Osteoclasts** – cells that erode the surface of bones
 - * Formation of new bone by cells called osteoblasts
 - Osteoblasts produce the collagen-containing component of bone

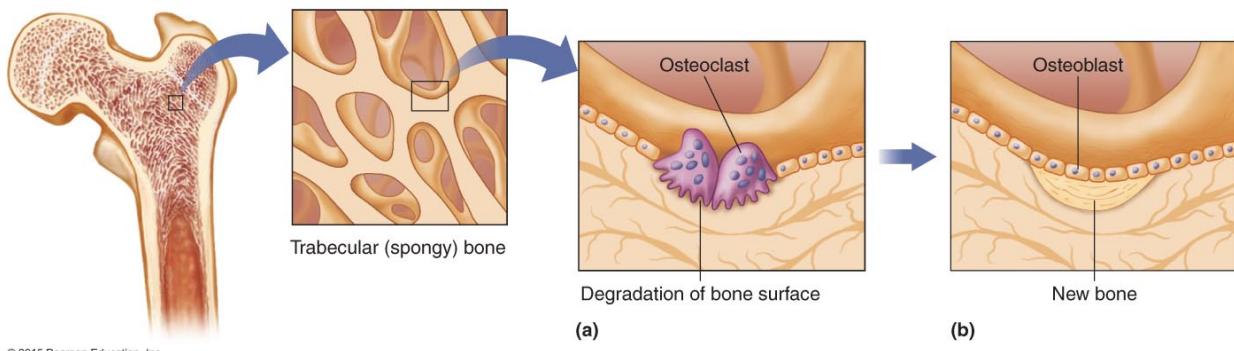


Figure 9.9: Bone Remodeling

9.10 Assessing Bone Health

- Dual-energy x-ray absorptiometry (DXA or DEXA)
 - Measures bone density
 - Uses very-low-level x-ray energy
 - Provides a full body scan or can be used to scan peripheral regions (hip, wrist, heel)
 - Is a noninvasive procedure
 - Recommended for postmenopausal women
 - A T-score is obtained, which compares bone density to that of a healthy 30-year-old

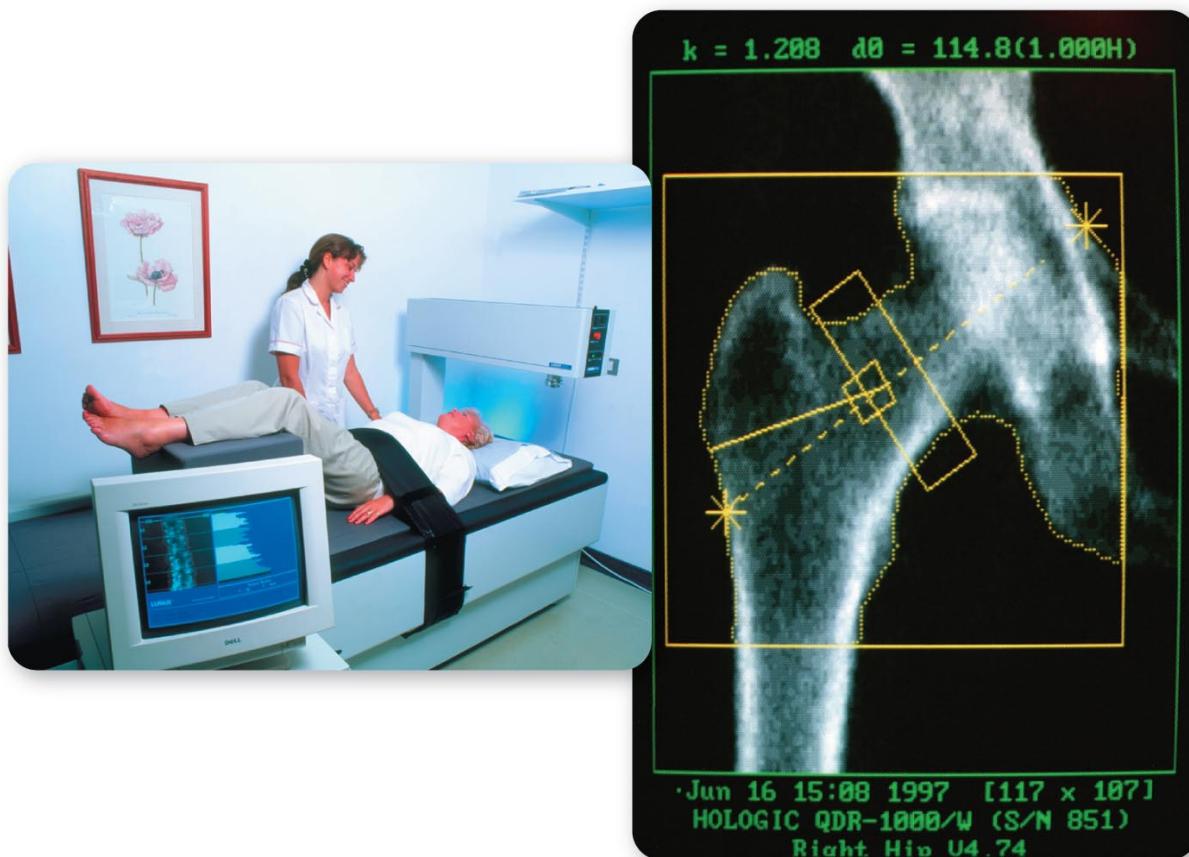


Figure 9.10: DXA

9.11 Calcium

- The most abundant major mineral in the body
 - 99% of body calcium is found in bone
 - 1% is found in blood and soft tissues
- Functions of calcium
 - Forms and maintains bones and teeth
 - Assists with acid-base balance
 - Critical for normal transmission of nerve impulses
 - Assists in muscle contraction
- Blood calcium level is tightly controlled
- Low calcium level
 - Parathyroid hormone (PTH) is released

- PTH stimulates activation of vitamin D
- PTH and vitamin D cause
 - * Kidneys to retain more calcium
 - * Osteoclasts to break down bone and release calcium
 - * Stimulation of calcium absorption from intestines
- High calcium level
 - Thyroid gland releases calcitonin
 - Calcitonin functions to
 - * Prevent calcium reabsorption from kidneys
 - * Limit calcium absorption from intestines
 - * Inhibit osteoclasts from breaking down bone

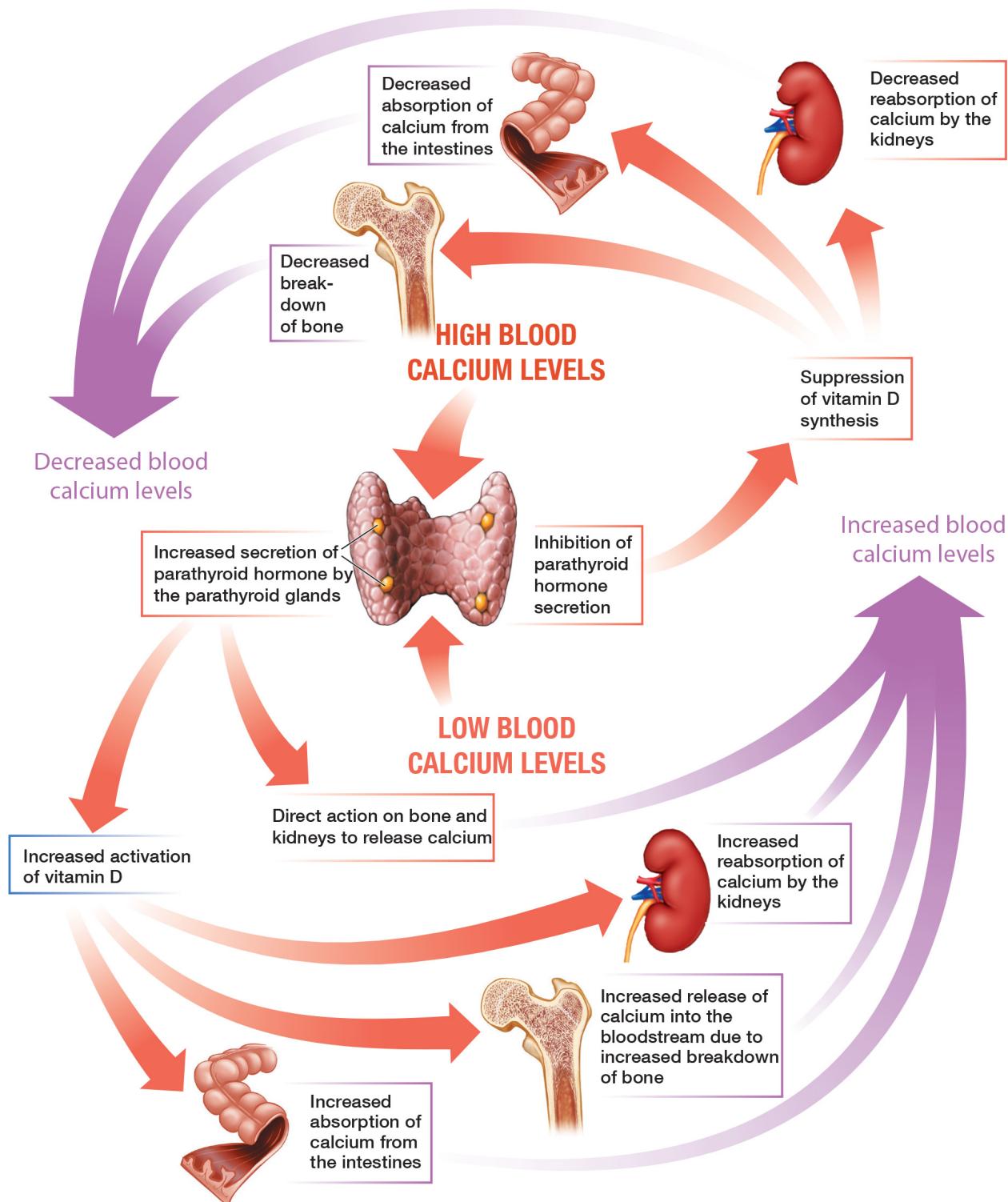


Figure 9.11: Regulation of Blood Calcium Levels

- Sources:

- Dairy

- Collard greens
- Sardines
- Kale
- Tofu
- Bioavailability: degree to which a nutrient is absorbed
- Calcium bioavailability depends on need and age
 - Infants, children, and adolescents can absorb more than 60%
 - Pregnant and lactating women can absorb 50%
 - Healthy adults typically absorb 30%
 - Older adults absorb less
 - Bodies cannot absorb over 500 mg at one time
 - Numerous factors in food influence absorption

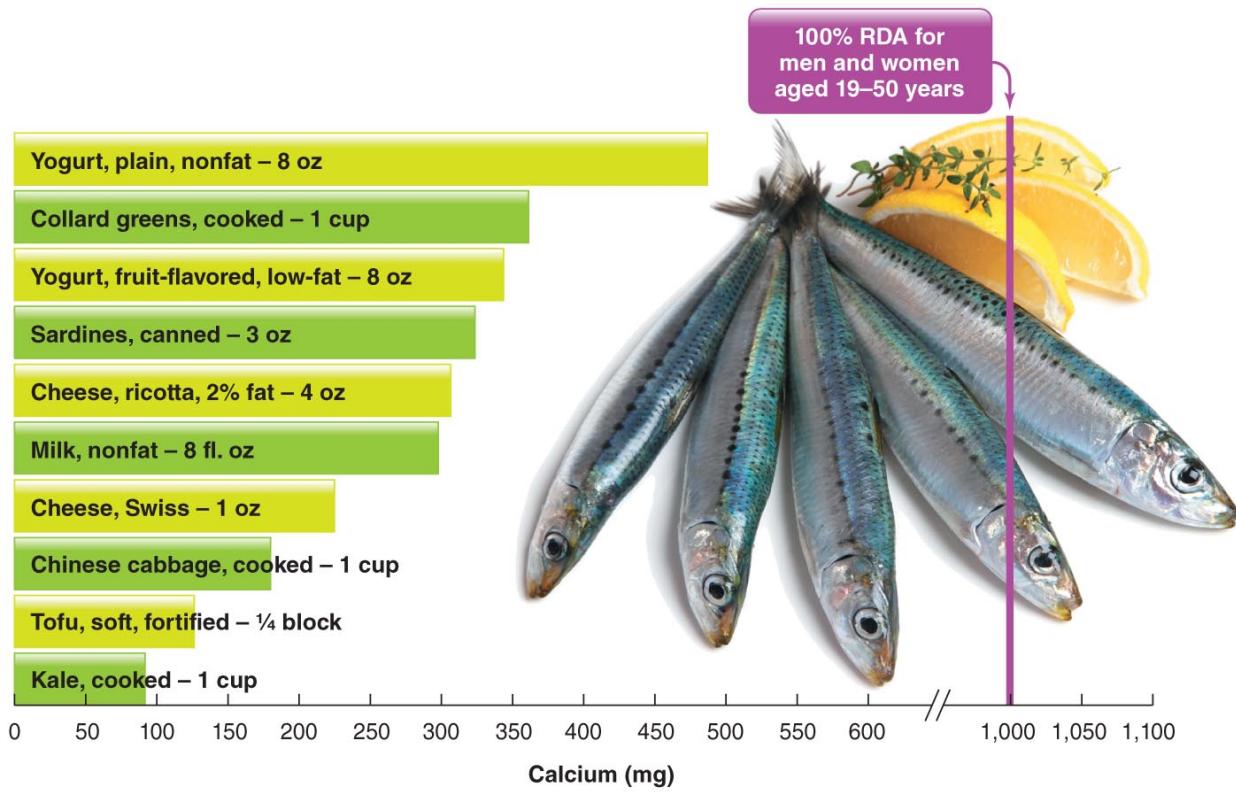


Figure 9.12: Common Food Sources of Calcium

- What if you consume too much calcium?
 - Excess calcium is excreted from the body

- Calcium supplements can lead to mineral imbalances
- Hypercalcemia (high blood calcium) can be caused by cancer and overproduction of PTH
- What if you don't consume enough calcium?
 - Hypocalcemia (low blood calcium) can be caused by kidney disease or vitamin D deficiency

9.12 Phosphorus

- Phosphorus (as phosphate) is the primary intracellular negatively charged electrolyte
- Functions of phosphorus
 - Critical to mineral composition of bone
 - Required for proper fluid balance
 - Component of lipoproteins, cell membranes, DNA and RNA, and several energy molecules
- Recommended intake
 - RDA for phosphorus is 700 mg/day
- Sources of phosphorus
 - High in protein-containing foods such as milk, meats, and eggs
 - In processed foods as a food additive
 - In soft drinks as phosphoric acid
- What if you consume too much phosphorus?
 - Kidney disease and excessive vitamin D supplements or consumption of too many phosphorus-containing antacids can cause elevated phosphorus levels, muscle spasms, and convulsions
- What if you don't consume enough phosphorus?
 - Deficiencies are rare in healthy adults
 - Malnutrition, critical illness

9.13 Magnesium

- The bones contain 50–60% of the body's magnesium
- Functions of magnesium
 - A mineral found in bone structure
 - Cofactor for over 300 enzyme systems
 - Required for the production of ATP
 - Plays an important role in DNA and protein synthesis and repair
- Recommended intake
 - RDA varies based on age and gender
 - 310 mg/day for women aged 19–30
 - 400 mg/day for men aged 19–30
- Sources of magnesium
 - Green leafy vegetables, whole grains, seeds, nuts, seafood, beans, some dairy products

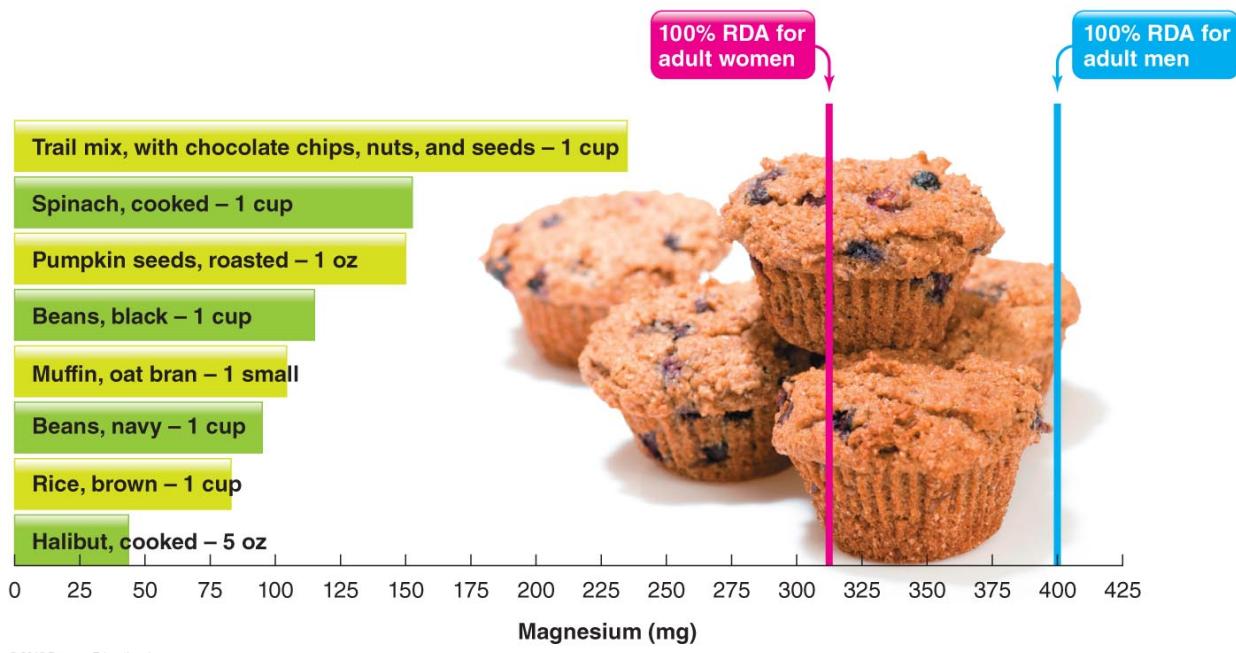


Figure 9.13: Common Food Sources of Magnesium

- What if you consume too much magnesium?
 - No toxicity from magnesium in food

- Magnesium supplements can cause diarrhea, nausea, cramps, dehydration, and cardiac arrest
- **Hypermagnesemia** – high blood magnesium levels
- What if you don't consume enough magnesium?
 - Hypomagnesemia can result in low blood calcium and osteoporosis
 - Other symptoms include muscle cramps, spasms, nausea, weakness, and confusion

9.14 Fluoride

- Fluoride is a trace mineral
 - 99% of the body's fluoride is stored in teeth and bones
- Functions of fluoride
 - Development and maintenance of teeth and bones
 - Combines with calcium and phosphorus to make tooth enamel stronger, which protects teeth from dental caries (cavities)
- Recommended intake
 - RDA for women is 3 mg/day
 - RDA for men is 4 mg/day
- Sources of fluoride
 - Fluoridated dental products
 - Fluoridated water
- What if you consume too much fluoride?
 - **Fluorosis (excess fluoride)** – creates porous tooth enamel; teeth become stained and pitted
- What if you don't consume enough fluoride?
 - Dental caries (cavities)



Figure 9.14: Fluorosis

9.15 Vitamin D

- Fat-soluble vitamin
- Excess is stored in liver and fat tissue
- Can be synthesized by the body by exposure to UV light from the sun
- Is considered a hormone because it is synthesized in one location and acts in other locations

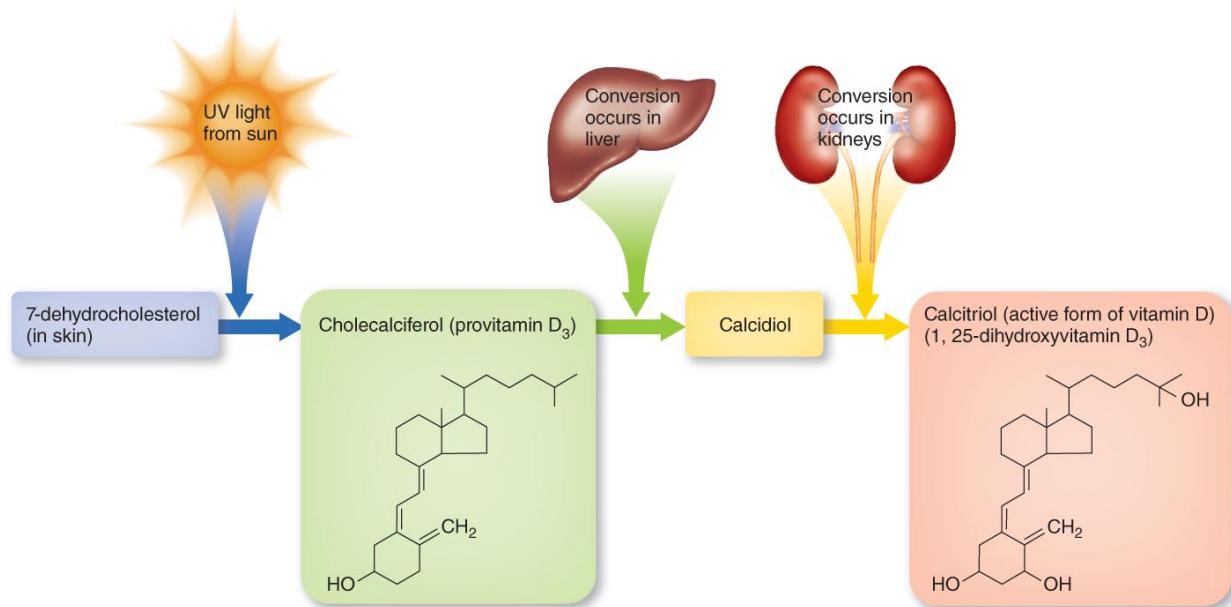


Figure 9.15: Conversion of Sunlight into Vitamin D



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Figure 9.16: Vitamin D and Sunlight in North America

- Functions of vitamin D
 - Required for calcium and phosphorus absorption
 - Regulates blood calcium levels
 - Stimulates osteoclasts
 - Necessary for calcification of bone
- Sources of vitamin D

- Most foods naturally contain very little vitamin D
 - * Vitamin D₂ or ergocalciferol is found in plant foods
 - * Vitamin D₃ or cholecalciferol is found in animal foods
- Most vitamin D is obtained from fortified foods such as milk and cereal products
- Vegetarians not consuming dairy foods receive vitamin D from the sun, fortified soy products, or supplements

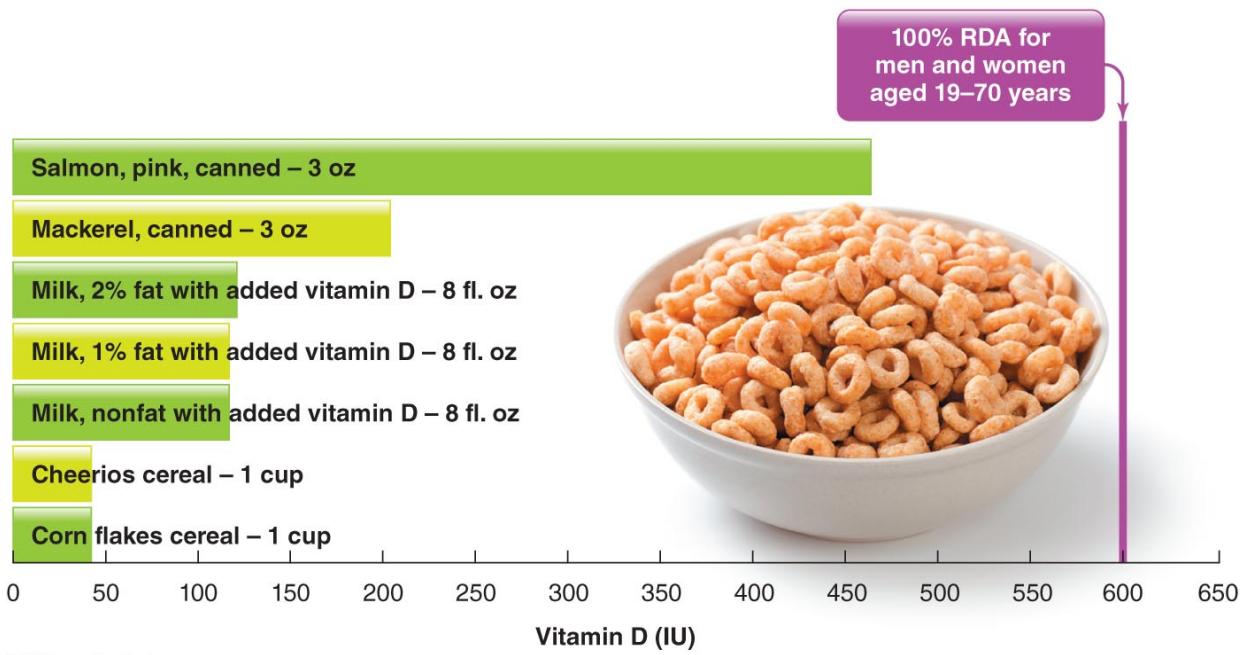


Figure 9.17: Common Food Sources of Vitamin D

- What if you consume too much vitamin D?
 - Occurs with vitamin supplements, *not* excessive exposure to sunlight
 - Results in **hypercalcemia** – high blood calcium
- What if you don't consume enough vitamin D?
 - Occurs with diseases that reduce intestinal absorption of fat and limited exposure to sunlight
 - **Rickets** – inadequate mineralization or demineralization of bones; occurs in children
 - **Osteomalacia** – loss of bone mass in adults

9.16 In Depth: Osteoporosis

- Osteoporosis is a disease characterized by
 - Low bone mass
 - Deterioration of bone tissue
 - Fragile bones, leading to bone fractures
 - Compaction of bone; decreased height
 - Shortening and hunching of the spine: dowager's hump



Figure 9.18: Osteoporosis



(a) Healthy hip bone
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(b) Osteoporotic hip bone

(c) Fractured hip bone

Figure 9.19: Osteoporosis

- Factors influencing the risk of osteoporosis include
 - Age
 - Gender
 - Genetics
 - Tobacco, alcohol, and caffeine use
 - Nutrition
 - Physical activity
 - History of amenorrhea (loss of menstrual function)

Table 9.4: Risk Factors for Osteoporosis

Modifiable Risk Factors	Nonmodifiable Risk Factors
Smoking	Older age (elderly)
Low body weight	Caucasian or Asian race
Low calcium intake	History of fractures as an adult
Low sun exposure	Family history of osteoporosis
Alcohol abuse	Gender (female)
History of amenorrhea (failure to menstruate) in women with inadequate nutrition	History of amenorrhea (failure to menstruate) in women with no recognizable cause
Estrogen deficiency (females)	
Testosterone deficiency (males)	
Repeated falls	
Sedentary lifestyle	

Source: Information adapted from the National Osteoporosis Society. 2014. Factors that increase your risk of osteoporosis and fracture. <https://www.nos.org.uk/healthy-bones-and-risks/are-you-at-risk>

- Age is a factor for osteoporosis because

- Bone mass decreases with age
- Age-related hormonal changes influence bone density (reduced estrogen and testosterone production)
- Older adults are less able to absorb vitamin D
- Gender is a risk factor for osteoporosis
 - 80% of Americans with osteoporosis are women
 - Women have lower bone density than men
 - Estrogen loss in postmenopausal women causes increased bone loss
 - Women live longer than men
 - Social pressure on girls to be thin leads some to harmful dieting when bone mass is still building

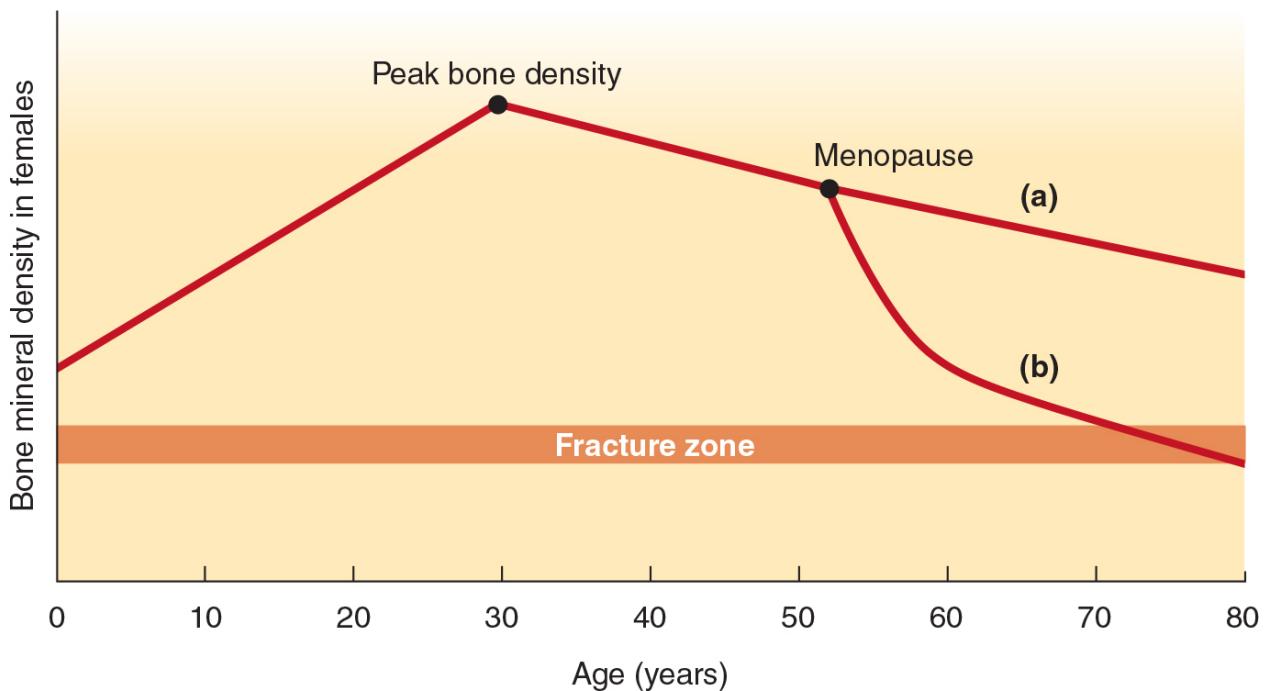


Figure 9.20: Osteoporosis

- Tobacco, alcohol, and caffeine use
 - Cigarette smoking decreases bone density due to its effects on hormones that influence bone formation and resorption
- Alcohol consumption beyond 1–2 drinks per day is associated with a higher risk of fractures
- Caffeine increases calcium loss in the urine

- Nutritional factors influence risk
 - Diets high in fruits and vegetables are associated with improved bone health
- Physical activity influences risk
 - Regular exercise causes stress to bones, leading to increased bone mass
 - Weight-bearing activities (walking, jogging) are especially helpful in increasing bone mass
- There is no cure for osteoporosis
- The progression of osteoporosis may be slowed by
 - Adequate calcium and vitamin D intake
 - Regular exercise
 - Some medications, including hormone replacement therapy (HRT)

