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What a packed month!
As many projects and presentations are coming to a close, our club meetings for this year also came to a close. But we went out with a bang!

Our last NJC meeting was on “Cruciferous vegetable consumption and gastric cancer risk: A meta-analysis of epidemiological studies.” Essentially, it was a meta-analysis that chose its focus to a possible link between the consumption of cruciferous vegetables, such as cabbage, broccoli, cauliflower, etc., and a lowered gastric cancer risk. We explored this study’s two main components, gastric cancer and its causes and what makes cruciferous vegetables special. It was concluded that there are a multitude of factors that can cause gastric cancer, including smoking, gastritis, Infection by Helicobacter pylori bacteria, a diet high in salty foods, long last anemias, and the list goes on and on. The component of cruciferous vegetables that has been shown to lower gastric cancer is called glucosinolates. These are sulfur-containing chemicals which are broken down during digestion to form biologically active compounds such as indoles, nitriles, thiocyanates, and isothiocyanates. The
meta-analysis that was conducted for this study was huge, but about 1172 relevant research articles were identified and used. Overall, it was found that CV consumption was associated with 11% and 22% reduction in gastric cancer. However, interpret these findings cautiously as there were many bias and components not accounted for. This includes studies being left out if deemed irrelevant or contradictory to the results the study was looking for. Also, diffuse cancers and intestinal cancers were not accounted for. Diffuse cancer is related to the development of gastric cancer through genetics where intestinal cancer is related to environmental factors such as diet.

The very next day, after the NJC meeting, Emma Garrett, RD, came to speak on her profession for our club. She is currently a renal and cardiac transplant dietitian at the Mayo Clinic. If you missed last week’s issue, here is a little background on her. She is a solid organ transplant dietitian who works at the Mayo Clinic and works primarily with heart and kidney transplant patients. She works in pre- and post-transplant care. Ms. Garrett was a Division 1 college gymnast and graduated in 2009 from Southeast Missouri State University. She completed her dietetic internship at the Mayo Clinic. Mrs. Garrett chose to focus on renal transplants. She demonstrated the lengthy process of transplant evaluation and also touched on the transplantation of a kidney as well. Mrs. Garrett also did a wonder job explaining her role as a dietitian in the process. Interpreting labs, explaining dialysis and nutritional needs that accompany it, and educating patients on the renal and DASH diet, were some of the major topics she covered. She did a wonderful job and we are very happy that she was able to join us this semester!
A huge thank you to Marla Morgan, Treasurer of NJC, for gathering a lot of the information you read today as well as inviting Emma Garrett, RD, to come speak for us. Also a thank you to Eiman Eltinay, VP of NJC, for interpreting our studies results, Sara Boyd, Public Relations Chair, for choosing a spectacular article, Trevor Kennedy, Volunteer Chair, for helping us draw a conclusion from our study, and Addie Steele, Secretary, for exercising our brains at the meeting by using our critical thinking and application skills.

A big congratulations for all the winners this semester! We would like to say that we truly appreciate you joining us this semester. Stay tuned for future meetings, amazing guest speakers, and prizes! We’ll see you in Spring 2017!

Thank you,
Jessica Lindamood
NJC President
This month, I had the pleasure to sit down with my dear friend and classmate, Marla Morgan. Within the interview, she talks about her triumphs, hobbies, and how she found the field of nutrition and what it has done for her. She helps explain what future seniors should and should not do and how you can be successful in the classroom!

Sara Boyd

**SB: What made you pursue a degree in nutrition and why did you choose the University of North Florida?**

**MM:** Nutrition has always been an interest of mine. I owe my inspiration to my family, but mainly to both of my grandmothers. They are each big into nutrition and have always influenced me to take care of myself and to eat well. It wasn’t until my junior year at my previous university that I became serious about the idea of pursuing a career in nutrition. I had lost a lot of weight that year and starting paying extra attention to everything I ate. Also I just got tired of hearing so much contradictory information about nutrition, so I wanted to take the time to study and learn the science behind food and how the body processes it. I didn’t want to change my major at the time since I was so far into my degree, so I happily finished my coursework. After much consideration, I decided to not pursue a master’s degree in music so that I could instead pursue a second bachelor’s degree in nutrition. Before my life at UNF, I was a music performance major at Stetson University. I graduated in 2013 with a bachelor’s degree in music performance and later that year had a successful audition and got employed with the Orlando Philharmonic Orchestra. I play the viola professionally with them as well as play several freelance gigs around Florida (I played with the Jacksonville Symphony Orchestra last year!). I am passionate about both music and nutrition and plan on having BOTH careers as a
professional violist and registered dietitian! The reason I chose to go to UNF was because of the great impression I had after talking to Ms. Shank. I had emailed several accredited schools asking about their program and what it takes to become a dietitian, and Ms. Shank was the one who responded with the most information. Really, what stood out about Ms. Shank was that she was kind- she cared about my email. I did not get this impression from the other schools I had emailed! She offered to talk to me on the phone and took the time to answer all of my many questions. Also, I like the location of UNF and that it is close to the beach.

SB: What is the most valuable content you have learned from the program and how have you implemented it in your everyday life?

MM: Aside from everything I have learned in the classroom, the most valuable content I have learned is the importance of getting involved! I believe that I have learned the most through volunteering and working at a hospital. Volunteering is SUCH a valuable tool. It allows us to put into practice what we learn. Not only do we gain experience in the field, but we also get the opportunity to network with professionals and show them what we are capable of. Moreover, it exposes us to the many ways that nutrition is practiced. These experiences are so valuable. My only regret? Not volunteering sooner.

SB: I know you are highly involved within the Nutrition Journal Club. What position did you take on and what experience have you gained from it?

MM: I am the treasurer of the Nutrition Journal Club. I chose to pursue this because I am highly interested in research. I really dislike hearing quacks spread false statements about nutrition in the media... it drives me insane! So I love researching. I love reading articles and writing research papers and doing research projects. I have a passion and desire to continuously learn and absolutely love that I am able to through the NJC. The NJC gives me the opportunity to hone my skills at dissecting research articles and thinking critically. I learn and retain so much from each project that we do. In addition to learning, I get the opportunity to practice presenting and talking in front of people- this skill is so necessary and important! I highly recommend applying to become an officer to anyone interested.
SB: What advice do you have for upcoming seniors when participating in extracurricular activities in addition to a full class schedule?

MM: Obviously studying hard and time management are necessary for succeeding in the program and we are all aware of that. But, I want to address something else. The best piece of advice I have to give is: **DO NOT** cheat! We are all very busy. We all want to succeed. But cheating will not get you there. Unfortunately this seems to continuously happen. Cheating is such a horrible thing to do because not only do you lose the opportunity to gain knowledge and learn, but you risk damaging friendships and your reputation with your professors and peers. You never know who is watching and you never know who is potentially going to write you a letter of recommendation or help you to achieve your future goals. Cheating leaves such a horrible impression. Besides, how would you feel if your doctor cheated their way through school?

