

1 November 2008

GI News—November 2008



GI values for over 2,480 foods in the 2008 *International tables of glycemic index*

Prof Trim: 'The real issue is not if you are fat, but where the fat's gone.'

'It's not how much fat you eat, it's the type that counts,' says Nicole Senior

'The GI can be a great friend and tool to anyone battling weight and carb cravings.' – Stephanie's success story

Kate's delicious low GI, dollar-saving Carrot, Ginger & Cannellini Bean Soup

'Any changes aimed at reducing weight without a complete lifestyle "makeover" package are doomed to failure in the long term,' says Prof Trim in Food for Thought. 'It's the whole kit and caboodle you need – good sleep, low stress, non-smoking, good diet and plenty of exercise.' In News Briefs, we cover the key findings from the 2008 *International tables of glycemic index* and Fiona Atkinson summarises the average GI values of more than 60 common carb-containing foods in the Latest GI Values to help you put the lower GI choices into your shopping trolley and on your plate.

Good eating, good health and good reading.

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Posted by GI Group at [9:12 AM](#) [4 comments](#)

Food for Thought

Inflammation and obesity

'Any changes aimed at reducing weight without changing all aspects of lifestyle are doomed to failure in the long term in today's inflammatory environment,' writes Prof. Garry Egger in his newsletter, *Professor Trim's Waistline* (23). 'So, while health "experts" and dinner party guests continue to argue the merits of the Atkins over the Zone diet, or weight lifting over walking, the world moves on, with new findings suggesting the ineffectiveness of single behaviour change programs in the absence of a "lifestyle makeover".'

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Leading the charge is research that indicates that body weight or even fat, *per se*, may not be the issue in disease, and may in fact just be a marker of other problems occurring in the overall lifestyle. Studies on inflammatory processes in the body, normally thought to be associated with infections, have shown that a low grade form of inflammation throughout all cells of the body, seems to result from certain lifestyle behaviours, some of which (but not all) can make us fat at the same time.

Eating too much and not being active enough are the two main lifestyle behaviours that cause obesity. And while obesity has been known for over a decade to be associated with inflammation, certain types of nutrition and inactivity are now known to cause a low grade form of inflammation, with or without the weight gain.

Foods that cause a rise in pro-inflammatory markers (chemical call-out signals to the immune system to fire up its defences) immediately after they have been eaten, have now been identified (e.g. saturated fat, high GI foods, salt, excessive alcohol, starvation) as have foods that have the opposite (anti-inflammatory and hence supposedly good) effect (e.g. fruit and veg, nuts, tea, monounsaturated fats, calorie restriction).

A casual glance at these suggests an immediate hypothesis: pro-inflammatory foods and nutritional behaviours are typically those with which humans have not evolved, and those listed under the anti-inflammatory side are those that humans have consumed for thousands of years – little wonder the body reacts as if it is at war against these foreign invaders. Starvation is the exception, but an inflammatory reaction to this has survival value in increasing insulin resistance and enabling the body to conserve what valuable energy stores (glucose and fat) it may have left. On the positive side, calorie restriction – although obviously not to the point of starvation – can have an anti-inflammatory effect, so bearing in mind the adverse effect of over-eating, it seems like this is a moderation in all things type recommendation

The fact that most of the pro-inflammatory stimulants can also increase body fat may be less relevant than is often thought. And this is reinforced by the fact that other modern behaviours can have a similar effect.

Inadequate sleep is a common phenomenon in an electric light and entertainment driven environment. Over one-third of individuals in modern industrialised countries are now getting less than 7 hours sleep a night and this has been shown to raise inflammatory markers.

Depression is also on the rise and is also associated with an inflammatory reaction.

Finally, **smoking**, while actually being responsible for keeping weight down, can cause an outpouring of pro-inflammatory markers.