Chapter 10

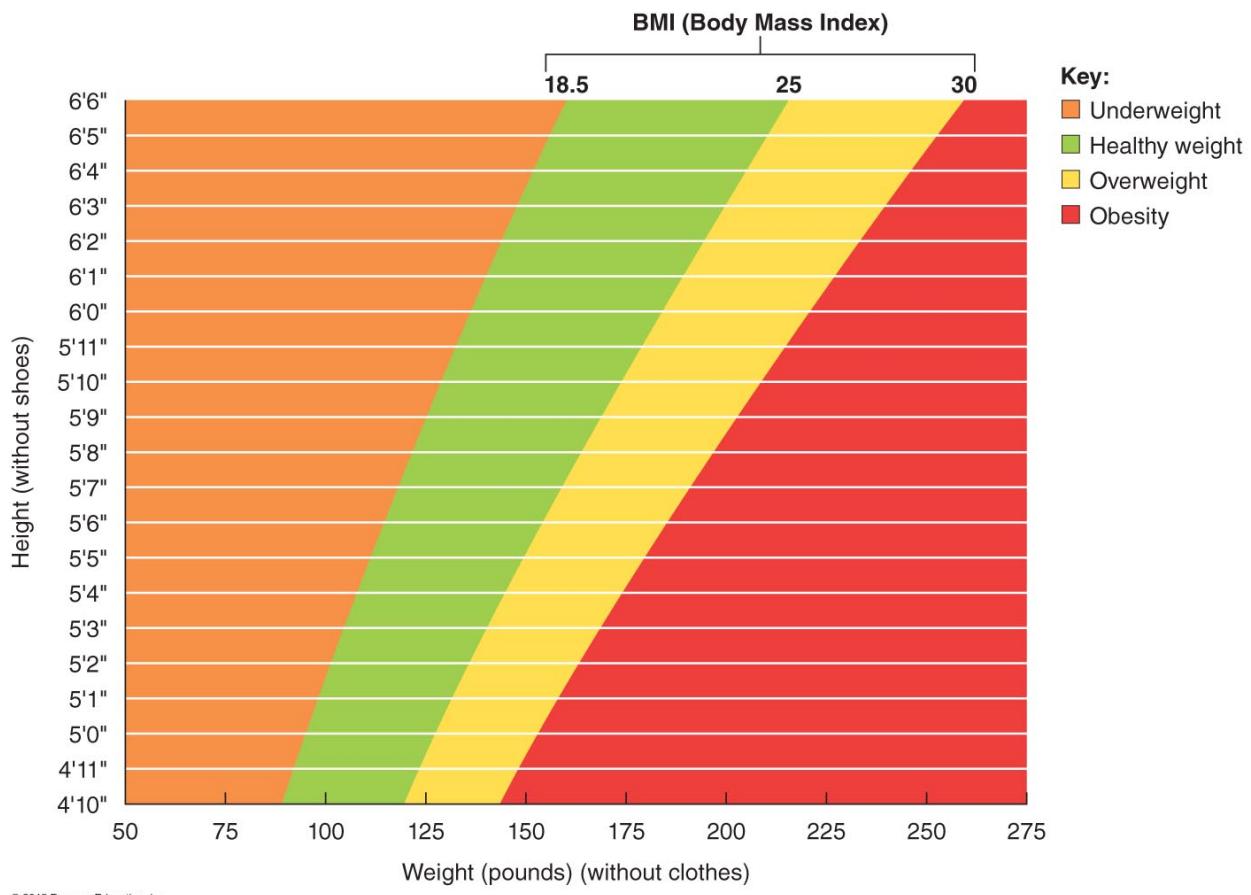
Achieving and Maintaining a Healthful Body Weight

10.1 What Is a Healthful Body Weight?

- A healthful weight
 - Is appropriate for your age
 - Is maintained without constant dieting
 - Is compatible with normal blood pressure, lipid levels, and glucose tolerance
 - Is based on family history of body shape and weight
 - Promotes good eating habits and allows for regular physical activity
 - Is acceptable to you

10.2 Evaluating Body Weight

- A person's actual weight is not the only factor to consider
- Determining if a person's body weight is healthful should include
 - Determining the body mass index (BMI)
 - Measuring body composition
 - Assessing the pattern of fat distribution
- Body mass index (BMI)
 - Expresses the ratio of a person's weight to the square of his or her height
 - $\text{BMI} = \text{weight (kg)}/\text{height (m)}^2$
 - BMI values below 18.5 or above 30 have increased risks of health problems
 - BMI results are distorted in people with high muscle mass (athletes and lactating women)



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Figure 10.1: Estimating BMI

- **Underweight** – having too little body fat to maintain health
- **Overweight** – having a moderate amount of excess body fat
- Normal weight: appropriate weight for height. Associated with the lowest disease risk
- **Obesity** – having an excess of body fat that adversely affects health
- **Morbid obesity** – body weight exceeding 100% of normal, creating a very high risk of serious health complications

10.3 Evaluating Body Weight

- Body composition
 - Measurement of body fat and lean body mass
 - Can be measured by
 - * Underwater weighing
 - * Skinfold measurements

- * Bioelectrical impedance analysis (BIA)
- * Dual-energy x-ray absorptiometry (DXA)
- * Bod Pod

Method		Limitations
Underwater weighing: Considered the most accurate method. Estimates body fat within a 2–3% margin of error. This means that if your underwater weighing test shows you have 20% body fat, this value could be no lower than 17% and no higher than 23%. Used primarily for research purposes.		<ul style="list-style-type: none"> Subject must be comfortable in water. Requires trained technician and specialized equipment. May not work well with extremely obese people. Must abstain from food for at least 8 hours and from exercise for at least 12 hours prior to testing.
Skinfolds: Involves “pinching” a person’s fold of skin (with its underlying layer of fat) at various locations of the body. The fold is measured using a specially designed caliper. When performed by a skilled technician, it can estimate body fat with an error of 3–4%. This means that if your skinfold test shows you have 20% body fat, your actual value could be as low as 16% or as high as 24%.		<ul style="list-style-type: none"> Less accurate unless technician is well trained. Proper prediction equation must be used to improve accuracy. Person being measured may not want to be touched or to expose their skin. Cannot be used to measure obese people, as their skinfolds are too large for the caliper.
Bioelectrical impedance analysis (BIA): Involves sending a very low level of electrical current through a person’s body. As water is a good conductor of electricity and lean body mass is made up of mostly water, the rate at which the electricity is conducted gives an indication of a person’s lean body mass and body fat. This method can be done while lying down, with electrodes attached to the feet, hands, and the BIA machine. Hand-held and standing models (which look like bathroom scales) are now available. Under the best of circumstances, BIA can estimate body fat with an error of 3–4%.		<ul style="list-style-type: none"> Less accurate. Body fluid levels must be normal. Proper prediction equation must be used to improve accuracy. Should not eat for 4 hours and should not exercise for 12 hours prior to the test. No alcohol should be consumed within 48 hours of the test. Females should not be measured if they are retaining water due to menstrual cycle changes.
Dual-energy x-ray absorptiometry (DXA): The technology is based on using very-low-level x-rays to differentiate among bone tissue, soft (or lean) tissue, and fat (or adipose) tissue. It involves lying for about 30 minutes on a specialized bed fully clothed, with all metal objects removed. The margin of error for predicting body fat ranges from 2% to 4%.		<ul style="list-style-type: none"> Expensive; requires trained technician with specialized equipment. Cannot be used to measure extremely tall, short, or obese people, as they do not fit properly within the scanning area.
Bod Pod: A machine that uses air displacement to measure body composition. This machine is a large, egg-shaped chamber made from fiberglass. The person being measured sits inside, wearing a swimsuit. The door is closed and the machine measures how much air is displaced. This value is used to calculate body composition. It appears promising as an easier and equally accurate alternative to underwater weighing in many populations, but it may overestimate body fat in some African American men.		<ul style="list-style-type: none"> Expensive. Less accurate in some populations.

Figure 10.2: Body Composition Assessment Methods

- Fat distribution pattern
 - Measured by waist-to-hip ratio and waist circumference
 - * Disease risk is associated with a waist-to-hip ratio of higher than 0.90 in men, and 0.80 in women
 - **Apple-shaped fat patterning** – upper body
 - * Increased risk of chronic diseases (type 2 diabetes, heart disease, hypertension)
 - **Pear-shaped fat patterning** – lower body
 - * No significant increased risk of chronic diseases



(a)

Figure 10.3: Determining Fat Patterns

10.4 Gaining or Losing Weight

- Whether a person gains or loses weight depends on
 - Energy intake versus energy expenditure
 - Genetic factors
 - Composition of the diet
 - Metabolic factors
 - Physiologic factors
 - Cultural and economic factors
 - Social factors

10.5 Energy Balance

- Occurs when energy intake = energy expenditure
- Energy intake = kcal from food
- Energy expenditure
 - Energy expended at rest (basal metabolic rate)
 - Physical activity
 - Thermic effect of food



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Figure 10.4: Energy Balance

- Basal metabolic rate (BMR)
 - Energy expended to maintain basal, or resting, functions of the body
 - 60–75% of total energy expenditure
 - More lean tissue increases your BMR

- BMR decreases with age, 3–5% per decade after age 30

Table 10.1: Factors Affecting Basal Metabolic Rate (BMR)

Factors That Increase BMR	Factors That Decrease BMR
Higher lean body mass	Lower lean body mass
Greater height (more surface area)	Lower height
Younger age	Older age
Elevated levels of thyroid hormone	Depressed levels of thyroid hormone
Stress, fever, illness	Starvation, fasting or very-low-Calorie diets
Male gender	Female gender (due to decreased lean tissue)
Pregnancy and lactation	
Certain drugs, such as stimulants, caffeine, and tobacco	

- Thermic effect of food (TEF)
 - Energy expended to digest, absorb, transport, metabolize, and store food
 - 5–10% of total expenditure
 - Lowest for fat and highest for protein
- Physical activity
 - 15–35% of daily energy expenditure
 - Factors that influence energy expended
 - * The more muscle groups used, the greater the energy expenditure
 - * Intensity
 - * Duration
 - * Body size

Table 10.2: Energy Costs of Physical Activities

Activity	Intensity	Energy Cost (kcal/kg body weight/min)
Sitting, studying (including reading or writing)	Light	0.022
Cooking or food production (sitting or standing)	Light	0.033
Walking (e.g., to neighbor's house)	Light	0.042
Stretching—Hatha yoga	Moderate	0.042
Cleaning (dusting, straightening up, vacuuming, changing linen, carrying out trash)	Moderate	0.058
Weight lifting (free weights, Nautilus or universal type)	Light or moderate	0.050
Bicycling, 10 mph	Leisure (work or pleasure)	0.067
Walking, 4 mph (brisk pace)	Moderate	0.083
Aerobics	Low impact	0.083
Weight lifting (free weights, Nautilus or universal type)	Vigorous	0.100
Bicycling, 12 to 13.9 mph	Moderate	0.133
Running, 5 mph (12 minutes per mile)	Moderate	0.138
Running, 6 mph (10 minutes per mile)	Moderate	0.163
Running, 8.6 mph (7 minutes per mile)	Vigorous	0.205

10.6 Genetic Factors

- Different ideas have been suggested to explain the impact of genetics on body fat
 - FTO gene
 - Thrifty gene theory
 - Set-point theory

10.6.1 FTO gene

- Fat mass and obesity-associated gene
- 44–65% of people have at least one copy
- Stimulates excessive food intake
- Physical activity can attenuate the gene's influence

10.6.2 Thrifty gene theory

- Proposes that a gene (or genes) causes people to be energetically thrifty
- Proposes that people with this gene expend less energy than other people and therefore gain weight
- A “thrifty gene” has not been identified

10.6.3 Set-point theory

- Proposes that each person’s weight stays within a small range (set point)
- The body compensates for changes in energy balance and keeps a person’s weight at his or her set point
- Can change with time, as diet and activity levels vary over a long period of time

10.6.4 Protein leverage hypothesis

- Humans have evolved to have a fixed daily dietary protein target that must be reached to optimize physiologic functioning
- Diets high in carbohydrates and fats and low in protein may cause people to overeat

10.6.5 Drifty gene hypothesis

- Suggests that in the new food environment some people become obese while others do not
- This effect may be due to random mutations and drift in genes that control upper body fatness
- These genes are originally thought to be neutral but over time and evolved to predispose us to obesity

10.6.6 Metabolic Factors

- Relatively low metabolic rate
- Low level of spontaneous physical activity
- Low sympathetic nervous system activity
- Low fat oxidation
- Low levels of thyroid hormones
- Certain prescription medications

10.6.7 Physiologic Factors

- Hunger and satiety
- Specific proteins and hormones
 - Leptin
 - Ghrelin
 - Peptide YY, or PYY
 - Brown adipose tissue
 - Serotonin and cholecystokinin (CCK)
 - Blood glucose levels
 - Stomach expansion
 - Nutrient absorption from the small intestine
 - Beta-endorphins
 - Neuropeptide Y
 - Decreased blood glucose levels

10.6.8 Leptin

- Leptin is a hormone produced by fat cells that causes reduced food intake, reduced weight, and decreased body fat in mice
- The role of leptin in human obesity is being studied

10.6.9 Ghrelin

- Protein synthesized in the stomach
- Stimulates appetite by acting on the hypothalamus

10.6.10 Peptide YY, or PYY

- Produced in the GI tract
- Decreases appetite
- Obese people have lower levels when fasting

10.6.11 Cultural and Economic Factors

- Food choices
 - The composition of a person's diet should remain balanced
- Levels of physical activity
 - Minor changes can add up
- Economic status
 - Food choices and eating behaviors are affected
- Cultural customs
- Changes in work and leisure activity levels
- Larger body size acceptance/cultural norms
- Lack of access to healthcare and health information
- Lack of access to affordable, healthful foods
- Lack of access to positive role models
- Personal safety issues
- Transportation issues

10.7 Sociocultural Factors

- Social factors influencing our diet and activity levels include
 - Expectations of family and friends
 - Holiday foods, fast foods, and serving sizes
 - Television and other amusements that do not involve physical activity
 - Work responsibilities that do not involve physical activity
 - Media images and social pressures to achieve unrealistic weight goals

10.8 Achieve and Maintain Healthful Weight

- Healthful weight change requires
- Gradual and reasonable changes in energy intake
- Regular and appropriate physical exercise
- Application of behavior modification techniques

10.9 Diets focusing on Macronutrient Composition

- Diets high in carbohydrates and moderate fat and protein
 - DASH diet, USDA Food Guide, Weight Watchers, and Jenny Craig
- Diets low in carbohydrate and high in fat and protein
 - Atkins, Sugar Busters!, and the Paleo diet

10.10 Weight-Loss Strategies

- Guidelines for successful weight loss
- Set realistic goals
 - Specific
 - Reasonable
 - Measurable
 - * Monitor progress regularly
- Eat smaller portions of lower-fat foods
 - Reduce consumption of high-fat and high-energy foods
 - Consume foods high in nutrient density
- Participate in regular physical activity
 - Critical for long-term maintenance of weight loss
- Incorporate appropriate behavior modifications
 - Mindful eating: refers to a nonjudgmental awareness of emotional and physical sensations one experiences while eating

10.11 Behavior Modification

- Mindful eating tips
 - Focus only on eating
 - Savor each bite
 - Recruit all of your senses
 - Pause and rest between bites
 - Try 10 minutes of silence

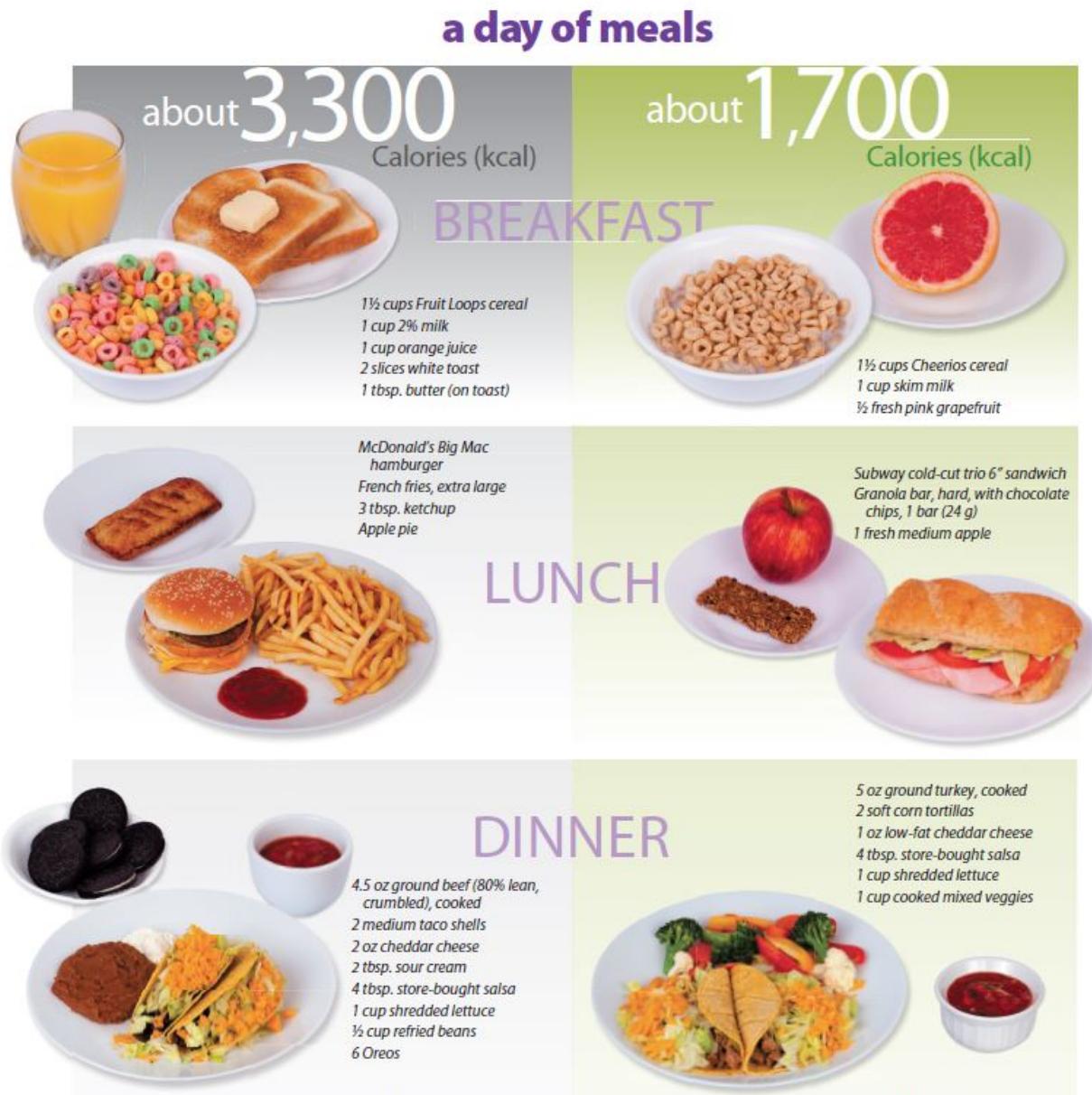


Figure 10.5: The Energy Density of Meals

10.12 Underweight

- BMI below 18.5 kg/m²
- Increases the risk of infections and illness
- Can be just as unhealthy as overweight
- Effective weight gain should include
 - Eating 500 to 1,000 extra kcal/day

- Eating frequently throughout the day
- Selecting healthful, energy-dense foods
- Avoiding tobacco products, which depress appetite and increase BMR
- Regular exercise with resistance training

10.13 Obesity

- BMI between 30 and 39.9 kg/m²
- Morbid obesity
 - Body weight exceeding 100% of normal
 - BMI greater than or equal to 40 kg/m²
- Chronic diseases and complications linked to obesity include
 - Hypertension
 - Dislipidemia
 - Type 2 diabetes
 - Heart disease
 - Stroke
 - Gallbladder disease
 - Osteoarthritis
 - Sleep apnea
- Chronic diseases and complications linked to obesity include
 - Certain cancers
 - Menstrual irregularities and infertility
 - Gestational diabetes, premature fetal deaths, neural tube defects, and complications during labor and delivery
 - Depression
 - Alzheimer's disease, dementia, and cognitive decline

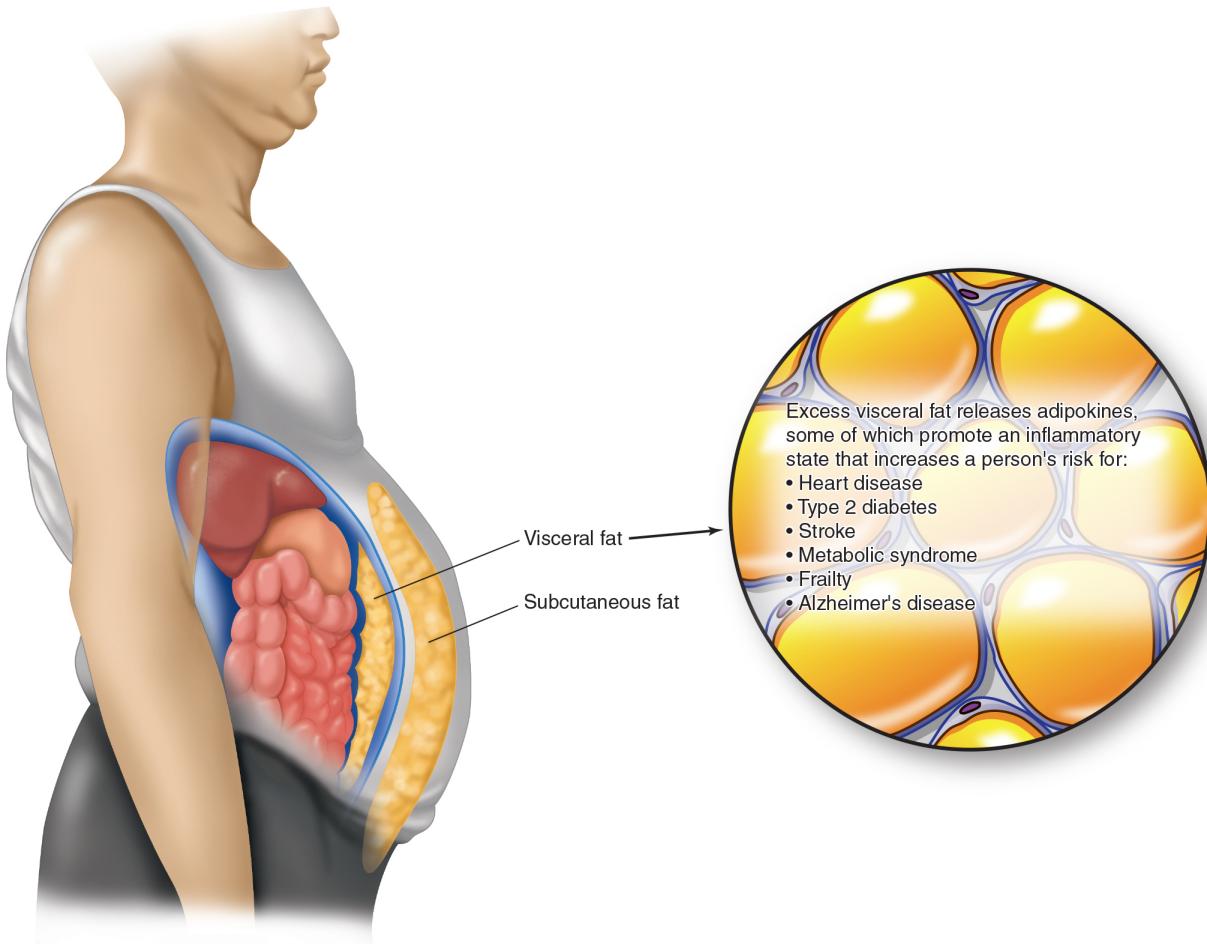


Figure 10.6: Abdominal Obesity

10.13.1 Metabolic Syndrome

- Abdominal obesity is one of the five risk factors of the metabolic syndrome
- People with metabolic syndrome are
 - Twice as likely to develop heart disease
 - Five times as likely to develop type 2 diabetes
- Factors that can influence the chance of developing obesity include
 - Biology (genetics, metabolic, environment)
 - Physical activity environment
 - Individual physical activity
 - Individual psychology
 - Societal influences
 - Food environment
 - Food consumption

10.13.2 Obesity Responds to Diet and Exercise

- Diet and exercise are the first line of defense against obesity
- Dietary and physical activity changes should be made gradually
- Physical activity for at least 30 minutes per day 5 days per week, but up to 60 minutes per day may be more beneficial for some people
- Treatments for obesity may include
 - Low-energy diet and regular exercise
 - Counseling or psychotherapy
 - Prescription medications
 - Surgery
 - * Sleeve gastrectomy
 - * Gastric bypass
 - * Gastric banding

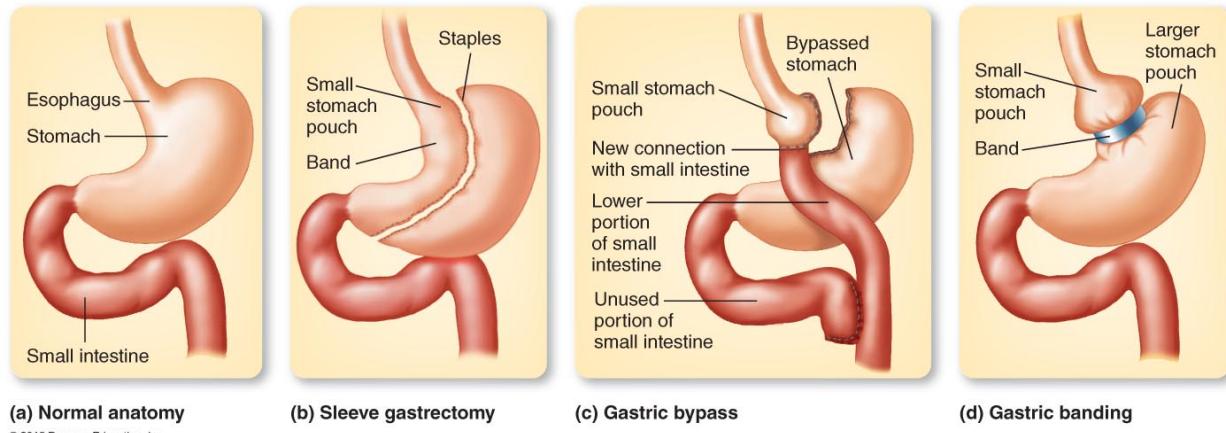


Figure 10.7: Weight-Loss Surgery

Chapter 11

11.1 Physical Activity and Fitness

- **Physical activity** – any muscle movement that increases energy expenditure
- **Leisure-time physical activity** – any activity unrelated to a person's occupation
 - For example, hiking, walking, biking
 - Includes **exercise** – purposeful, planned physical activity
- The components of physical fitness are achieved through three types of exercise
 - Aerobic exercise
 - Resistance training
 - Stretching
- **Physical fitness** – the ability to carry out daily tasks with vigor and alertness, without undue fatigue, and with ample energy to enjoy leisure-time pursuits and meet unforeseen emergencies
 - The components of physical fitness are
 - * Cardiorespiratory fitness
 - * Musculoskeletal fitness
 - * Flexibility
 - * Body composition

Table 11.1: Components of Fitness

Fitness Component	Recommended Intake
Cardiorespiratory	Examples of Activities that Improve Fitness in Each Component Aerobic-type activities, such as walking, running, swimming, cross-country skiing
Musculoskeletal fitness:	Resistance training, weight lifting, calisthenics, sit-ups, push-ups
Muscular strength	Weight lifting or related activities using heavier weights with few repetitions
Muscular endurance	Weight lifting or related activities using lighter weights with more repetitions
Flexibility	Stretching exercises, yoga
Body composition	Aerobic exercise, resistance training

11.2 Physical Activity and Chronic Disease

- Regular physical activity
 - Reduces the risk of heart disease, stroke, and high blood pressure
 - Reduces the risk of obesity
 - Reduces the risk of type 2 diabetes
 - May reduce the risk of colon cancer
 - Reduces the risk of osteoporosis



Figure 11.1: Health Benefits of Physical Activity

11.3 Physical Activity and Most Americans

- Despite the clear benefits of regular physical activity,
 - 79.9% of U.S. adults do not perform sufficient physical activity
 - 23.7% of U.S. adults admit to doing no leisure-time physical activity at all

Table 11.2: Rates of Physical Activity in the United States

Nutrient	Functions	Suggested Intake
Energy	Supports exercise, activities of daily living, and basic body functions	Depends on body size and the type, intensity, and duration of activity For many female athletes: 1,800 to 3,500 kcal/day For many male athletes: 2,500 to 7,500 kcal/day
Carbohydrate	Provides energy, maintains adequate muscle glycogen and blood glucose; high complex carbohydrate foods provide vitamins and minerals	45–65% of total energy intake Depending on sport and gender, should consume 6–10 g of carbohydrate per kg body weight per day
Fat	Provides energy, fat-soluble vitamins, and essential fatty acids; supports production of hormones and transport of nutrients	20–35% of total energy intake
Protein	Helps build and maintain muscle; provides building material for glucose; energy source during endurance exercise; aids recovery from exercise	10–35% of total energy intake 1.2-2.0 g per kg body weight
Water	Maintains temperature regulation (adequate cooling); maintains blood volume and blood pressure; supports all cell functions	Consume fluid before, during, and after exercise Consume enough to maintain body weight Consume at least 8 cups (64 fl. oz) of water daily to maintain regular health and activity Athletes may need up to 338 liters (170 fl. oz) every day; more is required if exercising in a hot environment
B-vitamins	Critical for energy production from carbohydrate, fat, and protein	May need slightly more (one to two times the RDA) for thiamin, riboflavin, and vitamin B ₆
Calcium	Builds and maintains bone mass; assists with nervous system function, muscle contraction, hormone function, and transport of nutrients across cell membrane	Meet the current RDA: 14–18 years: 1,300 mg/day 19–50 years: 1,000 mg/day 51–70 years: 1,000 mg/day (men): 1,200 mg/day (women) 71 and older: 1,200 mg/day
Iron	Primarily responsible for the transport of oxygen in blood to cells; assists with energy production	Consume at least the RDA: Males: 14–18 years: 11 mg/day 19 and older: 8 mg/day Females: 14–18 years: 15 mg/day 19–50 years: 18 mg/day 51 and older: 8 mg/day

11.4 Designing a Sound Fitness Program

- For a sound fitness program:
 - Start by assessing your current level of fitness
 - Identify your personal fitness goals
 - Make your program varied, consistent, and fun
 - Appropriately overload your body
 - Include a warm-up and cool-down period
 - Start out slowly and gradually build up the time you spend each day until you reach 30 minutes

11.5 Sound Fitness Program

- A sound physical fitness program meets your personal fitness goals
- An individual's fitness program may vary depending on whether he or she is
 - Training for athletic competition
 - Working toward cardiorespiratory fitness
 - Trying to maintain overall health
- A sound physical fitness program is fun
- An individual's fitness program should focus on what he or she enjoys
 - Outdoor activities
 - Social recreation
- A sound physical fitness program includes variety and consistency
- Variety can be achieved by
 - Combining aerobic exercise, resistance training, and stretching
 - Combining indoor and outdoor exercises
 - Taking different routes when walking or jogging
 - Including entertainment such as music
 - Participating in different activities each week
- A sound physical fitness program appropriately overloads the body

Overload principle – put additional physical demands on the body to improve fitness

- Too much physical exertion is not recommended
- The **FITT principle** can be used to determine appropriate overload

11.6 The FITT Principle

Frequency: the number of activity sessions per week

- Desired frequency varies with fitness goals

Intensity: the amount of effort expended or how difficult the activity is to perform

- Desired intensity may be based on maximal heart rate

Time of activity: how long each session lasts

Type of activity: the range of activities engaged in to promote health and physical fitness

	Frequency	Intensity	Time and Type
Cardiorespiratory fitness 	At least 30 minutes most days of the week	50–70% maximal heart rate for moderate intensity; 70–85% maximal heart rate for vigorous intensity	At least 30 consecutive minutes Choose swimming, walking, running, cycling, dancing, or other aerobic activities
Muscular fitness 	2–3 days per week	70–85% maximal weight you can lift	1–3 sets of 8–12 lifts for each set A minimum of 8–10 exercises involving the major muscle groups such as arms, shoulders, chest, abdomen, back, hips, and legs, is recommended.
Flexibility 	2–4 days per week	Stretching through full range of motion	For stretching, perform 2–4 repetitions per stretch. Hold each stretch for 15–30 seconds. Or try yoga, tai chi, or other flexibility programs.