One more thing: People forget the importance of being kind to one another! True kindness builds friendships & professional relationships. Always be kind to everyone.

SB: What other activities do you partake in your spare time?

MM: In addition to being a student & professional violist, I am involved with the Nutrition Journal Club, volunteer projects with professors, as a TA for Dr. Arikawa, and as a volunteer for Yemila Lowry (our campus dietitian). I also write for NutriNews (which I love!). But the most important thing in my life is that I am happily married to the love of my life, Tanner Morgan. We will be celebrating our 1 year anniversary next month!
This month, I had the chance to sit down and talk to an assistant professor for Exercise science, Ben Gordon. Within the interview, he talks about how he became interested in the field, why he pursued it and what he has accomplished.

**TM:** What made you want to get into Exercise Science?

**BG:** I decided to get into exercise science a little later than people would normally expect. I received my undergraduate degree in biology. The main reason I chose biology was that I was fairly interested in science and beyond that had no idea what I wanted to do. In addition to my degree, throughout my undergrad career, I worked at the Wellness Center on campus. I loved working with people to help them achieve their fitness goals, and just discussing different aspects of fitness. Before I graduated I met with my academic adviser to discuss my future. He asked me what I wanted to do with my biology degree. I subsequently asked him what was available for me and my biology degree. He was pretty blunt in telling me not much. If I wanted to do something in biology I would most likely need another degree. At that point, I wasn’t interested in going to school, again. But, he brought up the idea of another major aside from biology. He said, "your best class was physiology, you've worked at the wellness center on campus for the past four years, why don't you try exercise physiology?" For some reason up until that point, I had never really thought of exercise physiology as an option. But as you soon as my adviser offered it up as an option, I pursued it. The reason I decided to pursue graduate degrees in exercise science was the same reason I liked working at the wellness center. That's what made me want to get into exercise science and keeps me interested.

**TM:** What do you think is the most important aspect of sports nutrition in dealing with athletes?

**BG:** I think the most important aspect of sports nutrition is the same as the most important aspect of strength and conditioning when dealing with athletes. The most important aspect of sports nutrition is making the diet and diet recommendations on an individual basis.
Each athlete requires a completely unique set of recommendations in regards to their nutrition as compared to their teammates. Athletes are constantly working themselves to their physical limit, putting a lot of stress on the different systems of the body, but that stress is different for every athlete (even athletes playing the same sport or same position). Some athletes may have a more concentrated sweat, so as a consequence they lose more electrolytes. Some athletes may rely on their creatine phosphate energy system as opposed to glycolysis and their glycogen stores. Some athletes may experience more muscle damage and nitrogen turnover during offseason training than their teammates and require more protein. The point is these differences are going to add up to very different diet recommendations for each individual athlete. At the beginning of the year it is absolutely essential for the sports nutritionist to sit down with each athlete on a team and decide their body composition, hydration and energy intake needs.

**TM: Are there any common problems that you see in the exercise science field that arises from poor nutrition?**

**BG:** Absolutely, any strength and conditioning coach can attest to that. When I'm teaching I often make the analogy of the human body being like a car. In that analogy, nutrition is the essential fluids that a car needs, i.e., gasoline, motor oil, engine coolant etc... Without those fluids, the car is going to break down or stop working pretty fast. The same is true for an athlete and their nutrition. While I was working in a gym setting, one of the questions I heard the most from college-aged guys was how to get bigger (i.e. more muscle mass). What I found in most of the guys that asked this question was that them not being able to increase muscle mass had nothing to do with their workout. Not being able to increase muscle mass had everything to do with their diet; they weren't getting enough calories. These guys could have the best workout in the world, but it didn't matter if they weren't getting enough calories. There is a critical link between exercise science and nutrition.

**TM: Do you think that there should be a smaller bridge between nutrition and exercise science? As in, do you think all nutrition majors should take some exercise science classes and vice versa?**

**BG:** I definitely think so! However, I also think experts in both fields need to understand how to work better with each other. Too often I see strength and conditioning coaches giving diet plans to their athletes which are not their job. Just like with any sports medicine position, their needs to be open communication between the two fields. In a great sports medicine department, you have physicians, physical therapist, athletic trainers, dietitians and strength coaches all working together and openly sharing their expertise to optimize the athletes experience and performance.
Faculty Accomplishments:
  ▶ Congratulations to Dr. Cathy Christie as she received the "Health Hero" award recently!

Volunteer Opportunities Within Our Clubs:
  ▶ The Bridge of Northeast Florida is always looking for helping hands! This is a wonderful organization that helps out inner-city kids and teaches garden and nutrition education right in the heart of downtown Jacksonville. Volunteers are needed on Tuesdays and Thursdays from 4-5 pm. Contact Natalie Lowe for more info (natalielowe2013@gmail.com).

  ▶ Market Days always need volunteers to help out with tabling. This is a great way to share our knowledge with fellow Ospreys! Contact Natalie Lowe for more info (natalielowe2013@gmail.com).

  ▶ The Nutrition Journal Club will have upcoming volunteer opportunities. For those interested, contact Trevor Kennedy for more info (N00633978@ospreys.unf.edu).

Want to Study Abroad? Application deadlines are quickly approaching!
  • Amsterdam and Paris
  • China
  • Italy
  • Brazil

Check out the Special Experiences folder in the SNDA blackboard page for more info!

Stay tuned for updates in the future issues!
It is known that obesity has become a universal health problem. Many research studies have shown its implications on health and its prevalence to chronic diseases such as cardiovascular disease, hypertension and type 2 diabetes. According to the CDC, in children, obesity has doubled within the last 30 years (2016). What has caused this prevalence of obesity within our children? The CDC states that obesity and being overweight are due to caloric imbalance that is a result of genetic, behavioral and environmental factors (2016). In our department, Dr. Corinne Labyak places emphasis on research related to pediatric obesity, anthropometrics and determining cardio-metabolic risk factors. In 1998, she completed her masters and dietetic internship at the University of North Florida (Go Ospreys!). In 2012 she received her doctorate in Nutritional Sciences, Food Science and Human Nutrition at the University of Florida. During her time at the University of Florida, she worked on a large research study called “E-Flip for Kids” involving 8-12 year old overweight and/or obese children and their caregivers. The purpose of this study was to create an extension family lifestyle intervention project trial that could measure the impact of a community based intervention program in children dietary intake and weight. Dr. Labyak et al., wanted to determine if these behavioral treatments could in fact cause a greater reduction in weight for the intervention subjects (2013). In the intervention group(s), participants were part of a parent led group where researchers did a behavioral intervention with the parents. The other intervention was tailored to both the parents and the children. The control group received basic health education information that had general guidelines about nutrition and physical activity. Dr. Labyak led the parent intervention group where behavior interventions were addressed. They worked on weekly goals and it was explained how they could increase their physical activity. Dietary recalls were assessed to suggest how they could incorporate and
increase their consumption of fruits, vegetables and fiber. Because this was a large study, it was done with multiple extensions with the University of Florida throughout the state. Although the findings of this study are yet to be released for publication, Dr. Labyak's segment of the study has been released. In this publication, it was one of the first studies to use a sagittal abdominal diameter to measure children’s visceral fat. In this study, the comparison of SAD was made in regards to waist circumference, BMI Z-score and percent body fat. They measured total cardiometabolic risk scores including biochemical health markers and blood pressure (Labyak et al., 2013). Here, Dr. Labyak et al., found that there was a slight association between SAD and cardiometabolic risk factors in overweight children (2013). However, the association was very weak. Once the University of Florida releases its portion, it will be very interesting to see the findings of the entire study.

