The EALM Blog Shelf

While Laura Cipullo and the Laura Cipullo Whole Nutrition Team work on some new and exciting projects, you may notice less posts on the Eating and Living Moderately Blog. We have created a “blog shelf” below to keep you entertained and educated. Get caught up on the latest nutrition education by clicking on each year below. We will send you nutrition updates, but we will not be inundating your mailboxes on a weekly basis. If you want weekly “love” and inspiration, subscribe to our Mom Dishes It Out blog for weekly posts and recipes. Mom Dishes It Out provides expert advice from mom Registered Dietitians and mom Speech Pathologists on the “how to” of health promotion!

The EALM Blog Shelf

Please feel free to peruse our posts organized by year below. Or take a look at the categories listed at the bottom of the page to find a post in the desired.

2015
2014
2013
2012
2011
2010

NOVEMBER 30, 2014
To Prevent Kidney Stones
To Prevent Kidney Stones: limit protein, sodium, calcium and oxalate in diet intake and increase fluid.

**Beverages:** Limit draft beer; chocolate beverage mixes, cocoa, instant tea and instant coffee

**Breads and Cereals:** Limit grits, wheat bran, instant cereal, any breads or crackers with salted tops, cheese pizza

**Desserts:** Limit fruitcake, desserts made with chocolate, nuts, berries, red currants or rhubarb

**Fats:** Avoid nuts and nut butters, regular salad dressings, bacon fat, bacon bits, snack dips made with instant mixes or processed cheese

**Fruits:** Avoid Berries (blackberries, gooseberries, black raspberries, strawberries), concord grapes, red currant, lemon, lime and orange peels, calcium fortified fruit juice, grape juice

**Meats and Meat Substitution:** Avoid baked beans with tomato sauce, peanut butter, tofu, cold cuts, cured meats, hot dogs, bacon and sausage, imitation crab and lobster

**Potatoes:** Limit Sweet potatoes

**Snacks:** Avoid chips, salted crackers and cheese

**Soups:** Limit canned soups or dehydrated soup mixes

**Vegetables:** Limit beans (waxed and legumes), beets, celery, eggplant, leeks, summer squash

**Other:**

Calcium – 800 mg /day

Vitamin C – do not supplement as increases oxalate in urine

Fluid – 12.5 glasses/cups/day
Teaching Food Waste and Hunger without Worrying Your Child

In the springtime, a mother asked me, “How do I teach my child about food waste and hunger without worrying or shaming her?” Well, I didn’t have the answer, but I now have a way to at least start the conversation. In honor of Hunger Action Month, read on to learn about nutrition student and Rescuing Leftover Cuisine volunteer Hannah Husby’s recommendations to turn extra food into meals for others. –Laura Cipullo, RD, CDE, CEDRD and Mom

Photo Credit: jbloom via Compfight cc

Ideas for Food Rescue Hannah Husby, Nutrition Student, NYU  While we worry a lot these days about all the food we are eating, we should consider turning our positive attention to food we may be wasting. Of course, everyone wastes food from time to time; it’s easy to want to buy all the beautiful produce at the farmer’s market, only to find you bought too many peaches—and the last two became rotten before you could eat them! (For tips on how to avoid this, see this post.) This waste tends to be more annoying than anything for us, but for those that face issues with food insecurity, having that peach before it gets soft could make a difference between going to bed hungry or not. Short of eating everything in your fridge right now so none of it goes to waste, what can be done to help? It actually takes a surprisingly small amount of time to make a difference. Big cities across the country can use help feeding their homeless and secure food, and this can make an incredible impact. Here are a few places to check out in New York City:

City Harvest – Known for everything from food rescue to nutrition education, City Harvest has served New York for over thirty years and continues to eliminate food waste every day.

Rescuing Leftover Cuisine – A smaller and recently created non-profit, Rescuing Leftover Cuisine also aims to feed the hungry by taking donations from restaurants and businesses, no matter how small, and can always use volunteers to transport this food directly to shelters and pantries.

Food rescues can also be found all over the country by checking out Feeding America, but if there are no rescues in your community, you can actually create your own with the help of City Harvest. Volunteering, even just an hour or two a week, can do wonders not only for the community you live in, but also for yourself, connecting you more with those around you and creating a fresh perspective on those day-to-day complaints we all face. And it certainly helps you appreciate how wonderfully delicious those peaches are!