In all of these cases, obesity or weight gain may or may not exist. So by adopting a single behaviour such as a short-term diet or exercise program, could we realistically expect to see a decrease in inflammatory related diseases (such as heart

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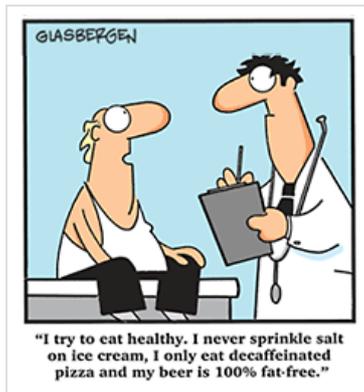
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-

It seems clear that any changes aimed at reducing weight, without changing all aspects of lifestyle relating to the modern inflammatory environment are doomed to failure in the long term – hence the renowned failure of all forms of dieting, biggest loser programs and TV promoted machines for weight loss. What’s needed for those lucky enough to be “warned” by an expanding waistline, and those who stay lean but should be aware of increasing disease risk factors, is a complete lifestyle “makeover” package. Bits of the package won’t do. It’s the whole kit and kaboodle – good sleep, low stress, non-smoking, good diet and plenty of exercise – that has been promoted since the days of Hippocrates, that must make up the prevention armoury.’



For more information check out Prof Trim’s article in September’s [Obesity Reviews](#).

Posted by GI Group at [9:11 AM](#) [5 comments](#)

News Briefs

GI of over 2,480 individual food items published

The *International tables of glycemic index 2008* produced by researchers from the University of Sydney’s Human Nutrition Unit have been published online in [Diabetes Care](#). The tables give the GI (glycemic index) of over 2,480 individual food items – doubling previous data. The key findings says lead researcher Fiona Atkinson are:

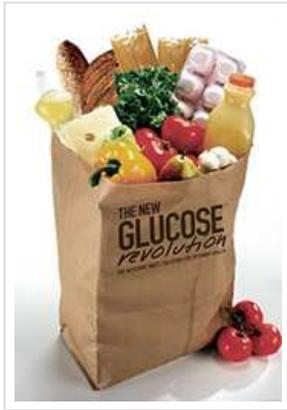
Most varieties of legumes, pasta, fruits and dairy products are low GI.

Breads, breakfast cereals, rice and snack products, including wholegrains, are available in both high and low GI forms.

Most varieties of potato and rice are high GI, but lower GI ones are available.

The GI of some foods such as oatmeal/porridge appears to be increasing possibly reflecting food industry efforts to provide convenience for the consumer with faster cooking products.

The GI of foods must be tested locally because manufacturers in different countries prepare and process foods, particularly cereal products, in different ways. For example, Kellogg’s Special K™ and All-Bran™, for example, are different formulations in North America, Europe and Australia.



'Low GI foods have benefits for everybody,' says Prof. Jennie Brand-Miller from Sydney University's Human Nutrition Unit. 'They can keep you feeling full longer, help you achieve and maintain a healthy weight and provide you and your brain with more consistent energy throughout the day. They can also have a major effect on the way the body functions and whether or not you develop health problems. If you have constantly high blood glucose and insulin levels due to eating a high GI diet, for example, you may literally "exhaust" your pancreas over time and eventually this can lead to pre-diabetes and type 2 diabetes.'

'The GI was a controversial topic among researchers and health authorities for many years, for a variety of reasons, she says. 'But today, studies from major leading medical institutions and research universities around the world have repeatedly demonstrated that the GI is a clinically proven tool in its application to weight control, diabetes and coronary health. Moreover, the International Diabetes Federation and diabetes organisations in many countries have endorsed the judicious use of the GI in the dietary management of diabetes.'

To create the 2008 tables, University of Sydney researchers spent over two years systematically sorting through all the published and unpublished sources of reliable GI values. 'What's unique about the 2008 tables,' says Brand-Miller, 'is that there are actually two tables, the first is a list of GI values derived from testing foods in healthy people, and the second primarily from individuals with impaired glucose metabolism.'

In their conclusion, the researchers emphasise that the GI should not be used in isolation. Food choices should be based on overall nutritional content along with the amount of saturated fat, salt, fibre and of course the GI value.

Low g-eyes

Age-related macular degeneration (AMD) is one of the most common causes of blindness in the over-50s, currently responsible for 14 million cases of blindness or severe visual impairment worldwide.