Once professor Labyak finished her doctorate she arrived to the University of North Florida to teach and continue her research. Upon her arrival she received a grant to conduct a research study with the University of Florida on overweight and or obese breast cancer survivors. Researchers tested a tailored nutrition, physical activity and behavioral weight intervention program for these breast cancer survivors compared to an online weight watchers program. Before intervention took place, recruiting and tailoring the intervention took a period of time due to the detail of the study. They hypothesized that the tailored intervention that included a psychological, nutritional and physical program would lead to a beneficial physiological and psychological response in comparison to the general commercial program (Labyak et al, 2014). What was interesting about this study was that in the intervention group, researchers hired registered dietitians from the Dietetic practice based research network (DPBRN) to lead the groups. Participants included 120 overweight/obese women with a BMI greater than 27 who had obtained a previous diagnosis of breast cancer. Participant's chosen were to be in breast cancer remission for up to 3 months to 5 years with medical clearance to conduct the study. The intervention took place about 3 months with a 6 month follow up to evaluate how effective the intervention was compared to the control group (Labyak et al., 2014).

Dr. Labyak has been working on this study for 3-4 years and has released the methodologies report. She is still waiting on further data from the University of Florida for publication. It will be interesting to see what the findings of this study are. Another study that Dr. Labyak is working on to be finalized is a study she conducted with Dr. Sealey-Potts, Dr. Jody Nicholson from Psychology and Dr. Aaron Spaulding from Public Health. In this study researchers worked with a preschool called Headstart that is a comprehensive federal program for children and families that are of low income.
Here researchers went to 7 different preschools in Duval country and screened 100 families with questionnaires using a health habits for life curriculum. In this study both the intervention and control received health habits for life curriculum, however, only the intervention group received further instruction. Participants were measured by their height, weight, waist circumference and their sagittal abdominal diameter four times within the school year. The data for this study is being finalized. Currently Dr. Labyak is working on an interesting neophobia study with two elementary schools here in Duval Country. It’s often surprising that many young children are not familiarized with common fruits and vegetables. In this study, there is 1 school intervention and 1 school control. During the 1st and 10th week of the study, a fruit or vegetable is introduced to the students and they fill a food neophobia survey. During the 2nd and 9th week, students in the intervention school participate in a tasting where researchers talk about the specific fruit and vegetable in an exciting manner. All data is measured through a survey. The purpose of this study is to eliminate the fear notion of a new fruit or vegetable by creating a positive behavior change over time with the introduction of these foods. Currently Dr. Labyak has 10-12 seniors working with her on this study and has just recruited some juniors to join her for the winter term.

It’s no secret that Dr. Labyak has a true passion for research studies related to child obesity, anthropometrics and cardio-metabolic risk factors. Dr. Labyak truly believes that if you emerge yourself in research it can be such as beneficial learning experience. In our department we have different faculty who work on different nutritional studies. In class you learn about research methods and the importance of setting up a well designed research study and now students have the opportunity to get hands on experience rather than just reading the literature. It truly challenges students to grow. If you are still questioning research, don’t hesitate to go ask faculty about current or future research opportunities.

References

Earn your Doctorate in Clinical Nutrition at the University of North Florida.

The online Doctorate in Clinical Nutrition is an advanced-practice doctoral program with emphasis on evidence-based practice and chronic disease prevention and treatment in under-served populations in both clinical and community settings. The DCN will prepare practitioners for leadership roles in clinical, community or higher education settings through course work, advanced practice residency and applied outcomes-based research.

UNF is ranked in the Top 75 in the country for “Best Online Graduate Education Programs,” which includes data of nearly 1,000 distance education programs nationwide.
December 1-7 is Crohn’s and Colitis Awareness Week. Crohn’s disease is a chronic inflammatory condition of the gastrointestinal tract that falls under a group of conditions known as Inflammatory Bowel Diseases (IBD). Crohn’s most commonly affects the small bowel and beginning of the colon, but it can actually affect any part of the GI tract. Some of the adverse affects of Crohn’s include persistent diarrhea, rectal bleeding, constipation, loss of appetite, and subsequent weight loss. Colitis also falls under the IBD category, but its effects are specific to the large intestine. The colon become inflamed and develops ulcers that produce pus and mucous. Patients with ulcerative colitis (UC) suffer from symptoms such as loose and urgent bowel movements, persistent diarrhea, bloody stools, abdominal pain, loss of appetite and subsequent weight loss. It is the role of Registered Dietitians to help these patients find ease in adhering to a diet such as a low-fiber diet in order to minimize the adverse effects such as abdominal pain.
December first is world AIDS day. AIDS (Acquired Immunodeficiency Syndrome) is the most advanced stage of an HIV (Human Immunodeficiency Virus) infection, where the immune system is permanently compromised. Proper nutrition in patients is of tantamount importance because AIDS and many of its treatments often change the body’s metabolism. Wasting syndrome, vomiting and diarrhea, and lipid abnormalities are just some of the adverse effects. Eating well to maintain strength, energy, and a healthy immune system is important in having a good quality of life for those with AIDS. This means eating proper amounts of protein, carbs, fat, vitamins and minerals, and drinking adequate amounts of safe and clean water. Besides eating a healthy, well-rounded diet, food safety is of major concern. Since AIDS weakens the body's immune system, there are certain food safety precautions that patients need to adhere to. All foods need to be cooked thoroughly - eggs and meat cannot be “over easy” or anything less than well done. Fruits, vegetables and kitchen utensils need to be carefully washed. When cooking, there must be separate cutting boards for meats, vegetables, and other food items. Lastly, water safety is extremely important. AIDS patients must make sure that they do not drink water from lakes, ponds, rivers, or streams. It is recommended to use a store-bought bottled water or a water filter for drinking. When traveling, it is critical to only drink bottled water. It is the job of Registered Dietitians to help educate and help AIDS patients understand and prioritize their nutritional health.