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Figure 11.2: Using the FITT Principle

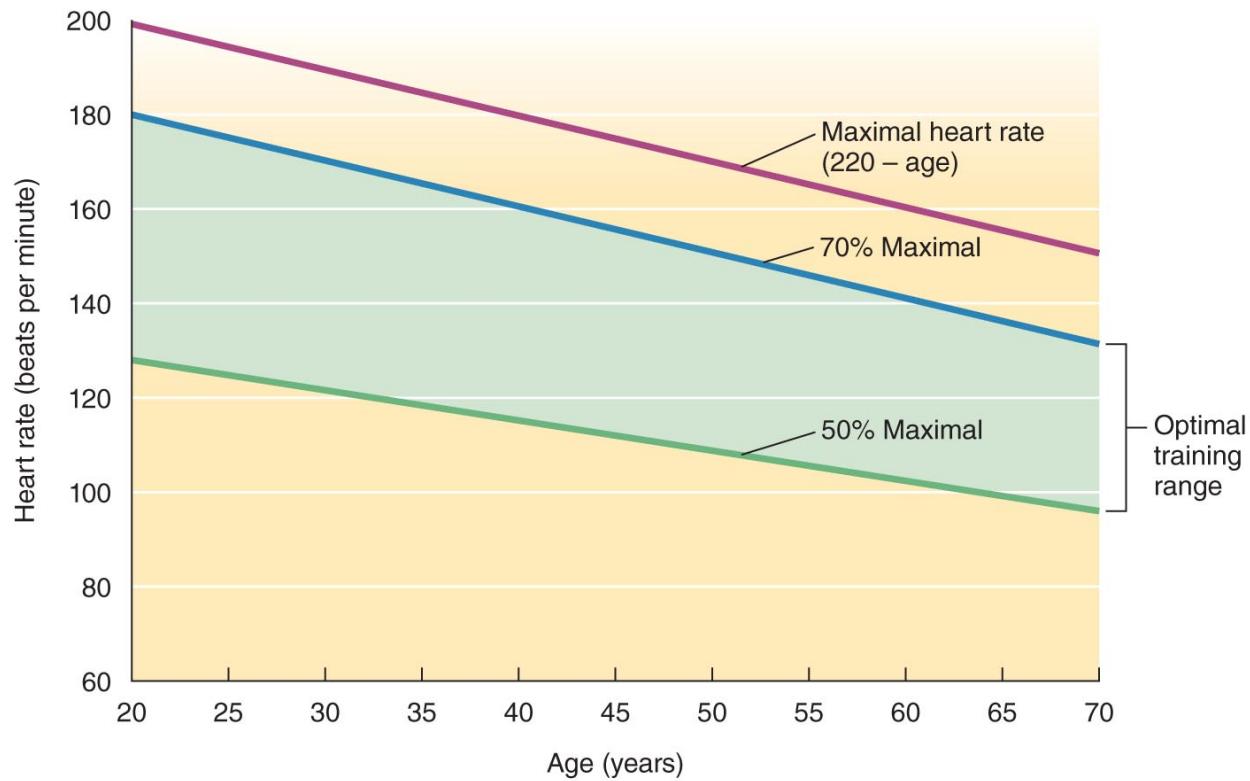


Figure 11.3: Maximal Heart Rate Training Chart

11.7 Sound Fitness Program

A sound physical fitness program includes a warm-up period and a cool-down period

11.7.1 Warm-Up

- Should be brief (5 to 10 minutes), gradual, and sufficient to increase muscle and body temperature
- Includes aerobics, calisthenics, and stretching
- Enhances flexibility and helps prepare you psychologically for the activity to come

11.7.2 Cool-down

- Should be gradual
- Includes some of the same activities as in the exercise session, along with stretching
- Assists in preventing injury and may help reduce muscle soreness

11.8 Fuel for Physical Activity

- The common currency for energy in the body is **adenosine triphosphate**, or **ATP**
- After depleting ATP stores, muscles turn to other energy sources
 - Creatine phosphate (CP)** stores energy that can be used to generate ATP
 - Creatine phosphate can be broken down to support the regeneration of ATP for enough energy for 3–15 seconds of maximal physical effort

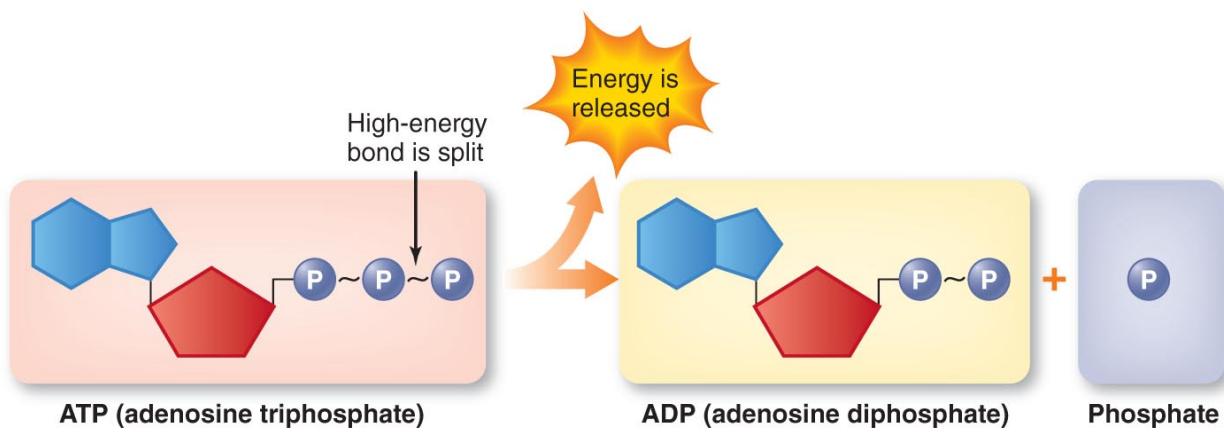


Figure 11.4: Adenosine Triphosphate (ATP)

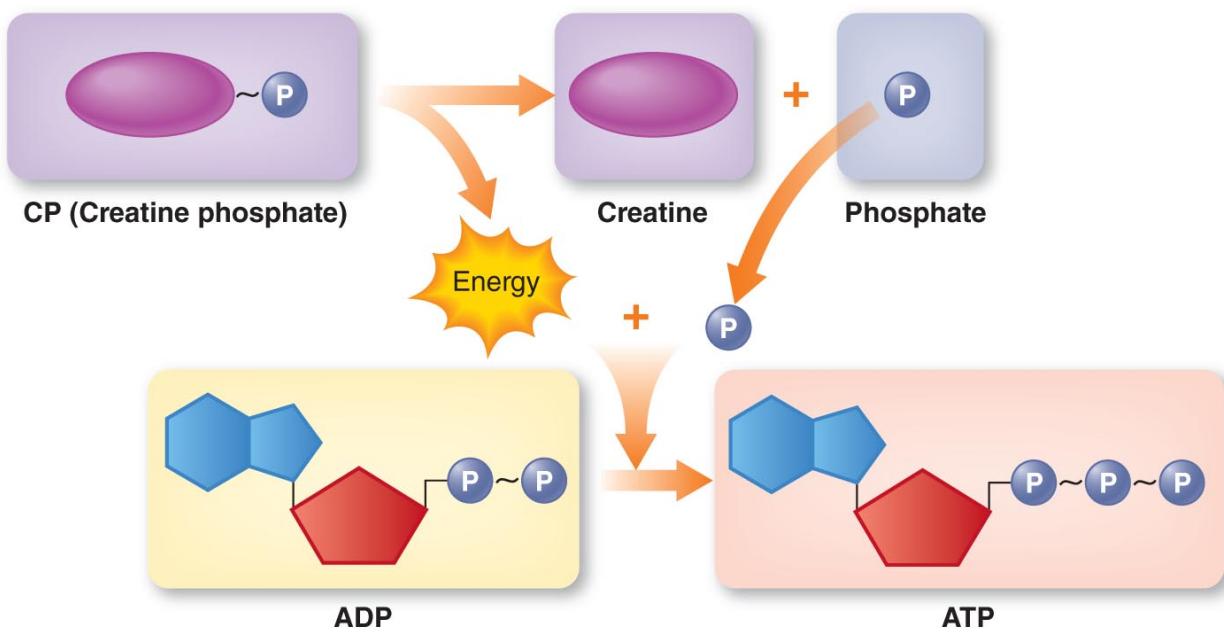


Figure 11.5: Creatine Phosphate (CP)



Depending on the duration and intensity of the activity, our bodies may use ATP-CP, carbohydrate, or fat in various combinations to fuel muscular work. Keep in mind that the amounts and sources shown below can vary based on the person's fitness level and health, how well fed the person is before the activity, and environmental temperatures and conditions.



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Figure 11.6: Energy Balance

- Metabolism of glucose
 - **Anaerobic** (without oxygen) breakdown of glucose yields two ATP molecules
 - * Lactic acid is produced

- **Aerobic** (with oxygen) breakdown of glucose yields 36–38 molecules of ATP
 - * CO_2 and H_2O are produced

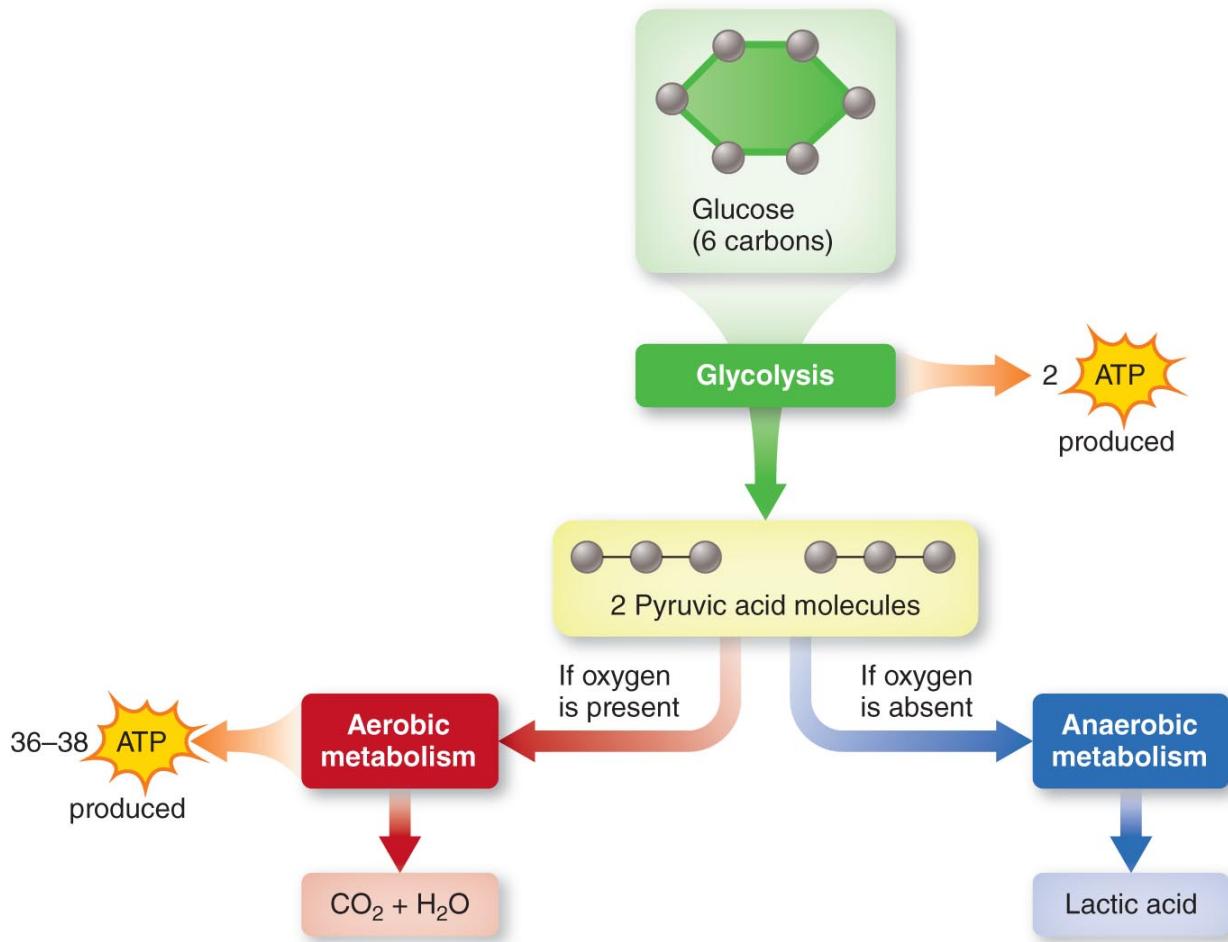


Figure 11.7: Metabolism of Glucose

- Stored triglycerides (fats) can be metabolized to generate ATP
 - For low-intensity exercise
 - For exercise of long duration
 - A very abundant energy source, even in lean people
 - Provides more than two times the energy per gram as carbohydrate
- Carbohydrates and fats can both be used as energy sources for the production of ATP
 - Carbohydrates are mostly used for high-intensity activity
 - Fats are used for low-intensity exercise
- Proteins (amino acids) are not a major fuel source for exercise

- 1–6% of energy needs during exercise

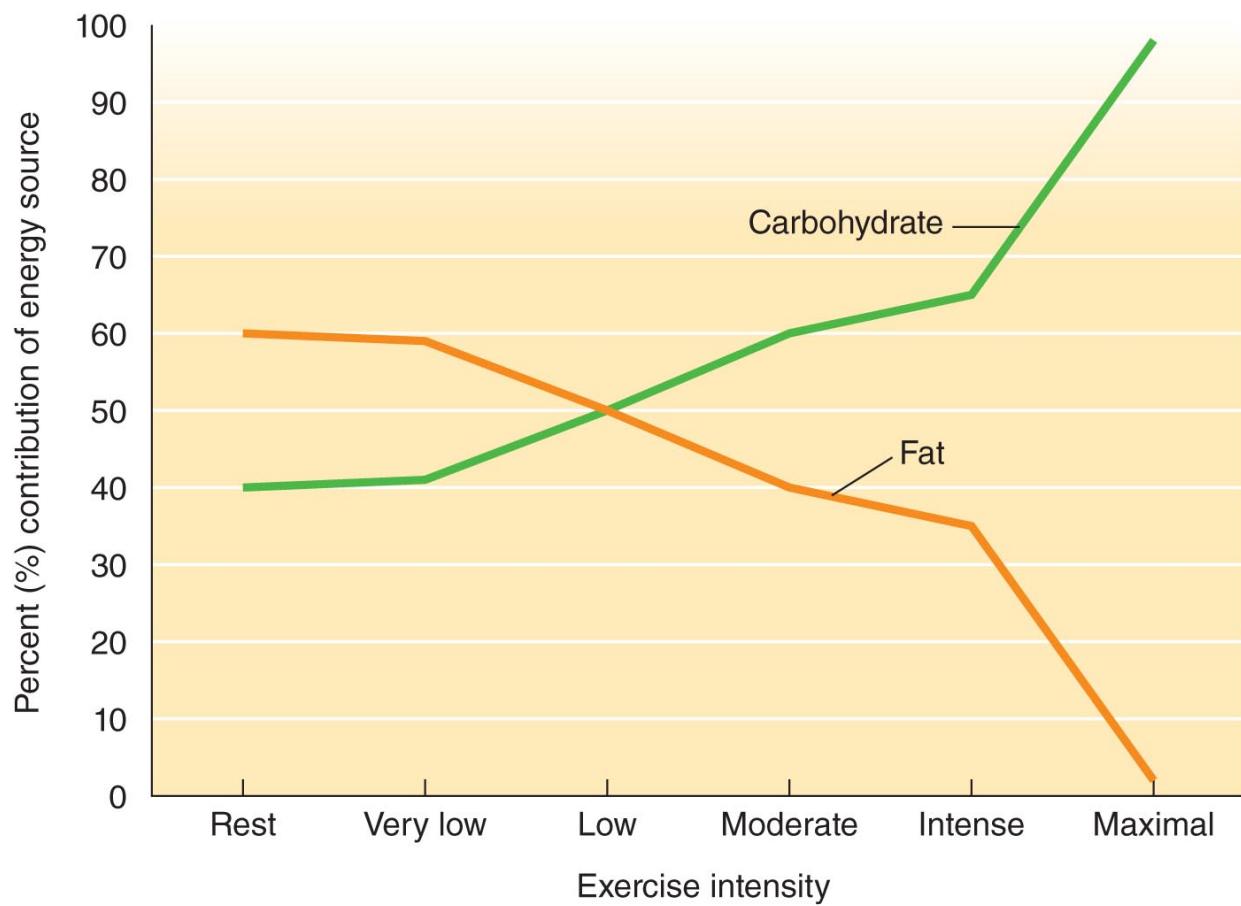


Figure 11.8: Fat and Carbohydrate Contributions

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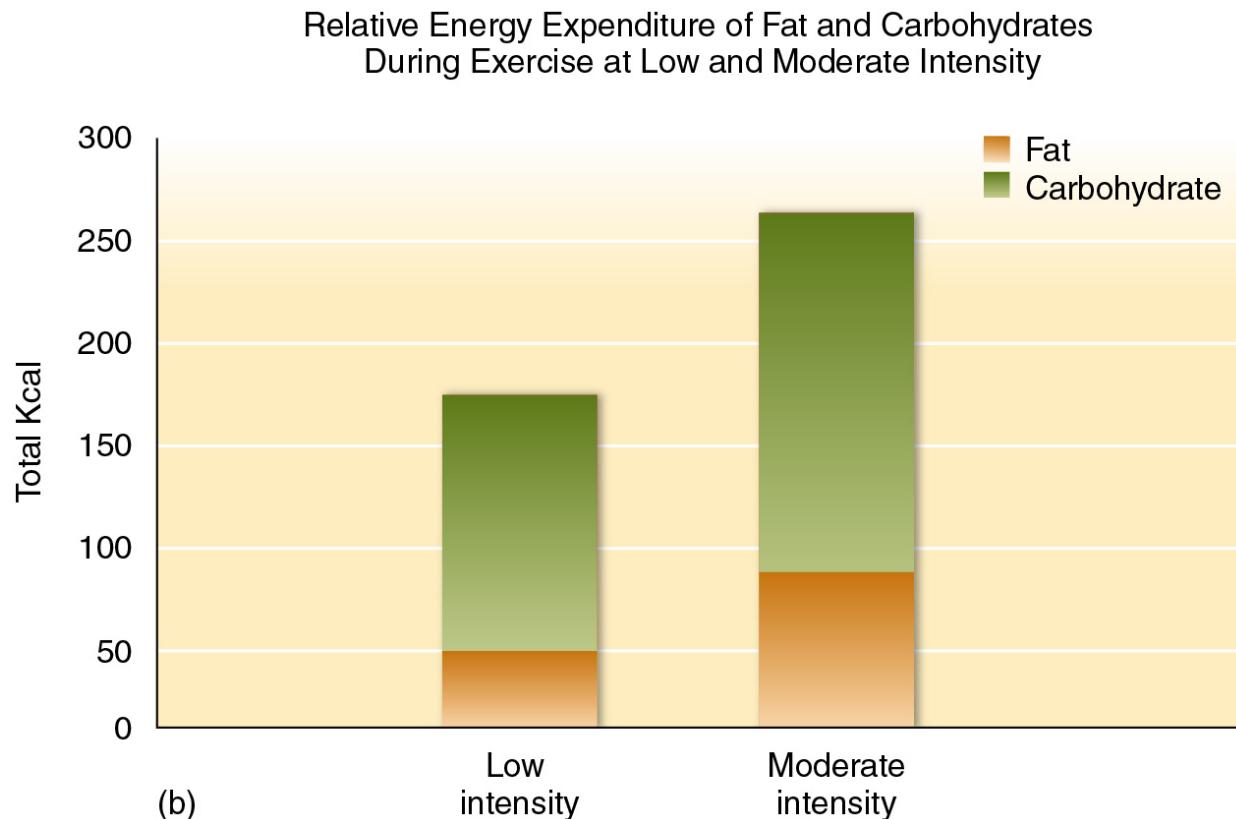


Figure 11.9: Fat and Carbohydrate Contributions (cont.)

11.9 Energy Needs for Physical Activity

- Energy needs
 - Energy needs may be higher for athletes
 - Different energy needs for males and females
 - Depend on body size
 - Depend on the type, intensity, and duration of physical activity

Table 11.3: Nutrients for Vigorous Physical Activity

Nutrient	Functions	Suggested Intake
Energy	Supports exercise, activities of daily living, and basic body functions	Depends on body size and the type, intensity, and duration of activity For many female athletes: 1,800 to 3,500 kcal/day For many male athletes: 2,500 to 7,500 kcal/day
Carbohydrate	Provides energy, maintains adequate muscle glycogen and blood glucose; high complex carbohydrate foods provide vitamins and minerals	45–65% of total energy intake Depending on sport and gender, should consume 6–10 g of carbohydrate per kg body weight per day
Fat	Provides energy, fat-soluble vitamins, and essential fatty acids; supports production of hormones and transport of nutrients	20–35% of total energy intake
Protein	Helps build and maintain muscle; provides building material for glucose; energy source during endurance exercise; aids recovery from exercise	10–35% of total energy intake 1.2-2.0 g per kg body weight
Water	Maintains temperature regulation (adequate cooling); maintains blood volume and blood pressure; supports all cell functions	Consume fluid before, during, and after exercise Consume enough to maintain body weight Consume at least 8 cups (64 fl. oz) of water daily to maintain regular health and activity Athletes may need up to 338 liters (170 fl. oz) every day; more is required if exercising in a hot environment
B-vitamins	Critical for energy production from carbohydrate, fat, and protein	May need slightly more (one to two times the RDA) for thiamin, riboflavin, and vitamin B ₆
Calcium	Builds and maintains bone mass; assists with nervous system function, muscle contraction, hormone function, and transport of nutrients across cell membrane	Meet the current RDA: 14–18 years: 1,300 mg/day 19–50 years: 1,000 mg/day 51–70 years: 1,000 mg/day (men): 1,200 mg/day (women) 71 and older: 1,200 mg/day
Iron	Primarily responsible for the transport of oxygen in blood to cells; assists with energy production	Consume at least the RDA: Males: 14–18 years: 11 mg/day 19 and older: 8 mg/day Females: 14–18 years: 15 mg/day 19–50 years: 18 mg/day 51 and older: 8 mg/day

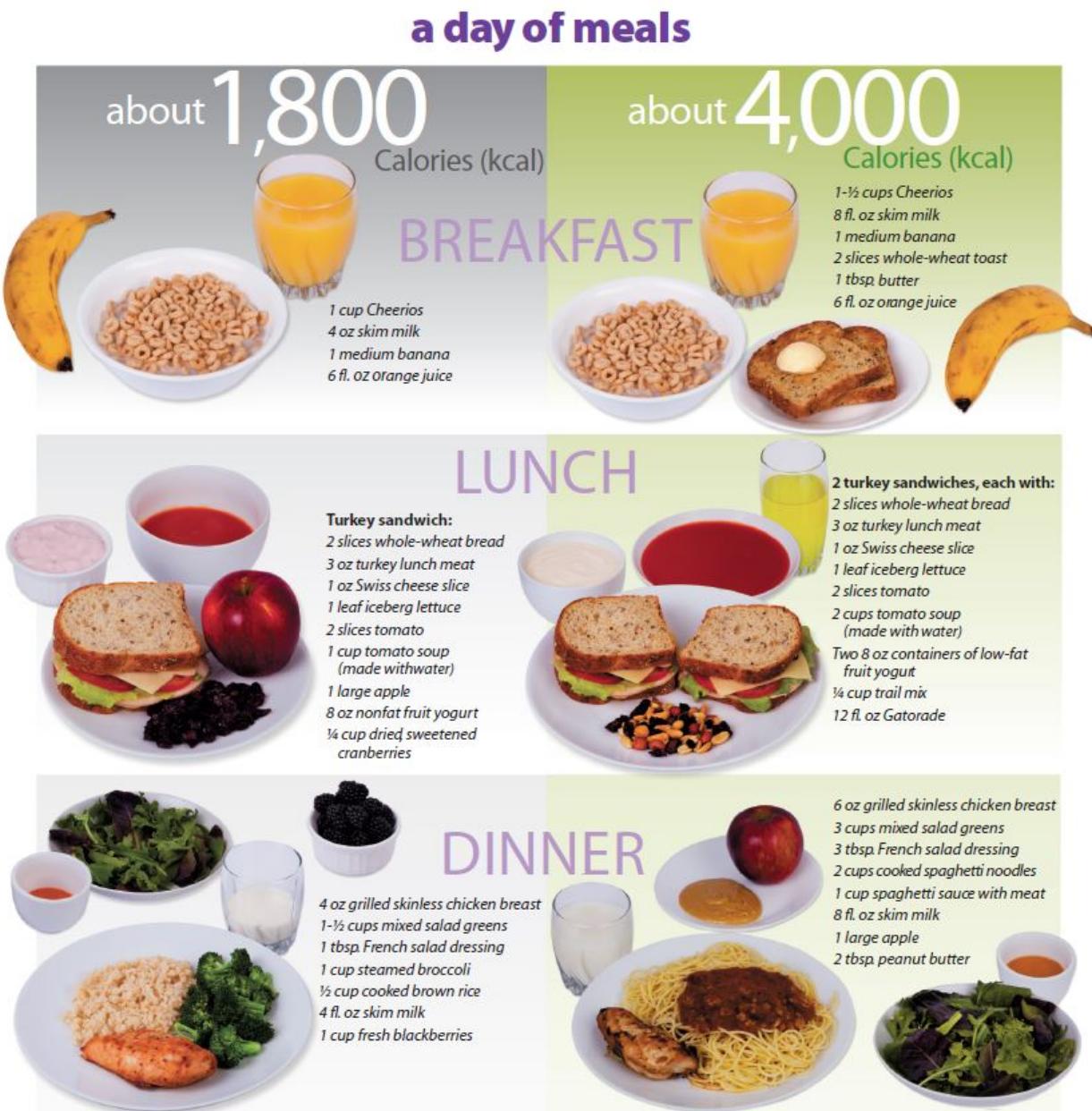


Figure 11.10: Eating for Athletes

11.10 Carbohydrate Intake for Physical Activity

- Athletes should consume carbohydrate within the AMDR of 45–65% of total energy intake
- Athletes should consume a daily carbohydrate intake of 6–10 grams per kg body weight to optimize glycogen stores
- Good sources are fiber-rich, less-processed foods such as whole grains, cereals, vegetables, and juices

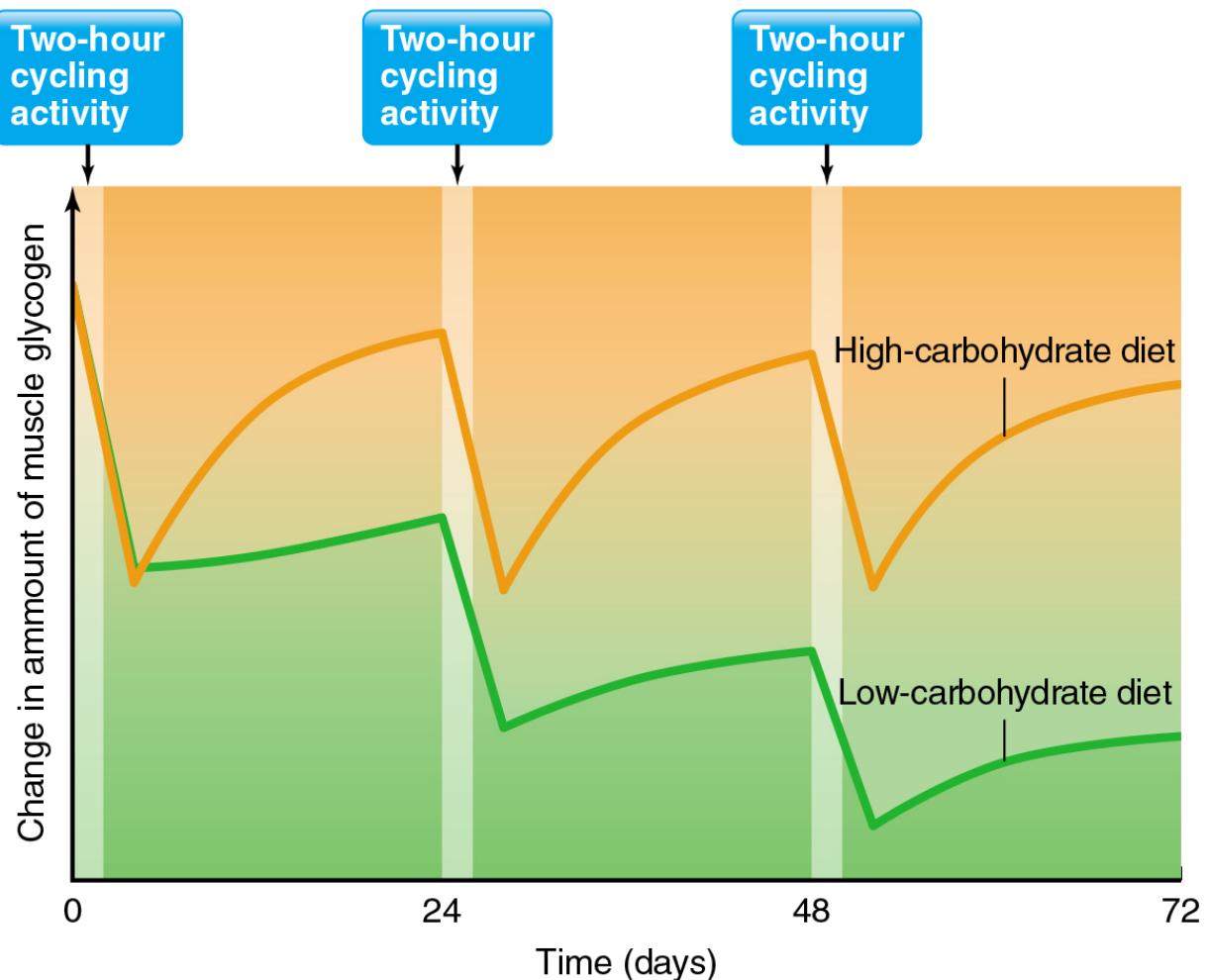


Figure 11.11: Carbohydrates and Muscle Glycogen Stores

Table 11.4: Carbohydrate and Total energy in Various Foods

Food	Amount	Carbohydrate (g)	Energy from Carbohydrate (%)	Total (kcal)	Energy
Sweetened applesauce	1 cup	50	97	207	
Large apple with saltine crackers	1 each 8 each	50	82	248	
Whole-wheat bread with jelly	1-oz slice 4 tsp.	50	71	282	
and skim milk	12 fl. oz				
Spaghetti (cooked) with tomato sauce	1 cup $\frac{1}{4}$ cup	50	75	268	
Brown rice (cooked) with mixed vegetables	1 cup $\frac{1}{2}$ cup	100	88	450	
and apple juice	12 fl. oz				
Grape-Nuts cereal with raisins	$\frac{1}{2}$ cup $\frac{3}{8}$ cup	100	84	473	
and skim milk	8 fl. oz				
Clif Bar (chocolate chip)	2.4 oz	43	75	230	
Meta-Rx (fudge brownie)	100 g	41	41	400	
Power Bar (chocolate)	1 bar	45	75	240	
PR Bar Ironman	1 bar	22	44	200	

Source: Data adapted from Manore, M. M., N. L. Meyer, and J. L. Thompson. 2009. Sport Nutrition for Health and Performance, 2nd ed. Champaign, IL: Human Kinetics.

- **Carbohydrate loading**, or glycogen loading, involves altering training and carbohydrate intake so that muscle glycogen storage is maximized
 - May benefit athletes competing in marathons, distance swimming, cross-country skiing, and triathlons
 - Does not always improve performance
 - Can lead to adverse side effects

Table 11.5: Carbohydrate Loading Guidelines

Days Prior to Event	Exercise	Duration (in minutes)	Carbohydrate Content of Diet (g per kg body weight)
6		90 (at 90% max effort)	5 (moderate)
5		40 (at 70% max effort)	5 (moderate)
4		40 (at 70% max effort)	5 (moderate)
3		20 (light training)	10–12 (high)
2		20 (light training)	10–12 (high)
1		Rest	10–12 (high)
Day of race	Competition		Pre-competition food and fluid

Sources: Current Trends in Performance Nutrition, by Marie Dunford. Copyright © 2005 by Human Kinetics, Champaign, IL. Reprinted with permission; and American College of Sports Medicine, Academy of Nutrition and Dietetics, and Dietitians of Canada. 2016. Nutrition and Athletic Performance. Joint Position Statement. Medicine and Science in Sports and Exercise 48(3):543–568.