MAY 18, 2014

A Reflection on BMI

A Reflection on BMI
Part 1 - In The Media
We’ve been hearing a lot about BMI recently in news. Between *The Biggest Loser* controversy and a recent article recounting a Yale student’s struggle with her school’s perception of health, BMI seems to be the hottest new weight assessment. *Mom Dishes it Out* covered BMI in 2012 (the article can be accessed [here](#)) emphasizing the importance of good and healthy behaviors over the use of a flawed scale of measurement. Since then, we found that it continues to be used in the media as a fact determining obesity. But what does BMI really tell us about our bodies? Body Mass Index—or BMI—is a measurement of body fat based on an individual’s height and weight. To determine your own BMI, you can use this easy equation.

\[
\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m)}^2}
\]

Determining BMI is not specific; it’s general. An individual’s BMI is just one part of the puzzle when health care professionals work towards improving an individual’s habits and it should not be used as the sole determinate to suggest that an individual is either under or overweight. It is merely a clue as part of a larger nutrition and health assessment. In recent years, the parameters for BMI have changed, causing more people to fall into certain categories.

Consider this – muscle weighs more than fat. So are Tom Brady, Michael Phelps, and many of the female Olympic gymnasts overweight? Their BMI says yes, though we know this is not the case. Bodies come in all shapes, sizes, and masses and it is important to remember this.

The fueling argument behind *The Biggest Loser* contestant, Rachel Frederickson’s, weight controversy was her BMI of 18, a value considered just underweight and malnourished. Without considering her BMI, it’s easy to understand how and why a driven and competitive individual involved in a nationally televised weight-loss competition (who would win $250,000) would be so intent on dramatic weight loss. However, we don’t think her weight was healthy. But not because of her BMI, rather her report of exercising 6 hours a day while only consuming 1600 kcals daily in addition to losing 266 pounds in such a short period of time. This is not realistic to continue nor healthy for a lifestyle. If an Olympic athletic were in training, they may exercise for so many hours but they would also be likely consuming 4000 kcals/day. Since the final weigh-in, and after resuming her “normal lifestyle” with the tools she learned from the show, Rachel has a BMI of about 20.
What is more important to consider, is that she reports she is finding time to exercise everyday for about 60 minutes. She loves cooking and is enthusiastic about her meals. She has a renewed sense of her athleticism. She has invested in behavior modification and it is working for her. Instead of using her BMI as a tool to ask the larger questions, we used it’s against her stating that is was a fact that she was unhealthy and now that her BMI is in normal range it is a fact that she is healthy. When, in reality, none of us truly have access to that information. Particularly since none of us know the mental and physical impact that social scrutiny had on her—that’s certainly not information we can get from her BMI. We wonder, is she menstruating, is she thinking about food all of the time or some of the time? We don’t need Rachel to answer these questions, but rather, for us to understand that a mid-range BMI and decreased exercise still does not equate health. More questions need to be answered.

A similar scandal arose when Yale student, Frances Chan, reported in an article later picked up by the Huffington Post, that Yale was forcing her to gain weight, at risk of mandated medical leave from school, based on her BMI. Chan, 5’2” and 90 lbs has a BMI of 16.5. Says Chan;

The University blindly uses BMI as the primary means of diagnosis, it remains oblivious to students who truly need help but do not have low enough BMIs. Instead, it subjects students who have a personal and family history of low weight to treatment that harms our mental health.

While we are given access to Chan’s height and weight and, therefore, her BMI—she is not our patient. We do not have her medical history or understanding of her body’s development overtime. Most importantly, we are not made aware of Chan’s habits and behaviors. With all of that said, her BMI is quiet low. This is a red flag to health professionals suggesting they dig deeper into one’s medical status and mental health to determine if there is an issue, perhaps behavioral, that needs addressing. Chan suggests that Yale used her BMI as the sole determinant during her nutrition intervention. Whether or not an intervention was required remains unclear to us, but we would hope that more than one’s BMI will be used in future assessments and they would take into account her medical status, her mental health and her behavior/behaviors.