The most beautiful thing about living in the USA is the fact that we are a melting pot- we are a mixture of diverse people, cultures, and traditions. This is quite evident during the holidays, just look at all the variations of dishes in our Thanksgiving meal! Having a Puerto Rican dad, my Thanksgiving stuffing is not the typical stuffing... it is a recipe from my great grandmother that includes ground beef, ground pork, raisins, prunes, eggs, crackers, wine...... You might be thinking that this isn’t appetizing, but it really is amazing. It is my favorite Thanksgiving side dish! I love the different cultures that exist among us, and I always strive to venture out and taste new things.

In this article, I will share with you traditional holiday drinks from around the world, some of which you can find here in America!
In the states we have eggnog. In Puerto Rico, they have Coquito (which translates to little coconut). Now I love eggnog and believe that the holidays are incomplete without it, however Coquito is a step above eggnog. It is every coconut lover’s dream! It is made with coconut milk, coconut cream, sweetened condensed milk, cinnamon, nutmeg, cloves, and rum (optional). Though it is mostly popular in Puerto Rico, it can be found in other countries. Cubans enjoy coquito with scoops of coconut ice cream, it is made with light coconut juice around the Caribbean, and the Spaniards serve it with turron, a popular candy. This is a holiday beverage that you definitely want to try! Attached is a recipe.

Mexico is popular for having two traditional holiday drinks: Spicy hot chocolate and Ponche Navideño (translates to Christmas punch).

Mexican hot chocolate is unlike that of the USAs... it is spicy and is made with semi-sweet chocolate. This traditional drink traces itself to the Maya and Aztecs when they cultivated the cacao tree. The ground cacao beans were used to create a chocolate drink. To counteract the bitterness of the beans, native spices and herbs such as vanilla and chile were added. The addition of sugar appeared later when the Europeans arrived with sugar. Cinnamon made its way into the recipe years later. I tried Mexican hot chocolate a few years ago. It is definitely quite distinct and delicious and something worth trying!

**Ponche Navideño:**

I was lucky enough to try this beverage a few years ago when I was invited to celebrate Christmas with one of my Mexican friends. Apparently some of the ingredients are difficult to find, especially that time of year. This punch is served warm and is made of various dried fruits, sometimes with the addition of alcohol. According to a traditional recipe, it includes Mexican hawthorn (tejecote), guava, prunes, yellow apples, sugar cane, tamarind, cinnamon, sugar, hibiscus, brown sugar (piloncillo), and red wine.
**GERMANY**

**Glühwein**
A drink traditionally consumed around the holidays, its roots originate from Count John IV of Katzenelnbogen, aka the first grower of Riesling grapes. This German beverage literally translates to “glow wine” and the most important ingredient is red wine. It is commonly served in outdoor Christmas markets (known as Christkindl). For Germans, Christmas is incomplete without Glühwien. In addition to red wine, it contains lemon, cinnamon sticks, cloves, and sugar.

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**TURKEY**

**Sahlep**
Sahlep is a very unique holiday beverage found in Turkey. In addition to containing traditional holiday ingredients such as milk, sugar, and cinnamon, it is special because it contains powder made from the powder of rare wild orchids found in Turkey and West Asia. These orchids add a sweet flavor with hints of floral tones. If you ask me, this sounds like the perfectly sweet beverage.

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**EUROPE**

**Uzvar Kompot**
This traditional drink is served during Christmas Eve dinner in several European countries. Interestingly, this drink is made from dried fruits! The main fruits used are apples, pears, and prunes. The dried fruits are reconstituted before they are boiled. They are washed thoroughly and left in a pot of room temperature water overnight. The next day, the pot is cooked on moderate heat and simmered for about 15 minutes. Sugar is then added to the mix and stirred. Allow to cool to room temperature so the fruit can infuse into the water (this will take several hours). The mixture is then filtered to remove the dried fruit pieces. Enjoy!
COQUITO RECIPE:
http://www.goya.com/english/recipes/coquito-coconut-eggnog

Origin: Puerto Rico
Makes About 7 Cups

Prep time: 5 min.
Total time: 5 min., plus chilling time

Ingredients
- 2 cans (12 oz. each) Evaporated Milk
- 1 can (15 oz.) Coco Cream of Coconut
- 1 can (13.5 oz.) Coconut Milk
- ½ cup Sweetened Condensed Milk
- ½ cup white rum (optional)
- 1 tsp. vanilla extract
- ½ tsp. ground cinnamon, plus more for garnish, if desired
- Cinnamon sticks (optional)

Directions
1. In bowl of blender, add evaporated milk, cream of coconut, coconut milk, sweetened condensed milk, rum (if using), vanilla extract and ground cinnamon. Blend on high until mixture is well combined, 1-2 minutes.

2. Pour coconut mixture into glass bottles; cover. Transfer to refrigerator. Chill until cold.

3. To serve, stir or shake bottle well to combine. Pour coquito into small serving glasses. Garnish with ground cinnamon and cinnamon sticks, if desired.

References:
Butter, along with other sources of saturated fats are landing back into the American diet. Nearly 40 years ago, the Senate Select Committee on Nutrition and Human Health recommended that Americans follow a diet low in saturated fat and cholesterol to decrease the risk of heart/cardiovascular disease. These recommendations greatly impacted the increase of low-fat and fat-free processed foods that replaced carbohydrates, mainly sugars and refined starch, which the body uses as sugar. As a result, obesity and Type 2 diabetes escalated significantly.

Dr. Boris Hansel, an endocrinologist-nutritionist, described butter as a food with high saturated fat, and consumption on a regular basis promotes increased blood cholesterol levels. However, Dr. Hansel proclaimed that it should be considered a pleasurable food that should be consumed in moderate amounts, and not with other foods that are high in saturated fatty acids. Instead of pointing fingers at saturated fats, Dr. Hansel suggested that more attention be given to overconsumption of simple and refined carbs. Foods such as white bread, white rice, and potatoes promote obesity and may reverse the decline in cardiovascular disease.

Recently, I have been grabbing the stick of butter more often than I do for less saturated options, such as olive oil. Maybe it is the holiday cheer, but November and December are undoubtedly the months where I lean towards some unhealthier options. There are times where you want to incorporate a fat that is creamier and saltier, and butter just seems to fit the mold so effortlessly. A piece of warm whole wheat grain toast with softened butter is always sure to satisfy. However, it is even more important to make healthier and wiser swaps for healthier saturated fats. For instance, the butters and margarines that are labeled as “fat free”, “light”, or “reduced fat”, are always a brow raiser for me. It is very likely that these products are swapped with other ingredients to replace the “whole products” found in pure butter. If it is the pure butter taste that I truly desire, I reach for the butter rather than the other questionable butter counterparts. Either way, it is always recommended to read the nutritional label to know exactly what is going into our bodies.