11.11 Fat Intake for Physical Activity

- Fat intake of 20–35% of total energy intake is generally recommended for both athletes and non-athletes, with less than 10% as saturated fat
- Fat provides energy, fat-soluble vitamins, and essential fatty acids
 - Inadequate levels can prove detrimental to training and performance

11.12 Protein Intake for Physical Activity

- Protein intakes suggested for active people range from 1.2 to 2.0 grams per kg of body weight
- High-quality sources include lean meats, poultry, fish, eggs, low-fat dairy products, legumes, and soy products

11.13 Fluid Intake for Physical Activity

- Fluids
 - Enable the body's primary cooling mechanism, [evaporative cooling](#)
 - Are necessary to prevent dehydration and heat-related illnesses
- Fluid intake is critical for physically active people

- Drink fluids before, during, and after exercise
- Consume enough to maintain body weight
- Training in hot environments requires careful attention to water intake

11.14 Fluid Intake and Physical Activity

- Heat production during exercise can increase 15 to 20 times compared to inactivity
- The body cools itself through evaporative cooling, but heat illness can occur with dehydration
 - Heat syncope
 - Heat cramps
 - Heat exhaustion



Symptoms of Dehydration During Heavy Exercise:

- Decreased exercise performance
- Increased level in perceived exertion
- Dark yellow or brown urine color
- Increased heart rate at a given exercise intensity
- Decreased appetite
- Decreased ability to concentrate
- Decreased urine output
- Fatigue and weakness
- Headache and dizziness



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Figure 11.12: Dehydration Symptoms

Table 11.6: Guidelines for Fluid Replacement

Activity Level	Environment	Fluid Requirements (liters per day)
Sedentary	Cool	2–3
Active	Cool	3–6
Sedentary	Warm	3–5
Active	Warm	5–10

Before Exercise or Competition

- Drink adequate fluids during the 24 hours before event; should be able to maintain body weight.
- Slowly drink about 0.17 to 0.34 fl. oz per kg body weight of water or a sports drink in the 2 to 4 hours prior to exercise or event to achieve urine that is pale yellow in color while allowing sufficient time for excretion of excess fluid prior to exercise.
- Consuming beverages with sodium and/or small amounts of salted snacks at a meal will help stimulate thirst and retain fluids consumed.

During Exercise or Competition

- Amount and rate of fluid replacement depend on individual sweating rate, exercise duration, weather conditions, and opportunities to drink.
- Drink sufficient fluids during exercise to replace sweat losses such that total fluid loss is less than 2% of body weight.

Following Exercise or Competition

- Consume about 3 cups of fluid for each pound of body weight lost.
- Fluids after exercise should contain water to restore hydration status and sodium to support rehydration.
- Consume enough fluid to permit regular urination and to ensure the urine color is very light or light yellow in color; drinking about 125–150% of fluid loss is usually sufficient to ensure complete rehydration.

In General

- Products that contain fructose should be limited, as these may cause gastrointestinal distress.
- Alcohol should be avoided, as it increases urine output and reduces fluid retention.

Source: American College of Sports Medicine, Academy of Nutrition and Dietetics, and Dietitians of Canada. 2016. Nutrition and Athletic Performance. Joint Position Statement. Medicine and Science in Sports and Exercise 48(3):543-568.

11.15 Micronutrient Intake for Physical Activity

- The requirements for some vitamins and minerals may be elevated in athletes
 - B-vitamins
 - Calcium
 - Iron
- Adequate intake of these nutrients can be met with a healthy, balanced diet and should not require supplementation

11.16 Ergogenic Aids

- **Ergogenic aids:** – substances used to improve exercise and athletic performance
 - Many of these products are not effective
 - Some of these products are dangerous
 - Reliable research and accurate information on these products are hard to find
- Ergogenic aids used to build muscles and increase strength include
 - Anabolic steroids
 - * Effective but illegal; numerous serious side effects
 - Andro (androstenedione) and DHEA (dehydroepiandrosterone)
 - * Precursors of testosterone
 - * Not been shown to be effective
 - GHB (gamma-hydroxybutyric acid)
 - * Severe side effects and some reported deaths
- Creatine
 - It may improve performance in sprint activities
 - It may be beneficial to increase strength gained during resistance exercise
 - Relatively minor side effects
 - Effects of long-term use are unknown
- Protein and amino acid supplements
 - Not been shown to be effective
- Ergogenic aids used to increase energy levels and optimize fuel use include
 - Caffeine

- * Increases fat use for energy during exercise
- * In energy drinks, associated with serious side effects in children, adolescents, and young adults
- Ephedrine
 - * Stimulant banned in the United States
 - * Serious side effects and some reported deaths
 - * Also known as ephedra and ma huang
- Ergogenic aids found to be ineffective include
 - Carnitine
 - * Claimed to increase transport of fatty acids into the mitochondria so they can be used for energy
 - Chromium
 - * Claimed to enhance insulin's action
 - Ribose
 - * Claimed to increase work output and speed up recovery time
- One more ergogenic aid that **may** have beneficial effects:
 - Beta-alanine
 - * Increases the production of carnosine
 - * Supplementation may enhance a person's ability to perform short-term, high-intensity activity and may delay muscle fatigue
 - * Several weeks of supplementation are needed to affect performance

11.17 In Depth: Disorders Related to Body Image, Eating, and Exercise

- Disordered eating
 - A variety of atypical eating behaviors that people use to achieve a lower body weight
 - * Ex: going on a diet, refusing to eat fat
 - Eating disorder
 - * A psychiatric condition that involves extreme body dissatisfaction and long-term eating patterns that negatively affect body functioning

11.17.1 Body Image

- Body image
 - A person's perception, feelings about, and critique of his or her body's appearance and functioning
- Body image can affect eating and exercise behaviors

<ul style="list-style-type: none"> I am not concerned about what others think regarding what and how much I eat. When I am upset or depressed I eat whatever I am hungry for without any guilt or shame. I feel no guilt or shame no matter how much I eat or what I eat. Food is an important part of my life but only occupies a small part of my time. I trust my body to tell me what and how much to eat. 	<ul style="list-style-type: none"> I pay attention to what I eat in order to maintain a healthy body. I may weigh more than what I like, but I enjoy eating and balance my pleasure with eating with my concern for a healthy body. I am moderate and flexible in goals for eating well. I try to follow Dietary Guidelines for healthy eating. 	<ul style="list-style-type: none"> I think about food a lot. I feel I don't eat well most of the time. It's hard for me to enjoy eating with others. I feel ashamed when I eat more than others or more than what I feel I should be eating. I am afraid of getting fat. I wish I could change how much I want to eat and what I am hungry for. 	<ul style="list-style-type: none"> I have tried diet pills, laxatives, vomiting, or extra time exercising in order to lose or maintain my weight. I have fasted or avoided eating for long periods of time in order to lose or maintain my weight. I feel strong when I can restrict how much I eat. Eating more than I wanted to makes me feel out of control. 	<ul style="list-style-type: none"> I regularly stuff myself and then exercise, vomit, or use diet pills or laxatives to get rid of the food or Calories. My friends/family tell me I am too thin. I am terrified of eating fat. When I let myself eat, I have a hard time controlling the amount of food I eat. I am afraid to eat in front of others.
FOOD IS NOT AN ISSUE	CONCERNED/WELL	FOOD PREOCCUPIED/ OBSESSED	DISRUPTIVE EATING PATTERNS	EATING DISORDERED
BODY OWNERSHIP	BODY ACCEPTANCE	BODY PREOCCUPIED/ OBSESSED	DISTORTED BODY IMAGE	BODY HATE/ DISASSOCIATION
<ul style="list-style-type: none"> Body image is not an issue for me. My body is beautiful to me. My feelings about my body are not influenced by society's concept of an ideal body shape. I know that the significant others in my life will always find me attractive. I trust my body to find the weight it needs to be at so I can move and feel confident about my physical body. 	<ul style="list-style-type: none"> I base my body image equally on social norms and my own self-concept. I pay attention to my body and my appearance because it is important to me, but it only occupies a small part of my day. I nourish my body so it has the strength and energy to achieve my physical goals. I am able to assert myself and maintain a healthy body without losing my self-esteem. 	<ul style="list-style-type: none"> I spend a significant amount time viewing my body in the mirror. I spend a significant amount of time comparing my body to others. I have days when I feel fat. I am preoccupied with my body. I accept society's ideal body shape and size as the best body shape and size. I believe that I'd be more attractive if I were thinner, more muscular, etc. 	<ul style="list-style-type: none"> I spend a significant amount of time exercising and dieting to change my body. My body shape and size keep me from dating or finding someone who will treat me the way I want to be treated. I have considered changing or have changed my body shape and size through surgical means so I can accept myself. I wish I could change the way I look in the mirror. 	<ul style="list-style-type: none"> I often feel separated and distant from my body—as if it belongs to someone else. I hate my body and I often isolate myself from others. I don't see anything positive or even neutral about my body shape and size. I don't believe others when they tell me I look OK. I hate the way I look in the mirror.

Figure 11.13: Body Image

11.17.2 Body Dysmorphic Disorder

- Body dysmorphic disorder (BDD) is a clinically diagnosed psychiatric disorder characterized by a disabling preoccupation with perceived defects in appearance
 - May affect up to 2.4% of the population

- Equally common in males and females
- Muscle dysmorphia
 - Pathological pursuit of increased muscularity that causes individuals to engage in highly disordered eating behaviors

11.17.3 Contributing Factors

- Several factors may influence disorders related to body image, eating, and exercise
 - Genetics
 - Family environment
 - Anxiety, compulsivity, abnormal eating behaviors
 - Media
 - Social/cultural values
 - Other psychological disorders

11.17.4 Anorexia Nervosa

- A serious, potentially life threatening eating disorder that is characterized by self-starvation
- Self-starvation can lead to deficiencies in essential nutrients and energy required for the human body to function normally
- Signs and symptoms
 - Restrictive eating patterns
 - Eliminating food groups
 - Intense fear of weight gain
 - Amenorrhea (loss of menstrual cycle for 3 months or more)
 - Distorted body image
- Health risks:
 - Deficiency in total Calories and micronutrients
 - Body will be forced to use fat stores and lean tissue for energy
 - Reduction of non-vital bodily functions
 - Electrolyte imbalances
 - * Can lead to heart failure or death

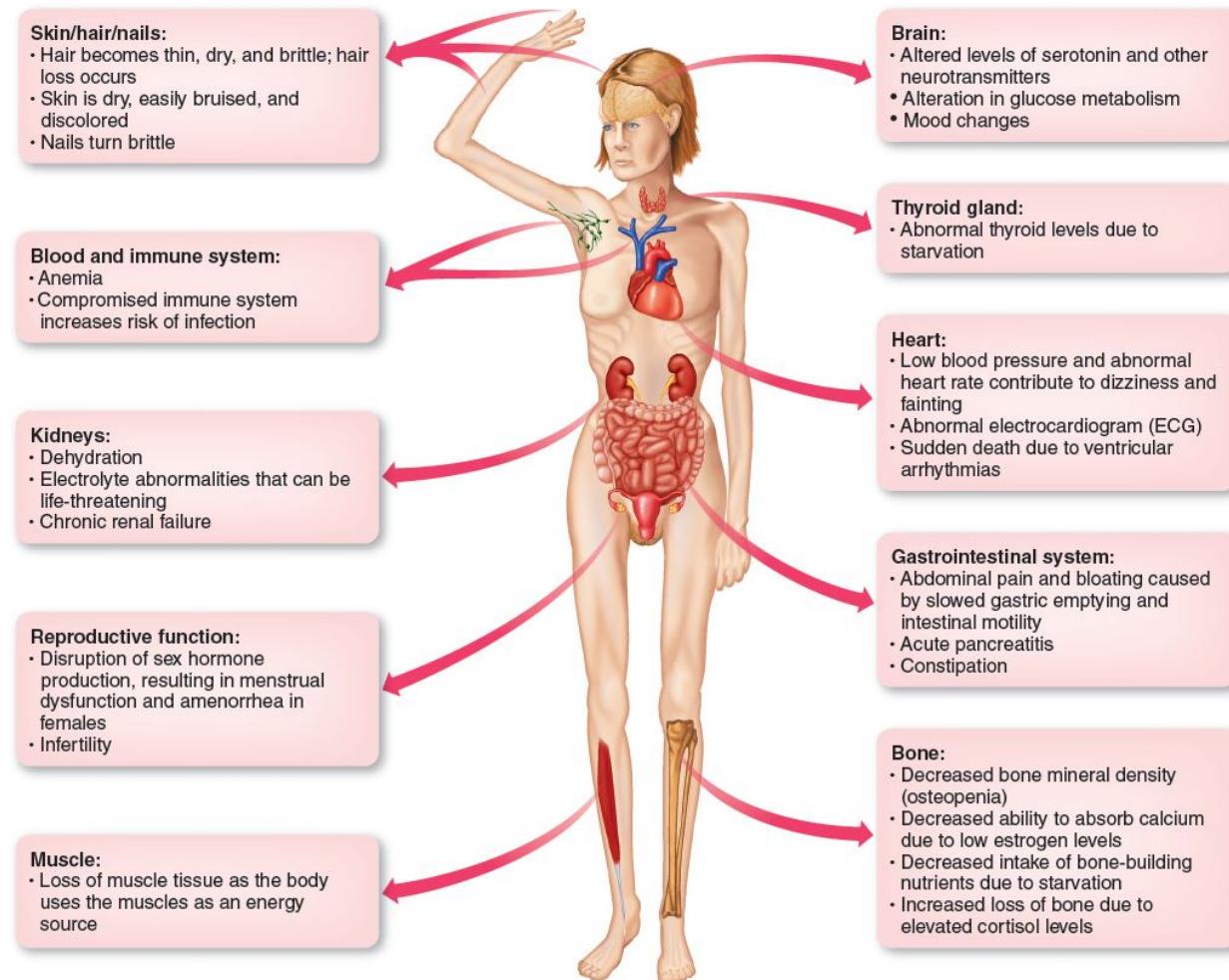


Figure 11.14: Anorexia Nervosa

11.17.5 Bulimia Nervosa

- Characterized by repeated episodes of binge eating and purging

Binge eating: a consumption of a quantity of food that is large in size for the person and the amount of time in which the food is eaten

Purging: compensatory behavior used to prevent weight gain. Methods include vomiting, laxative or diuretic abuse, enemas, fasting, and excessive exercise

- Signs and symptoms
 - Recurrent episodes of binge eating
 - Recurrent inappropriate compensatory behavior in order to prevent weight gain
 - Chronically inflamed and sore throat
 - Swollen glands in the neck and jaw

- Worn tooth enamel
- Health risks
 - 3–5% of adult female population
 - 2% of adult male population
 - Increased risk of being overweight/obese due to increase in caloric consumption
 - Increased blood lipids
 - Low self-esteem
 - Depression

11.17.6 Night-Eating Syndrome

- A disorder characterized by intake of the majority of the days energy between 8 pm and 6 am
- Individuals with this disorder also experience mood and sleep disorders

11.17.7 Female Athlete Triad

- Syndrome that consists of three clinical conditions in some physically active females
 - Low energy availability
 - Amenorrhea
 - Low bone density
- Typically seen in female athletes who participate in activities that emphasize leanness

Chapter 12

Food Safety and Technology: Protecting Our Food

12.1 Why Is Food Safety Important?

- Foodborne illness: illness transmitted from food or water that contains a microscopic organism, its toxic secretions, or a toxic chemical
 - 48 million Americans report foodborne illness each year (one in six)
 - 128,000 hospitalizations per year
 - 3,000 deaths per year

12.2 Government Regulators

- Food Safety and Inspection Service (FSIS)
 - Require multistep protocol called the Hazard Analysis Critical Control Point (HACCP) system
 - Designed to identify biological, chemical, and other potential food-safety hazards during distribution and sales
- Multiple government agencies are involved in ensuring the safety and quality of the food supply
 - Centers for Disease Control and Prevention (CDC)
 - * Promotes/educates the public about health and safety
 - * Tracks foodborne illness outbreaks
 - U.S. Department of Agriculture (USDA)
 - * Oversees meat, poultry, and eggs
 - Environmental Protection Agency (EPA)
 - * Regulates use of pesticides

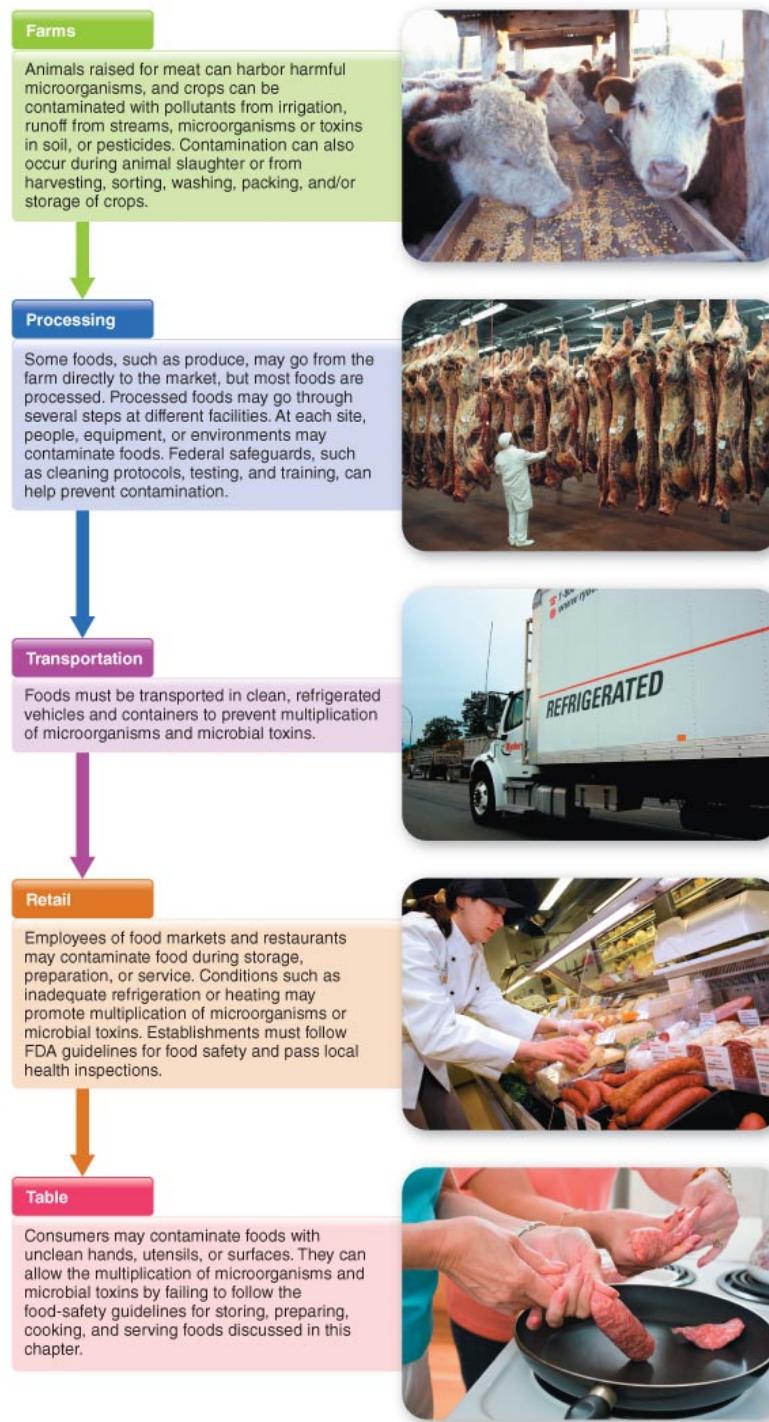
- * Establishes water quality standards
- Food and Drug Administration (FDA)
 - * Regulates food standards for all food products (except meat, poultry, and eggs) and bottled water
 - * Regulates food labeling and enforces pesticide use regulations

Table 12.1: Government Regulation Agencies

Name of Agency	Year Founded	Role in Food Regulations	Website
U.S. Department of Agriculture (USDA) Food Safety and Inspection Service (FSIS)	1785	Oversees safety of meat, poultry, and processed egg products; also ensures accuracy of meat and poultry labeling	www.fsis.usda.gov
U.S. Food and Drug Administration (FDA)	1862	Regulates food standards of food products (except meat, poultry, and eggs) and bottled water; regulates food labeling and enforces pesticide use as established by EPA	www.fda.gov
Centers for Disease Control and Prevention (CDC)	1946	Works with public health officials to promote and educate the public about health and safety; is able to track information needed in identifying foodborne illness outbreaks	www.cdc.gov
U.S. Environmental Protection Agency (EPA)	1970	Regulates use of pesticides and which crops that can be applied to; establishes standards for water quality	www.epa.gov

12.3 Food Production – Changes over 100 years

- Has become increasingly complex
- Oversight has decreased
- More foods are mass-produced
- Ingredients come from various sources
- Contamination can occur at any point from farm to table



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Figure 12.1: Food from Farm to Table

12.4 Causes of Foodborne Illness

- Two types of foodborne illness

- Food infection
 - * Illness resulting from eating food contaminated with living organisms
- Food intoxication
 - * Illness resulting from eating food in which microbes have secreted toxins (poisons)
- Viruses and bacteria are the most common microbes causing foodborne illnesses
- Other sources of contamination include parasites, fungi, and prions

12.4.1 Norovirus

Of the viruses, norovirus causes more foodborne illness than the other 30 known pathogens put together

Often referred to as “the stomach flu”

Affects 19–21 million infections per year

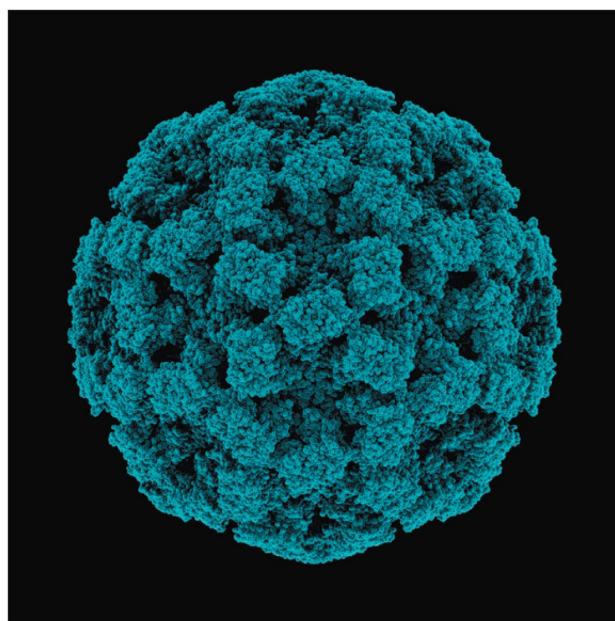


Figure 12.2: Norovirus

- The most common bacterial causes of foodborne illness are
 - *Salmonella*
 - *Clostridium perfringens*
 - *Campylobacter*
 - *Staphylococcus aureus*
 - *Escherichia coli*
 - *Listeria monocytogenes*
- The most deadly is _____

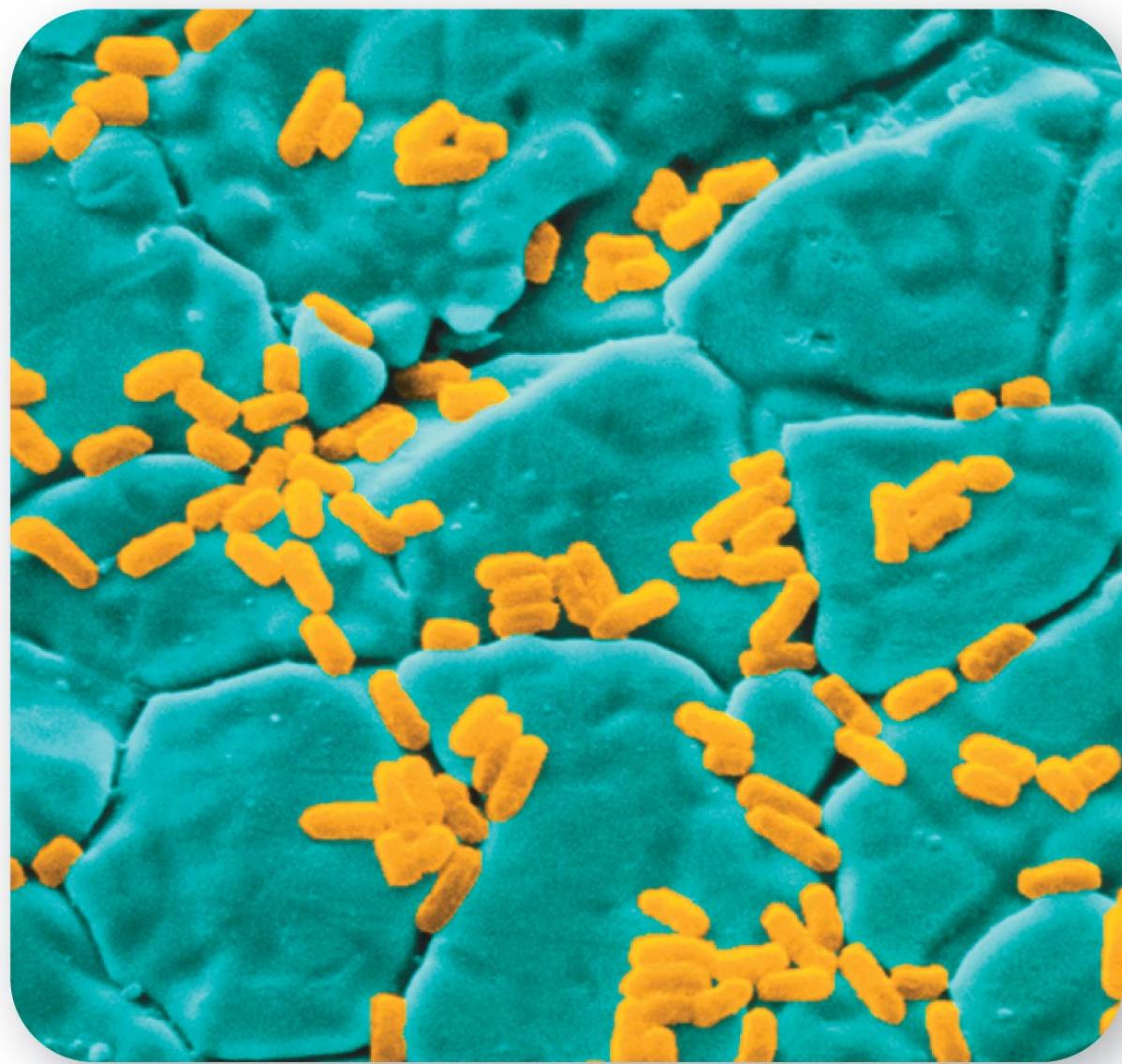


Figure 12.3: *Salmonella*

TABLE 12.2 Key Bacteria of Concern in Foodborne Illnesses and Deaths

Bacteria	Incubation Period	Duration	Symptoms	Foods Most Commonly Affected	Steps for Prevention
<i>Campylobacter</i> (several species)	1–7 days	2–10 days	Headache Diarrhea Nausea Abdominal cramps	Raw and undercooked meat, poultry, eggs Cake icing Untreated water Unpasteurized milk	Only drink pasteurized milk. Cook foods properly. Avoid cross-contamination.
<i>Clostridium perfringens</i>	8–22 hours	24 hours	Abdominal cramps Diarrhea Dehydration	Beef Poultry Gravies Leftovers	Cook foods thoroughly and serve hot. Refrigerate leftovers promptly. Reheat leftovers thoroughly before serving.
<i>Escherichia coli</i> (some strains produce an enterotoxin)	1–10 days	5–7 days	Abdominal cramps Diarrhea (often bloody) Vomiting	Water; unpasteurized milk, cheese, juice, or cider; undercooked meat; raw produce	Cook foods thoroughly. Avoid cross-contamination. Only drink pasteurized milk and juice. Practice proper handwashing and sanitizing.
<i>Listeria monocytogenes</i>	1–42 days	Days to weeks	Fever Muscle aches Diarrhea Sometimes headache and confusion	Meats, especially hot dogs and deli meats Vegetables Dairy products, especially raw milk and soft cheeses Smoked fish	Cook foods thoroughly and serve hot. Wash produce carefully. If pregnant, do not consume deli meats, smoked fish, or products containing raw milk.
<i>Salmonella</i> (more than 2,300 types)	12–24 hours	4–7 days	Nausea Diarrhea Abdominal pain Chills Fever Headache	Raw or undercooked eggs, poultry, and meat Raw milk and dairy products Seafood Fruits and vegetables	Cook foods thoroughly. Avoid cross-contamination. Only drink pasteurized milk. Practice proper handwashing and sanitizing.
<i>Staphylococcus aureus</i> (which produces an enterotoxin)	1–6 hours	1–2 days	Sudden, severe nausea and vomiting Abdominal cramps Diarrhea may occur	Custard- or cream-filled baked goods Ham Poultry Dressings, sauces, and gravies Eggs Potato salad	Refrigerate foods. Practice proper handwashing and sanitizing.

Sources: Data from Iowa State University Extension, Food Safety. 2015. *What Are the Most Common Foodborne Pathogens?* <http://www.extension.iastate.edu/foodsafety/L1.7>; U.S. Food and Drug Administration, Foodborne Illnesses: What You Need to Know, 2015, January 29. <http://www.fda.gov/Food/FoodborneIllnessContaminants/FoodborneIllnessesNeedToKnow/default.htm>; and U.S. Centers for Disease Control and Prevention, Foodborne Outbreak Online Database (FOOD Tool): 1998–2014. 2015, October 8. <http://www.cdc.gov/foodborneoutbreaks>.