The above scenario is particularly true when visually assessing others. The point here is size is not the only measurement of health especially that of BMI. Some people qualify as healthy with a BMI of 20 yet their behaviors say otherwise by implementing dietary restriction, smoking, over exercising and even purging. While others, with a BMI of 26 could be healthy, exercising, not smoking, and eating normally yet be considered overweight. The same holds true for someone in the extreme margins of BMI. There are many nutrition clients that we have counseled with BMI’s greater than 29 who have made dietary and lifestyle behavioral...
changes yet their weight does not reflect the media’s representation of health. And so the same goes for someone who is naturally thin and healthy. For women, regular menstruation, adequate nutrition intake and lack of food thoughts/obsessions along with a normal blood pressure, EKG and more, may be a better indicator of true health. So don’t judge a book by its cover.

Stay tuned; there is more information to come about BMI and how it is being used in our culture and society.

MARCH 23, 2014

Aging Nutritionally and Gracefully

Aging Nutritionally and Gracefully

By Laura Cipullo and the Laura Cipullo Whole Nutrition Services Team

If there is one thing working against us when it comes to aging it’s... TIME. It is true that as we get older, we age. While we can’t turn back time, we can try to keep our bodies as healthy as possible to help us feel better, stronger, and more energized. Here are three of our favorite books that discuss diet, health, and lifestyle recommendations that can help you feel younger by keeping your mind and body in a state of wellness:

You Staying Young- by Dr. Roizen and Dr. Oz

This book describes the aging process in a fun, easy-to-read way. It does an excellent job of intertwining medicine and nutrition. It has tons of useful tools like the YOU Tool 2 “Ultimate Work Up”- a fantastic list of tests you should be sure to inquire about at your next doctor’s visit. You also offers a 14-day plan that includes dietary changes, exercise routines, meditation, and relaxation plans. This book reminds you that caring for the mind and body together are equally important. It also includes interesting little known facts. For example Roizen and Oz note that you should remove your dry-cleaned clothing from the plastic-wrap, as soon as you get home to prevent the chemicals from becoming trapped. There is a great chapter on other toxins that you may find in your environment as well. I am going to head to my closet right now to remove the plastic from my dry-cleaning.
In Younger Next Week, my colleague registered dietitian Elisa Zied points out that crash dieting is not the solution to aging. In fact she explains that crash dieting increases cortisol levels, leading to both weight gain and aging! Zied’s 7-day vitality plan offers manageable ways to make permanent lifestyle changes that can lead to improved health and wellness. This plan is supposed to be repeated weekly so that it eventually becomes a lifestyle. Elisa states “it’s about finding a sustainable balance in your food and food choices” (Page 189). Finding balance, not only in food choices, but also in our schedules is important. Elisa offers countless examples of structured meal plans, tasty recipes, and creative “stressipes” to get you started on living a more balanced life. I am really excited to try Strawberry-Walnut Cinnamon French toast (Page 216) for breakfast next weekend!

This book may look intimidating at first, but when you crack it open it has some very practical advice. Eat, Drink, and Be Healthy: Harvard Medical School Guide to Healthy Eating is one of my favorites! Dr. Willett provides a review of some of the quick-fix diets and why they do not work. He also includes his own version of the USDA pyramid, which I find to be very useful. This is a great book if you want to learn about nutrition science. This book focuses more on the diet component of lifestyle changes and includes some really wonderful recipes, menus guides, and cooking tips to help you feel comfortable trying new ingredients. This book may be a little more of a challenging read than our other two recommendations, but it is certainly worth it.
Ultimately these books can aid the work you are doing with your RD and/or MD. Remember to help yourself feel your best, make small daily changes in your life. Think balance not CONTROL! Aim for the middle ground – “The Grey Zone” – the healthy diet mentality should steer clear of black and white, all or nothing thinking. Healthy diets are learning which foods work for you. Try to think of these foods as “everyday” foods and “sometimes” foods when meal and snack planning. Choose to exercise to help your bodies physically and mentally, not just to lose weight. Take time to relax – again both physically and mentally!! Oftentimes quick fixes may be appealing when trying to become healthy, but this typically ends up backfiring. Instead, consider taking small manageable steps, such as meditating for one minute each night, to achieve permanent behavior change.