Healthier saturated fats, such as olive oil, coconut oil, and avocado oil, include an abundance of benefits for metabolic absorption in the body. Also, the Mediterranean diet is rich in olive oil and nuts, but low in saturated fats. These are just a few options for those who wish to decrease their intake of saturated fats and incorporate more variety into their diet.
When Choosing Cheese

By: Kea Schwarz

We all try to make the best decisions for our families while grocery shopping. We've been told to reach for low fat options, especially when it comes to cheese. Regular-fat cheese is known to have a high content of saturated fat. This is why the dietary guidelines in multiple countries recommend consuming options that are labeled as reduced-fat. There is still much debate regarding the potentially negative effects of regular-fat cheese, but a new study has been published that suggests that regular-fat cheese may be equally as healthy as low-fat options. 1

In a 12-week study, paid for by dairy industry organizations, in Demark researchers set out to compare the effects of cheeses that contains different amounts of fat on LDL cholesterol as well as risk factors for metabolic syndrome. 1 This was done by dividing 139 volunteers into three separate groups. The first group was to replace part of their daily diet with three ounces of regular-fat cheese. This included cheddar and other varieties that ranged from 25% to 32% in fat content. The second group ate reduced-fat cheese options that ranged from 13% to 16% fat. The third group, the control, did the same with bread and jam. All three groups provided blood samples before and after the 12 week time frame. 2 The results of this study were published in the American Journal of Clinical Nutrition. Researchers saw no difference in LDL cholesterol, which is the “bad” fat found in the blood that is known to clog up arteries and increase the risk of heart attack and stroke. Additionally, no there were no differences in triglycerides, insulin, fasting glucose levels, or any other blood chemistry tests performed on the three groups. There were also no significant changes in body weight. 3 Surprisingly enough, it was noted that there was a small increase in HDL (“good “cholesterol) among the group that ate the regular-fat cheese.

There is still much more research that needs to be carried out before the results can fully be accepted by the health community. Farinaz Raziani, a Ph.D. student at the University of Copenhagen and the lead author of the study, said that these findings may not apply to all dairy products and that the reported neutral effect that the cheese had on cholesterol levels still needs to be further deliberated. 2 That being said, regular-fat cheese can still be a reasonable part of a healthy diet.

References

<ref supportList1> </ref> <ref supportList2> </ref> <ref supportList3> </ref> <ref supportList4> </ref>
The tomato, the fruit of the *Solanum lycopersicum* plant, is a widely versatile and delicious food. Originating in Central America and first eaten by the Aztecs and other Mesoamerican peoples, the plant was first brought to Europe during the Columbian Exchange, where its fruit was regarded with suspicion, due to the fact that it resembled other plants in the family of nightshades, some of which are poisonous. Luckily, the tomato is not only safe to eat, but is in fact highly nutritious. Like all fruits, tomatoes are excellent sources of vitamin C, an essential micronutrient and antioxidant which contributes to the synthesis of collagen and promotes wound healing and connective tissue health, and is required for the synthesis of some neurotransmitters. Many other micronutrients are present in high concentration in tomatoes, such as other vitamins, minerals, and phytochemicals, the biologically active compounds synthesized in plants for protection against their environment. One of these phytochemicals, lycopene, is found in many red fruits and vegetables, such as watermelon, albeit usually at smaller concentrations than in tomatoes.

Lycopene has many beneficial properties which make it a healthful component of one’s diet. It is a powerful antioxidant, which clears free radicals in the body at ten times the rate of vitamin E2. One study has shown that lycopene supplementation in postmenopausal women severely reduced oxidative stress in their bodies as well as decreased bone resorption markers, indicating that it may reduce the risk for osteoporosis. Furthermore, studies have shown that lycopene intake reduces risk for some cancers. In an *in vitro* study, lycopene was observed to disrupt the process by which prostate cancer cells “link” with endothelial cells for sustenance from the blood. With this process disrupted, the cancer cells are unable to grow and proliferate. In another study in which data from the Women’s Health Initiative was analyzed, lycopene intake was associated with a 39% lower risk for renal cancer.
Interestingly, the process of cooking tomatoes increases the amount and bioavailability of lycopene in tomatoes, as well as other antioxidants. Tomatoes heated at about 190°F for half an hour had 164% more trans-lycopene and 35% more cis-lycopene in one experiment. This effect may be due to the breaking down of cell walls in the tomato cells and freeing lycopene from the fruit’s tissues, thus increasing its bioavailability. Unfortunately, heating does convert the vitamin C in tomatoes into biologically inactive molecules, and so both cooked and raw tomatoes are healthful components of one’s diet.

One of the easiest and most delicious ways to include cooked tomatoes in the diet is homemade tomato sauce. For anybody first learning how to cook, tomato sauce is an easy yet impressive recipe to learn and experiment with, and is made from very cheap ingredients.

**Ingredients:**

- 1 onion, finely diced
- 1 large carrot, finely diced
- 3-5 cloves of garlic, minced
- 1 tbsp olive oil
- Italian seasoning, or dried basil, thyme, and/or oregano
- Red pepper flakes
- 28 oz. can of tomatoes
- Salt

Heat the olive oil in a saucepan, and add the diced onion. Sauté for about 5 minutes, then add the carrot and continue to cook for about 2 minutes. Add the garlic, dried herbs, and red pepper flakes and cook for another 1-2 minutes. Finally, stir in the tomatoes and a pinch of salt and simmer the sauce for half an hour. Remember to keep tasting, and add more seasoning if needed. This recipe makes about four servings, and is great on pasta, zoodles (zucchini noodles; buy a spiralizer, it will change your life), or even tossed in with roasted vegetables or chicken. As an added benefit, your kitchen will smell amazing for about a day and a half.

"Tomatoes heated at about 190°F for half an hour had 164% more trans-lycopene and 35% more cis-lycopene."


Another great way to cook tomatoes is to stuff them and bake them in the oven. Tomatoes can be stuffed with cooked beef, chicken, or sausage, cooked rice or quinoa, and vegetables. The combination of ingredients can be different every time they are made, so learning this skill in the kitchen is almost like learning over a dozen! The following is a vegetarian example found at http://www.tasteofhome.com/recipes/veggie-stuffed-tomatoes.