Dietary factors are known risk factors for AMD. In 'Food for Thought' (May 2006) we reported on research suggesting that the quality of the carbohydrates you eat may help to bring it on — or hold it off. A recent study published in the [American Journal of Clinical Nutrition](#) confirms that it would be a good idea to make a low GI diet part of any AMD prevention plan along with foods you already know about such as dark green leafy vegetables, a variety of fruits (all different colours) and fish. Prof. Paul Mitchell from Sydney University's Department of Ophthalmology

factor for early AMD — the recognized precursor of sight-threatening late AMD. ‘Low-glycemic-index foods such as oatmeal may protect against early AMD,’ say the researchers in their conclusion.

What's new?

Check your fracture risk

The Garvan Institute’s Dubbo Osteoporosis Epidemiology Study has followed more than 2,500 people aged over 60 from Dubbo (in Australia) for almost 20 years. It’s the world’s longest osteoporosis study and the first to include men. Three-quarters of the risk of developing osteoporosis is genetic. But, according Assoc. Prof. Tuan Nguyen, ‘men with prostate cancer should consider seeking evaluation for osteoporosis, particularly if they are being treated with androgen deprivation therapy as they face a 50 per cent higher risk of fracture, which increases to nearly double the risk if they are receiving androgen deprivation therapy’. Using data collected in the Dubbo study, the Garvan Institute has formulated a web-based tool to enable people to calculate their fracture risk: www.fractureriskcalculator.com.



2008 Physical Activity Guidelines for Americans

The US Government has issued its first-ever [Physical Activity Guidelines for Americans](#). They describe the types and amounts of physical activity that offer substantial health benefits for adults and children.

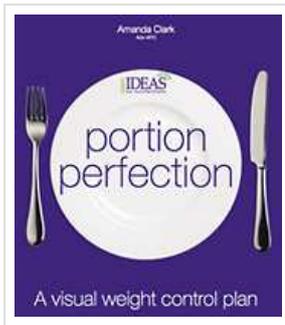
November 14: World Diabetes Day focuses on diabetes and children

World Diabetes Day is a campaign that each year features a theme chosen by the International Diabetes Federation to address issues facing the global diabetes community. In 2008, the World Diabetes Day theme is diabetes in children and adolescents. For more information: www.worlddiabetesday.org



Catherine Saxelby reviews *Portion Perfection* by Amanda Clark

Finding it hard to lose that excess weight? Could be that you’re eating ‘the right stuff’ but just eating too much of it. A new book published in Australia called *Portion Perfection* is a visual weight control plan that shows you exactly the right amount to eat if you want to lose or maintain weight. It includes everyday and occasional foods (such as treats like chocolate or wine) and spells out just how much you can eat for a number of different diet levels. The best thing about this book is that it has hundreds of pictures showing brands of packaged foods – not something normally found in a diet book. You’ll find almost every brand of yoghurt, cereal, muesli bar and crisps available in Australia shown as well as sushi, nuggets and take-aways. There’s also a Portion Perfection plate and bowl to help you serve up the right amount. For more information, check out www.greatideas.net.au.



The giveaway is now closed.

Check 'COMMENTS' for the winners and Great Ideas In Nutrition's special offer for residents of Australia who order the Portion Perfection book, plate and bowl before 5pm on Friday 7th November 2008.

Posted by GI Group at [9:10 AM](#) [1 comment](#)

Food of the Month with Catherine Saxelby

Ginger it up!



Catherine Saxelby

Whether you enjoy it fresh or dried, ginger adds a wonderful fragrance and pungency to your cooking. A key medicinal in traditional Chinese medicine (it has been used for over 2,500 years and it has a reputation for relieving stomach upsets as well as being a digestive aid), many of ginger's health benefits are now being backed by research. Today, ginger's medical uses include the treatment of nausea and morning sickness during pregnancy, motion sickness and some cancer treatments. Ginger can help reduce the pain and inflammation of osteoarthritis, the most common form of arthritis. Some sufferers have been able to reduce their arthritis medications with a daily dose of ginger extract.



Ginger is technically a rhizome – it's the underground stem of the *Zingiber officinale* plant. It's rich in hundreds of phytochemicals, including gingerols, beta-carotene, capsaicin, caffeic acid, curcumin and salicylates. It's these chemicals that scientists believe are responsible for ginger's therapeutic actions.

With very few kilojoules and virtually no fat, a tablespoon of grated fresh ginger (around 13 g) adds its pungent flavour and aroma without adding to your waistline.