Want more information on nutrition and aging? Check out this recently published article by the Nutrition Society:


FEBRUARY 23, 2014
The Scoop on Coffee

The Scoop on Coffee
By Laura Cipullo and the Laura Cipullo Whole Nutrition Services Team

We’ve heard it before: “Coffee boosts your metabolism. Too much coffee causes dehydration.” But, do these sayings hold any truth? Does drinking a cup or two of java each morning really affect your metabolism? And what about your hydration? Research has linked coffee to numerous health benefits, including aiding in degenerative diseases, like Alzheimer’s disease, boosting our mood, and the list goes on. We took to the books to find the scoop on coffee. Here is what we found.
Q: What’s the deal with caffeine?
A: Coffee stimulates our feel good hormones in the brain!! Makes you feel good (in moderation, of course).

According to a Harvard Health Letter published in Harvard Medical School’s Health Publications, caffeine is absorbed in the stomach and small intestine. It is then circulated throughout the body, including the brain. The caffeine circulation reaches its highest point roughly 30-45 minutes following ingestion. Once absorbed, caffeine affects the dopamine activity in the brain. Dopamine is a brain chemical that involves thinking and pleasure. Think about it that first cup of coffee in the morning – part of that morning rush is associated with caffeine stimulating our dopamine receptors just like sugar and even drugs.

Q: Can coffee be beneficial to brain function?
A: Caffeine is linked to better memory!

A study published in 2012 tested the effect of caffeine on older adults with “mild cognitive impairment, or the first glimmer of serious forgetfulness, a common precursor of Alzheimer’s disease”. The study found that those older adults with little caffeine in their bloodstream were far more likely to develop Alzheimer’s disease than those who had a few cups of coffee per day.

Q: Is filtered coffee healthier than unfiltered coffee?
A: Choose filtered coffee more often.

If you’re drinking unfiltered coffee on a daily basis, you may want to consider switching to filtered. Coffee naturally contains a substance known as cafestol, which has been shown to stimulate LDL (bad) cholesterol levels. However, when brewed with a paper filter, the cafestol doesn’t transfer to the coffee. While drinking unfiltered coffee on occasion isn’t terrible for you, if you are someone with high cholesterol, filtered coffee would make the better choice.
Q: Can too much coffee be dehydrating?
A: Caffeine stimulates your bladder, while alcohol actually dehydrates.

A recent study published by University of Birmingham in the United Kingdom tested coffee’s effect on the fluid balance of habitual male coffee drinkers and found no significant loss of fluid balance in men that drank a maximum of 4 cups of coffee per day.

Q: Does coffee consumption impact blood pressure?
A: Coffee can up our pump; think twice if you have already high blood pressure.

It can. According to a study performed by Harvard University, continued caffeine consumption (via coffee) can lead to a slight increase in blood pressure. While coffee hasn’t been directly associated with an increased risk of hypertension, it is typically recommended that those with hypertension, specifically those who are finding it difficult to control, should switch to a decaffeinated coffee.

Q: Can coffee really boost our metabolism?
A: Coffee boosts our central nervous system, but it usually takes more than 1 cup.

A study published in the Journal of Physiology and Behavior, the metabolic rate of regular coffee drinkers was found to be about 16% higher than decaf coffee drinkers. The reasoning? Caffeine is known to stimulate the body’s central nervous system, which can increase both breathing and heart rate.
As the research we’ve highlighted shows, coffee drinking can benefit our brain health, boost our metabolism, and even help improve our mood. However, too much of a good thing can be harmful – drinking too much coffee can increase our blood pressure and drinking more than 4 cups per day can negatively affect our fluid balance. Though, like most things, coffee can be a part of a healthy diet when consumed in moderation. A cup or two of coffee per day could be beneficial to our health, but it is encouraged to limit coffee drinking to a maximum of 4 cups per day to avoid any negative side effects.

Laura recently traveled to Peru and came across a great coffee brand known for both their sustainability and commitment to the environment, Puro Coffee. Puro Coffee is sourced from Fairtrade co-operatives made up of hundreds of farmers together to grow the coffee naturally. They even use solar panels and recycle the heat from the coffee roasting process to power their factory!