Figure 12.4: Bacterial Causes of Foodborne Illness

- **Parasites** – microorganisms that simultaneously derive benefit from and harm their host
 - Only responsible for about 2% of foodborne illnesses
 - Most common examples are helminths and protozoa
- Other microorganisms causing illness include
 - Viruses such as hepatitis A
 - **Helminths** or worms, such as tapeworms, flukes, and roundworms
 - Giardia, causing a diarrheal illness called giardiasis
 - **Protozoa** are most commonly the cause of waterborne illness
 - **Fungi** (yeast and mold), which cause food spoilage



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Figure 12.5: Tapeworms



Figure 12.6: Molds

- Some microbes cause illness by secreting toxins
 - Clostridium botulinum produces **botulism** toxin, which blocks nerve transmissions to muscle cells
 - Toxins can be neurotoxins (damage the nervous system) or enterotoxins (damage the gastrointestinal tract)
 - Fungi produce mycotoxins
 - Toxic algae can contaminate fish and shellfish
 - A variety of plant toxins can also cause illness



Figure 12.7: Mushrooms Can Contain Dangerous Toxins

12.5 Conditions That Help Microbes Multiply

- Four factors affect the survival and reproduction of food microorganisms:
 1. Those that can cause human illness thrive in the temperature danger zone
 2. Many thrive in environments of high humidity
 3. Most have a preferred acidity range
 4. Many—though not all—depend on oxygen content to function

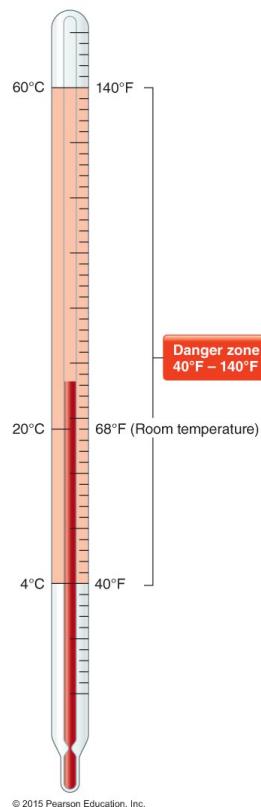


Figure 12.8: The Danger Zone

12.6 Preventing Foodborne Illness

When preparing foods at home, be sure to

- Wash hands and kitchen surfaces often
- Separate foods to prevent **cross-contamination**
- Chill or freeze foods to prevent microbes from growing
- Cook foods to their proper temperature



Figure 12.9: Reducing Foodborne Illness

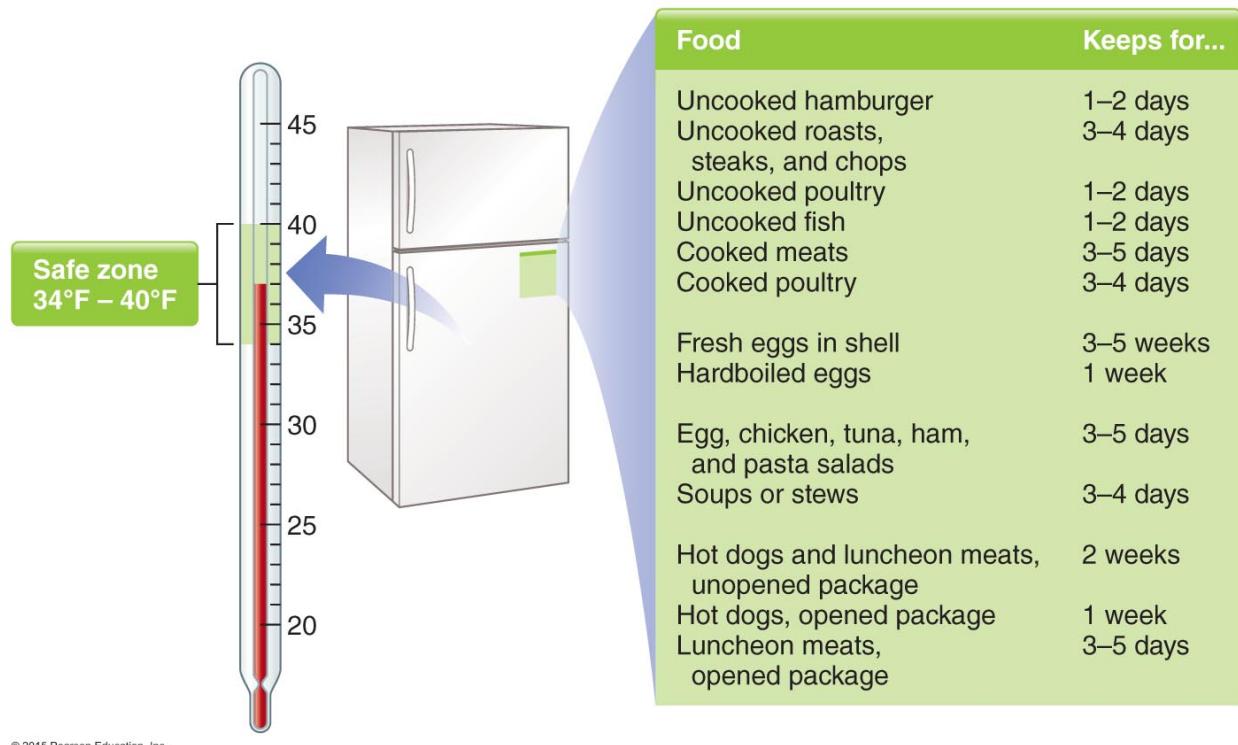


Figure 12.10: Keeping Foods Refrigerated

- Foods should be cooked thoroughly to kill microbes
- Leftovers should be stored in the refrigerator for a limited period of time
- Food should be thawed slowly in the refrigerator
- When shopping, purchase refrigerated and frozen foods last

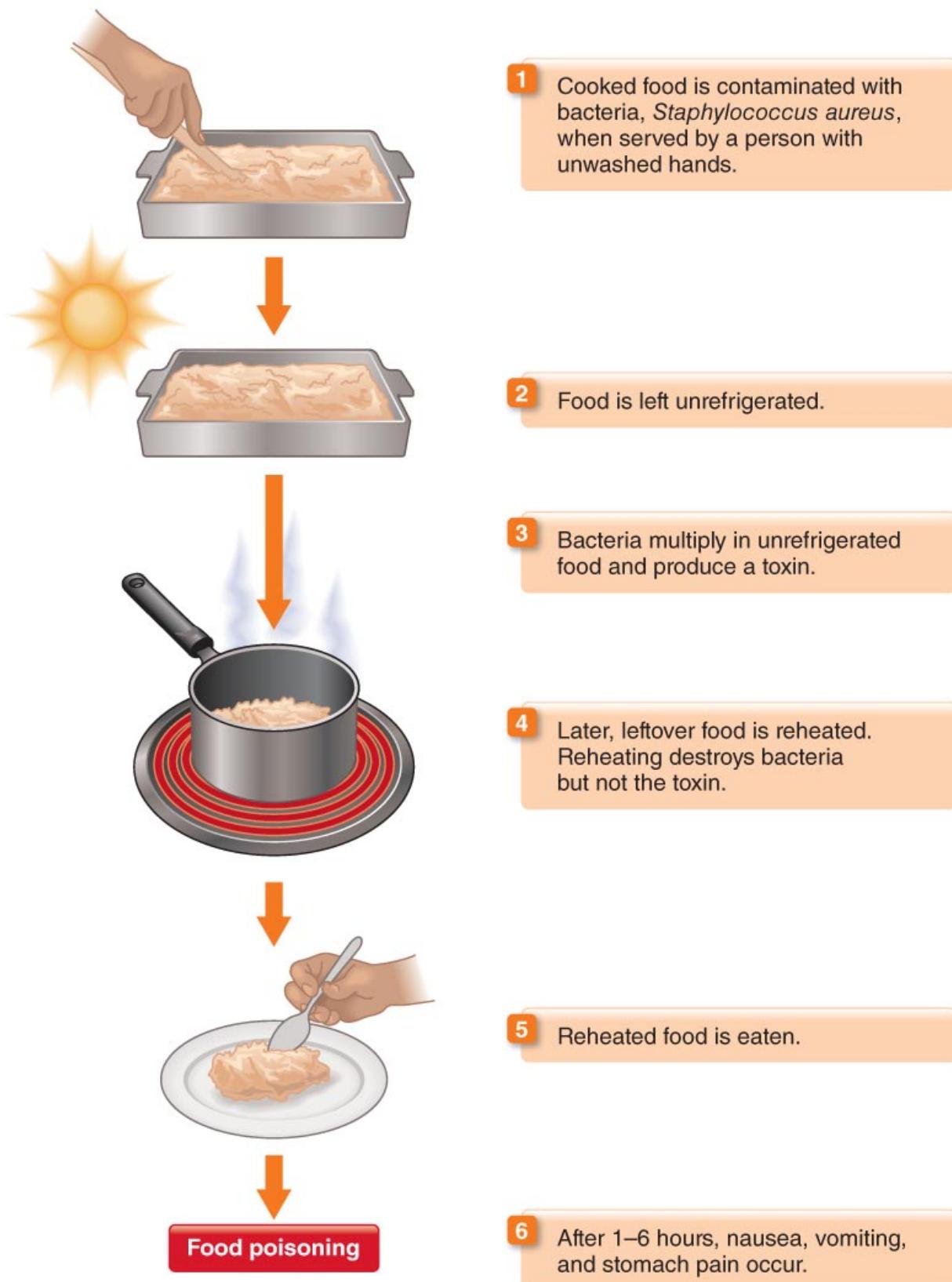


Figure 12.11: Food Contamination

- When eating out:
 - Eat at restaurants that look clean
 - Insist that food be cooked thoroughly
- When traveling:
 - Avoid raw foods, salads, unpasteurized milk, and uncooked fruits and vegetables
 - Select beverages carefully
 - Use a waterless antibacterial hand cleanser frequently

12.7 Preventing Food Spoilage

- Spoilage can be prevented by many natural techniques
 - Salting or sugaring
 - Drying
 - Smoking
 - Cooling
- More modern techniques of preventing spoilage include
 - Canning
 - Pasteurization
 - Irradiation
 - Aseptic packaging
 - Modified atmosphere packaging
 - High-pressure processing



Figure 12.12: The USDA's Radura

12.8 Food Additives

- Food additives are chemicals that do not occur naturally in the food but are added to enhance the food in some way – can include:
 - Nutrients and preservatives
 - Flavorings
 - Colorings
 - Other agents
- More than 3,000 food additives are used in the United States

TABLE 12.3 Examples of Common Food Additives

Food Additive	Foods Found in
Coloring Agents	
Beet extract	Beverages, candies, ice cream
Beta-carotene	Beverages, sauces, soups, baked goods, candies, macaroni and cheese mixes
Caramel	Beverages, sauces, soups, baked goods
Tartrazine	Beverages, cakes and cookies, ice cream
Preservatives	
Alpha-tocopherol (vitamin E)	Vegetable oils
Ascorbic acid (vitamin C)	Breakfast cereals, cured meats, fruit drinks
BHA	Breakfast cereals, chewing gum, oils, potato chips
BHT	Breakfast cereals, chewing gum, oils, potato chips
Calcium propionate/sodium propionate	Bread, cakes, pies, rolls
EDTA	Beverages, canned shellfish, margarine, mayonnaise, processed fruits and vegetables, sandwich spreads
Propyl gallate	Mayonnaise, chewing gum, chicken soup base, vegetable oils, meat products, potato products, fruits, ice cream
Sodium benzoate	Carbonated beverages, fruit juice, pickles, preserves
Sodium chloride (salt)	Most processed foods
Sodium nitrate/sodium nitrite	Bacon, corned beef, lunch meats, smoked fish
Sorbic acid/potassium sorbate	Cakes, cheese, dried fruits, jellies, syrups, wine
Sulfites (sodium bisulfite, sulfur dioxide)	Dried fruits, processed potatoes, wine
Texturizers, Emulsifiers, and Stabilizers	
Calcium chloride	Canned fruits and vegetables
Carageenan/pectin	Ice cream, chocolate milk, soy milk, frostings, jams, jellies, cheese, salad dressings, sour cream, puddings, syrups
Cellulose gum/guar gum/gum arabic/locust gum/xanthan gum	Soups and sauces, gravies, sour cream, ricotta cheese, ice cream, syrups
Gelatin	Desserts, canned meats
Lecithin	Mayonnaise, ice cream
Humectants	
Glycerin	Chewing gum, marshmallows, shredded coconut
Propylene glycol	Chewing gum, gummy candies

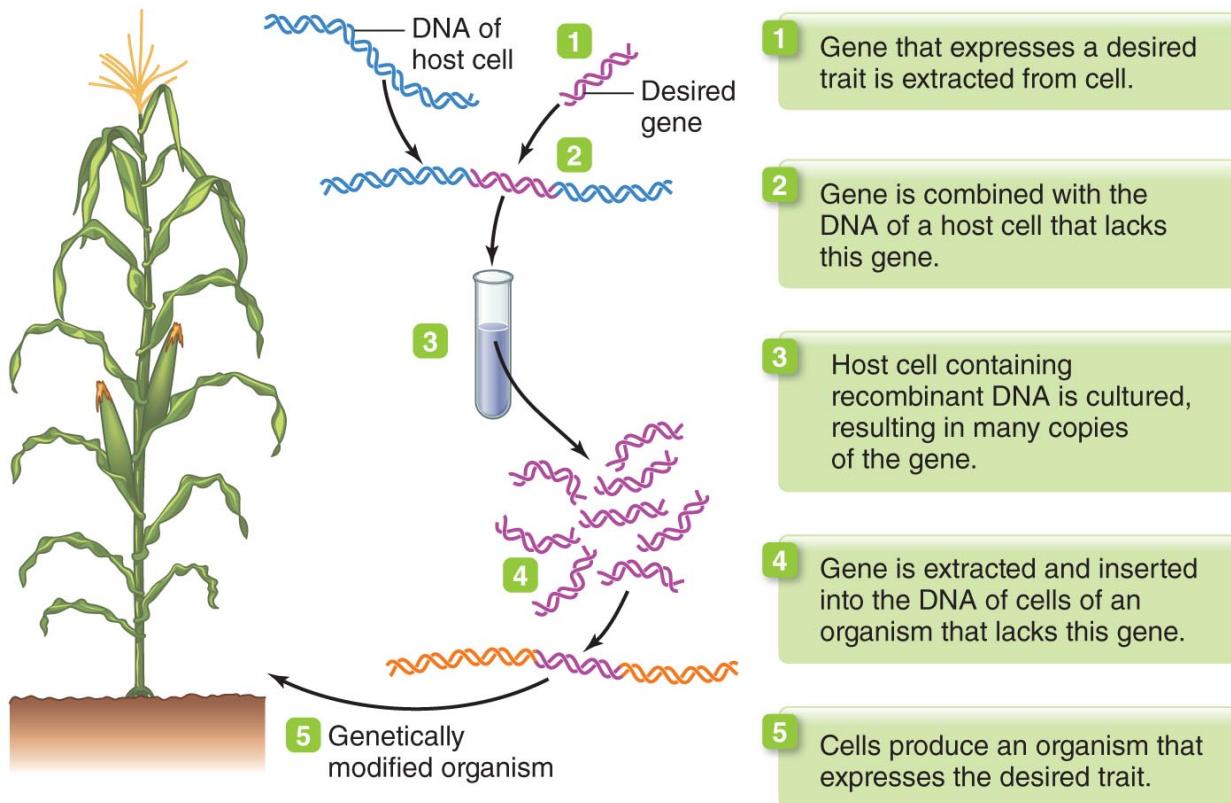
Figure 12.13: Common Food Additives

- **Sulfates** and **nitrites** are preservatives that have raised health concerns

- Before a new additive can be used in food, the producer must demonstrate its safety to the FDA
- Substances already recognized as safe and exempt from stringent testing are referred to as generally recognized as safe (GRAS)

12.9 Genetic Modification in Food Production

- In **genetic modification**, the DNA of an organism is altered to bring about changes in its seeds or offspring
 - Recombinant DNA technology is a type of genetic modification in which DNA from different sources is combined
 - An increasing number and quantity of food crops have been genetically modified



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Figure 12.14: Recombinant DNA Technology

12.10 Benefits to Genetic Modification

- GM crops grow faster and have a higher yield

- Drought-resistant crops help to conserve water
- Reduced energy use to grow, pesticides, emissions from greenhouse gases, and increased soil preservation
- GM crops can be produced with higher nutrient contents
- Improved farmer profits benefit the economy
- Health risks
 - **Allergenicity** – genes transferred from common allergen foods could affect those with allergies
 - * No currently reports however
 - Consuming crops that are antimicrobial could potentially harden the cells of our body or our microbial flora in the GI tract
 - Genes from GM crops have migrated to conventional crops miles away
 - Possible link to cancer
- Environmental risks
 - Loss of biodiversity
 - Generation of superweeds
 - Threats to other species
- Economic instability

12.11 Should We Label GM Foods?

- Labeling would allow consumers to know if their food contained GM products
- The European Union has long required that GM foods are labeled clearly
- In 2016 the FDA did not require such labeling
- GM crops have been used in the United States for 20 years without labeling

12.12 Residues on Foods

- Various chemicals can persist and even accumulate in foods
- These residues can include
 - Persistent organic pollutants
 - Insecticides, herbicides, and fungicides
 - Growth hormone

12.13 Persistent Organic Pollutants

- Persistent organic pollutants (POPs): chemicals released into the atmosphere from industry, agriculture, automobiles, and waste disposal
 - Found in virtually all categories of foods
 - Include
 - * Mercury and lead, which are nerve toxins
 - * Dioxins, which increase risk of cancer and other disorders

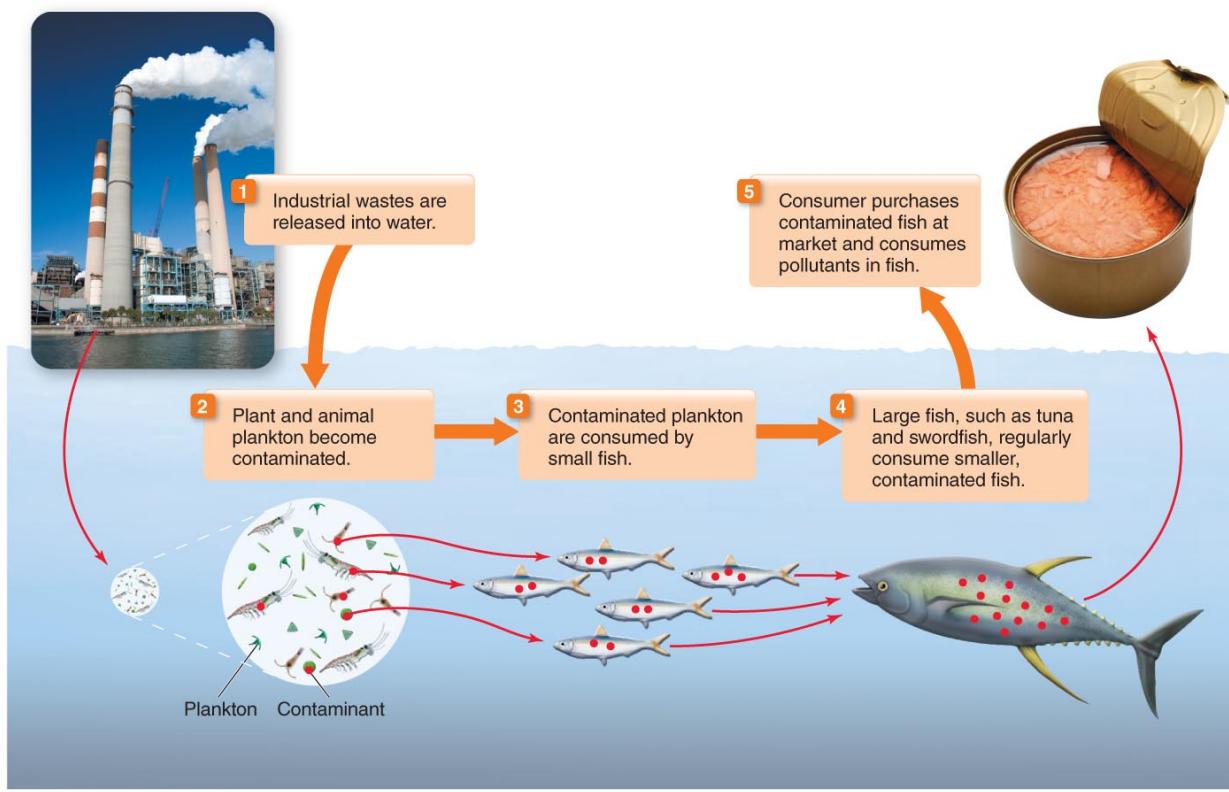


Figure 12.15: Biomagnification of POPs

12.14 Pesticides

- Pesticides are used to help protect against crop losses, reduce the incidence of disease, and increase crop yields
 - Most common are insecticides, herbicides, and fungicides
 - Can be natural or synthetic
 - Can remain as toxins on foods
 - Regulated by the EPA

12.15 Growth Hormones and Antibiotics

- Recombinant bovine growth hormone (rBGH) is a genetically engineered growth hormone given to cows
 - Increases muscle mass; decreases fat
 - Increases milk production
 - One-third of all U.S. dairy cows receive rBGH
 - Risks to humans are still being studied
- Antibiotics are routinely given to animals raised for food to reduce the number of disease outbreaks
 - Risks to humans are still being studied
 - May be developing significant reservoirs for antibiotic-resistant strains of bacteria, or “superbugs”
- Exposure to growth hormones and antibiotics can be reduced by selecting organic foods, free-range meats, and vegetarian meals

12.16 Organic Foods

- Organic foods are grown without the use of synthetic pesticides
 - Standards for organic production are regulated by the USDA

100% organic: only organic ingredients

Organic: 95% of ingredients are organic

Made with organic ingredients: 70% or more of ingredients are organic



Figure 12.16: USDA Organic Seal

12.17 In Depth: Supplements

- **Supplements**, according to the FDA, are a product containing ingredients like vitamins, minerals, herbs, amino acids, or enzymes
- In 2014 sales of dietary supplements reached nearly \$37 billion
- Are supplements safe?
 - In 2015, 14 U.S. Attorneys General signed a letter to congress requesting for an investigation of the dietary supplement industry
 - This comes after an audit for DNA testing of ingredients found they did not contain ingredients listed, but did contain heavy metals

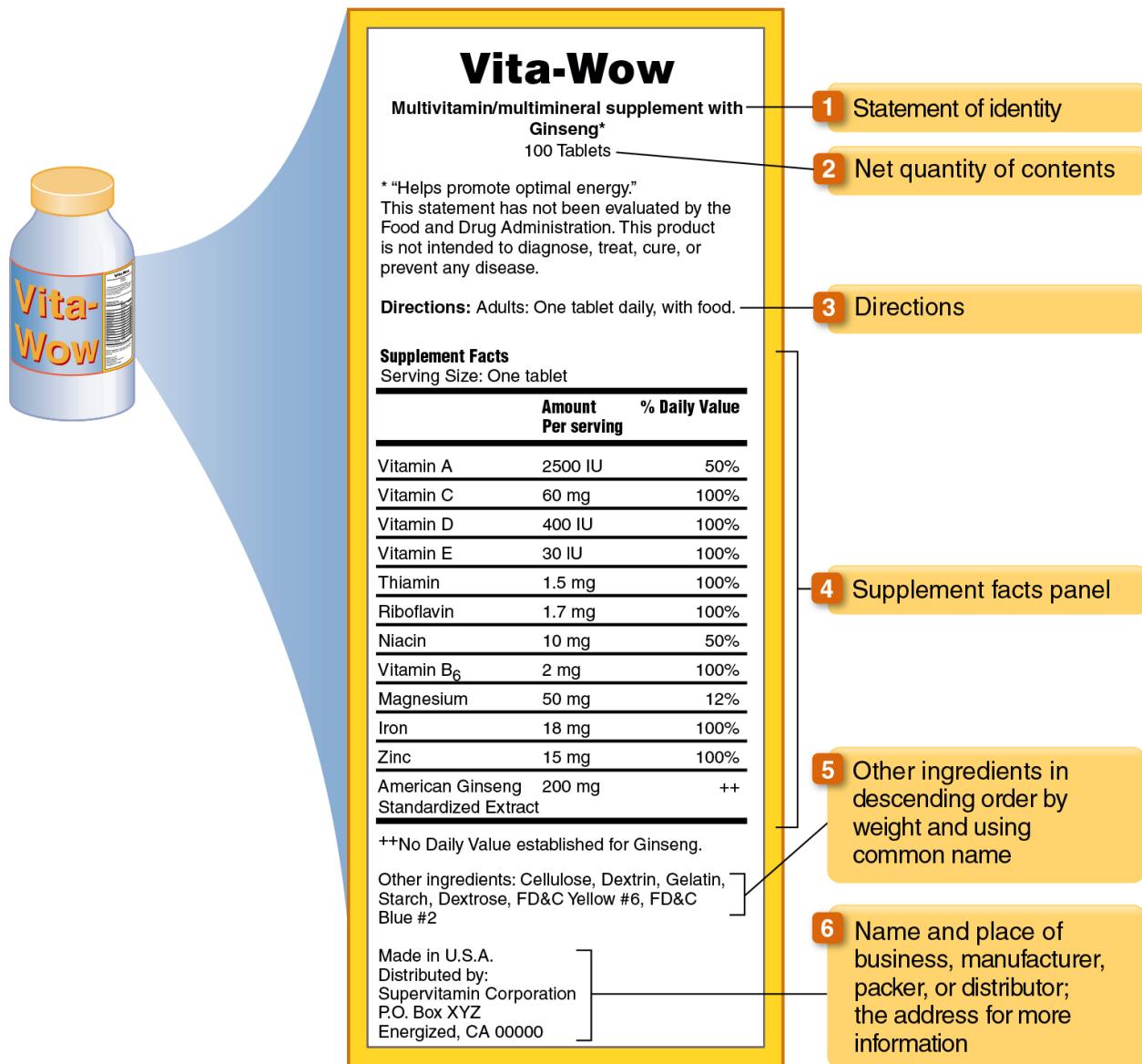


Figure 12.17: Supplements

- The FDA does not have the authority to review safety and efficacy of supplements
- It is the responsibility of the manufacturer to prove the safety of supplements
- Manufacturers do not have to tell the FDA they have added an ingredient
- The FDA does not regulate practices to ensure the purity

12.17.1 Herbal supplements

- The plant or part of the plant that is used to flavor, scent, and/or potential health-related properties

- The National Center for Complimentary and Integrative Health (NCCIH)
- Consult a healthcare provider before beginning a supplement

TABLE 1 Potentially Harmful Herbal Supplements

Herb	Potential Risks
Bitter orange	Increased blood pressure and heart rate; heart attack; stroke
Ephedra (also known as <i>ma huang</i> , Chinese ephedra, and epitonin)	High blood pressure, irregular heartbeat, nerve damage, insomnia, tremors, headaches, seizures, heart attack, stroke, possible death
Kava (also known as kava kava)	Liver damage; death
Licorice root	High blood pressure, fluid retention, hypokalemia
Noni	Liver damage
Thunder god vine	Diarrhea, nausea, skin rash, headache, hair loss, menstrual changes, male infertility; can be fatal if improperly extracted
Willow bark	Reye's syndrome (a potentially fatal reaction that may occur when children take aspirin), allergic reaction in adults
Yohimbe	High blood pressure, increased heart rate, headache, anxiety, dizziness, nausea, vomiting, tremors, insomnia

Source: Data from National Center for Complementary and Integrative Health (NCCIH). 2016. *Herbs at a Glance*. <https://nccih.nih.gov/health/herbsataglance.htm>

Figure 12.18: Potentially Harmful Herbal Supplements

- Surveys show that 67% of Americans use a vitamin or mineral supplement

- 35% use “specialty” supplements
- 23% use botanicals
- 17% use sports supplements

TABLE 2 Individuals Who May Benefit from Micronutrient Supplementation

Type of Individual	Specific Supplements That May Help
Newborns	Routinely given a single dose of vitamin K at birth
Infants	Depends on age and nutrition; may need iron, vitamin D, or other nutrients
Children not drinking fluoridated water	Fluoride supplements
Children with poor eating habits or overweight children on an energy-restricted diet	Multivitamin and multimineral supplement that does not exceed the RDA for the nutrients it contains
Pregnant teenagers	Iron and folic acid; other nutrients may be necessary if diet is very poor
Women who may become pregnant	Multivitamin or multivitamin and multimineral supplement that contains 0.4 mg of folic acid
Pregnant or lactating women	Multivitamin and multimineral supplement that contains iron, folic acid, zinc, copper, calcium, vitamin B ₆ , vitamin C, and vitamin D
People on prolonged or highly calorically restrictive weight-reduction diets	Multivitamin and multimineral supplement
People recovering from serious illness or surgery	Multivitamin and multimineral supplement
People with HIV/AIDS or other wasting diseases; people addicted to drugs or alcohol	Multivitamin and multimineral supplement or single-nutrient supplements
People who do not consume adequate calcium	Calcium should be consumed in whole foods and beverages; however, for some populations, supplements may be prescribed
People with low exposure to sunlight	Vitamin D
People eating a vegan diet	Vitamin B ₁₂ , riboflavin, calcium, vitamin D, iron, and zinc
People who have had portions of their intestinal tract removed; people who have a malabsorptive disease	Depends on the exact condition; may include various fat-soluble and/or water-soluble vitamins and other nutrients
Elderly people	Multivitamin and multimineral supplement, vitamin B ₁₂

Figure 12.19: Individuals Who May Benefit from Micronutrient Supplementation

Chapter 13

Food Equity, Sustainability, and Quality: The Challenge of “Good Food”

13.1 Food Insecurity

Food insecurity – unreliable access to a sufficient supply of nourishing food

- About 17.4 million U.S. households (roughly 14%) experienced food insecurity in 2011
- About 6.8 million households experienced very low food security—eating patterns were disrupted and food intake was reduced
- Those at higher risk are households with lower incomes

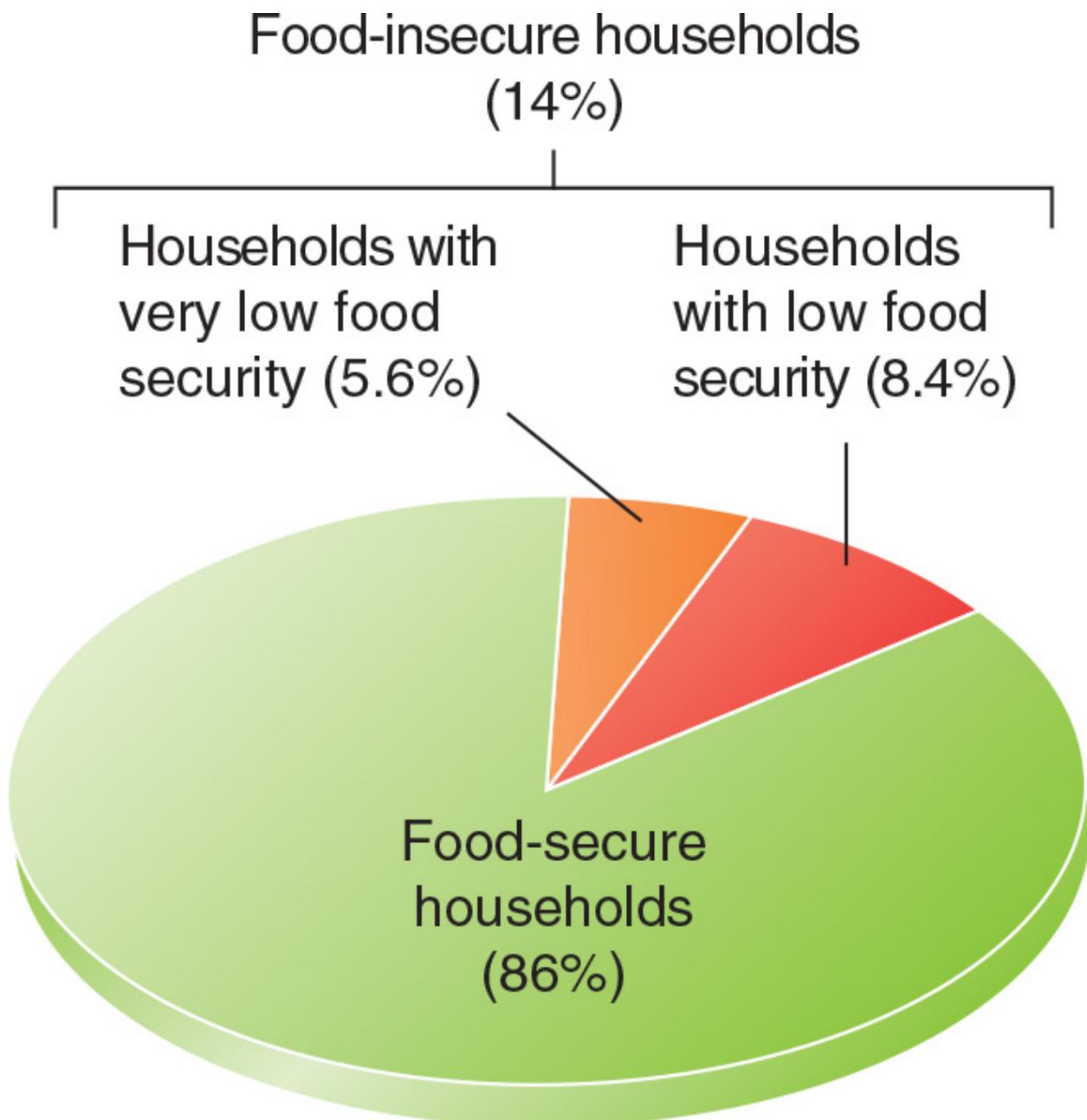


Figure 13.1: Food Insecurity

13.2 Food Access

- **Famine** is a severe food shortage affecting a large percentage of the population in a limited geographical area
 - 20–43 million people died in the great famine in China from 1958 to 1961
- **Overpopulation** can occur when resources are insufficient to support the number of people living there

- Uneven distribution of food

13.3 Chronic Hunger

- Local conditions can contribute to chronic hunger
 -
 - Cash crops grown to be sold rather than eaten, such as cotton or tobacco
 - Lack of infrastructure
 - Impact of disease

13.4 Climate Change Threatens Food Security

- **Global warming** is the general term used for the increase of about 1.5°F in temperature that has occurred on the Earth's surface over the past century.
 - Many scientists believe this is due to the carbon dioxide produced by human activities
 - A 2015 study attributed 75% of heat extremes and 18% of precipitation extremes to global warming

13.5 Sustainability

- **Sustainability** is the ability to satisfy basic economic, social, and security needs now and in the future without undermining the natural resource base and environmental quality on which life depends
 - Sustainable practices can help
 - * Reduce pollution of soil and water
 - * Maintain or improve food diversity
 - * Reduce the number of **food deserts**—geographic areas where people lack access to affordable, nutritious food



Figure 13.2: Food Ethics: Sustainability

- Food movement initiatives that aim to promote sustainability and food diversity include
 - Family farms
 - Community supported agriculture (CSA)
 - Farmers' markets
 - Urban agriculture
 - School gardens
 - Entrepreneurship investing in food startups
 - Corporate involvement

13.6 Industrial Agriculture

- Green Revolution
 - Massive program that has improved the technology and practices in agriculture
- High yield varieties (HYVs)

- New forms of food products (like grains) that were produced by cross-breeding plants and selecting the most desirable traits

13.7 Food Diversity

Food diversity is the variety of different species of food crops available

- In the 1960s the federal Agricultural Adjustment Act provided financial incentives for farmers to grow single crops that were cultivated on a massive scale called monocultures

13.8 Food Industry Influences America's Diet

- In 2015 lobbyists were recorded spending the following amounts to promote certain aspects of food production
 - Livestock: \$2.9 million
 - Dairy: \$7 million
 - Sugar: \$10.3 million
 - Food manufacturers: \$18.3 million
 - Beer, wine, and liquor: \$25 million

