

Combating Obesity: Frequently Asked Questions About Food Choices

Pediatricians are in a prime position to help all children maintain normal growth and an active, healthy lifestyle, including helping children and families increase their knowledge and skills to combat obesity and obesity-related comorbidities, including type 2 diabetes. The following is information for pediatricians and health care professionals concerning 3 frequently asked questions from parents about nutrition and food choices.

Q: Are sugar-free products recommended for children?

A: Excess calories from all sources, including calories from carbohydrate sweeteners, have become a concern because of the twin epidemics of obesity and type 2 diabetes, and the obesity epidemic has spread to children as well. It is known that consumption of more calories than are expended through basic metabolic processes and physical activity over time result in weight gain. In achieving and maintaining a healthy weight, it's important to remember that all calories count, no matter what food or beverage they come from.

Nonnutritive sweeteners provide a sweet taste with few or no calories and can help reduce energy intake when used in place of higher-calorie options.

The consumption of foods and beverages containing nonnutritive sweeteners has increased, and approximately 15% of the US population is estimated to consume nonnutritive sweeteners. However, there is a paucity of data in children. It is recognized that nonnutritive sweeteners can aid in weight management if used appropriately. However, given the lack of firm findings, there are no final recommendations regarding the use of nonnutritive sweeteners.

Message to Parents

Noncaloric sweeteners, also called no- and low-calorie sweeteners, or sugar substitutes, add sweetness to foods and beverages without adding calories. According to the American Dietetic Association (ADA), foods and beverages sweetened with noncaloric sweeteners can be incorporated into a healthy eating plan.

Noncaloric sweeteners can help make reduced-calorie foods and beverages taste better, which can help in long-term weight maintenance. Keep in mind that products containing noncaloric sweeteners may not be calorie-free or fat-free. Check the food labels for nutritional information. For more information, visit the ADA Web site at www.eatright.org.

Noncaloric sweeteners approved by the US Food and Drug Administration are safe for the general population, including people with diabetes, pregnant women, and children. (Note: Aspartame contains phenylalanine and is not safe for people with a rare hereditary condition called phenylketonuria [PKU].) Due to limited studies in children, the American Academy of Pediatrics (AAP) has no official recommendations regarding the use of noncaloric sweeteners.

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Q: Should dietary fat be limited?

A: In recent decades, emphasis and educational efforts supporting low-fat, low-cholesterol diets for the general population have increased. Many fat-free or reduced-fat food and beverage options are available and can aid in weight management if used appropriately.

However, a variety of health organizations, including the AAP, recommend against fat or cholesterol restriction in the first 2 years of life, when rapid growth and development require high intakes of energy. For this reason, nonfat dairy products are not recommended for use in children younger than

2 years. For children between 12 months and 2 years of age, low-fat dairy products should be considered for children with a body mass index at the 85th percentile or greater or a family history of cardiovascular disease, hypertension, or obesity. Fat intake should be gradually decreased during the toddler years so that fat intake, averaged across several days, provides approximately 30% of total energy. Parents should be reassured that this level of intake is sufficient for adequate growth and does not place children at increased risk of nutritional inadequacy.

Message to Parents

Childhood is the best time to start heart healthy eating habits, but adult goals for cutting back on total fat, saturated fat, trans fat, and cholesterol aren't meant generally for children younger than 2 years. Fat is an essential nutrient that supplies the energy, or calories, they need for growth and active play and should not be severely restricted. (Note: Whole milk is recommended for children 12 to 24 months of age. However, your child's doctor may recommend reduced-fat (2%) milk if your child is obese or overweight or if there is a family history of high cholesterol or heart disease. Check with your child's doctor or dietitian before switching from whole to reduced-fat milk.)

Q: Why should fruit juice be limited?

A: As with any food or beverage, sweetened beverages should be consumed by young children in age-appropriate amounts and should be monitored. For those with either chronic diarrhea or excessive weight gain, obtaining a full diet history, including the volume of fruit juice and soft drinks consumed, is useful in approaching anticipatory guidance. Intake of fruit

juice should be limited to 4 to 6 oz/day for children 1 to 6 years of age. For children 7 to 18 years of age, juice intake should be limited to 8 to 12 oz or 2 servings per day. Parents should be encouraged to routinely offer plain, unflavored water to children, particularly for fluids consumed outside of meals and snacks.

Message to Parents

Parents can offer 100% fruit juice to help children get the recommended amount of fruit in their diets. And children can easily drink a lot of juice because juice tastes good. However, too much juice in your child's diet can contribute to other problems, like poor nutrition, obesity, and tooth decay. Parents can continue to offer age-appropriate servings of juice in addition to offering whole fruits and other beverage options like water or low-fat milk. Do not give fruit juice to infants younger than 6 months, since it offers no nutritional benefit at this age. For children 1 to 6 years of age, limit juice to 4 to 6 oz per day. For children 7 to 18 years of age, limit juice to 8 to 12 oz per day.



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The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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