

Clinical Lipidology Roundtable Discussion

JCL Roundtable: Fast Food and the American Diet



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Abstract: The availability of food quickly prepared at lower cost and with consistent quality and convenience has made a variety of restaurant chains extremely popular. Commonly referred to as the fast food industry, these companies have stores on virtually every street corner in cities large and small. Fast foods contribute to energy intake, and depending on the food choices made, provide foods and nutrients that should be decreased in the diet. As Americans have become more conscious of their risk factors for heart disease and recognized eating patterns as a contributor to blood cholesterol levels, high blood pressure, obesity, and diabetes, the fast food industry has attempted to adjust their menus to provide more healthful choices. The Roundtable discussion in this issue of the *Journal* will focus on the importance of this industry as a source of foods that could help address our population-wide efforts to reduce cardiovascular disease. © 2015 National Lipid Association. All rights reserved.

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Dr Kris-Etherton was on the advisory board for the California Walnut Commission and received advisory board honoraria from McDonald's Global Advisory Council. Drs Johnson and Carson have no disclosures to report.

This Roundtable was recorded on November 14, 2015, during the American Heart Association Scientific Sessions. Three expert academic nutritionists have kindly joined me to share their knowledge: Jo Ann Carson, PhD, RDN, FAHA (University of Texas Southwestern), Rachel K. Johnson, PhD, MPH, RD, FAHA (University of Vermont), and Penny Kris-Etherton, PhD, RD, FAHA, FNLA (Pennsylvania State University). All 3 have been major contributors to the dietary guidelines that have been issued by various organizations/agencies.

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Dr Brown: Thank you for joining me and helping us to consider the opportunity offered by the “fast food” industry to continue improving the nutritional profile of our diets. Americans began to change their diets to reduce heart disease after the American Heart Association recognized the population-based research and made strong recommendations regarding reduction of saturated fat and cholesterol in our diet some 50 years ago. We are still on that journey and continued improvement is possible.

I would like for you all to comment on your estimation of the size of the contribution possible from “quick serve” or “fast food” outlets. Keeping in mind that a quick serve restaurant is one characterized by its fast food cuisine and minimal table service, what is your estimate of the actual contribution of calories provided from fast food outlets to the average American adult or child?



Dr Brown



Dr Rachel Johnson

Dr Rachel Johnson: The National Health and Nutrition Examination Survey (NHANES) data report that it is somewhere between 10% and 20%. It varies by age with children who are 6 to 11 years old obtaining an average of about 12% of their total energy intake from fast food. Teenagers get the most,

an average of 18%, whereas on average people over age 50 consume only 8-9% of their calories from fast food outlets.

Those are the percentages based on a recent NHANES analysis. These are average values but there's a large variation in calories consumed from fast food. There are income and racial disparities in terms of the amount of calories that are consumed in fast food with the lower income groups, African Americans, and Mexican Americans consuming higher amounts. Another concern is that the nutrient composition of the fast food consumed is quite different from other components of the food supply in America. There are higher amounts of saturated fat and added sugars from fast food. Thus, we should look at the nutrient breakdown as well as total calories contributed from any given source.

Dr Brown: It is clear that there is a range of values for different companies and different menu items. Focusing on the entire meal, can we derive an estimate of the percentage of saturated fat in the average major food items served at popular outlets?

Dr Johnson: When you look at food sources and quick serve restaurants, the highest percent of total calories comes from pizza, sugary drinks, potatoes, and cheese.

Dr Brown: The meals could vary in saturated fat calories from 10 to 30% percent?

Dr Johnson: Right. It obviously comes down to consumer choice. So it is possible to get a fairly healthy meal in many of these quick serve restaurants. This can be driven by what and how the food items are marketed to consumers.

Dr Brown: There is a common belief that these quick serve restaurants do indeed make a significant contribution to unhealthy components in our diet. That they not only load us with saturated fat and cholesterol but are high in sodium, as well. Their offerings are believed to be deficient in important nutrients such as potassium, calcium, and fiber. So when you look at the entire fast food industry is this a fair assessment? Are these restaurants a major contributor to a less healthful food intake than the remainder of the American diet?

Dr Johnson: For some people who eat fast food frequently, they are getting more sodium and more saturated fat than are recommended.

Dr Carson: Let's consider the 8.6% of daily energy that fast food contributes to the diet of adults who are 51 years or age or older. That portion of their food intake may contribute significantly more



Dr Carson

than 8.6% of their sodium and saturated fat and perhaps less of their vitamin and mineral intake.

Dr Johnson: That leads me to a fascinating paper on calorie changes in chain restaurant menu items. The researchers surveyed 19,417 items. What they found was that when new menu items were introduced that provided lower calorie options they tended to be items that were not core to the restaurants' customer base and mean calorie consumption did not change. These restaurant chains are introducing new and potentially more healthful items, but the core is still hamburgers, French fries, pizzas, and soft drinks and that volume is maintained.

Dr Brown: How can we suggest improvements in those core items that are the center piece of their sales?

Dr Johnson: I would rather critique what they market and how they market. Such as including toys in unhealthy children's meals as a marketing technique.

Dr Brown: Are they succeeding in selling less healthy food by doing that?

Dr Johnson: They're succeeding in promoting these foods.

Dr Brown: My question is what they are putting in peoples' stomachs.

Dr Kris-Etherton: Okay. Let's look at the nutritional profile of kid's meals in quick serve restaurants. A good example is McDonald's. They have decreased calories in the Happy Meal by cutting the serving size of the fries. They are now 100 calories, which is a 50 calorie reduction.



Dr Kris-Etherton

Dr Brown: Have they changed calories in other ways?

Dr Kris-Etherton: They've changed the fat. It used to be tallow. Then it was switched to hydrogenated oils, which were high in trans-fat. Now they use vegetable oil that is trans-fat free. I think that's a significant improvement in terms of the saturated and trans-fat content. French fries are healthier now because they are no longer fried in partially hydrogenated oil. Of course, the American diet has improved in terms of trans-fats. It's not because Americans said I'm going to stop eating French fries. Rather, this has happened because of changes in food preparation.

Dr Carson: Because their reach is so huge, these represent tremendous changes that are possible in population-based nutrients.

Dr Brown: That is why this is important.

Dr Kris-Etherton: The fast food industry is experimenting with changes that could lower calories, saturated fat, and salt. They have tried a number of different strategies but many do not stay on their menus. An example of this is Satisfries that were prepared with less fat. If this product had been accepted by consumers, it would have positively affected the "French fry world" and led to beneficial changes in the standard French fry formulation. In turn, this would have had a beneficial effect on the diet. But this is not what happened. Consumers did not purchase the product and it was withdrawn from the market.

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