

Interpreting the Australian Dietary Guideline To "Limit" Into Practical and Personalised Advice

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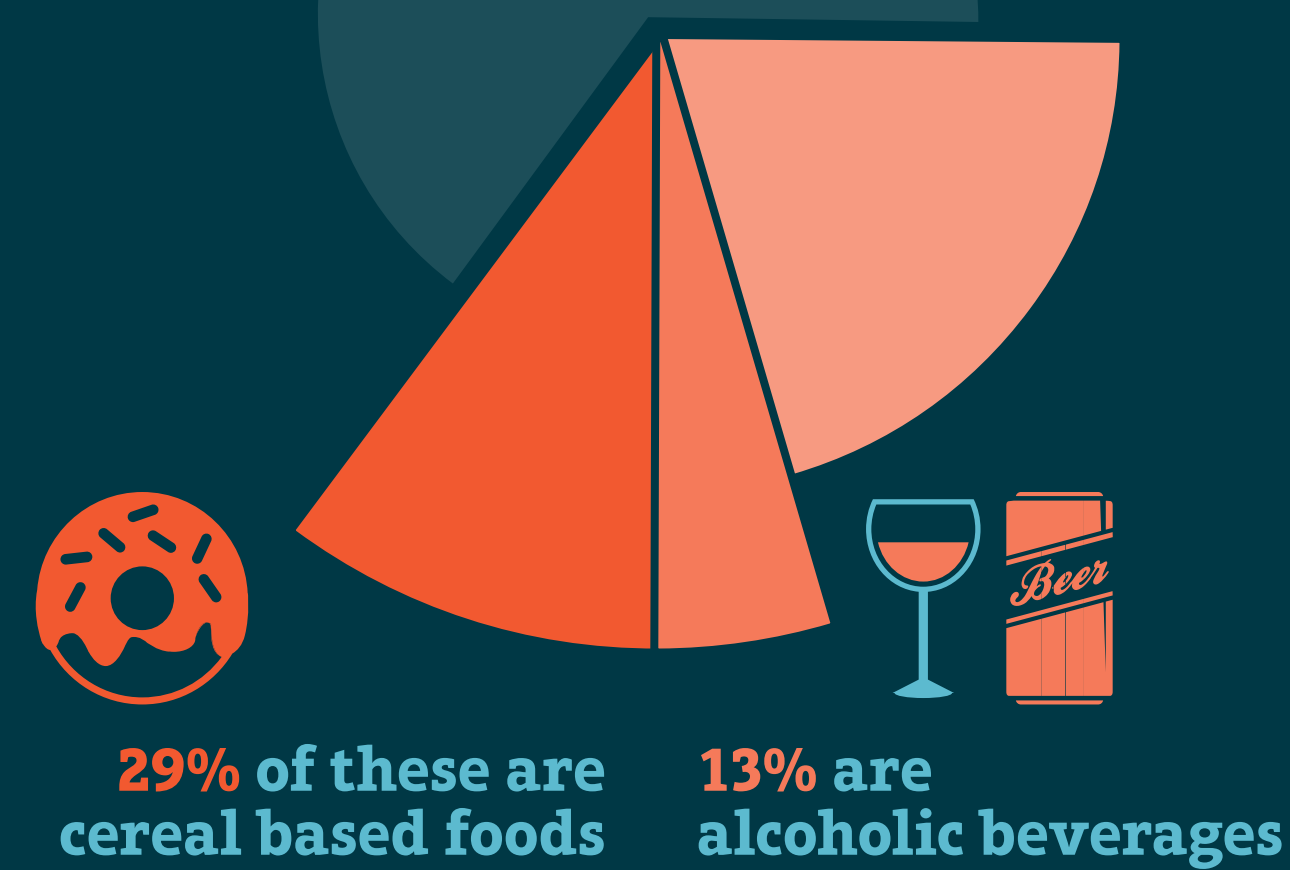
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Introduction

Globally, the general consensus is to "limit", "avoid" or "reduce" consumption of nutrient-poor foods and beverages, or consume them "sometimes" or "occasionally".

CURRENT CONSUMPTION OF NUTRIENT-POOR FOODS NEEDS TO BE REDUCED IN AUSTRALIA

Nutrient-poor foods make up 35% of total energy intake^[4]



GUIDELINE 3 OF THE AUSTRALIAN DIETARY GUIDELINES (ADG)^[5]

Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.

Discretionary foods (DF) can be included occasionally if energy needs allow but that they should always be considered "extras" in the context of energy requirements and when selecting a healthy eating pattern^[6].

But what does all this mean?

Aim

To develop a food-based educational toolkit to help dietitians and consumers translate guideline 3 of the ADG. They need practical advice on how to translate "limit", "avoid", "reduce", or consume DF "sometimes" or "occasionally".