It's 90% water. In contrast, a couple of squares (10 g) of glace or crystalline ginger is in the 'treat' category and will set you back around 130 kilojoules (31 calories) thanks to its 8 g sugar.

Ginger up your diet: Peel a chunk of the ginger root and then grate, finely chop, slice or even crush it in a garlic crusher. Store fresh ginger unpeeled in the vegetable crisper of the fridge for one to two weeks. Ground ginger should be stored in an airtight container away from light and heat.

Team fresh ginger with garlic, fish, pork, chicken, beef, shellfish, beans, pumpkin and Asian greens.

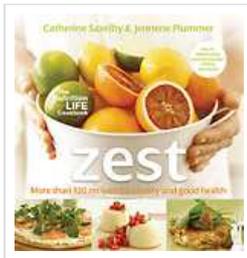
Sip home-made ginger tea: place 2 or 3 slices of fresh ginger in a cup and pour over boiling water. Leave for a couple of minutes and then drink. Add lemon juice and honey to taste.

Pep up a Japanese meal with pickled ginger on the side.

Indulge in a few squares of crystalline ginger as an after-dinner treat, occasionally

For more information on super foods and healthy eating, visit Catherine's website:

www.foodwatch.com.au



Posted by GI Group at [9:09 AM](#) [2 comments](#)

Low GI Recipes of the Month

Our chef Kate Hemphill develops deliciously simple recipes for *GI News* that showcase seasonal ingredients and make it easy for you to cook healthy, low GI meals and snacks. For more of Kate's fabulous fare, check out her website: www.lovetocook.co.uk. For now, prepare and share good food with family and friends.



Kate Hemphill

Carrot, ginger and cannellini bean soup

As a very new Mum, not having much time in the kitchen is a new experience for me and cooking has become frantic and hurried. So I thought I'd share one of my current favourite fast and nutritious meals. As there's no sweating of onions or peeling of carrots, you really can throw this all in the pot without a worry. I've been making large batches of it and freezing portions so there's always something to eat. Best of all, it's a real dollar saving dinner at around \$US1 a serving if you make it using stock powder or cubes!

Makes 10–12 serves

1.5 kg (3¼ lb) carrots, scrubbed or peeled, ends trimmed and cut into 5 cm (2 inch) pieces
 10 cm (4 inch) piece ginger, peeled and roughly chopped
 2 large cloves garlic, peeled and roughly chopped
 Chicken or vegetable stock, to cover (approx 600 ml)
 2 x 400 g (14 oz) cans cannellini beans, rinsed and drained
 300 ml (10 fl oz) light crème fraiche, low fat or skim yoghurt or light sour cream
 Freshly ground black pepper

Put carrots, ginger and garlic into a large saucepan, cover with stock and bring to the boil then reduce the heat and gently simmer until the carrots are tender.

Blitz, leaving some texture, and stir through the beans and crème fraiche (or yoghurt or sour cream). Add extra stock for a thinner soup. Reheat, taste and season with freshly ground black pepper and serve.

If freezing, allow to cool and ladle into 1-cup or 2-cup containers or zip-seal bags for easy use.

Per serve (based on 12 servings with skim yoghurt)

Energy: 392 kJ/93 cal; Protein 5 g; Fat 0.5 g (includes 0.2 g saturated fat and 1.3 mg cholesterol); Carbs 14 g; Fibre 7.6 g

Low GI fare from Johanna's kitchen: In *GI News* American dietitian, Johanna Burani shares her recipes photographed by husband Sergio Burani. (Adapted with permission from *Good Carbs, Bad Carbs*, Da Capo Lifelong Books, New York.)



Johanna Burani

Chocolate applesauce cupcake

You just can't imagine how light and moist and tasty these cupcakes are unless you try them! Any nutritionist would agree that eating one of these as an occasional treat is 781 kJ (186 calories) well spent.

Makes 12 large or 48 mini cupcakes

½ cup tub margarine or light butter
 ¾ cup sugar
 1 egg plus 1 egg white or ¼ egg substitute
 ½ cup cocoa powder, unsweetened
 1½ cups natural applesauce
 1¾ cups whole wheat flour
 1 teaspoon baking powder
 1 teaspoon baking soda
 ½ teaspoon salt

Preheat the oven to 180°C/350°F. Grease and flour the cupcake tin.