**Ingredients:**

- 2 medium tomatoes
- 1/2 small carrot
- 1/2 celery rib, sliced
- 1/2 small onion, peeled
- 1 small garlic clove, peeled
- 1/4 teaspoon dried oregano
- 2 teaspoons olive oil
- 1 tablespoon white wine or vegetable broth
- 1/3 cup dry bread crumbs
- 2 tablespoons grated Parmesan cheese
- 3 to 4 fresh basil leaves, thinly sliced

Slice the tops off of the tomatoes, scoop out the seeds and pulp (don’t discard), and dry the insides of the tomatoes with a paper towel. Finally chop (or run in a food processor) the carrot, celery, onion, and garlic. Add the tomato pulp to the food processor or stir the chopped vegetables into the pulp. Sauté the mixture in olive oil and add in the oregano. Add the wine or brother and reduce the liquid by one half. Allow the contents of the pan to cool off slightly, then stir in the bread crumbs, Parmesan, and basil. Stuff the tomatoes with the prepared stuffing and bake them for 15-20 minutes at 350°F.

**Sources**

Hailed as one of the newest super-foods, there appears to be a lot of hype surrounding this year’s health trend: Coconut Oil. While it is often highlighted for its health benefits, new research suggests that it might not be such a miracle food after all! A meta-analysis performed by the Oil and Fats Specialist Group of New Zealand noticed that coconut oil is 92% saturated fat, so it actually raises your bad cholesterol levels significantly more than unsaturated plant oils, like olive oil.

So how did coconut oil get its claim to fame? More than half of this natural fat is made up of medium-chain fatty acids, or MCT’s, which are more readily oxidized by the body. This also means that they are not stored as fat as easily as long-chain triglycerides. While less fat sounds like a great idea, a raise in bad cholesterol outweighs the benefits and can even promote the buildup of plaque in your arteries. Already stocked up? No worries! Coconut oil may not be the miracle food we thought it was, but it can still be useful for everyday tasks! Use your extra coconut oil for:

- Natural hair and skin moisturizer
- Makeup remover
- Homemade laundry soap
- Leather conditioner and softener or wood polish
- Diluting essential oils to apply them to your skin
- Natural bug repellent when mixed with rosemary or mint
- Soothing bee stings or mosquito bites
- Natural teeth whitening

"...coconut oil is 92% saturated fat, so it actually raises your bad cholesterol levels significantly..."
Currently, over 90% of the corn, soybeans, and cotton grown in the United States are Genetically Modified Organisms. As GMO foods and crops become more popular, a rise in skeptics also occurs. Ethical and health issues have been attributed to GMO products due to the DNA differences that are considered unnatural. The modifications that crops are undertaking is meant to be helpful and allow for a greater production of a crop, as well as keep the crop safe from environmental factors. Recently, the USDA approved the production of genetically modified potatoes. These potatoes were created to resist bacterium that could cause a decline in potato production and leave the world in a potato famine. The potatoes are also supposed to last longer in refrigerated areas and become bruised less easily.

Researchers have studied the ability to keep disease away from potatoes by looking at an Argentinian type of potato that has a natural repellent to the bacterium that caused the Irish potato famine. By simply taking a strand of this DNA, the common Russet potatoes are being modified in order to create a longer lasting product. This GMO potato was given the name the “White Russet.” While there will always be skeptics and certain companies will refuse to use GMO products, recent articles are ridding people of the negative ideology of GMO products when it comes to health concerns. There is currently no evidence that GMO foods and crops lead to any health problems. However, there is also a lack of research in the field. Coming to a compromise, the idea of creating a GMO label is in favor for many people. As long as customers know what they are buying, they can make their own decision to promote GMO products, or ignore them completely.

References


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DIABETIC KIDNEY DISEASE: HOW CHOLESTEROL AND TRIGLYCERIDE LEVELS AFFECT IT

By: Arlo Taylor

Cardiovascular diseases and other metabolic diseases are a big problem in the United States. It is also a rapidly growing problem. Kids are turning obese at a younger age and have more allergies and other health problems than before. This is a very broad topic to discuss so what I am focusing on is how our diet indirectly affects multiple diseases to occur in modern adults. For example, obesity is a risk factor for cardiovascular disease. This will then also cause other problems like colon cancer and even diseases like diabetic kidney disease (DKD). There is a recent study done on patients in Italian diabetes centers that correlate whether factors like high triglyceride levels indirectly affect the occurrence of other diseases like DKD. This study will show how important it is to focus on eating healthy and exercising regularly in order to prevent a multiple chain of diseases that can occur in unhealthy individuals.

According to a study done by Giuseppina T. Russo, et al. there is a large population of outpatients with diabetes as well as DKD. Over the course of 4 years, a total of 47,177 patients at Italian diabetes centers were tested to check their glomerular filtration rate, albumin in urine levels, and high density lipoprotein (HDL) levels. This was to see if there was a correlation between diabetic dyslipidemia and DKS. Diabetic dyslipidemia is a very big risk factor for cardiovascular disease. It means that the person has high triglyceride levels and/or low HDL cholesterol levels. After seeing the results, the scientists concluded that diabetic dyslipidemia is an independent risk factor for the development of DKD.

There are many studies like this that result in a correlation between diseases like obesity and diabetes. This study alone showed that patients with diabetic dyslipidemia is at a higher risk for the development of diseases like DKD. As future dietitians, we must understand that preventing is the cheapest and healthiest way to keep a person disease free. Medicine will only take away symptoms; education and prevention is the best answer. By teaching adults (and children) to exercise regularly and eat healthy, they will be much less likely to develop any kind of metabolic disease. A healthy diet is what prevents these diabetes patients from getting DKD or even diabetes and the lack of education on healthy eating is why Obesity rates are so high. Let’s take some time to look at this study and reflect on what we can do as future dietitians to make an impact on our health community.

Reference
1. Giuseppina T. Russo; Salvatore DeCosmo; Francesca Viazzi; Antonio Pacilli; Antonio Ceriello; Stefano Genovese; Pietro Guida; Carlo Giorda; Domenico Cucinotta; Roberto Pontremoli; Paola Fioretto; the AMD-Annals Study Group. Plasma Triglycerides and HDL-C Levels Predict the Development of Diabetic Kidney Disease in Subjects With Type 2 Diabetes: The AMD Annals Initiative. Diabetes Care. 2016 Sep; dc161246.
ENERGY DRINKS AND THEIR EFFECTS

By: Jessica Bussey

With final exams right around the corner, marathon study sessions and sleepless nights will certainly be the norm for some. But before reaching for that next Redbull, be sure to keep your consumption in check, or you just might end up with hepatitis. In today’s hectic society, the consumption of energy-boosting beverages has skyrocketed, and teens and young adults are notorious for consistently toting their beverage of choice to class, work, and even the gym. In fact, young men ages 18 to 34 consume the highest reported amounts of any age group.1 Many of these energy drinks, which are classified as dietary supplements, are actually toxic to the liver. However, this consequence, as well as multiple others, is commonly overlooked due to clever marketing campaigns and consumers' desires to excel. In fact, drug-induced liver injury, a category which includes dietary supplements and energy drinks, is responsible for nearly 50% of all liver failure cases in the US.2

These drinks contain a combination of high amounts of sugar, caffeine, B vitamins, and proprietary “energy blends,” which tend to include combinations of taurine, guarana, ginseng, yohimbe, and carnitine. The caffeine content alone, which may be up to 500 mg in a 24-oz energy drink, is the equivalent of drinking up to four or five cups of coffee. Although up to 400 mg of caffeine is generally considered to be safe for healthy adults,3 many energy drink consumers are also drinking caffeine from other sources throughout the day, which puts them in danger of excess consumption, which can potentially cause heart, nerve, stomach, and muscle problems.