For more information on Puro Coffee and their sustainable processes, please take a look at the following links:

- [www.purocoffee.com/us](http://www.purocoffee.com/us)
- [www.purocoffee.com/uk/](http://www.purocoffee.com/uk/)
- [www.facebook.com/fairtradecoffee](http://www.facebook.com/fairtradecoffee)
- [www.twitter.com/puro_coffee](http://www.twitter.com/puro_coffee)

or watch a great video on their story [here](http://www.purocoffee.com/)

References:

Prostate cancer is the second most common cancer among males, following skin cancer. It is currently most common in men over 50 years of age. An estimated 1 in 5 men will be diagnosed with cancer. Prostate cancer involves the prostate, an organ associated with the male reproductive system. We spoke last week about breast cancer and wanted to continue to raise the awareness of our EALM readers by covering the ins and outs of prostate cancer; including nutritional and lifestyle recommendations to benefit the health of men.

**Causes and Contributing Factors:**

As of now, the medical community has no knowledge of a definitive cause of prostate cancer. However, the American Cancer Society has highlighted some documented risk factors:

- Prostate cancer is more common in men over the age of 50. And about 6 in 10 cases of prostate cancer are found in men over the age of 65.
- It has been suggested to run in families. In fact, having a brother or father with prostate cancer more than doubles a man’s risk of developing prostate cancer himself.
- Some studies have suggested that inherited mutations of the **BRCA1** or **BRCA2** genes (seen in families with higher risks of breast and ovarian cancers) may increase the risk in some men. Though these genes most likely account for a smaller percentage of prostate cancer cases.

**Diet and Lifestyle:**

It remains unclear how big of an effect diet has on the development of prostate cancer, although a large number of studies have found that diets higher in red meat intake, dairy products and diets high in total fat increase a man’s chance of getting prostate cancer. A study performed in Canada found that a diet high in saturated fat was associated with a “3-fold” risk of death following a prostate cancer diagnosis[i] when compared to a diet low in saturated fat[ii].

Conversely, diets consisting of fiber-rich foods, lycopene (found in tomatoes), and cruciferous vegetables have been shown to be associated with a lower risk of developing...
prostate cancer. It is important to note that lycopene is more easily digested after cooking, so look for recipes with cooked tomatoes like homemade marinara sauce, tomato soup, and ratatouille. Fish and intake of foods high in omega 3 fatty acids, have been linked to a decreased risk of death and recurrence of prostate cancer\(^1\). A recent article published in the Chicago Tribune states “men with early stage prostate cancer may live longer if they eat a diet rich in heart-healthy nuts, vegetable oils, seeds, and avocados”\(^{iii}\). It is because the heart-healthy fats found in nuts and vegetable oils increase antioxidants, which act to protect against cell damage and inflammation\(^{iii}\).

**Recommendations:**

The Academy of Nutrition and Dietetics recommends the following to maintain a healthy diet for those affected by prostate cancer:

- Eating a very high amount of fruits and vegetables per day, 5-9 servings is ideal and focus on foods darker in pigment, as those tend to be higher in antioxidants.
- Specifically cruciferous vegetables like broccoli, cauliflower, and kale, as they have been found to have cancer-fighting properties.
- Increasing intake of omega 3, our recommendations can be found here. However, we feel it’s important to mention that a recent study found a possible link to an increased cancer risk and the digestion of omega 3s. However, the study did not question where the omega 3s came from. Therefore, it remains unclear whether it is omega 3s from food or the omega 3s from supplements increase prostate cancer risk in men. All in all, we recommend eating natural sources of omega 3s in moderation, like eating fish and a handful of nuts a few times per week\(^{iv}\).
- Similar to omega 3 supplementation, medical professionals advise patients to avoid using supplements, unless authorized by their doctors. In 2012 it was found that vitamin E supplementation could actually be linked to an increased risk of prostate cancer.
- Although this has yet to be definitively proven in studies, many believe that drinking 2-3 cups of green tea could help fight off cancer cells. While there is little evidence to this, we don’t think it would hurt swapping your second cup of coffee with a nice cup of green tea.
- Exercise has been shown to decrease the risk of prostate cancer reoccurrence. It is recommended that men get an average of 30 minutes of exercise about 5 days per week.