In a deep mixing bowl, cream the margarine or butter and sugar for about 1½ minutes at medium speed until smooth. Add in the egg, egg white or substitute and cocoa powder and mix for about 1 minute until smooth, scraping the sides of the bowl frequently. Fold in the applesauce.

In a small mixing bowl, combine the flour, baking powder, baking soda and salt

Add the dry ingredients to the egg mixture and mix by hand, about 60 or 70 strokes. Do not over mix.

Fill the cupcake molds half to three-quarters full. Bake the large cupcakes for 22 minutes or the mini cupcakes for 15 minutes. Cool before removing from pan.

Per serve (1 large or 4 mini cupcakes)

Energy 781 kJ/186 cal; Protein 4 g; Fat 7 g (includes less than 0.5 g saturated fat and 18 milligrams cholesterol); Carbs 31 g; Fibre 4 g



Chocolate-pear smoothie

Thirty seconds to prepare, thirty seconds to mix, and then take your time to enjoy this luscious creamy treat.

Makes 2 serves

- 1 cup nonfat or 1% milk
- 2 tablespoons unsweetened cocoa powder
- 1 medium pear (fresh, frozen or canned) peeled and cut into small pieces
- 1 teaspoon honey
- Dash ground cardamom

Combine all ingredients in a food processor. Blend at high speed for 30 seconds. Pour into two glasses and serve immediately.

Per serve (1 cup)

Energy 550 kJ/131 cal; Protein 6 g; Fat 2 g (includes less than 0.5 g saturated fat and 0 mg cholesterol); Carbs 27 g; Fibre 3 g

Visit Johanna's website: www.eatgoodcarbs.com.

Posted by GI Group at [9:08 AM](#) [1 comment](#)

Busting Food Myths with Nicole Senior

Myth: A low fat diet is best



Nicole Senior

Fact: It's not how much fat you eat, it's what type of fat that counts.

It's fair to say most people are scared of fat and try to avoid it. However, failure to eat the right kinds of fat is a primary reason why Australia's national average cholesterol level has not improved in over 25 years. This is due in no small part to

well-intentioned but misleading public health education aimed to reduce the risk of heart disease. Health authorities didn't think regular folks would understand the difference between saturated fat and unsaturated fat, so they went for the simple message to 'eat less fat'. As a consequence, the food industry went into overdrive in the quest to drive down fat levels, and low fat claims became the most sought by shoppers in the supermarket. Rather than being a good thing for our growing waists, eating low fat foods didn't make any difference and we just grew fatter. Some healthy fat is good, but we've thrown the baby out with the bath water. While dietary guidelines around the world have now changed their emphasis towards reducing saturated fat and not total fat, the damage has been done.

To help you get your 'fats' straight, here are my five favourite dietary edicts.

Commercial reduced-fat, light, low-fat, and fat-free salad dressings are unnecessary. Home-made salad dressings are easy and simple: oil, plus vinegar and/or lemon juice, with perhaps some herbs, spices or perhaps mustard. It is fat-phobia gone mad when perfectly good oils are removed from commercial 'dressings' which are then loaded with salt, sugar and additives to put the flavour back in. Enjoying your salad or vegetables with oil is a healthy habit, and also enhances the absorption of antioxidants. The Mediterranean diet is certainly not low fat, but famous for its health benefits.

Reduced fat potato crisps are fattening. Potato crisps and the like were traditionally viewed as party food, to be enjoyed in small quantities on special occasions. Being so rich and tasty, and knowing they were a high-kilojoule (calorie) treat, meant we knew when to put the eating brake on. Having such foods manufactured with a lower fat content has loosened our inhibitions and unleashed the impulse to eat twice as much. The other bad news is these foods are still kilojoule-dense (and nutrient poor), and strangely unsatisfying: a recipe for over-eating. Switching to an unsaturated cooking oil to cook the crisps and reducing the salt is where the real health triumph lies, provided we can stop eating this 'sometimes' food after a modest amount (would removing the 'low fat' label help?).



