

focus:

Sugar-Sweetened Beverages

FOR MEDICAL PROFESSIONALS

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The “low-hanging fruit” of dietary counseling

Evidence indicating an association between sugar-sweetened beverage (SSB) intake and weight gain continues to mount. For pediatric healthcare providers, the SSB issue provides a unique opportunity for efficient, effective parent/patient counseling. Compared to many other dietary and weight-management changes, replacing caloric soft drinks with good-tasting, no-calorie/low-calorie beverages is simple. In making this recommendation, providers are giving parents and patients guidance that is concise, understandable, and actionable.

Realistic substitutions

Realistically, families won't make an immediate switch from SSBs to the drinks kids should be drinking most: water and nonfat/low-fat milk (after age 2 years). The biggest obstacles are often complaints that these healthy drinks are “boring.” Here are a few suggestions that can help parents approach change as a gradual process.

- Start stocking the refrigerator with sweet-tasting no-calorie/low-calorie drinks, such as flavored waters.
- Institute a “milk-or-water-only” policy for all mealtime beverages.
- Dilute servings of juice, gradually increasing the water-to-juice ratio.
- Use no-calorie sweeteners when mixing favorite “kid drinks,” such as lemonade and punch.

Telling numbers 7%

Total U.S. calorie intake from SSBs. SSBs are the largest single food source of calories in the U.S. diet

10

Teaspoons of added sugar in one 12-ounce can of soda. Ten teaspoons is the USDA daily limit for the average teenage girl*

13.5

Teaspoons of added sugar consumed daily by 2- and 3-year-olds

40%

Decrease in teens' milk consumption since 1977-1978

100-200%

Increase in teens' soft drink consumption since 1977-1978

850

Dollars spent annually, per household, on carbonated drinks

* Based on 1,850-calorie diet'

Toddlers and pre-schoolers

Addressing the “juice problem”

Despite the revised guidelines on juice consumption from the American Academy of Pediatrics in 2001, juices still seem to maintain a “healthful” image among parents. Children are drinking juice young—and they’re drinking a lot. In fact, 60 percent of 1-year-olds drink juice, and they average nearly 12 ounces a day, which is the upper limit for 18-year-olds.

Aside from juice’s impact on young children’s health, there are also behavioral considerations to explore. Parents should be careful not to use juice boxes and sip-cups to comfort or relax young ones who should be learning to self-soothe. It’s also important that toddlers and pre-schoolers not get into the habit of carrying a beverage with them continuously.

AAP recommended limits on fruit juice consumption

Ages 1 to 6:

4 to 6 ounces daily

Ages 7 to 18:

8 to 12 ounces daily

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Juices should be 100% fruit juice.

Pre-teen and teenage patients

Messages that may resonate

Among teens who consume SSBs, boys average three cans a day and girls, two cans; the drinks provide 15 % of these kids’ calories. Practitioners may find value in directly asking patients about beverage consumption, and in sharing basic facts:

- Many juices and sports drinks are high in calories. Gourmet coffee drinks can also pack a lot of calories, especially the large lattes with flavorings, whole milk and whipped cream.
- Many off-the-shelf drinks contain two or more servings—and double the calories (or more). Teens should check serving sizes on nutrition labels.
- Ages 9 to 18 are the most important for building bone. Teens who drink soft drinks tend to drink less milk—and get less calcium. One strategy for change is to have one less soft drink and one more glass of nonfat/low-fat milk each day.
- Some energy drinks and non-cola sodas have a lot of caffeine. Help patients understand the potential negative effects of caffeine, such as increased anxiety and sleep problems.



Noteworthy successes

The news surrounding SSBs isn’t entirely negative. Progress is evident—especially when kids and teens are given plentiful and appealing no-calorie/low-calorie alternatives.

- In a six-month Children’s Hospital Boston study², adolescents chose non-caloric beverages to be delivered to their homes weekly, and reported an **82% drop in SSB consumption**. Also, the third of intervention subjects with the highest BMI lost the equivalent of a pound a month.
- Data on **milk vending machines** in high schools show that some teens will choose milk over SSBs when milk is offered in several flavors and attractive containers.³ Anecdotally, school districts report struggling to keep milk machines stocked to meet student demand.
- In May 2006, the nation’s largest beverage distributors agreed to stop sales of all soft drinks in public elementary and middle schools and to sell only diet soft drinks to high schools.
- For the first time in 20 years, volume of soda sold in the U.S. fell (0.7%) in 2005.



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