13.9 International Initiatives

- There are many international initiatives that strive to increase access to nourishing foods
 - WHO and UNICEF promote breastfeeding
 - United Nations World Food Programme
 - USAID and Peace Corps agricultural education programs

13.10 National and Local Programs

- In the United States many programs help to increase access to nourishing foods
 - SNAP
 - WIC
 - National School Lunch and Breakfast Program
 - USDA Commodity Food Program
 - CDC Healthful Corner Store

13.11 Food Ethics: Food Equity

- **Fair trade** – trading partnership promoting equity in international trading relationships and contributing to sustainable development by securing the rights of marginalized producers and workers
 - Born in response to the exploitation of farm laborers around the world
 - Depends on support from consumers purchasing Fair Trade products
- **Food equity** – sharing the world's food and other resources fairly
 - One in seven people in the world is chronically undernourished, almost all of them in developing nations
 - The major cause of undernutrition is unequal distribution of food because of poverty



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Figure 13.3: Food Ethics: Food Equity

13.12 Choose Foods That Are Healthful for You

- Buy organic or reduce synthetic pesticide use
- Purchase local produce and support local economy
- Choose whole foods or less processed foods
- Avoid empty Calorie foods and beverages
- When eating out ask for nutrition information

13.13 In Depth: Malnutrition

- Approximately 51 million children do not weigh enough for their height
- Severe acute malnutrition (SAM)
 - Condition in which energy intake is so inadequate that the child experiences a lower body weight than normal
- Approximately 161 million children experience **stunted growth** which causes them to be shorter than expected for their age.
- SAM dramatically increases a population's rate of :

Maternal mortality: deaths of a woman during pregnancy, childbirth, or in the immediate postpartal period

Infant mortality: deaths of infants between birth and 1 year of age

- Micronutrient deficiencies can lead to preventable diseases
 - Iron deficiency anemia (most common deficiency worldwide)
 - Prenatal iodine for fetal brain development
 - Vitamin A deficiency is the leading cause of blindness in children

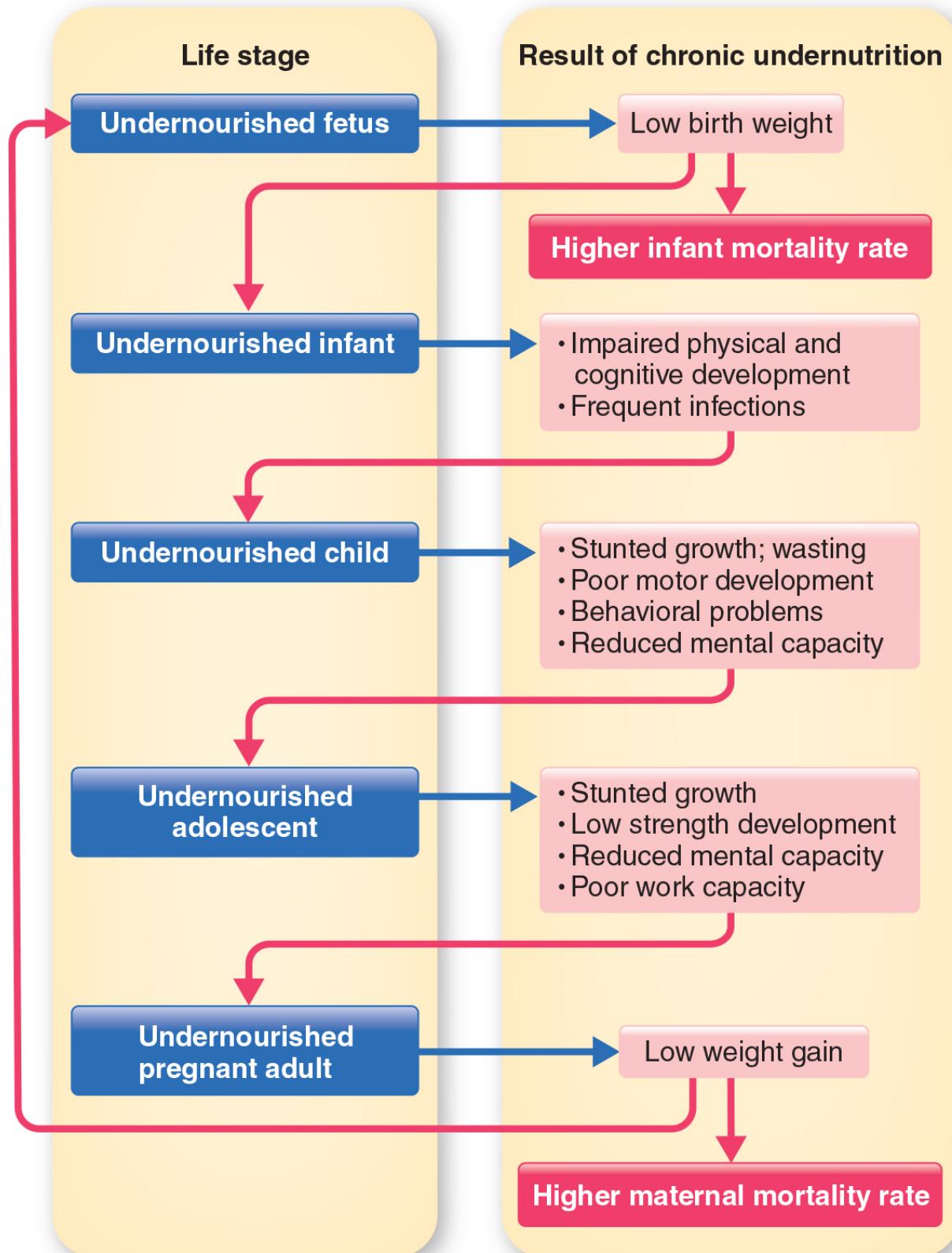


Figure 13.4: Malnutrition

- Nutrition paradox is characterized by the coexistence of stunting and overweight/obesity within the same region, the same household, and even the same person
 - The WHO identifies two key factors:
 - * A trend toward decreased physical activity
 - * A global shift toward increased consumption of energy dense foods
- Poverty-obesity paradox occurs when obesity is more prevalent in low-income populations
 - Some researchers have also observed a so-called hunger-obesity paradox in which low income people are obese while also deficient in one or more nutrients
- Food deserts also contribute to malnutrition and poor food access
 - Characterized as geographic areas where people lack access to fresh, healthful, and affordable food

Chapter 14

Nutrition Through the Life Cycle: Pregnancy and the First Year of Life

14.1 Nutrition Before Conception

- Some deficiency-related problems develop very early in pregnancy
- Neural tube defects
 - Related to inadequate level of folate
 - Affects the embryo in the first few weeks
 - Adequate folate (400 µg daily) before conception can reduce the risk
- A healthful diet before conception includes
 - Avoiding **teratogens**: substances that cause birth defects
 - * Includes avoiding alcohol and illegal drugs
 - Avoiding other possible hazards
 - * Smoking, caffeine, medications, some herbs, and supplements
 - Body mass index (BMI) between 19.8 and 26.0 kg/m² and appropriate level of physical activity
- A healthful diet before conception reduces the risk of developing nutrition-related disorders during pregnancy, such as
 - Gestational diabetes
 - Hypertensive disorders

14.2 Nutrition During Pregnancy

- A full-term pregnancy lasts 38 to 42 weeks

First trimester: conception to week 13

Second trimester: week 14 to week 27

Third trimester: week 28 to week 40

- **Embryonic stage:** approximately day 15 to week 8
- After week 8, the developing baby is called a fetus

14.2.1 First trimester

- **Zygote** (fertilized egg) travels through the fallopian tube and implants in the wall of the uterus
- Development of organs, limb buds, facial features, and placenta
- Embryos are extremely vulnerable to **teratogens** during this time

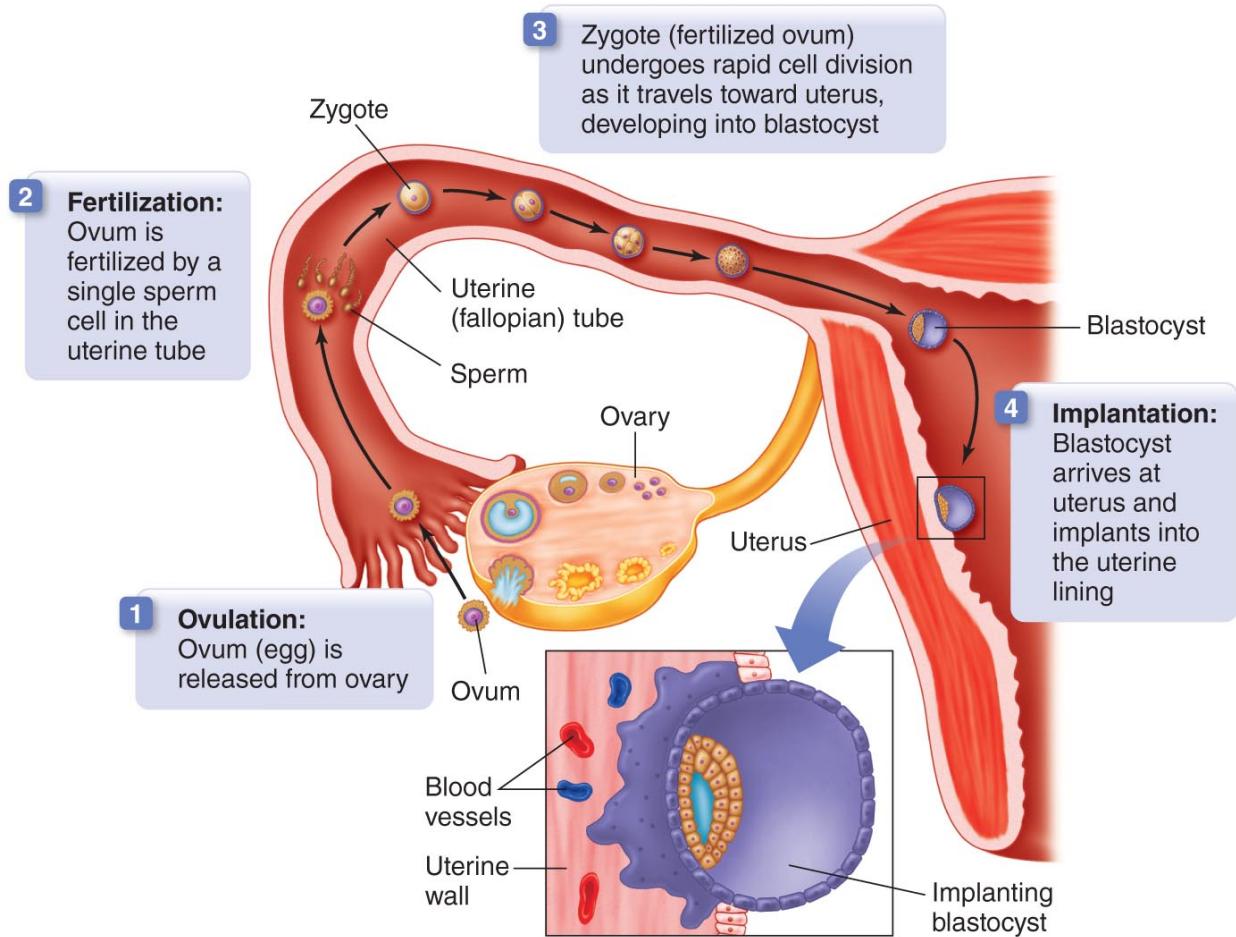


Figure 14.1: Ovulation, Conception, and Implantation

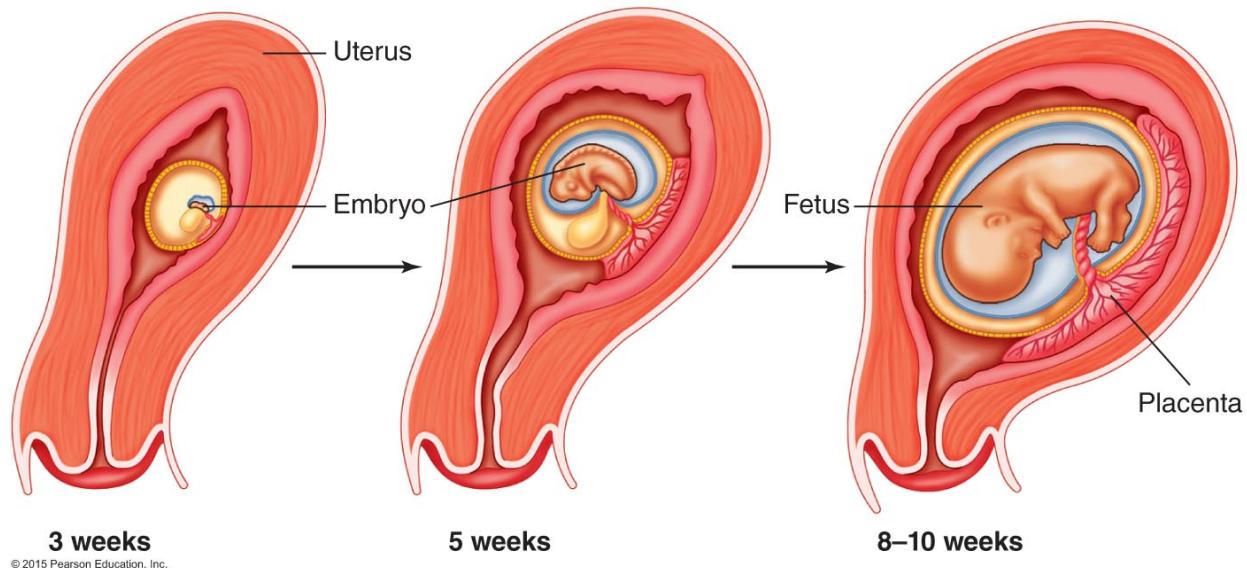


Figure 14.2: The First 10 Weeks

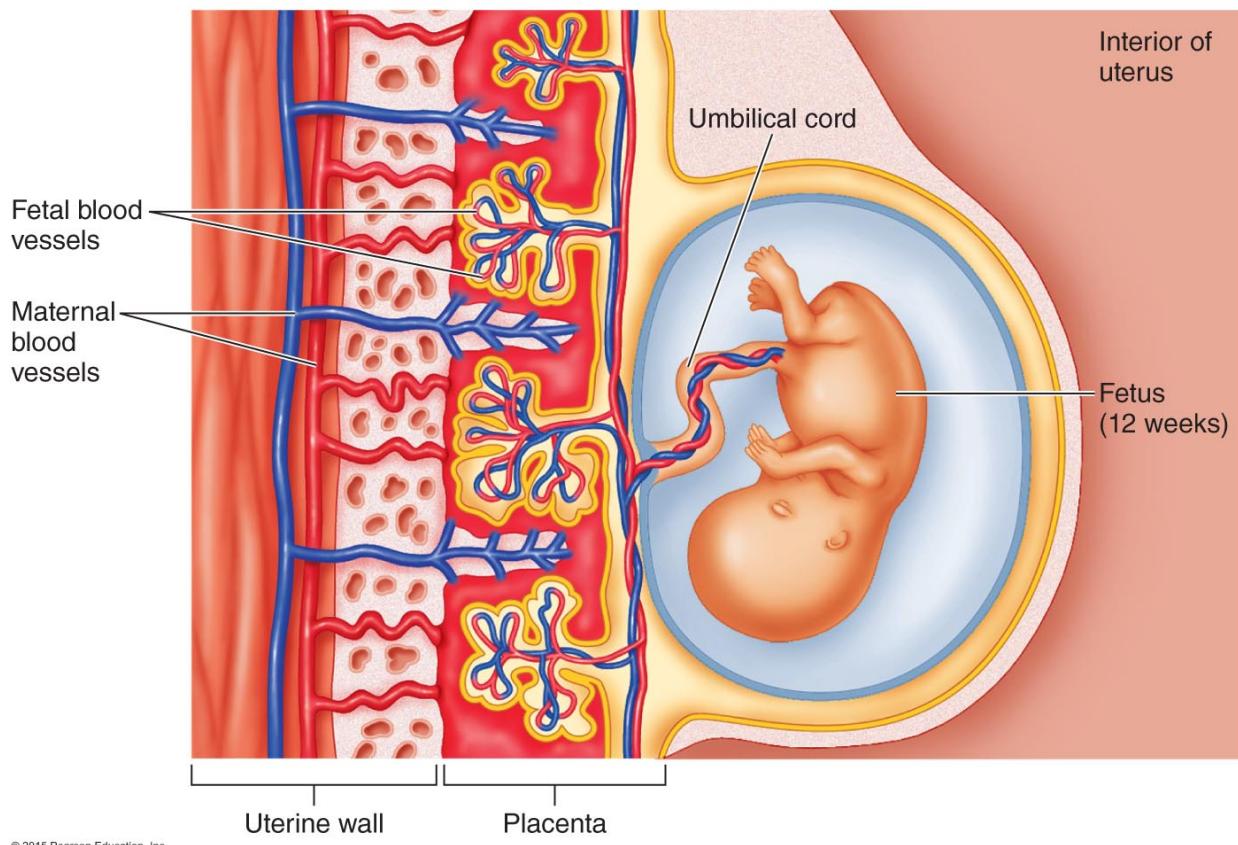


Figure 14.3: Placental Development

14.2.2 Second trimester

- Weeks 14–27
- Continued development of organ systems
- Growth from approximately 3 inches to over 1 foot long by the end of the second trimester

14.2.3 Third trimester

- Weeks 28 to birth
- Time of considerable growth
- Fetus gains three-quarters of its weight in this time
- Brain growth is also extensive
- Lungs become fully mature
- A balanced, adequate diet for the mother is essential during this time

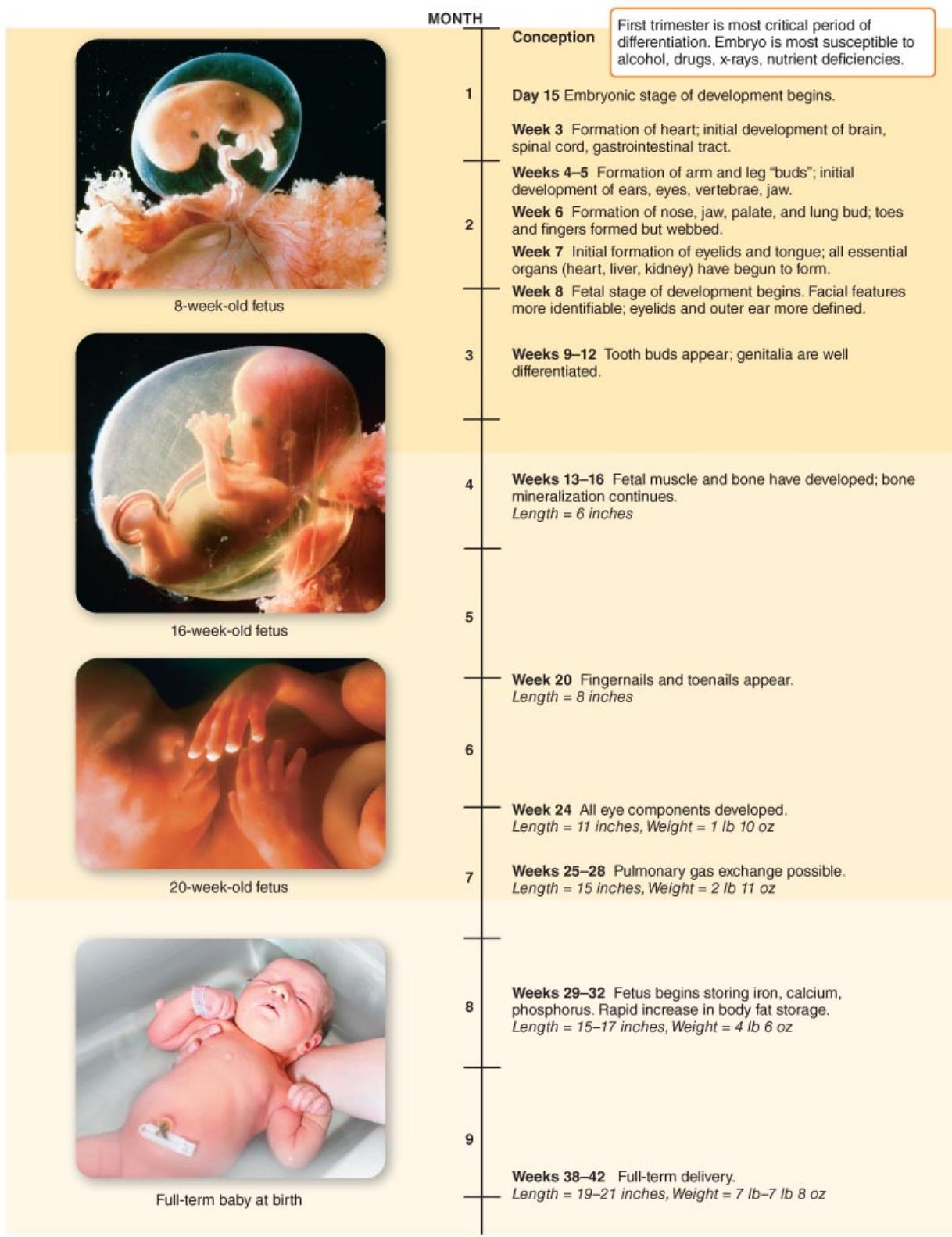


Figure 14.4: Embryonic and Fetal Development

- An undernourished mother is more likely to give birth to a low-birth-weight baby
 - **Low birth weight:** describes any baby born weighing less than 5.5 pounds
 - Increased risk of infections, learning disabilities, impaired physical development, and death in the first year



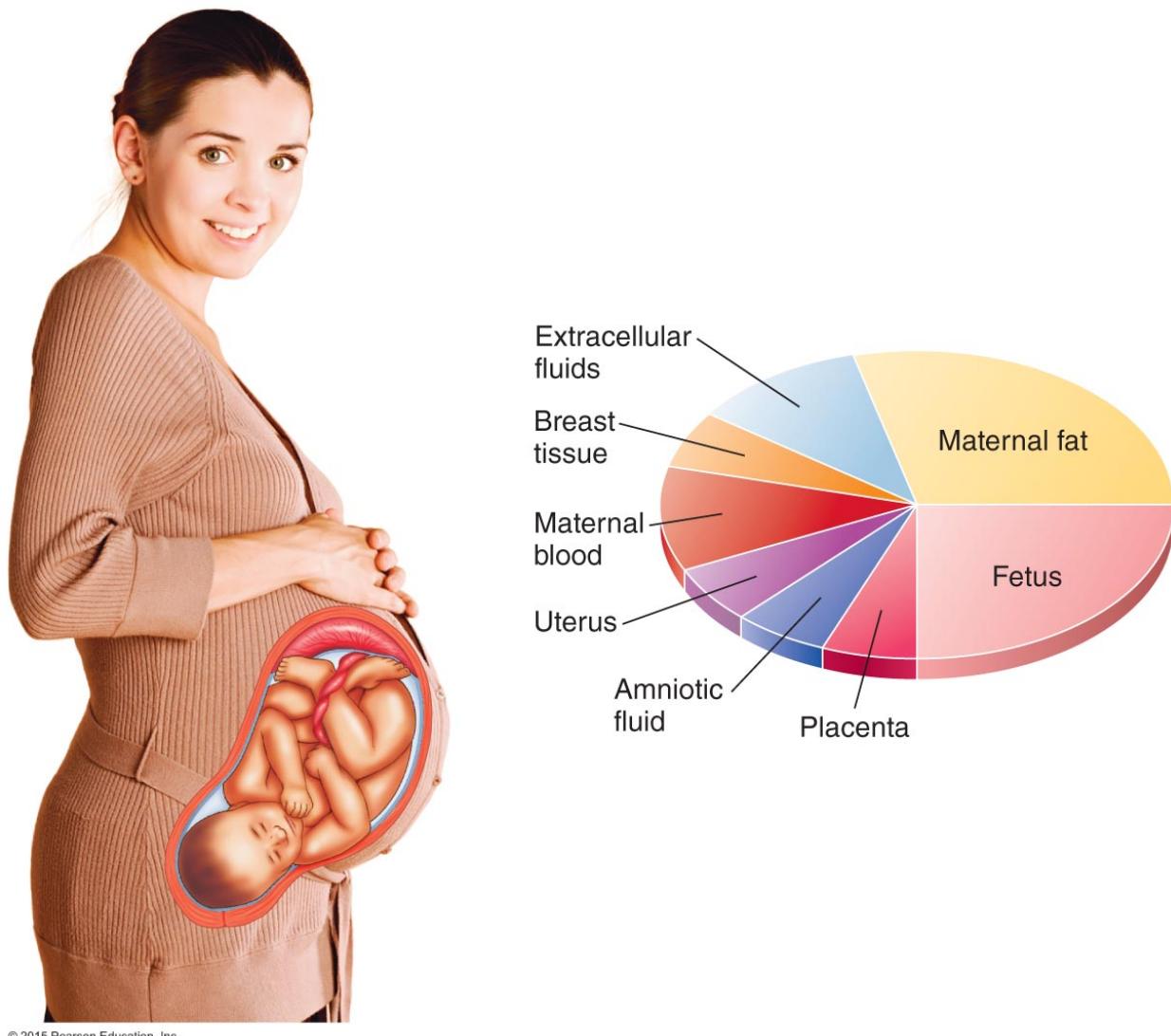
Figure 14.5: Low-Birth-Weight Twins and Healthy Infant

- **Preterm** babies are born before 38 weeks and may be low-birth-weight babies
- **Small-for-gestational-age** babies are born at term but weigh less than would be expected for their gestational age
- Nutrition plays a major role in these conditions
- Weight gain during pregnancy
 - Women who do not gain enough weight are at risk of having a low-birth-weight baby
 - Too much weight gain is also risky
 - Women should not diet during pregnancy since this may deprive the fetus of critical nutrients

Table 14.1: Recommended Weight Gain for Women During Pregnancy

Pregnancy Weight Status	Body Mass Index (kg/m^2)	Recommended Weight Gain
Normal	18.5–24.9	25–35
Underweight	<18.5	28–40
Overweight	25.0–29.9	15–25

Source: Data adapted from Rasmussen, K. M., and A. L. Yaktine, eds. 2009. *Weight Gain During Pregnancy: Reexamining the Guidelines*. Institute of Medicine; National Research Council. Washington, DC: National Academies Press.



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Figure 14.6: Weight Gain During Pregnancy

- The requirement for nearly all nutrients increases during pregnancy
- Pregnant women must pay attention to their intake of:
 - Macronutrients
 - Micronutrients
 - Fluids

14.3 Macronutrients

14.3.1 Energy

- An additional 300 to 450 kcal/day may be required in the second and third trimesters

- Nutrient-dense foods are essential in order to obtain sufficient nutrients

14.3.2 Protein and carbohydrate

- 1.1 g/day/kg body weight (~additional 25 g/day) of protein
- At least 175 g/day of carbohydrates

14.3.3 Fat

- The percentage of Calories obtained from fat should not change during pregnancy
- Limit saturated fat; avoid trans fats
- Consume rich sources of docosahexaenoic acid (DHA), an omega-3 polyunsaturated fatty acid

14.4 Micronutrients

Table 14.2: The micronutrients that are most critical during pregnancy include

folate	calcium
vitamin B ₁₂	iron
vitamin C	zinc
vitamin A	sodium
vitamin D	iodine

Table 14.3: Nutrient Recommendations

Micronutrient	Prepregnancy	Pregnancy	% Increase
Folate	400 µg/day	600 µg/day	50
Vitamin B ₁₂	2.4 µg/day	2.6 µg/day	8
Vitamin C	75 mg/day	85 mg/day	13
Vitamin A	700 µg/day	770 µg/day	10
Vitamin D	600 IU/day	600 IU/day	0
Calcium	1,000 mg/day	1,000 mg/day	0
Iron	18 mg/day	27 mg/day	50
Zinc	8 mg/day	11 mg/day	38
Sodium	1,500 mg/day	1,500 mg/day	0
Iodine	150 mg/day	220 mg/day	47

14.4.1 Folate

- Required for cell division

- Critical in the first 28 days for development of the **neural tube**, which becomes the brain and spinal cord
- $400 \mu\text{g}/\text{day}$ for sexually active women
- $600 \mu\text{g}/\text{day}$ for pregnant women
- Deficiency is associated with **anencephaly** and **spina bifida**

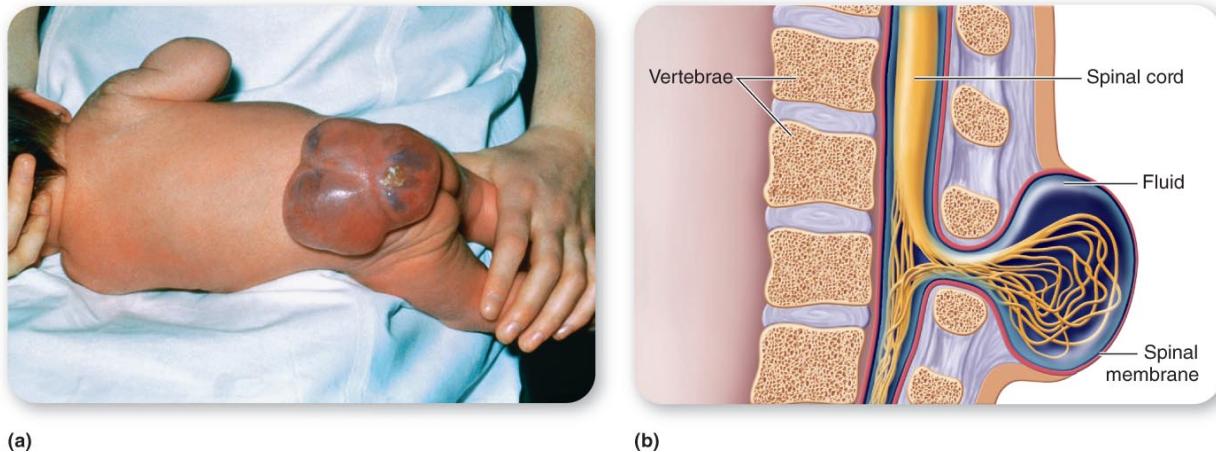


Figure 14.7: Spina Bifida

14.4.2 Vitamin B₁₂

- Regenerates the active form of folate
- $2.6 \mu\text{g}/\text{day}$ during pregnancy

14.4.3 Vitamin C

- Production of collagen (connective tissue)
- $85 \text{ mg}/\text{day}$ during pregnancy
- Deficiency results in elevated risk of preterm births and preeclampsia

14.4.4 Vitamin A

- Needs increase by 10% in pregnancy
 - $770 \mu\text{g}/\text{day}$
- Excess vitamin A can cause fetal abnormalities
- Supplementation is not recommended due to toxicity risk
- Beta-carotene (provitamin A) is not associated with birth defects

14.4.5 Vitamin D

- Adequate intake (AI) does not increase during pregnancy
- Excessive vitamin D can cause developmental disabilities in newborns
- If exposure to sunlight is limited or milk consumption is low, supplementation is advised
- Prenatal vitamin supplements contain $10 \mu\text{g}/\text{dose}$

14.4.6 Calcium

- 1,000 mg/day, same as for non-pregnant women
- Calcium absorption is more efficient during pregnancy

14.4.7 Iron

- Increased need for red blood cells increases the need for iron by 50–80% (27 mg/day)
- Fetal need for iron increases in the third trimester
- Iron stores of mother are depleted to support needs of the fetus
- Iron-deficiency anemia is common during pregnancy

14.4.8 Zinc

- Critical for making proteins, DNA, and RNA
- Need increases 38% during pregnancy (11 mg/day)

14.4.9 Sodium

- 1,500 mg/day, same as for non-pregnant women

14.4.10 Iodine

- Need for iodine increases significantly
- $220 \mu\text{g}/\text{day}$ can be obtained from iodized salt

14.5 Fluids During Pregnancy

- The amount of fluids needed increases to 3 liters per day
 - Increase in maternal blood volume
 - Body temperature regulation
 - Production of **amniotic fluid** to protect and cushion the fetus
 - Combat fluid retention and constipation
 - Reduce risk of **urinary tract infections**

14.5.1 Nutrition-Related Concerns

- Nutrition-related problems during pregnancy can include
 - Morning sickness
 - Food and nonfood cravings and aversions
 - Gastroesophageal reflux (GER)/heartburn
 - Constipation
 - Gestational diabetes
 - Preeclampsia (maternal blood pressure increase)