Eating chocolate, cakes and biscuits instead of oils, spreads and nuts is a false economy. Like the glittering hope offered by a sub-prime mortgage, saving calories (kilojoules) from healthy fats to spend on treats is a pipedream and will only end in a health meltdown. And like sub-prime mortgages, calories from treats are way too easy to get – restraint is needed. Considering how important omega-3 fats are for mental health, missing out will have you heading into depression. While the occasional calorie sleight-of-hand is OK, if you usually skip healthy fats in order to indulge in nutrient-poor treats (often high in saturated fats), your diet is not healthy. Think of oils, spreads, nuts and seeds as another food group, like lean meat or vegetables, and therefore not inter-changeable with 'extra' foods or treats. There is no need to endure dry toast or soggy sandwiches – oil-based spreads (AKA margarine spreads) are healthy, provided you select trans-free, reduced-salt versions.

"Frying" food in water or stock is a crime against cooking. There was a time, in the quest for eliminating fat of any type, when food lovers the world over were thrown into misery by the advice to switch from oil to water or stock. Besides breaking every rule of cooking, flavour and gastronomy, and creating an infinitely

inferior result, the advice was counter-productive for health. Oils (any you care to name in your local supermarket) contain good fats, fat-soluble vitamins, and healthful phytochemicals. Why would you avoid such a food? If your answer is, “to lose weight” – see point below.

You don't need a low fat diet to lose weight. The best weight loss is the result of eating less calories (kilojoules) overall and exercising more. The trick is to maintain a high nutrient intake in fewer calories (kilojoules) and this is where food choice is paramount. You must choose the most nutrient-dense foods from all of the food groups to ensure you stay well-nourished at the same time as burning body fat. A fat-free diet does not contain enough essential fatty acids and fat-soluble vitamins, and also leaves a massive flavour black hole. A [Cochrane Review](#) meta-analysis of studies concluded there is no advantage to low fat diets over calorie-restricted diets for weight loss. You can still lose weight eating healthy fats so long as your diet is calorie controlled (and it will taste a lot better too).

It should be said there is a place for low fat foods – in the dairy aisle. Because dairy foods are a major source of artery-clogging saturated fat, low fat versions of these nutrient-rich foods are a change for the better and recommended for everyone, including children from 2 years of age. Low-fat dairy foods such as milk and yoghurt are also satisfying and low GI, making them a heart-friendly food.

If you'd like more information on how to lose weight and lower cholesterol in a healthy way, grab a copy of *Eat to Beat Cholesterol* by Nicole Senior and Veronica Cuskelly. If you'd like great ideas for simple, heart-friendly food made with the goodness of healthy fats and oils, try *Heart Food* by Veronica Cuskelly and Nicole Senior. Both titles available from www.greatideas.net.au.



Posted by GI Group at [9:07 AM](#) [7 comments](#)

Move It & Lose It with Prof Trim

The real issue is not if you are fat, but where the fat's gone

So you've put on weight – that happens when humans spend too much time in the good paddock. But the real issue is where the fat's gone – to your belly, to your hips or to places unknown.

The average punter typically has around 50 billion fat cells stored in various depots throughout the body. The main ones are around the organs of the trunk (what's called visceral or internal fat); around the waist (called subcutaneous abdominal fat); and on the hips and buttocks (subcutaneous gluteal fat). Visceral fat tends to be much more closely linked with disease than the other type of subcutaneous belly fat that makes up a 'pot belly'. Visceral fat is generally correlated with abdominal fat and can usually be picked up in waist circumference measures (so get that tape out).



Research shows that where you get fat depends largely on the genes you've inherited from your parents. 'Apple' or 'pear-shaped' people have parents that are generally shaped the same, and particular genes control for this. It means that no matter how you try, if you're a natural pear, and you lose a good amount of weight, you'll probably just become a smaller pear – never a smaller apple.

Asians may have more visceral fat than Caucasians. In one study from the [International Journal of Obesity](#), it's been shown that Japanese men have a higher proportion of visceral to subcutaneous abdominal fat than Caucasian men at the same level of overall body fatness. This is important because it has long been known that Asians have a higher health risk than Caucasians even if they have the same waist measurement and BMI.

