

Commentary

Look at nutrient density when talking about healthy diet

from the **AAP Committee on Nutrition**

The Academy has worked for years to decrease obesity rates in children and adolescents. One area where we have had a positive influence is on nutrition in schools.

AAP clinical reports and policy statements have contributed to healthier school meals and more nutritious products sold in vending machines on school grounds. The Academy helped raise awareness of the practice used to promote sweetened drinks through exclusive contracts between distributors and schools, a practice rarely seen today. These measures have improved the quality of nutrition for children.

An updated policy statement from the Council on School Health and the Committee on Nutrition released this month in *Pediatrics* (bit.ly/1yR0Npf) discusses the status of school foods and revisits the issues of drinks and foods brought to school from elsewhere.

One of the important components of this new policy, titled *Snacks, Sweetened Beverages, Added Sugars and Schools*, is the concept of “dietary pattern,” i.e., a mix of foods and drinks that collectively promotes health. Counseling for improved nutrition historically has had two contrasting approaches. On the one hand, we discuss a balanced diet that includes all foods, selected from the five food groups and their many subgroups. On the other hand, we urge stringent elimination of specific foods that are deemed a health risk. The latter strategy is not without risk to child health. From the 1950s to the 1980s, cholesterol was identified as a risk for coronary heart disease, and eggs were discouraged. Later it was fat, then saturated fat; nuts and avocados were among the many victims. Currently, sugar is the new “poison,” blamed for everything from hyperactivity and obesity to fatty liver and diabetes. The warnings are a blend of science and sensationalism that leave the public confused and distrustful.

The concept of any one ingredient being “bad” or needing to be omitted from the diet is impractical; foods contain a blend of

macro- and micronutrients. We need to begin looking at the diet as a whole. We commonly use the terms “calorie density” and “empty calories,” but what about the positive concept of “nutrient density”? The value of a food is a sum total of all the various nutrients it supplies, relative to our total daily needs. If a nutrient-dense food comes with some fat or sugar, so be it; it’s OK to have some butter on the whole wheat bread or brown sugar on oatmeal. Some “forbidden” ingredients, used in moderation, improve the taste and enhance the desirability of high-nutrient foods. We all know that some foods and beverages need to be minimized, so this is not a license to give children anything they want. But using some discretionary calories carefully is a valuable tool for parents, if they learn to use them effectively.

The primary benefit of taking a nutrient-density approach is its ability to encourage individuals to make gradual improvements in their dietary choices, without asking them to abruptly change their entire established dietary habits. If I prefer sugary breakfast cereals, but I switch to a sweetened whole grain cereal with some fiber, I’ve made an incremental improvement in my diet. Making dozens of these small changes is a much less daunting prospect that over time can result in a completely new dietary pattern.

Emphasis on nutrient-dense foods and drinks allows us to offer patients an approach that lets “all foods fit” in their dietary pattern, as long as portion and proportion are appropriate.

Admittedly, we have come full circle in pediatric nutrition. What we have to offer to parents is that the healthiest diet for their child is the one that is balanced, based on a variety of nutrient-rich foods in the right amounts. Sounds like what your grandmother always told you, doesn’t it?

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