What activities do you do with your family to keep healthy and active? What are your favorite recipes with lycopene, cruciferous veggies, and omegas? We especially love this Tomato Soup recipe from Cooking Light!

For more resources and information on prostate cancer, we recommend the following websites:

- American Cancer Society
- Prostate Cancer Foundation

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\(^{iii}\) Cortez, Michelle F. “Healthy Fats May Prolong Lives of Those with Prostate
Breast Cancer is the most commonly diagnosed cancer in women today. It is estimated that 1 in every 8 women will be diagnosed with breast cancer in their lifetime, equaling a quarter of a million women being diagnosed each year. As many of you may know, October is Breast Cancer Awareness month. In effort to raise the awareness of our EALM readers, we wanted to highlight the importance of diet and lifestyle, on not only your overall health, but also in relation to breast cancer.

The Role of Diet and Lifestyle:

In a recent article featuring Mary Flynn, registered dietitian and co-author of the book “The Pink Ribbon Diet,” she states, “because the majority of breast cancer cases don’t have a genetic link, you have to conclude that lifestyle factors, including diet, play a large role.” The Academy of Nutrition and Dietetics takes a similar stance, stating that “while there is no certain way to prevent breast cancer, it has been found that leading a healthy lifestyle can help reduce your risk and boost your odds if you do get breast cancer.”

Risk Factors:

Highlighted below are the risk factors. However, we want to stress that if you find you fall under a few, or more than a few, of these categories it is important not to panic. If you are concerned, please talk with your doctor and follow the recommendations for when and how often to get mammograms. Here are risk factors provided by the Center for Disease Control.

- Beginning your menstrual cycle before the age of 12
- Starting menopause at a later than average age
- Never giving birth
- Not breastfeeding post-birth
Long-term use of hormone-replacement therapy
Family history of breast cancer
Previous radiation therapy to the breast/chest area, especially at a young age
Being overweight, especially in women of the postmenopausal age

What About Insulin?

An article written by Franco Berrino, et al., states that elevated serum insulin levels are associated with an increased risk of recurrence in breast cancer patients. The authors also found each of the following to be associated with breast cancer incidence: high plasma levels of glucose (>110 mg/100 mL), high levels of triglycerides (>150 mg/100 mL), low levels of HDL cholesterol (<50 mg/100 mL), large waist circumference (>88 cm), and hypertension (SBP > 130 mmHg or DBP > 85 mmHg). The article also states that those with both metabolic syndrome and breast cancer have the worst prognosis. In addition, recent research has shown significant positive associations between obesity and higher death rates for a number of cancers, including breast cancer.

In other research, omega 3 fats (alpha-linolenic acid, EPA, DHA) have been shown in animal studies to protect from cancer, while omega 6 fats (linoleic acid, arachidonic acid) have been found to be cancer-promoting fatty acids. Flax seed oil and DHA (most beneficial from an algae source) can both be used to increase the intake of omega-3 fatty acids. DHA originating from a marine source was found to be the most efficient source. To learn more about fatty acids in your daily diet check out our blog post on Fatty Acids.

The Center for Disease Control’s and the Academy of Nutrition and Dietetics’ tips on how to help reduce your risk of breast cancer:

- Get a minimum of 4 hours of exercise per week – aim for a minimum of 30 minutes most days of the week for optimal health. Some experts recommend yoga to breast cancer patients, as the practice of yoga can ease anxiety, depression, and stress.
- Limit alcoholic beverages to 1 per day, or none at all
- Try to maintain a healthy weight (a mid range), especially following menopause
- Eat plenty of:
  - Dark, leafy greens and cruciferous vegetables: broccoli, cauliflower, Brussels sprouts, cabbage, collards, kale
  - Fruits: berries, cherries, citrus
  - Whole-grains: oats, barley, bulgur, whole-grain pastas, breads, cereals, crackers
  - Legumes: dried beans and peas, lentils, and soybeans
- Researchers and medical professionals suggest that cancer survivors eat a variety of antioxidant-rich foods each day (since cancer survivors can be at an increased risk of developing new cancers).