Exercise decreases abdominal fat more than diet. A US study examined the question of whether a diet alone, or a diet with low or high intensity exercise has a differential effect on different fat cell depots. Obese women were given a low calorie diet, or a diet with exercise that amounted to the same number of calories as the diet alone. Fat cells in different parts of the body were examined to see if each of these regimes affected fat cells differently. The researchers found this was indeed the case. Although all groups lost about the same amount of weight, those given the exercise program as well as the diet tended to lose more from the subcutaneous fat cells around the waist, suggesting that these respond somehow differently to other fat cells. Because these are more linked to disease risk in women, this suggests that exercise might have a greater benefit for health improvements than diet in obese women.



Dr Garry Egger aka Prof Trim

For more information on weigh loss for men, check out [Professor Trim](#).

Posted by GI Group at [9:06 AM](#) [4 comments](#)

Curly Questions

So many times one reads: 'Eat nuts regularly - a small handful'. Since hand sizes differ greatly I would appreciate if possible some kind of measurement.

Good question. That serving 'a small handful' is 30–50 g (1–1¼ oz) and doesn't include the tempting salted kinds. Enjoy that unsalted 'handful' 5–7 times a week and halve your risk of developing heart disease. Even people who eat nuts once a week have less heart disease than those who don't eat any nuts.



I have been tracking the stories about consumption of fruit juices and the correlation with type 2 diabetes. Should we give up fruit juice altogether and stick to raw fruit? What's the causal relationship between fruit juice consumption and type 2 diabetes?

Eating fresh fruit as a snack when you are hungry and drinking water when you are thirsty is always going to be a better option than gulping down a glass of juice, but we wouldn't say give up juice altogether. We would say think of juice as an occasional or keep-for-a-treat food (note we use the word 'food' here and not 'drink'), and be judicious re portion sizes. A serving is only about 1/2 cup or 125 ml. That's not a lot. Liquid calories are a little stealthier than most, in that they tend to sneak past the satiety centre in our brain, which would normally help to stop us from overeating. Here's what Catherine Saxelby says in her article on juice and juicing in June 2008 *GI News*:

'Fruit juice is fruit that's concentrated. Juices pack in a lot of kilojoules/calories and represent fruit in a form that's all too easy to seriously over consume. The fibre and intact structure have been removed, and with that goes the 'natural brake to over consumption. Look at this comparison:

A 200 g (7 oz) apple PROVIDES 3 g fibre and 300 kilojoules (71 calories) and TAKES 10 minutes to eat.

A 650 ml glass or bottle of apple juice (2½ cups) PROVIDES zero fibre and 1300 kilojoules (309 calories) and TAKES 2 minutes to drink. In fact a large juice is equivalent in food value to 4 apples but takes a fraction of the time and volume to drink and you are missing out on the fibre in the skin.'

As for the second part of your question, Julie Palmer's study referred to in September *GI News* suggests that the mechanism for the increase in diabetes risk associated with soft drink and fruit drink consumption is primarily through increased weight from the calories. The fruit drinks she is referring to aren't 100% fruit juice. They are diluted and sweetened juice sold as 'fruit juice drinks' like Ribena and 'cordials' like Orange Crush in Australia. They noted no association between type 2 diabetes risk and grapefruit juice or orange juice.



Email your curly question about carbs, the GI and blood glucose to:
gicurlyquestions@gmail.com

Posted by GI Group at 9:06 AM [0 comments](#)

Your Success Stories

'The GI can be a great friend and tool to anyone that battles weight and carb cravings.' – Stephanie

I always worked out with weights, and occasional cardio. After my father died, my family broke apart. With all the stress and court drama, I turned to high carb and convenience and comfort foods. I gained 30 pounds. The good news is that I did not keep that weight on more than a year. After being checked for anxiety, I had one high random glucose reading. A few weeks later, my fasting blood glucose was normal, but my A1c was 6.9. Since Dad had diabetes, and his Dad had diabetes, I knew I had to get my "health" back. I started eating a low GI diet and alternated between low carb and moderate carb eating. However I gave up foods like bread, potatoes, white rice, and high glycemic pizza. I lost 40 pounds in a 4-month period. Eating low GI helped my blood pressure return to its previous normal readings and kept my A1c between 5.6 to 5.9. I also got my fitness back and my energy back. Watching my carbs, and aiming for lower and healthier GI carbs has been thus far a lifesaver, and a turnaround for my health! And I have maintained my weight loss, and even lost a few more pounds!