14.6 Morning Sickness

- **Morning sickness** – nausea and vomiting associated with pregnancy
 - Can occur at any time; often lasts all day
 - May begin after the first missed period and can last 12 to 16 weeks
 - Can be severe enough to require hospitalization
 - No cure, but symptoms can be reduced

14.7 Cravings and Aversions

- Most women crave a certain type of food (sweet, salty) rather than a specific food
 - Little evidence supports the idea that cravings indicate a deficiency
 - Due to hormonal fluctuations, physiologic changes, or familial or cultural roots
 - **Pica** – craving a nonfood item (ice, clay, laundry starch)
 - Food aversions are common but not universal among pregnant women

14.7.1 Gastroesophageal Reflux (GER)

- Gastroesophageal reflux (GER) is common during pregnancy
- Tips to help minimize it include
 - Avoid excessive weight gain
 - Chew food slowly
 - Wait for 1 hour after eating before lying down
 - Sleep with your head elevated

14.8 Constipation

- Pregnancy hormones that cause smooth muscles to relax also slow the movement of material through the large intestine
- Reduce constipation by consuming 25–35 g/day of fiber and plenty of fluids, and remaining physically active

14.9 Gestational Diabetes

- **Gestational diabetes** – insufficient insulin production or insulin resistance that increases blood glucose levels during pregnancy
 - Affects as many as 10% of U.S. pregnancies
 - Condition resolves after birth occurs
 - Risk of delivering a large baby
 - Gestational diabetes increases a woman's risk of developing type 2 diabetes

14.10 Gestational Hypertension

- **Preeclampsia** – pregnancy-induced hypertension
 - Affects up to 10% of U.S. pregnancies
 - Can be fatal if left untreated
 - Deficiencies in vitamin C, vitamin E, and magnesium increase the risk
 - Treatment focuses on managing blood pressure and often includes bed rest
 - The only cure is childbirth

14.11 Foodborne Illness

- Pregnancy alters a woman's immune system leaving them more vulnerable to infectious diseases including foodborne illnesses
 - Listeriosis: a serious and sometimes fatal illness caused by listeria monocytogenes
 - Third leading cause of death by foodborne illness
 - Severe infections of listeria can lead to premature birth or miscarriage

14.12 Food Safety

- Pregnant women should avoid consuming
 - Unpasteurized milk, raw or partially cooked eggs, raw or undercooked meat/fish/poultry, unpasteurized juices, and raw sprouts
 - Large fish such as shark, swordfish, and king mackerel, along with canned albacore tuna
 - Soft cheeses unless the label specifically states the product is made with pasteurized milk

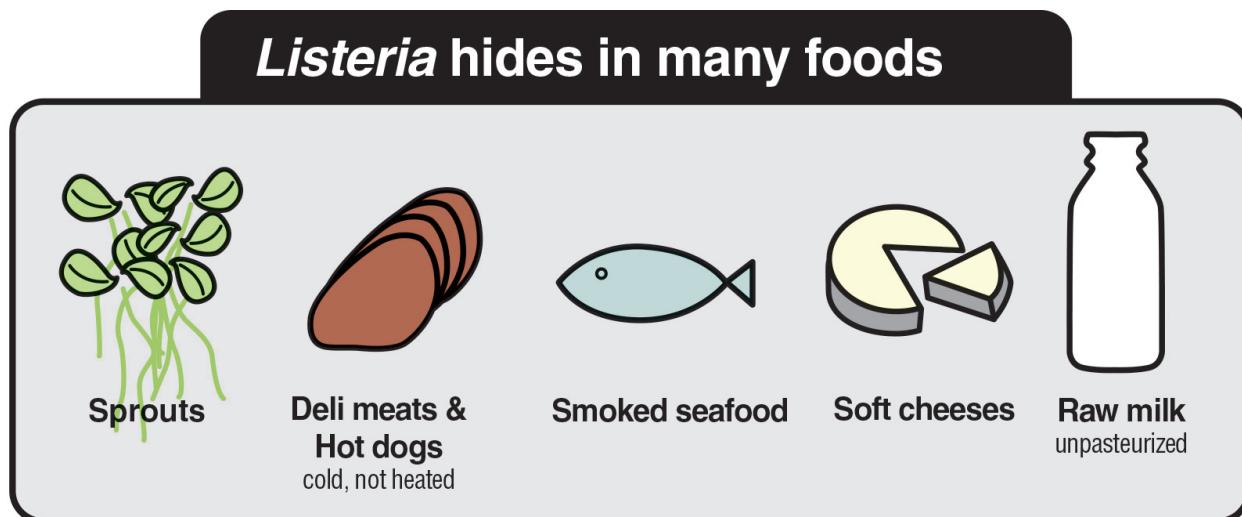


Figure 14.8: Foodborne Illness

14.13 Nutrition-Related Concerns

- Adolescent pregnancy
- Vegetarianism
- Exercise

- Caffeine consumption
- Alcohol consumption
- Smoking
- Illegal drug use
- Food safety

14.14 Adolescent Pregnancy

- Nutritional needs of pregnant adolescents are higher than those of adult women
- Adolescent bodies are still growing and changing, adding to the nutritional needs of pregnancy
- 24 births for every 1,000 adolescents; currently the lowest adolescent pregnancy rate in 60 years

14.15 Vegetarianism

- A vegetarian consuming eggs and dairy products has the same nutritional concerns as a nonvegetarian

Table 14.4: A complete vegetarian (vegan) must carefully monitor the intake of

vitamin D	calcium
vitamin B ₆	iron
vitamin B ₁₂	zinc

14.16 Exercise During Pregnancy

- Reduces risk of gestational diabetes and preeclampsia
- Helps prevent excessive prenatal weight and body fat gain
- Improves mood, energy level, sleep patterns
- Enhances posture and balance
- Improves muscle tone, strength, and endurance
- Reduces lower back pain and shortens the duration of active labor
- Reduces risk of preterm birth and large-for-gestational age infants

14.17 Consumption of Caffeine

- Caffeine is a stimulant that crosses the placenta and reaches the fetus
- 200–300 mg of caffeine per day very likely will cause no harm
- Some studies have linked 100 mg per day intakes to an increased risk of miscarriage, stillbirth, preterm birth, and decreased birth weight

14.18 Consumption of Alcohol

- Alcohol is a known **teratogen** that crosses the placenta and is associated with various birth defects, delivery complications, sudden infant death syndrome, and increased risk of miscarriage
- **Fetal alcohol syndrome (FAS)**: variety of characteristics associated with prenatal exposure to high quantities of alcohol
 - Malformations of face, limbs, heart, and nervous system
 - Many developmental disabilities

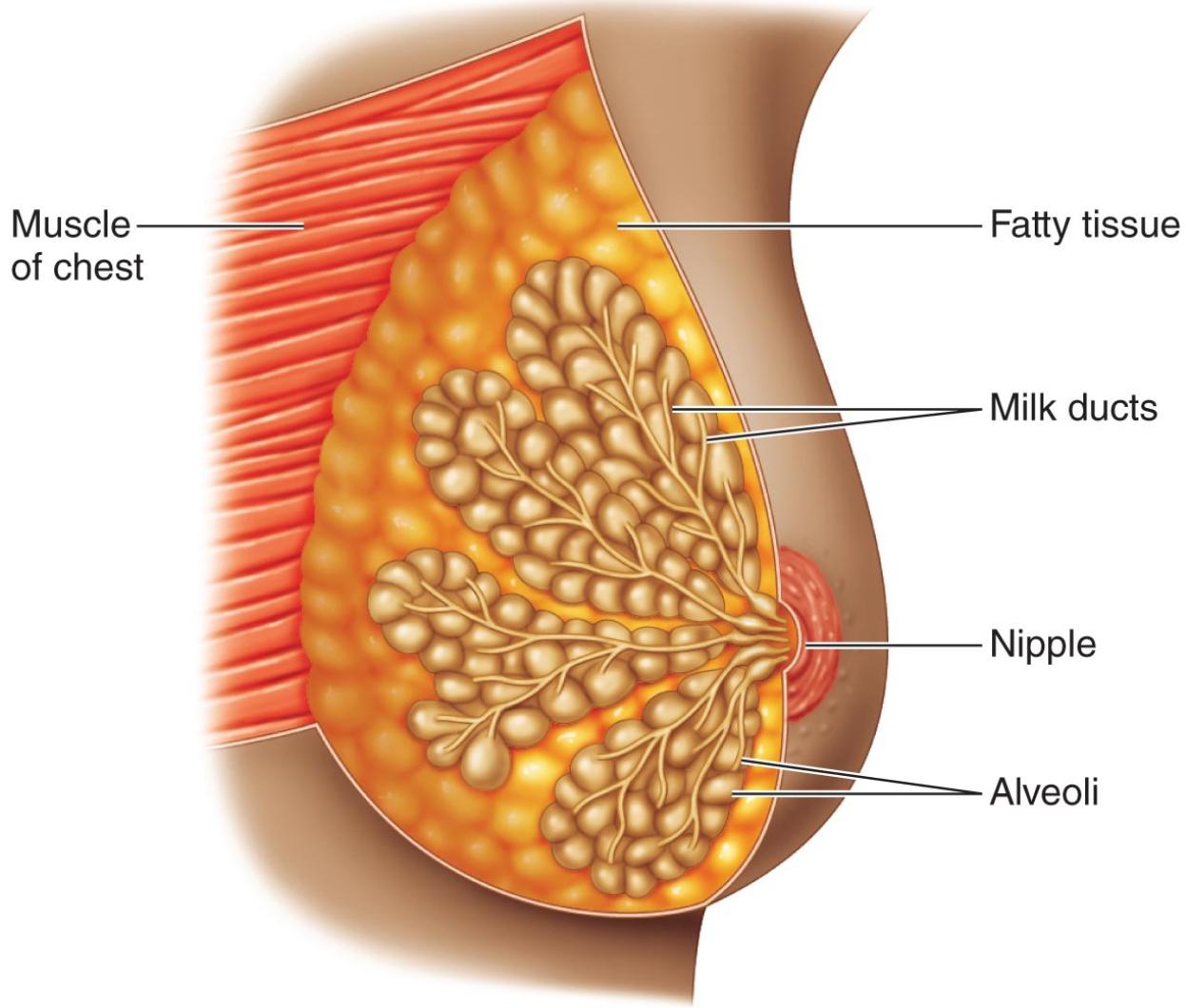
14.19 Smoking and Drug Use

- Maternal smoking exposes the fetus to toxins
 - Smoke contains lead, cadmium, cyanide, nicotine, and carbon monoxide
 - Fetal blood flow is reduced
 - Increased risk of miscarriage, stillbirth, placental abnormalities, preterm delivery, and low birth weight
- Most drugs pass through the placenta into fetal blood
 - Newborns suffer withdrawal symptoms

14.20 Breastfeeding

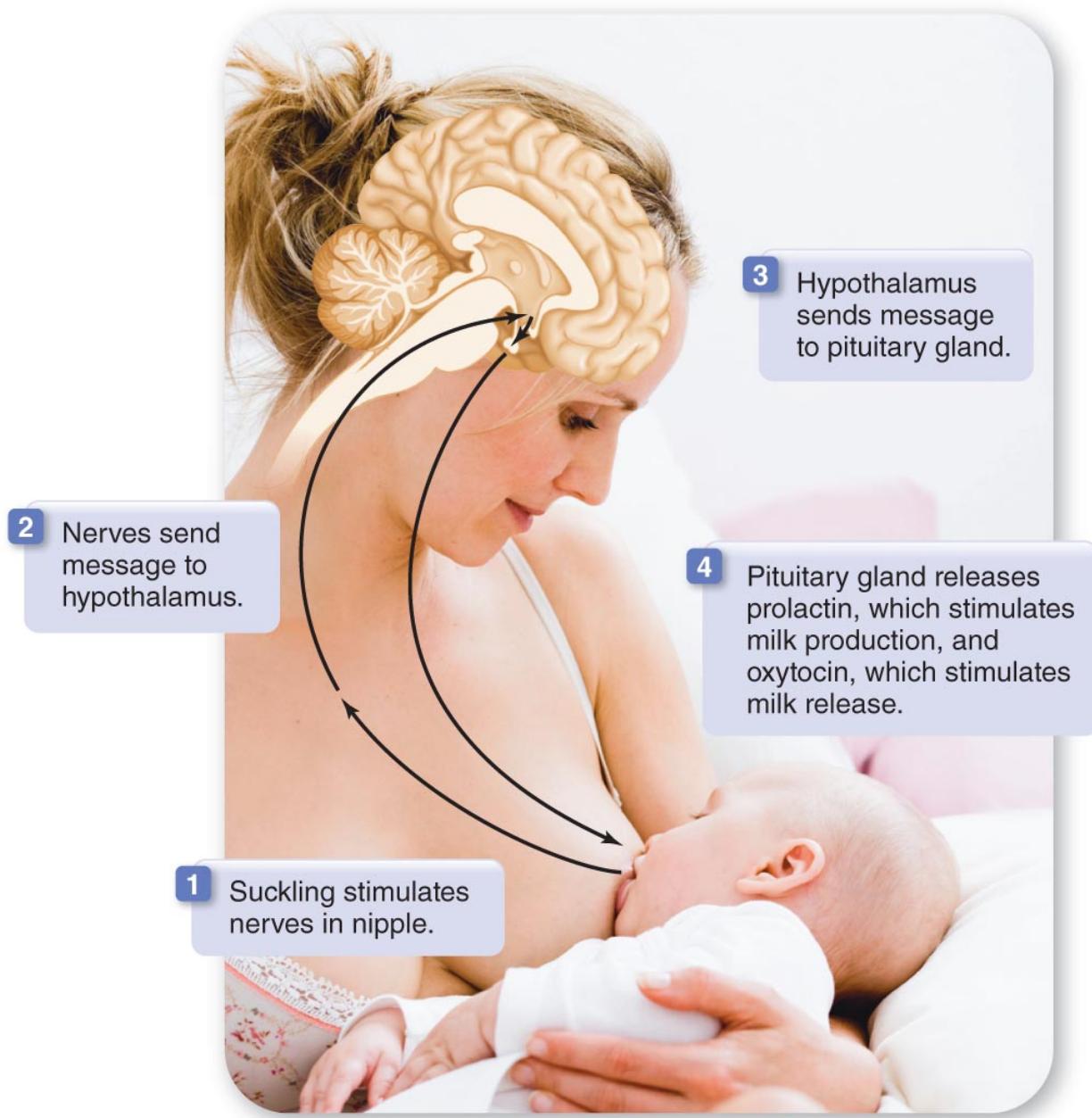
- **Lactation** – production of breast milk
 - **Prolactin** – hormone responsible for the synthesis of milk
 - * Produced toward the end of pregnancy
 - * Suppressed by estrogen and progesterone until childbirth
- **Colostrum** – first milk produced (from birth up to 3 days after); rich in proteins, antibodies, vitamins, and minerals

- **Oxytocin** – hormone responsible for milk let-down



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Figure 14.9: Anatomy of the Breast



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Figure 14.10: Milk and Mother–Child Interaction

- Milk production requires 700–800 kcal/day
- Lactating women should consume 330 kcal/day above their prepregnancy needs the first 6 months, 400 kcal/day the second 6 months
- This allows a woman to gradually lose weight (1–4 pounds per month)
- 15–20 g of protein and 80 g of carbohydrate required per day above prepregnancy needs

- Fluid and many micronutrient needs are increased

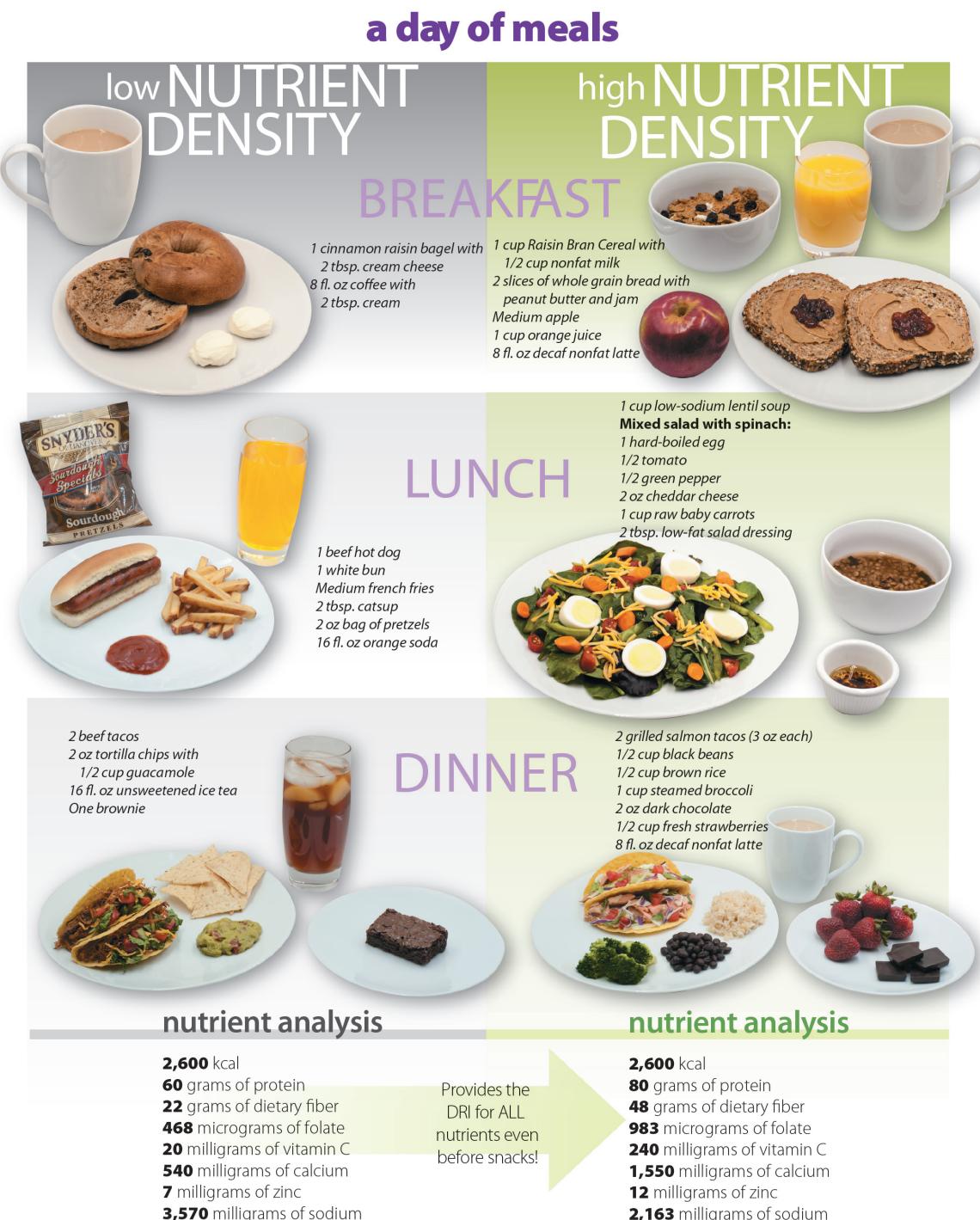


Figure 14.11: Breastfeeding

14.20.1 The Benefits of Breastfeeding

- High-quality nutrition
- Protection from infections, allergies, and residues
- Assists the mother in weight loss
- Suppresses ovulation
- Provides an opportunity for bonding
- Convenience and cost efficient
- Nutritional quality of breast milk
 - The main protein, **lactalbumin**, is easily digested
 - Primary carbohydrate is lactose
 - Rich source of readily absorbed calcium and magnesium
- Composition of milk changes during a feeding
 - Foremilk:** watery and low in fat
 - Hindmilk:** very high in fat
- It is important to let infant suckle for at least 20 minutes

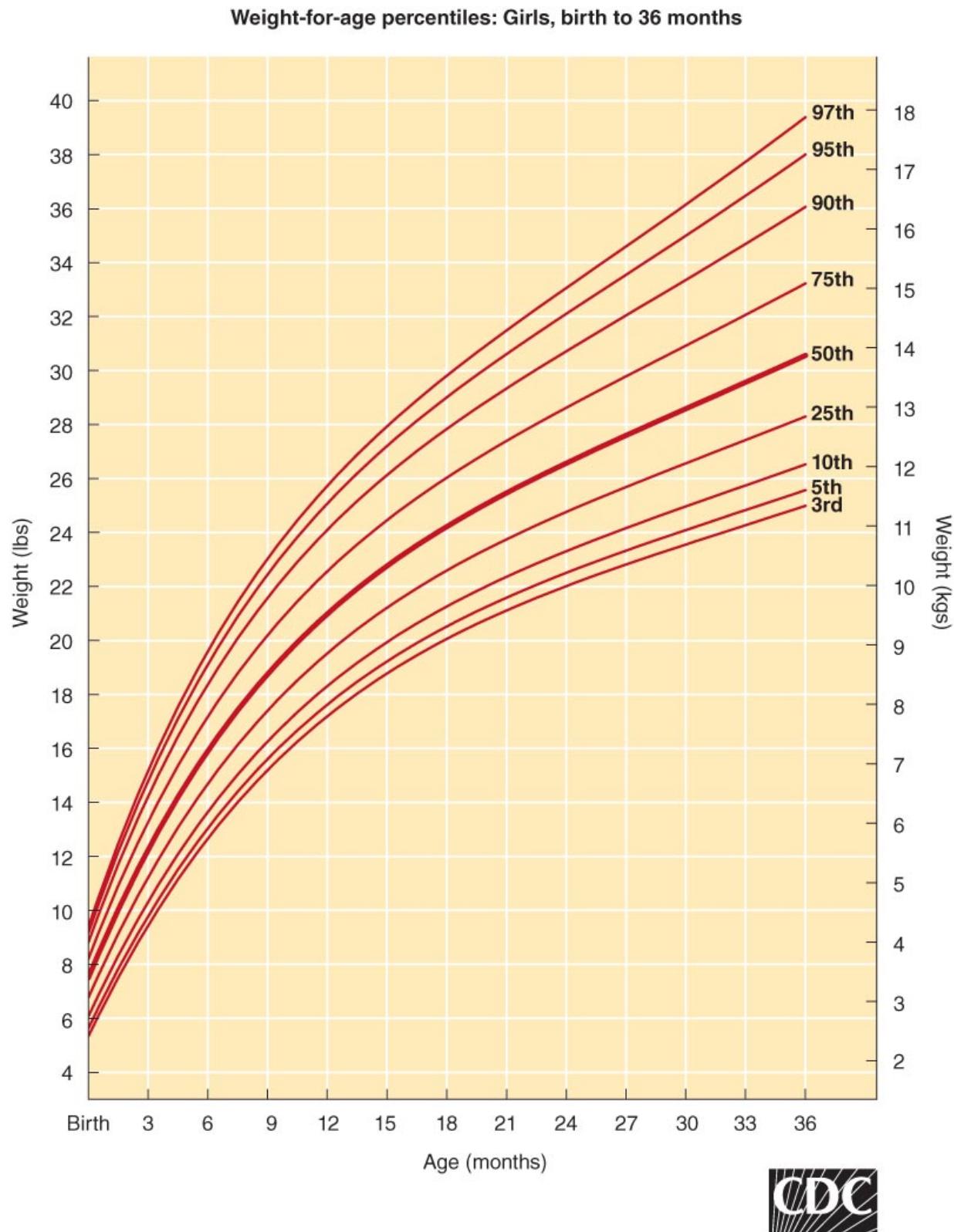
14.21 Challenges Associated with Breastfeeding

- Many harmful substances are passed into breast milk, including
 - Illegal drugs, caffeine, nicotine, and prescription and over-the-counter medications
- HIV is passed through breast milk
- Conflicts with mother's employment
- Social concerns

14.22 Infant Nutrition

- Optimal nutrition is critical in the first year
 - High energy needs, 40–50 kcal/lb/day
 - 40–50% of energy should come from fat
 - Iron, vitamin D, zinc, fluoride, and iodide needs are a concern
 - The nervous system continues to develop

- Infants typically grow 10 inches in length and triple their weight in the first year
- Infants' nutritional needs are unique
 - Their energy needs are high to support rapid growth
 - Their digestive tracts and kidneys are still immature
 - They are small in size



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Figure 14.12: Weight-to-Age Growth Chart

14.22.1 Infant Nutrient Needs

- 40–50 kcals per pound of body weight per day
 - Approximately 600–650 kcals per day at around 6 months of age
 - Breastmilk and commercial formulas are energy and nutrient dense to meet these demands
- Breast milk or formula should be supplemented with solid food beginning at 4 to 6 months
- 40–50% of energy needs should be consumed from fat during the first year of life
- No more than 20% of an infant's daily energy needs should be consumed from protein

14.23 Supplements for Infants?

- Several micronutrients may need supplementation
 - Vitamin D because of limited exposure to sunlight
 - Iron—stores are depleted by the sixth month
 - Fluoride for tooth development
 - Vitamin B₁₂ if the mother is a vegan
 - Water is generally not required unless loss is excessive (diarrhea, vomiting, fever, hot weather)
- Care must be taken to prevent oversupplementation

14.24 Formulas

- Very tightly regulated by federal government
 - Minimum and maximum standards for 29 nutrients
 - Protein source: casein or whey from cow's milk
 - Carbohydrate source: lactose and sucrose
 - Fat source: vegetable oils or microbiologically produced lipids
- Specialized formulas are available: soy-based, predigested, others for certain medical conditions

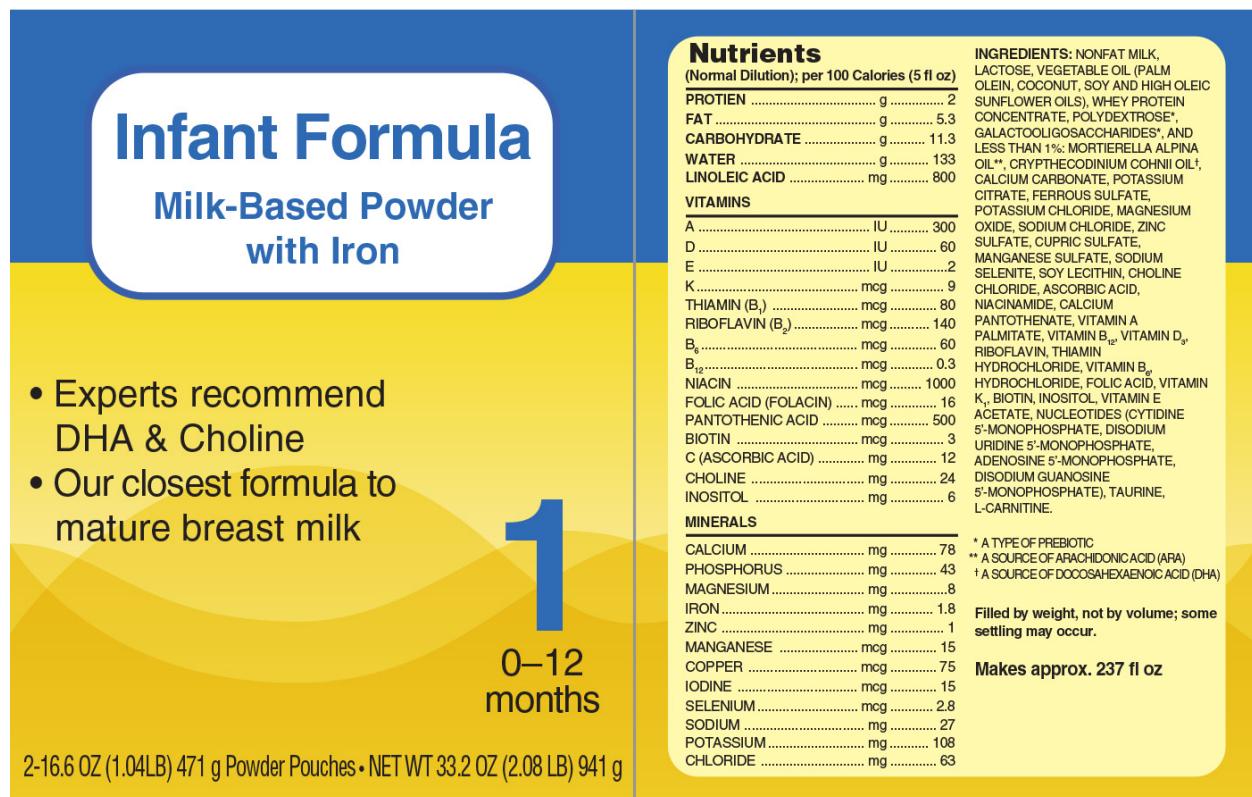


Figure 14.13: Infant Formula Label

14.24.1 When to Introduce Solid Food

- Introduce solid food at 6 months
 - Tongue movement allows swallowing
 - Muscle development allows infant to sit up
 - Digestive system and kidneys have matured
 - Less likely to develop food allergies
 - Iron-fortified cereals are well tolerated
- Infants should not eat
 - Foods they could choke on
 - Corn syrup or honey
 - Goat's milk
 - Cow's milk
 - Too much salt or sugar
- Nutrition-related concerns for infants include

- Allergies
- Dehydration
- Colic
- Anemia
- Nursing bottle syndrome
- Lead poisoning

14.24.2 Allergies

- Solid foods should be introduced one at a time for a week to watch for allergies
- Cow's milk, egg whites, peanuts, and wheat commonly trigger food allergies

14.24.3 Dehydration

- Extremely dangerous for infants
- Caused by diarrhea, vomiting, and inadequate fluid intake
- Pediatric electrolyte solution may be used

14.24.4 Colic

- Uncontrollable crying that can last for hours
- Precise cause is unknown

14.24.5 Anemia

- Infants are born with enough iron for only 6 months
- Anemia can develop
- Iron-fortified cereal/supplement may be needed

14.24.6 Nursing bottle syndrome

- Leaving an infant alone with a bottle can lead to cavities (dental caries) and tooth decay
- The high-carbohydrate fluid provides an optimal food source for bacteria that cause dental caries
- Rather than a bottle, begin using a cup by 8 months and no bottle after 18 months



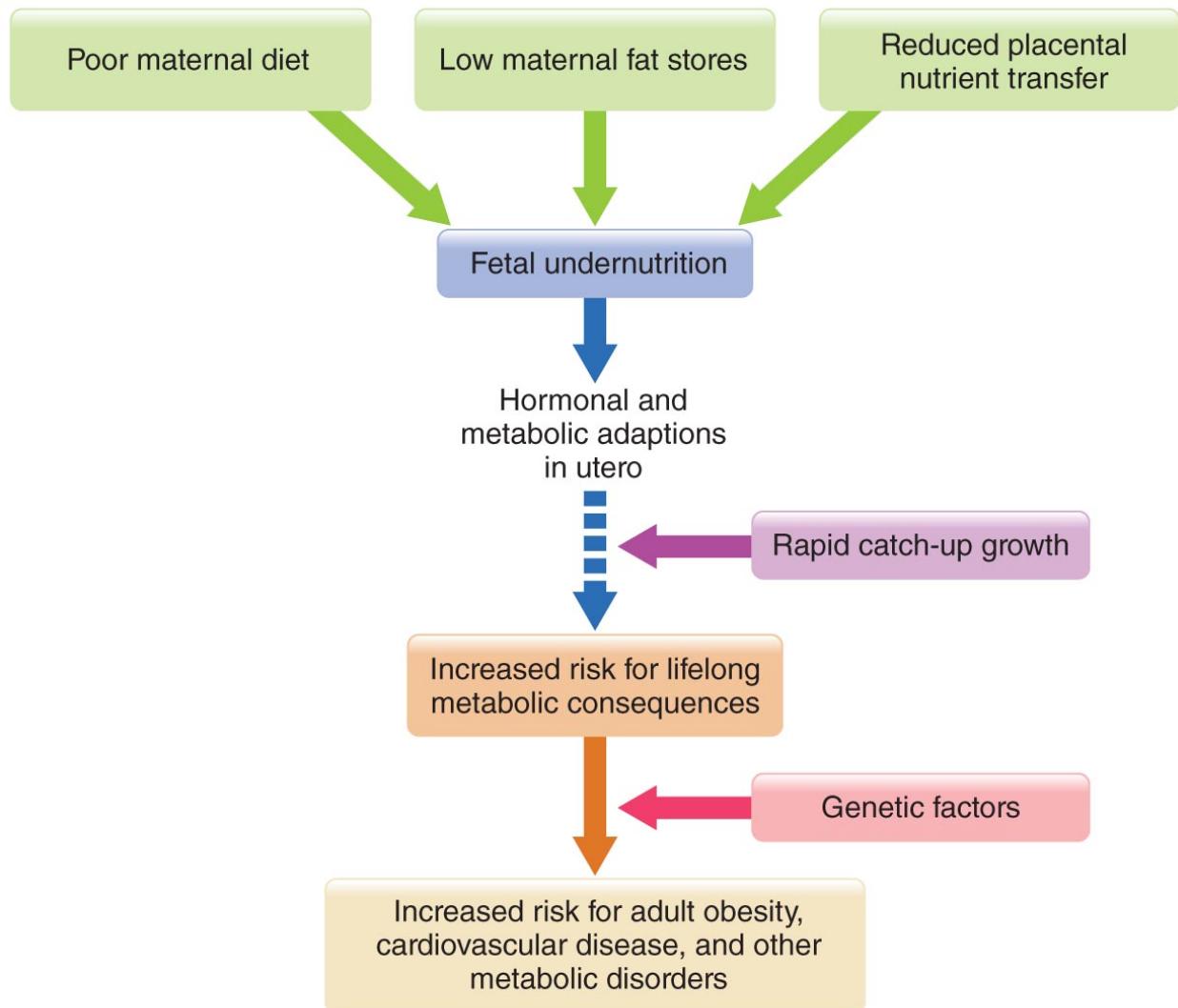
Figure 14.14: Nursing Bottle Syndrome

14.24.7 Lead poisoning

- Especially toxic to infants because the brain and nervous system are still developing
- Results in reduced mental capacity, behavioral problems, and impaired growth
- Remove old, lead-based paint
- Allow tap water to run a minute before use to discard lead leached from pipes
- Use only cold tap water because hot tap water is more likely to leach lead