Diet and Yoga and Decreasing Stress:

Regardless of whether you are an individual with breast cancer, in remission from breast cancer, or just simply looking to improve your health, focus on a variety of foods rich in antioxidants and other nutrients. Exercise can also help reduce stress and improve overall health.
cancer, or woman trying to reduce your risk, the message is to maintain an active life while consuming a largely plant based diet with a focus on consuming omega 3 fatty acids like salmon, trout and sardines. Find ways to increase your intake of fruits and vegetables such as joining a community agriculture share. Be sure to try the many different forms of yoga for a form of movement and as way to decrease stress. To help manage insulin levels, focus on eating carbohydrates, proteins and fats at each meal and two of the three at snacks. This will slow the absorption of the carbohydrates thereby preventing a high blood sugar and insulin surge. Start with small goals and build upon them each week.

What’s your favorite recipe high in antioxidants? What is your favorite way to decreases stress? Do you have a favorite app that helps you achieve optimal wellness?

Breast Cancer Resources:

- American Cancer Society
- AND’s Healthy Nutrition Now
- National Cancer Institute

References:


Contrary to Popular Belief – Men, Also Suffer From Eating Disorders

By: Laura Cipullo and the Laura Cipullo Whole Nutrition Services Team

Many people believe that the majority of individuals with eating disorders are female. However, recent studies are showing that this is not the case. Males, also, suffer from eating disorders. In fact, the amount of men facing an eating disorder may surprise you.

The National Institute of Mental Health has determined that an estimated 1 million men struggle with eating disorders or roughly 1 in 10 eating disorder patients is a male. Researchers believe this suggests, not only that the incidence of male eating disorders is increasing, but the amount of men seeking treatment is also rising.

A recent report featured in the Journal of Men’s Health and Gender found that a frequent behavior among males with eating disorders is a term called “Anorexia Athleticism,” or extreme and frequent exercise. It is typical to see male eating disorder patients use excessive exercise to make up for their eating habits or on the other hand, exercising...
without enough food intake, resulting in possible starvation or Anorexia. Andrew Walen, LCSW-C, a psychotherapist specializing in male eating disorders, states that eating disorders can also stem from childhood bullying (A. Walen, LCSW-C, phone communication, September 2013). For example, a young boy who is bullied because of his weight may be prone to dieting to feel accepted by his peers. This can be a slippery slope that could potentially lead to an eating disorder.

According to NEDA, boys’ and men’s body images are formed by the “attitudes and beliefs that culture attributes to the meaning of masculinity, including the traits of independence, competitiveness, strength, and aggressiveness. Those who do not conform to the culture’s ideal image tend to have a lower self-esteem than those who do conform. When males fail to live up to these masculine expectations, they feel emotionally isolated, and this leads to problem behaviors. These problem behaviors may take the form of eating disordered beliefs and behaviors”

John F. Morgan, the author of The Invisible Man: A Self Help Guide for Men with Eating Disorders, Compulsive Exercise, and Bigorexia, states that if left untreated, male eating disorders can affect aspects of the man’s life, such as “interference with their work, social activities, or just meeting day-to-day responsibilities”. “While the effects of an eating disorder don’t differ dramatically between males and females,” Andrew Walen explains, “males typically experience a deeper feeling of shame.” The male psyche has an “I can handle it” mentality and admitting the need for help can be difficult for men. There is often a sense of isolation for men, even in recovery (phone communication, September 2013). The good news is that the amount of resources for males with eating disorders is beginning to change with the increasing level of awareness.

Study authors, Kearney-Cooke and Steichen-Asch, state that in our modern day culture “muscular build, overt physical aggression, competence at athletics, competitiveness, and independence” are desirable traits for males, while, “dependency passivity, inhibition of physical aggression, smallness, and neatness” are often viewed as more appropriate for females. Here at EALM, we encourage families to be very cautious and not fall prey to furthering this type of categorizing and or stereotyping of boys and girls. We ask parents to educate yourselves on eating disorder warning signs that your sons may exhibit.