With the multiple different herbal extracts, amino acids, and vitamins also present in these drinks, it is possible to cause significant damage to the liver. Recently, a previously healthy 50-year-old man was diagnosed with acute hepatitis after excessive energy drink consumption. His symptoms included general malaise, dark urine, abdominal pain, vomiting, and jaundice,4 and he reported having four to five energy drinks every day for three weeks in order to keep up with his demanding work schedule.4 The man's physicians determined that his liver injury was caused by Vitamin B3, or niacin, toxicity.2 Although it has important functions in digestion and cholesterol maintenance, niacin in large amounts over time can damage liver tissue. In this particular case, the patient was consuming 160-200 mg of niacin per day, compared to the Recommended Daily Allowance of roughly 15 mg/day. The physicians also found that the levels of Vitamin B12 and folate were beyond quantitative measure,2 further confirming their gradual accumulation as overconsumption continued. Fortunately, after several days in the hospital without energy drinks, the man’s liver function returned to normal.2

This is one of only two reported cases of excessive energy drink consumption-induced hepatitis.2 However, with our culture's seemingly relentless pursuits of efficiency, productivity, and success, it is important for consumers to recognize the potential severity of the side effects associated with overconsumption of these supplements. Although energy drinks may offer short-term benefits, as with all things, moderation is key.

References
Food Insecurity on College Campuses

Shannon McCarthy

Hunger is not always as obvious as the man on the street corner with no shoes and a cardboard sign saying “will work for food.” There are hungry people all over the world, in addition to those that are food insecure. “Food insecurity is the lack of reliable access to sufficient quantities of affordable, nutritious food. It is common at colleges and universities across the country, potentially undermining the educational success of untold thousands of students.”¹ College is not free in America and it can be very expensive. Nowadays it is pretty much expected for high school graduates to go straight off to get a college degree or go to a two year degree program. Where are these students supposed to get this money from especially if they are from a single parent home or a moderate to low annual income household?
Even a moderate level income family of four has to save and collect pennies to send their children to college. All of this money saved goes straight to the classes and books, with little left for other activities. These “other activities” include eating. Campus meal plans can cost a huge chunk of money and have a limited selection and operation times. The college student ramen noodle diet is joked about but is a serious matter. Many college students are up to their ears paying for tuition, books, rent, parking, you name it. The last bit of their money gets spend on food and extra curricular activities. Food like ramen noodles is cheap for a reason, it provides little to no fresh ingredients, nutritional value, vitamins, minerals or really anything beneficial.

Being a college student means late night study sessions where caffeine and snacks are needed to make it through. Many students do not have the money for that four dollar energy drink or that five dollar protein bar. “Twenty-five percent of community college students qualified as having very low food security, compared to twenty percent at four-year schools.”1 Both of these numbers are high and they show how prevalent food insecurity is.

Food insecurity is linked with housing insecurity and a negative impact on education. Some students reported not being able to afford books, missing classes and even dropping classes.1 This shows that food insecurity has more than just a student's stomach growling. Food insecurity effects all aspects of life and may alter a student's ability to thrive in classes that they should be able to. Food insecurity may affect physical and mental health. Students with food insecurity are more likely to have a lower GPA than their peers with food security.3

A few ways to eat healthy on a budget are cooking at home, buying in bulk, buying frozen foods and buying from local farmers markets.3 All of these options help to save money, waste less food and becoming more food secure. Many colleges have programs with free meals and campus stores with free or discounted food. Taking advantage of these offers is another way to eat healthy and cheap.

Whether you come across the man on the street corner or the college student living off of microwave noodles, lead a helping hand. Help those in need by giving them a snack, inviting them to a potluck, or providing them a few dollars. Hunger is real and everywhere and we can help.

"A few ways to eat healthy on a budget are cooking at home, buying in bulk, buying frozen foods and buying from local farmers markets"

References
3. Radcliffe S. Nearly 60 percent of college students are ‘food insecure’. Healthline News. 2014
Closing The Gender Gap: Alcohol Consumption

Malarie Warren

Women have made many strides in recent decades to close the gender gap and striving for true equality. A new study published in October 2016 indicated women are now successfully closing the gender gap in relation to health problems associated with drinking. The Dietary Guidelines for Americans 2015-2020 recommend up to one drink per day for women of legal drinking age and up to two drinks per day for men of legal drinking age¹. Tim Slade, an epidemiologist from the University of New South Wales in Australia led a study that analyzed data from 68 international studies between 1989 and 2014 tracking the alcohol consumption of both men and women². People were grouped according to their alcohol consumption: any alcohol use, excessive alcohol use, and health and social problems related to drinking. His team observed that women who were born between 1891 and 1910 were around fifty percent less likely to drink alcohol than their male counterparts, whereas this percentage was equalized for those born between 1991 and 2000. The instances of excessive alcohol use fell for men from three times more than women to 1.2 times more than women². These numbers are significant in that women are now seeing many of the same health and social impacts alcohol consumption and abuse can have. Several researchers commented on the Australian study saying that social norms in different regions may play into women’s drinking behaviors as well as women’s representation within the data. Recommendations for women’s alcohol consumption is lower because their bodies are more susceptible to the effects of alcohol metabolism. This leads to a greater risk of liver disease, cancer, and the occurrence of fetal alcohol syndrome if a woman drinks while pregnant².


With the obesity epidemic on the rise, it is important to address all the demographics encompassed. Unfortunately, this includes pregnant women. But the catch here, is that obesity in pregnant women doesn’t just entail negative effects for the woman, it also involves damaging effects for the fetus. Additionally, obesity before pregnancy is just as critical as during pregnancy. Obesity during all stages of pregnancy have implications for disease and negative conditions for not only the mother but the baby as well. Fortunately, studies have been conducted to analyze the best approach for weight management for these mothers-to-be. However, it is important to understand the complications associated with obesity during pregnancy, before figuring out a solution to the problem.

