

Healthy Eating: How Do We Define It and Measure It? What's the Evidence?

Christy C. Tangney, PhD, CNS, Beth A. Staffileno, PhD, RN, and Heather E. Rasmussen, PhD, RD

ABSTRACT

A healthy diet can be defined in many ways, including defining one's food intake by a dietary pattern. As described in the Dietary Guidelines for Americans Committee report, there are several defined dietary patterns associated with lower rates of chronic diseases. These include the Healthy Eating Index, Dietary Approach to Stop Hypertension, and those based on the Mediterranean diet. This review will focus on guiding health care professionals, including nurse practitioners, how a healthy diet pattern is defined, how it is measured, and a summary of recent evidence supporting the healthfulness of these dietary patterns.

Keywords: accordance, Alternate Healthy Eating Index, dietary patterns, Healthy Eating Index, Mediterranean

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Healthy eating can be defined in many ways to accommodate different tastes and cultures. One resource many nutritionists rely on to define healthy eating is the Dietary Guidelines for Americans (DGA). The DGA was established by congressional mandate under the 1990 National Nutrition Monitoring and Related Research Act (Public Law 101-445) and is issued every 5 years jointly by the United States Department of Agriculture (USDA) and the Department of Health and Human Services. These departments call on a group of external food and nutrition experts who comprise the Dietary Guidelines Advisory Committee (DGAC). Experts examine and evaluate all available research (augmented by the systematic reviews of the nutrition and health literature) and make recommendations that are summarized in the DGAC Scientific Report.¹ The report is open to public comment and then is further reviewed, summarized, and released as the DGA by the department secretaries.² The process is designed to be transparent and unbiased. The aims of the DGA are to translate this information into practical food-based recommendations that promote overall health and inform federal policy and programs such as the Older Americans Act Nutrition Services Program and the Supplemental Nutrition Assistance Program, which impact millions of

persons each day.³ The 2010 DGAC was the first to emphasize healthy dietary patterns as opposed to the prior reports that focused on recommendations for individual dietary components or nutrients.

Although the 2005 DGAC did describe the Dietary Approach to Stop Hypertension (DASH) food pattern, an even greater emphasis was placed on food groups and nutrients that make up several healthy diet patterns in 2010. Moreover, the DGAC detailed recommendations that focused on behaviors contributing to these patterns including accentuating fruit, vegetable, whole grain, and seafood consumption with admonitions regarding how snacking, fast food, and breakfast habits have changed over the past 3 decades. This theme is further emphasized in the 2015–2020 DGAC (which henceforth will be referred to as the 2015 DGAC).

One universal message nutritionists want all health professionals including nurse practitioners to promote is the adoption of overall healthy dietary patterns, for which there can be many. This approach would be more helpful and healthful than simply advocating a *superfood* or restriction of a particular *bad* food or dietary component. People do not eat nutrients but rather consume foods or meals comprised of combinations of foods and beverages that influence what and how well nutrients are

absorbed, metabolized, or stored.⁴ Dietary patterns reflect a combination of food groups, food items, and/or beverages consumed with specified habitual frequencies. The identification of optimal dietary patterns is often derived from large-scale population studies in which usual diet is described with broad strokes because the dietary assessment method most often used is the food frequency questionnaire (FFQ). This tool consists of a long list of food items to capture a variety of food choices and often with defined portion and frequencies (per day, per month, and so on) that the respondent completes.

A PRIORI DIETARY PATTERNS

There are, in fact, 3 approaches in which dietary patterns can be derived.⁵ The first includes the a priori dietary patterns, of which 3 common patterns are shown in the first 3 columns in Table 1. These 3 a priori patterns include 1) the Healthy US Pattern, which can be quantified with either the Healthy Eating Index (HEI) 2010^{6,7} or an alternative version of this index, the Alternate Healthy Index [AHEI] 2010; 2) the Healthy Mediterranean-style Pattern as exemplified by the MedDietScore,⁸ the Mediterranean Diet Score,⁹ or the

Table 1. Healthy Dietary Patterns in the 2015-2020 Dietary Guidelines Advisory Committee Report

Component	Healthy US Pattern	Healthy Mediterranean-style Pattern	DASH	Healthy Vegetarian Pattern
Total fruit (cups)^a	2	2.5	4	2
Whole fruit (not juice)	—	—	—	—
Total vegetables (cups)^{a,b}	2.5	2.5	4	2.5
Dark greens	1.5/wk	1.5/wk	—	1.5/wk
Red/orange	5.5/wk	5.5/wk	—	5.5/wk
Starchy	5/wk	5/wk	—	5/wk
Legumes	1.5/wk	1.5/wk	4-5/wk ^c	3/wk
Total grains (oz equivalent)^a	6	6	6	6.5
Whole grains	3	3	3	3.5
Refined grains	3	3	3	3
Dairy (cups)^a	3	2	3	3
Proteins (oz equivalent)^a	5.5	6.5	—	3.5
Nuts/seeds	4/wk	4/wk	4-5/wk	7/wk
Red and processed meats	12.5/wk	12.5/wk	≤ 6/wk	—
Poultry	10.5/wk	10.5/wk	—	—
Seafood	8/wk	15/wk	—	—
Eggs	3/wk	3/wk	—	3/wk
Processed soy (tofu)	0.5/wk	0.5/wk	—	8/wk
Fats^a				
Solid fats, g (tsp)	18 (2)	17 (0.9)	2-3	21 (2.3)
Oils, g (tsp)	27 (3)	27 (3)	—	27 (3)
Sweets, added sugars, g (tsp)^a	30 (7.5)	29 (7.25)	—	36 (9)
Sugar-sweetened beverages/fruit juice	—	—	≤ 5/wk	—

DASH = Dietary Approach to Stop Hypertension; g = grams.

^a Values are expressed as amount per day and are boldfaced. Scoring standards are based on cup and ounce equivalents, where 1 oz = 28.3 g and 1 cup = 225 mL.

^b Other vegetables and starchy vegetables are not shown here but contribute to total vegetables.

^c The total amount, includes the amount counted toward protein foods.

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