**Possible Warning Signs of EDO Young Boys:**

- Experienced a negative reaction to their bodies from their peers at a young age.
- Tendency to share a closer relationship with their mothers, in comparison to their fathers.
- Dieting in response to being overweight, (whereas females begin to diet because they may “feel” overweight).
- Likely to manage their weight through exercise and calorie restriction.
- Fixated on building a muscular “shape,” or a certain look. They are less likely to be fixated on their actual weight on the scale.
- Participate in the following sports: gymnasts, runners, body builders, rowers, wrestlers, jockeys, dancers, and swimmers. Are particularly vulnerable to eating disorders because their sports necessitate weight restriction. It is important to note that weight loss in an attempt to improve athletic ability differs from an eating disorder when the central psychopathology is absent.

In addition to the above signs, there are psychological and biological factors that may also be associated with eating disorders including, but not limited to the following:

- A lack of coping skills or a lack of control over one’s life
- Experiencing anxiety, depression, anger, stress, or loneliness
• Having a family member with an eating disorder

If you feel that you, or a family member, may be suffering from an eating disorder, we’ve provided some suggestions from Andrew Walen:

Visit The National Association for Males with Eating Disorders, Inc.
• Find a male therapist or find a program that understands the male perspective.
• Get help wherever you can, educate yourself, and be sure to include your family.
• Lastly, don’t let shame or your eating disorder voice tell you that you aren’t worth it, because you are.

Here are our recommended resources:

National Eating Disorder Association, NEDA

The International Association of Eating Disorder Professionals Foundation, iaedp Foundation

The International Association of Eating Disorder Professionals Foundation of NY, iaedpNY Foundation

The Eating Disorder Referral and Information Center

Diet, Detox, or Disorder – An article featuring Laura Cipullo

If you live in the NYC area, come join us on Sunday, October 6th in a walk to raise awareness of eating disorders at the NYC NEDA Walk Click here to learn more.

References:

Calcium and Vitamin D

You’ve probably heard it time and time again, “Calcium helps build strong bones and teeth!” —and it’s true! But what is calcium and why is it so important?

In addition to macronutrients like carbohydrates, fats and protein, the body needs several minerals. Calcium is an essential mineral that supports bone development and maintenance, blood clotting, and muscle contractions. It’s important to know that while you may be consuming foods high in calcium, this mineral requires a source of vitamin D to help the body absorb it. There is a limit to the amount of calcium we can store in our bones but building proper stores of this mineral can prevent osteoporosis later. We can only store calcium up to a certain age, therefore consuming enough calcium and vitamin D earlier on in life is crucial. Although you store calcium in your bones, peak bone density is reached between ages 18-30 and remains stable until 40-50 years old in women and 60 years old in men. As an essential mineral, it is highly regulated. This means that if you don’t consume enough of this nutrient and your body is in need of calcium, calcium can leach from your bone stores so that the body can use it (remember, calcium is involved with muscle contractions and your heart is one of the major muscles that need calcium to contract and function properly!) However, when calcium leaches from the bones, it weakens them and can lead to osteoporosis. The goal is to consume adequate calcium and vitamin D to build bone mass so that even if you can no longer build bone mass, you can decrease further bone loss and maintain the stores you’ve built.

As you can see, calcium is not only vital for bone health but it also helps our heart, and muscles function properly. Inadequate calcium intake cannot only lead to osteoporosis but also an increased risk of bone fractures later in life. It is recommended that women and men between the ages of 19-70 get between 1000-1200 mg per day of calcium. While that may seem like a lot, it is easier than it looks! Weight bearing exercise can also help build bone mass.

While 3-4 servings of milk or yogurt a day will help you reach that goal, for those of us who are either lactose intolerant or follow a vegetarian and vegan lifestyle; that might not be an option, so here are a few great dairy-free alternatives.

- ½ cup of tofu has 261mg of calcium
- 6oz of fortified with calcium orange juice has 200-260mg
- 1 cup of soymilk or rice milk have between 100-500 mg of calcium
- 1 Tablespoon of Sesame Seeds contain 88mg of Calcium
- ½ cup of almonds contain 175mg of calcium
- 1 cup of raw leafy greens such as turnip, collards and kale provide 103mg calcium
- 1 cup of cooked spinach contains 123mg of calcium
- Dried herbs also provide an extra calcium boost in your diet, so make sure to add them to your favorite sauces and soups!

In addition to this, a lot of products such as oatmeal, cereals, and juices are now fortified with calcium to help insure you get the appropriate amount as well!