Mothers who are overweight or obese before or during pregnancy have shown increased risk for some conditions such as gestational hypertension, pre-eclampsia, gestational diabetes, and caesarean-section. Diabetes is also another concern for these individuals. All these conditions not only negatively affect the mother, but can have negative outcomes for the babies as well. Additionally, obesity pre-pregnancy can have many negative effects on the pregnancy itself mainly caesarean-section birth and postpartum hemorrhage. The risks for all the above-mentioned conditions increases upwards of 13-fold in women who are obese. Weight gain during pregnancy, above IOM recommendations is also frequently seen with obese pregnant women. These outcomes will, in turn, affect post pregnancy conditions for the mother and baby. For the mother, postpartum weight retention was much higher in obese mothers than in their normal weight counterparts. This can be accounted to preexisting weight above recommended levels before and during pregnancy. Babies born from obese mothers were also seen to weigh more than their normal weight born counterparts 1 year postpartum. Another component of the appearance of weight retention or loss was the practice of breast feeding. Mothers who breastfed postpartum were less likely to retain weight gained during pregnancy, than mothers who did not breastfeed. However, it is important to note that women who are obese tend to have more frequent typical complications with breastfeeding than their normal weight counterparts. Special attention should be paid to this trend.

Fertility was another status that was impacted by weight status. Women who were obese had lower fertility and fecundity than normal weight women. Menses was also affected and was more irregular in obese woman than normal weight women.

The babies born from obese women are unfortunately also at a higher risk for detrimental conditions. Preterm delivery is a major concern for babies of obese women. This is one of the most common causes for low birth weight which increases baby
mortality. However, if babies born to obese women are not preterm, they are at risk for increased weight than their normal weight born counterparts\textsuperscript{1}. Increased risk for birth defects is also seen in babies born from obese women\textsuperscript{1}. Particularly, anorectal atresia, hypospadias, omphalocele, hydrocephaly, and cleft lip and palate are a concern\textsuperscript{1}.

"Mothers who are overweight or obese before or during pregnancy have shown increased risk for some conditions such as gestational hypertension, pre-eclampsia, gestational diabetes, and caesarean-section"

Thankfully, there are treatment plans that could reduce the risk for these conditions in both the mother and child. There are several approaches for intervention for women at all stages of pregnancy. The most effective plan of action is to institute diet changes as instructed by a registered dietician, accompanied by an increase in physical activity and lifestyle choices like breast feeding\textsuperscript{1}. Additionally, the best intervention program involves frequent updating in person with a professional, rather than email follow ups or brochure information handouts\textsuperscript{1}. Educational classes on weight management, health diet through pregnancy, and breast feeding, are the best programs for pregnant women to seek out and become involved in\textsuperscript{1}. The more frequent the accountability, the better. Ultimately education and proactive treatment plans are the best solutions for pregnant or hopeful pregnant women to manage weight and other obesity-associated conditions.

Exercise, Even in Small Doses, Offers Tremendous Benefits for Senior Citizens

By: Michelle Wolff

These days, many doctors focus on prevention, especially in younger patients to avoid any worsening of ongoing problems and the rise of new ones. Problems with mobility are a common symptom of aging, and around 17% of seniors age 65 or older can’t walk a quarter of a mile and another 28% have trouble doing so. With that being said, that doesn’t mean that senior citizens are doomed; according to a new study, it’s never too late to start turning around one’s health for the better. Many seniors have hips issues or fall often and have trouble recovering. New research has shown that physical activity, even in little amounts, can severely improve one’s strength and flexibility and make recovery much quicker.

A study done by Dr. Thomas Gill and colleagues looked to compare the effectiveness of a structured program that includes either physical activity or health education to seniors 70-89 years old who could currently walk a quarter mile, but had some limitations in their mobility. The group was split into two subgroups where half the group attended 26 weekly health education classes followed by monthly seminars. The other half spent about an hour doing physical activity at a clinic twice a week, as well as at-home exercises. They found that the group that engaged in physical activity were 25% less likely to experience significant mobility issues than the group that focused on education. This is because they saw major improvements in the speed of recovery from being unable to walk and were less likely to have problems getting around after that
recovery period. Many patients said they felt an improvement in not only their physical feeling, but their mentality as well.

Many older adults and seniors believe it’s “too late” for them to start exercising and improving their health, and this study was done to prove that theory wrong by showing it’s never too late. Dr. Gill even said “prescribing exercise may be just as important as prescribing medications”. The old regimen of telling seniors to “take it easy” is getting thrown away and replaced with small doses of physical activity. Older adults should focus on getting in some sort of activity during the day, and focus on the time spent doing that activity, rather than the type of exercise. This can be something as simple as walking around the block while flexing one’s muscles. One important thing to remember is to start slow to really reap all the benefits, as well as decrease risk of injury. This also ensures people will not give up as easily since their progress will not be hindered.

Starting with a plan is the best way to start and to ensure success. Susan Hughes, the co-director of the Center for Research on Health and Aging at the University of Illinois at Chicago, helped develop Fit & Strong, which is an evidence-based physical activity program for seniors with osteoarthritis. The coaches make an individualized plan that covers what they will be doing, when they are going to do it, and who they will be doing it with. Hughes also reminds them that the plan must be made enjoyable so they will be consistent with it. This study helped to show the major benefits one can acquire from even small amounts of physical activity and how it not only helps prevent injury and speed up recovery but also helps one maintain a healthy weight and have a better overall mentality. All of these factors combined makes one significantly less likely to become disabled towards the end of their lives.

References

Recently, marathon runners gathered in Staten Island to run the TCS New York City Marathon. We know that preparing for a marathon is a lengthy and enduring process that requires a lot of training and nutrition. Some people wonder what it takes to be a long-distance runner. It’s important for beginners to learn how to train and race the right way, and not fall into the common myths. There are several myths going around about how athletes get ready for a race or special event. The first myth is that carb loading is essential for energy and good results the next day. Experts say that it is not necessary to carb load the night before to win. However, it is just important to get the calories you need. The meal, or meals following up to your event are extremely essential for your performance. Your body can only store up to a certain amount of glycogen, so carb loading is not always effective. Another myth that many people think is true is that power bars, and energy gummies are what you need right before a race. This is not true either. Many of these packaged products contain more than what the body needs. With proper hydration and diet, supplementation of power bars or energy gummies are unnecessary. Additionally, many slow runners deal with hyponatremia, which is a decrease of sodium in the body from drinking too much water. Many runners drink more than they need because they think they must drink water at every station. It is essential to remaining hydrated during training but also right before the event. Water intake should increase with a rising temperature and increase in sweat production. Too much water in the body can lead to serious health issues, including death. The take home message is this: train hard and don't take the easy way out!

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