By choosing the right foods that will not elevate blood sugar on a continual exhausting basis the GI can be a great friend and tool to anyone who battles weight and carb cravings. It was instrumental in me getting my life back. Thanks to all who have made this science available -- I truly believe it is a blessing.'

Postscript: Prior to publication, Stephanie reports that her A1c is now 5.5.

'I would recommend this action plan to anyone with a desire to lose weight, eat plenty of food and feel fantastic.' – Lorraine

'Over three months ago I looked in the mirror and didn't like what I saw and decided to do something about it. After some research on line I decided to give *The Low GI Diet: 12-Week Action Plan* a go and to my delight I have lost 12 kilos in the 12 weeks. My husband did it as well and lost 9 kilos. We didn't do the exercises only walking every day for 35 minutes. The menus in the book were simple to prepare and a delight for the taste buds. We have decided to stick to the low GI way of eating and get into exercise to tone up. I have serious back problems and the weight loss has helped to control the pain.'

Inspire Others - Share Your GI Story

If healthy eating the GI way has made a difference to your life by helping you achieve blood glucose control or lose weight, please share your success with readers of GI News. It's the real life success stories that give people the motivation they need to get started and help them appreciate that they are not alone. Just click anywhere in this text box to share your story. As a thank you, we will send you a copy of "Shopper's Guide to GI Values 2008" if your story is published in GI News

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Shopper's Guide to GI Values

This summary lists the average GI values of more than 60 common carbohydrate-containing foods to help you put the lower GI choices into your shopping trolley and on your plate. The complete 2008 International Tables with the GI of over 2,480 individual food items are published in *Diabetes Care* (subscription required). Alternatively look out for the **2009 Shopper's Guide to GI Values**. The Australia/NZ edition will be published in November 2008 and the US/Canadian edition in January 2009. Publishing rights for this handy little pocket guide are available for all other countries. The database at www.glycemicindex.com is currently being updated with the latest GI values. We will let you know when the update is completed.

Beans, peas, legumes Chickpeas 28 Kidney beans 24 Lentils 32 Soya beans 16	Breakfast cereals Cornflakes 81 Millet porridge 67 Muesli 57 Porridge, rolled oats 55 Porridge, instant oats 79 Rice porridge/congee 78	Fruit Apple, raw ¹ 36 Banana, raw ¹ 51 Dates, raw 42 Mango, raw ¹ 51 Orange, raw ¹ 43 Peaches, canned ² 43 Pineapple, raw 59 Plantain/green banana 55 Watermelon, raw 76	Snack foods Cashew nuts 25 Chocolate 40 Potato crisps 56 Rice crackers/crisps 87 Popcorn 65 Vegetable soup 48
Beverages Apple juice 41 Orange juice 50 Soft drink/Soda 59	Cereal grains Barley (pearl) 28 Sweet corn 52	Pasta, noodles & couscous Couscous ¹ 65 Rice noodles ¹ 53 Spaghetti, white 49 Spaghetti, wholemeal 48 Udon noodles 55	Spreads & sweeteners Fructose 15 Glucose 103 Honey 61 Strawberry jam/jelly 49 Sucrose 65
Breads & biscuits Chapatti 52 Corn tortilla 46 Specialty grain bread 53 Unleavened wheat bread 70 Wheatflake biscuits 69 Wheat rusk 62 White wheat bread ¹ 75 Wholewheat/wholemeal bread 74	Dairy products – milk & alternatives, ice-cream, yoghurt Ice cream 51 Milk, full fat 39 Milk, skim 37 Rice milk 86 Soy milk 34 Yoghurt, fruit 41	Rice Basmati rice, boiled 57 Brown rice, boiled 68 Dolegara Clever rice, boiled 53 Jasmine rice, boiled 99 White rice, boiled 73	Vegetables Carrots, boiled 39 Potato, boiled ¹ 78 Potato, French fries 63 Potato, instant mash 87 Pumpkin, boiled 64 Sweet potato, boiled 63 Taro, boiled 53

¹ Low GI varieties were also identified
² Average of all available data

Click on the table for a full-sized view

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See The New Glucose Revolution on [YouTube](#)

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