14.25 In Depth: The Fetal Environment

- Increased evidence suggests that the fetal environment—including a mother's nutritional status—can influence risks for obesity and chronic diseases later in life
- This relationship has been called “fetal origins theory”
- If exposed to famine in the first trimester, the child has increased risk of obesity, coronary heart disease, abnormal serum lipid profile, and metabolic syndrome
- **Fetal adaptation** – when a fetus is exposed to harmful elements, it goes into “survival mode”: hormones shift to promote energy storage, and enzymes can increase or decrease the size and function of various body organs



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Figure 14.15: The Fetal Environment

- Fetal stressors that influence adult health include nutrient deficiencies
 - Low maternal intake of calcium increases risk of hypertension in offspring
 - Poor maternal folate intake is linked to neural tube defects and early signs of atherosclerosis
 - Zinc deficiency has been linked to later-life disorders such as diabetes and atherosclerosis
- Strong evidence links maternal dietary excesses to health problems in adult offspring
 - Maternal obesity may account for changes in the “programming” of the fetal brain, resulting in lifelong health consequences
 - Maternal obesity increases rates of spina bifida, neural tube defects, infant heart defects, cleft lip and palate, and abnormal arms or legs

- Maternal diabetes can increase risks of infant type 2 diabetes, overweight, and metabolic syndrome
- Other detrimental maternal impacts on a fetus include exposure to
 - Alcohol
 - Tobacco
 - Toxic agents, such as environmental pollutants

Chapter 15

Nutrition Through the Life Cycle: Childhood to Late Adulthood

15.1 Toddlers

- Age 1 to 3 years
 - Rapid growth rate of infancy begins to slow
 - Gain 5.5 to 7.5 inches and 9 to 11 pounds
 - High energy requirement due to increased activity level
- Macronutrients
 - 30–40% of total kcal from fat
 - 1.10 g of protein per kg body weight per day
 - 130 g carbohydrates per day
 - 14 g fiber per 1,000 kcal of energy consumed
- Micronutrients
 - Ensure adequate intake of the micronutrients obtained from fruits and vegetables, including
 - Vitamins A, C, E; calcium; iron; zinc
 - Calcium is necessary to promote optimal bone mass
 - Iron-deficiency anemia is the most common nutrient deficiency in young children
- Fluid needs
 - 1.3 liters/day
- Supplements

- Toddlers may need supplements due to their erratic eating habits, especially for fluoride
- Supplements should not exceed 100% of the Daily Value for any nutrient

TABLE 15.1 Nutrient Recommendations for Children and Adolescents

Nutrient	Toddlers (1–3 Years)	Children (4–8 Years)	Children (9–13 Years)	Adolescents (14–18 Years)
Fat	No RDA	No RDA	No RDA	No RDA
Protein	1.10 g/kg body weight per day	0.95 g/kg body weight per day	0.95 g/kg body weight per day	0.85 g/kg body weight per day
Carbohydrate	130 g/day	130 g/day	130 g/day	130 g/day
Vitamin A	300 µg/day	400 µg/day	600 µg/day	Boys: 900 µg/day Girls: 700 µg/day
Vitamin C	15 mg/day	25 mg/day	45 mg/day	Boys: 75 mg/day Girls: 65 mg/day
Vitamin E	6 mg/day	7 mg/day	11 mg/day	15 mg/day
Calcium	700 mg/day	1,000 mg/day	1,300 mg/day	1,300 mg/day
Iron	7 mg/day	10 mg/day	8 mg/day	Boys: 11 mg/day Girls: 15 mg/day
Zinc	3 mg/day	5 mg/day	8 mg/day	Boys: 11 mg/day Girls: 9 mg/day
Fluid	1.3 liters/day	1.7 liters/day	Boys: 2.4 liters/day Girls: 2.1 liters/day	Boys: 3.3 liters/day Girls: 2.3 liters/day

Figure 15.1: Nutrients for Children and Adolescents

- Nutritious food choices
 - Most toddlers have an innate ability to match their intake with their needs
 - Keeping a nutritious variety of foods available encourages a healthful diet
 - Food should not be forced on a child
 - Do not use bribery to encourage children to eat
 - Foods prepared should be fun



Figure 15.2: Fun Food



Figure 15.3: Portion Sizes for Preschoolers

15.2 Vegan Diets for Toddlers

- Vegan diets may not be healthful for toddlers. Due to the restriction of no foods from animal origin there are potential risks:
 - Protein
 - Calcium
 - Zinc and iron
 - Vitamins D and B₁₂
 - Fiber

15.3 Young Children

- Age 4 to 8 years
 - Dietary Reference Intake (DRI) values are the same for both boys and girls through the age of about 8

- Growth rate is 2 to 4 inches per year
- Macronutrients
 - Total fat intake should gradually drop to a level closer to adult fat intake
 - 25–35% of total energy from fat
 - 0.95 g of protein per kg body weight per day
 - 130 g carbohydrate per day
 - 14 g fiber per 1,000 kcal of energy consumed
- Micronutrients
 - Vitamins and minerals from fruits and vegetables continue to be a concern
 - Vitamins A, C, E; calcium; iron; zinc
 - Increases in DRIs compared to toddlers
- Fluid
 - 1.7 liters/day (about 5–8 cups), including water
- Supplements
 - May be recommended when particular food groups are not eaten regularly
 - Supplements should be appropriate for the child's age

Healthy Eating for Preschoolers Daily Food Plan



Use this Plan as a general guide.

- These food plans are based on average needs. Do not be concerned if your child does not eat the exact amounts suggested. Your child may need more or less than average. For example, food needs increase during growth spurts.

- Children's appetites vary from day to day. Some days they may eat less than these amounts; other days they may want more. Offer these amounts and let your child decide how much to eat.

Food group	2 year olds	3 year olds	4 and 5 year olds	What counts as:
Fruits 	1 cup	1 - 1½ cups	1 - 1½ cups	½ cup of fruit? ½ cup mashed, sliced, or chopped fruit ½ cup 100% fruit juice ½ medium banana 4-5 large strawberries
Vegetables 	1 cup	1½ cups	1½ - 2 cups	½ cup of veggies? ½ cup mashed, sliced, or chopped vegetables 1 cup raw leafy greens ½ cup vegetable juice 1 small ear of corn
Grains Make half your grains whole 	3 ounces	4 - 5 ounces	4 - 5 ounces	1 ounce of grains? 1 slice bread 1 cup ready-to-eat cereal flakes ½ cup cooked rice or pasta 1 tortilla (6" across)
Protein Foods 	2 ounces	3 - 4 ounces	3 - 5 ounces	1 ounce of protein foods? 1 ounce cooked meat, poultry, or seafood 1 egg 1 Tablespoon peanut butter ½ cup cooked beans or peas (kidney, pinto, lentils)
Dairy Choose low-fat or fat-free 	2 cups	2 cups	2½ cups	½ cup of dairy? ½ cup milk 4 ounces yogurt ¾ ounce cheese 1 string cheese

 Some foods are easy for your child to choke on while eating. Skip hard, small, whole foods, such as popcorn, nuts, seeds, and hard candy. Cut up foods such as hot dogs, grapes, and raw carrots into pieces smaller than the size of your child's throat—about the size of a nickel.

 There are many ways to divide the Daily Food Plan into meals and snacks. View the "Meal and Snack Patterns and Ideas" to see how these amounts might look on your preschooler's plate at www.choosemyplate.gov/preschoolers.html.



Figure 15.4: MyPlate Daily Food Plan for Preschoolers

- Nutritious food choices

- Parents can teach children about healthful food choices
 - * Some foods “help us grow healthy and strong”
 - * Some foods are better used as occasional treats
- Eating a balanced breakfast has many benefits
- Some school lunch programs are in need of updated and more healthful menu selections

15.4 Children: Nutrition-Related Concerns

- Overweight and obesity
- Dental caries
- Inadequate calcium intake
- Body image concerns
- Childhood food insecurity

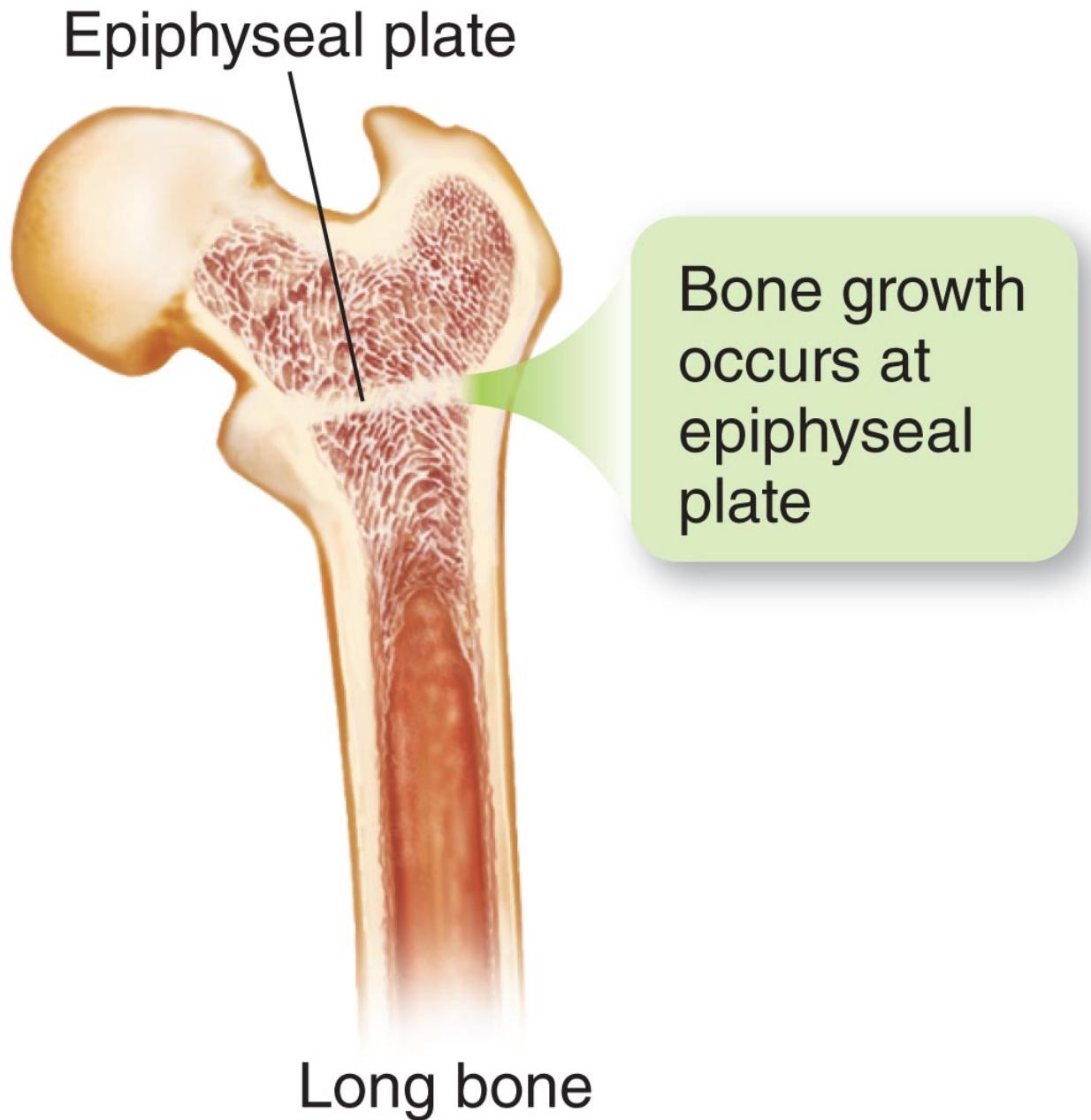
15.5 Older Children

- Age 9 to 13 years
 - Growth is slow and steady—2 to 4 inches per year
 - Growth is primarily driven by hormones during puberty
 - Children begin to make their own food choices
 - Activity levels vary
- Macronutrients
 - 25–35% of total energy from fat
 - 0.95 g protein per kg body weight per day
 - 130 g carbohydrates per day
 - 45–60% of kcal from carbohydrates
 - 14 g fiber per 1,000 kcal of energy consumed
- Micronutrients
 - Micronutrient needs rise sharply as children approach puberty
 - Meeting the needs for calcium and iron is very important
- Fluid

- Adequate intake (AI) of fluids varies by gender, ranging from 2.1 liters/day (females) to 2.4 liters/day (males)
- Supplements
 - A vitamin/mineral supplement supplying no more than 100% of the daily values may be warranted
- Nutritious food choices
 - Peer pressure can influence a child's food choices
 - Healthy role models, such as athletes, can be used to encourage good choices
 - School lunches must meet U.S. Department of Agriculture (USDA) guidelines, but this does not control what the child actually eats

15.6 Adolescents

- Age 14 to 18 years
 - Growth spurts begin at age 9 to 10 for girls and 10 to 11 for boys
 - Weight and body composition also change



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Figure 15.5: Skeletal Growth

- Macronutrients
 - Estimated energy requirements (EERs) for adolescents are based on gender, age, activity level, height, and weight
 - 25–35% of total energy from fat
 - 45–65% of kcal from carbohydrates
 - 0.85 g protein per kg body weight per day

- 26 g of fiber per day
- Micronutrients
 - Calcium and vitamin D intakes must be sufficient for achieving peak bone density
 - Iron needs are relatively high
 - * 15 mg/day for girls
 - * 11 mg/day for boys
 - Vitamin A is critical for supporting rapid growth and development
- Fluid
 - The need to maintain fluid intake is increased by higher activity levels
 - Boys: 3.3 liters/day
 - Girls: 2.3 liters/day
- Supplements
 - A multivitamin can be a safety net but should not replace a healthful diet
- Nutritious food choices
 - Peer influences and fast-paced lifestyle can lead adolescents to choose fast foods
 - Parents can act as role models and keep healthful food choices available
 - Adequate intake of fruits, vegetables, and whole grains should be encouraged
- Nutrition-related concerns
 - Bone density concerns arise from inadequate calcium intake
 - Eating disorders and poor body image problems can begin during these years
 - Hormonal changes are largely responsible for acne flare-ups
 - Cigarette smoking, alcohol consumption, and illegal drug use all have a significant impact on growth and health

15.7 Pediatric Obesity

- Obesity in children
 - **Obese** – a BMI at or above the 95th percentile
 - Increased risk of developing type 2 diabetes, hypertension, and other serious medical problems
- Overweight children are at much greater risk of becoming overweight adults
- Obesity is now epidemic in the United States among school-aged children

- Caused by too many Calories and not enough physical activity
- Dietary Guidelines for Americans recommend that children be very active for at least 1 hour per day

15.7.1 Prevention

- Constructive support for physical activity
- Healthful, balanced, regular meals
- Developing healthful eating habits early in life
- Family-wide support for nutritious food choices
- Parental control of food purchase and preparation
- Minimize the amount of meals eaten out of the home, especially fast food
- School support for healthful food choices
- Daily activity and exercise

TABLE 15.2 Examples of Physical Activities for Children and Adolescents*

Type of Physical Activity	Age Group: Children	Age Group: Adolescents
Moderate-intensity aerobic	<ul style="list-style-type: none"> ■ Active recreation, such as hiking, skateboarding, rollerblading ■ Bicycle riding ■ Brisk walking 	<ul style="list-style-type: none"> ■ Active recreation, such as canoeing, hiking, skateboarding, rollerblading ■ Brisk walking ■ Bicycle riding (stationary or road bike) ■ Housework and yard work, such as sweeping or pushing a lawn mower ■ Games that require catching and throwing, such as baseball and softball
Vigorous-intensity aerobic	<ul style="list-style-type: none"> ■ Active games involving running and chasing, such as tag ■ Bicycle riding ■ Jumping rope ■ Martial arts, such as karate ■ Running ■ Sports such as soccer, ice or field hockey, basketball, swimming, tennis ■ Cross-country skiing 	<ul style="list-style-type: none"> ■ Active games involving running and chasing, such as flag football ■ Bicycle riding ■ Jumping rope ■ Martial arts, such as karate ■ Running ■ Sports such as soccer, ice or field hockey, basketball, swimming, tennis ■ Vigorous dancing ■ Cross-country skiing
Muscle-strengthening	<ul style="list-style-type: none"> ■ Games such as tug-of-war ■ Modified push-ups (with knees on the floor) ■ Resistance exercises using body weight or resistance bands ■ Rope or tree climbing ■ Sit-ups (curl-ups or crunches) ■ Swinging on playground equipment/bars 	<ul style="list-style-type: none"> ■ Games such as tug-of-war ■ Push-ups and pull-ups ■ Resistance exercises with exercise bands, weight machines, hand-held weights ■ Climbing wall ■ Sit-ups (curl-ups or crunches)
Bone-strengthening	<ul style="list-style-type: none"> ■ Games such as hopscotch ■ Hopping, skipping, jumping ■ Jumping rope ■ Running ■ Sports such as gymnastics, basketball, volleyball, tennis 	<ul style="list-style-type: none"> ■ Hopping, skipping, jumping ■ Jumping rope ■ Running ■ Sports such as gymnastics, basketball, volleyball, tennis

*Note: Some activities, such as bicycling, can be moderate or vigorous intensity, depending on level of effort.

Source: Data from *2008 Physical Activity Guidelines for Americans*, U.S. Department of Health and Human Services.

Figure 15.6: Physical Activities for Children and Adolescents

15.8 Older Adults

- Physiologic changes to the bodies of older adults, age 65 years and older, include
 - Decreased muscle and lean tissue
 - Increased fat mass
 - Decreased bone density
 - Impaired absorption of nutrients
 - Taste and smell perception is often diminished
- Macronutrients
 - Energy needs usually decrease due to reduced activity levels and lower lean body mass
 - General recommendations for fat, carbohydrate, and protein intakes are the same as for younger adults
 - Recommended to not consume more than 30% of energy from sugars
 - Fiber recommendations are slightly lower for older adults
- Micronutrients
 - Calcium and vitamin D requirements increase due to poor calcium absorption
 - Iron needs decrease
 - Zinc intake should be maintained for optimizing immune function
 - Adequate intake of B-vitamins is a special concern
 - Vitamin A requirements are the same as for all adults, but older adults should be careful to not exceed the RDA

TABLE 15.3 Nutrient Recommendations That Change with Increased Age

Changes in Nutrient Recommendations	Rationale for Changes
Vitamin D Increased need for vitamin D from 600 IU/day for adults age 18–70 years to 800 IU/day for adults over age 70 years	Decreased bone density Decreased ability to synthesize vitamin D in the skin
Calcium Increased need for calcium from 1,000 mg/day for adults 19–50 years to 1,200 mg/day for women 51 years of age and older, and men 71 years and older	Decreased bone density Decreased absorption of dietary calcium
Fiber Decreased need for fiber from 38 g/day for young men to 30 g/day for men 51 years and older; decreases for women from 25 g/day for young women to 21 g/day for women 51 years and older	Decreased energy intake
B-Vitamins Increased need for vitamin B ₆ and need for vitamin B ₁₂ as a supplement or from fortified foods	Lower levels of gastric juice Decreased absorption of food B ₁₂ from gastrointestinal tract Increased need to reduce homocysteine levels and to optimize immune function

Figure 15.7: Nutrients That Change with Increased Age

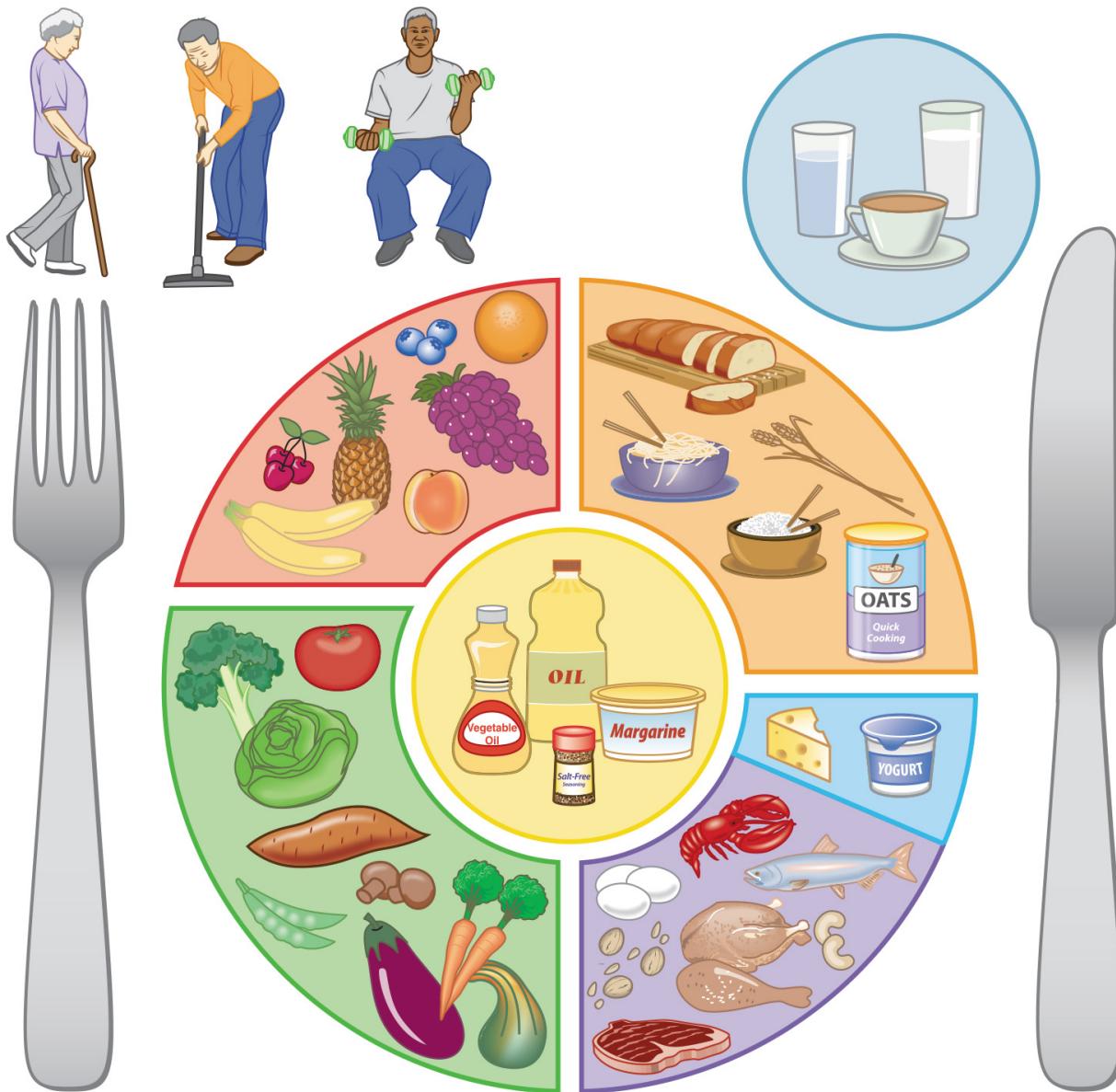
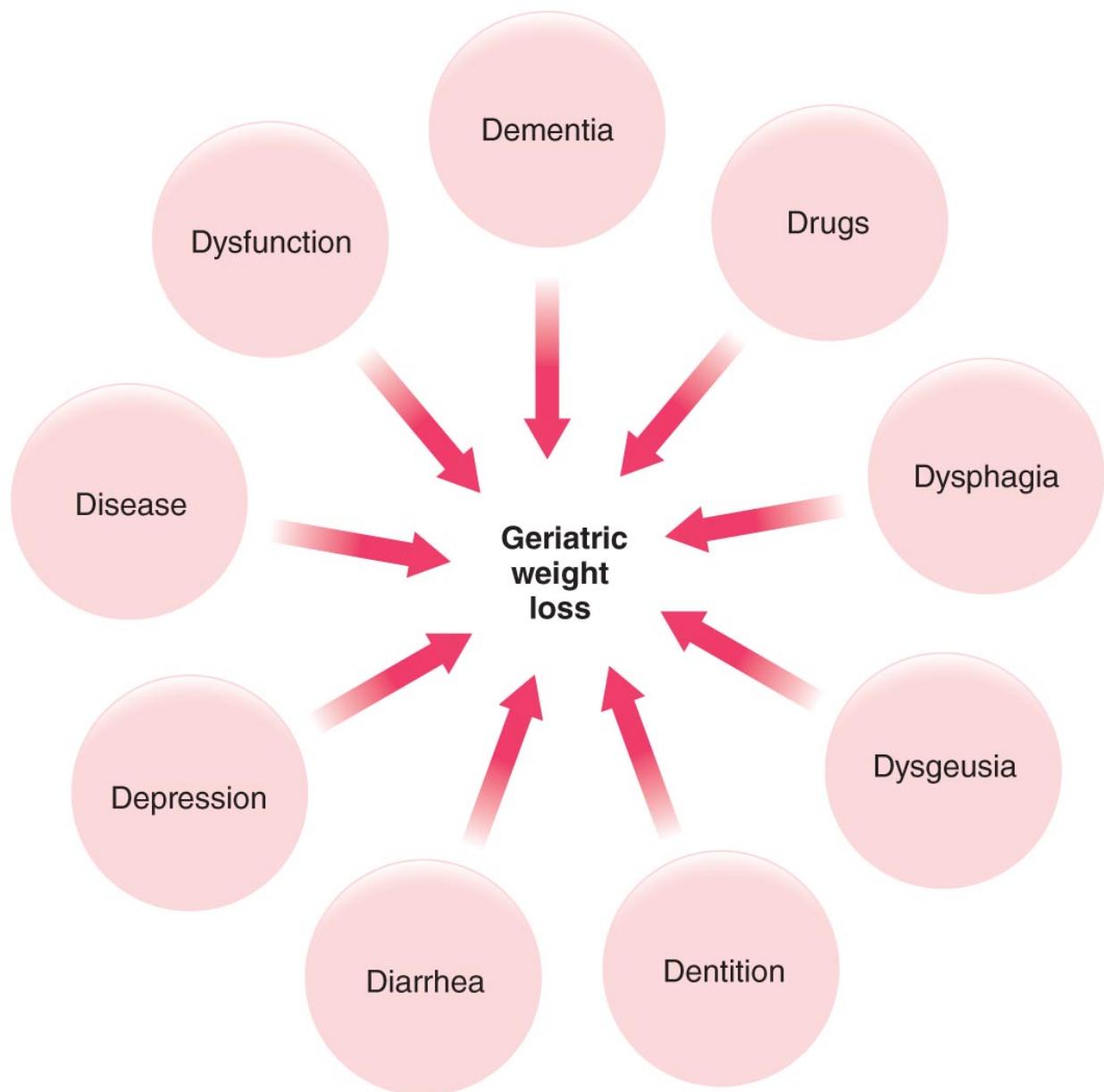


Figure 15.8: MyPlate for Older Adults

- Fluid
 - AI for fluid is the same as for younger adults
 - * Men: 3.7 liters/day
 - * Women: 2.7 liters/day
 - Older adults are especially susceptible to dehydration because changes in kidney function in older adults can impair their thirst mechanism
 - Important to seek medical attention for incontinence and to drink plenty of fluids
- Nutrition-related concerns

- Many chronic diseases are more prevalent in overweight or obese adults
- Underweight may result from illness, disability, loss of sense of taste or smell, depression, and social isolation
- Dental health issues may cause older adults to avoid meats, firm fruits, and vegetables



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Figure 15.9: Nine Ds of Geriatric Weight Loss

- Nutrition-related concerns
 - Age-related eye diseases can cause vision impairment and blindness

- * Macular degeneration and cataracts
- Some prescription medications can alter nutrient absorption or decrease appetite
- Financial and mobility problems



(a)



(b)

Figure 15.10: Macular Degeneration and Cataracts

TABLE 15.4 Examples of Common Drug–Nutrient Interactions

Category of Drug	Interactions
Antacids	May decrease the absorption of iron, calcium, folate, vitamin B ₁₂
Antibiotics	May reduce the absorption of calcium, fat-soluble vitamins; reduces the production of vitamin K by gut bacteria
Anticonvulsants	Interfere with activation of vitamin D
Anticoagulants ("blood thinners")	Reduce the activity of vitamin K
Antidepressants	May cause weight gain as a result of increased appetite
Antiretroviral agents (used in treatment of HIV/AIDS)	Reduce absorption of most nutrients
Aspirin	Lowers blood folate levels; increases iron loss due to gastrointestinal bleeding
Diuretics	May increase urinary excretion of potassium, sodium, calcium, magnesium; may cause retention of potassium, other electrolytes
Laxatives	Increase fecal excretion of dietary fat, fat-soluble vitamins, calcium, and other minerals

Figure 15.11: Common Drug–Nutrient Interactions

15.9 In Depth: The Fountain of Youth

- Growing numbers of people are experimenting with new methods to achieve greater longevity
 - Calorie restriction
 - Intermittent fasting
 - Supplements

15.9.1 Calorie restriction (CR)

- Researchers have not identified a precise number of Calories to qualify as “restricted”
- Typically involves eating fewer Calories than your body needs to maintain normal weight
- Should allow for differences in gender, height, age, body composition, activity level, and so forth

- Many people practicing CR strive to consume 20–30% fewer Calories than usual

15.9.2 Metabolic effects of Calorie restriction

- Decreased fat mass and lean body mass
- Decreased blood glucose levels
- Decreased LDL and total cholesterol and increased HDL cholesterol
- Decreased core body temperature and blood pressure
- Decreased energy expenditure
- Decreased oxidative stress
- Lower levels of DNA damage
- Lower levels of chronic inflammation
- Protective changes in some hormone levels

15.9.3 Challenges of Calorie restriction

- Data are still preliminary
- May be ethical concerns for some people's participation (potential malnutrition)
- Much of the data are self-reported from CR groups
- May be necessary for CR to last many years to see longevity benefits
- Reported side effects include constant hunger, feeling cold, lower sex drive
- Long-term effects are not known

15.9.4 Alternatives to Calorie restriction

- Intermittent fasting (IF):
 - Alters the pattern of food consumption
 - Has shown positive effects in animals
 - May be tolerable for more people
- Limiting total protein intake
- Exercise-induced leanness

15.9.5 Supplements

- The “anti-aging” market is rife with supplements making longevity claims
- No research trials to date have shown a clear connection between increased nutrient intake from supplements and lower rates of death
- Greatly increased nutrient intake levels may pose dangers to some people
- Many non-nutrient supplements (such as gingko, DHEA) can have potentially serious side effects
- *Proven* things you can do to increase your chances of living a long and healthful life:
 - Get regular physical activity
 - Eat nutritious, balanced meals
 - Take only supplements recommended by a qualified healthcare provider, in only the amounts recommended
 - Maintain a healthful body weight
 - Don’t smoke or use tobacco products
 - Consume alcohol in moderation