Methods

THE TOOLKIT DEVELOPMENT



DISCRETIONARY FOODS:

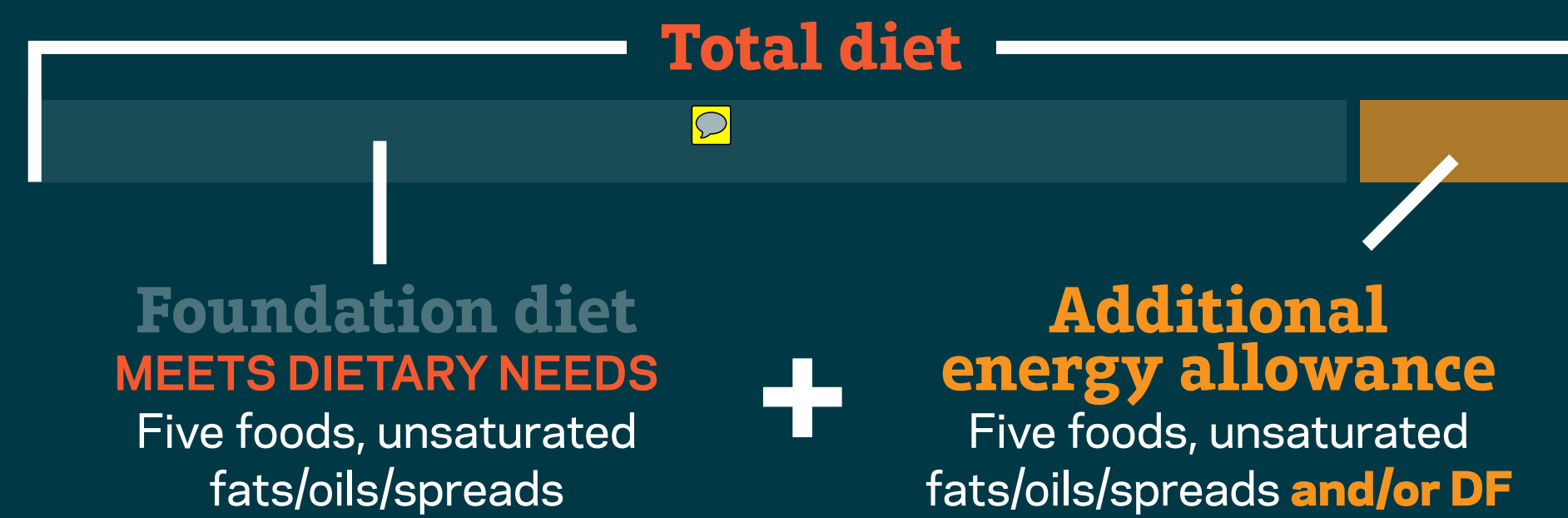
- ✗ Are not needed to meet nutrient requirements
- ✗ Do not fit into the Five Food Groups
- ✗ Are not a necessary part of our diet
- ✗ Are high in saturated fat, added sugars, salt and/or alcohol

WHAT WAS INCLUDED?

All foods explicitly listed by the Australian dietary guidelines were automatically included as DF. Foods that are not part of the Five Food groups, or core foods, were defined as a DF based on the nutrient composition in the Modelling System.

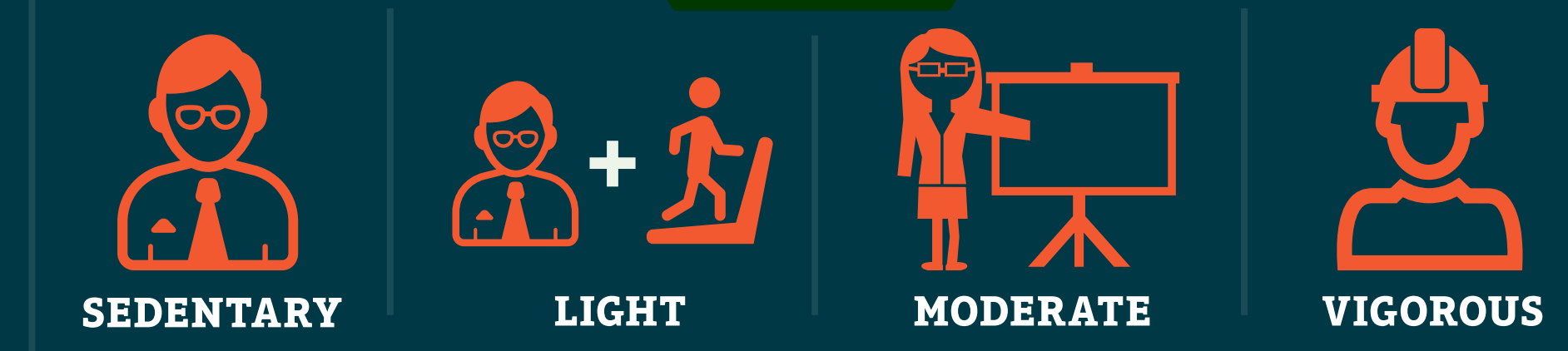
THE READY RECKONER

How DF fit into the diet? ONLY within the additional energy allowance.



✗ Does not apply to individuals who fall in the shortest and least active categories or those overweight.

TABLE



ADDITIONAL SERVES

1 DF = 600kJ

Additional Serves = $\frac{\text{Additional energy allowance}}{600\text{kJ}}$

USING THE READY RECKONER (RR)

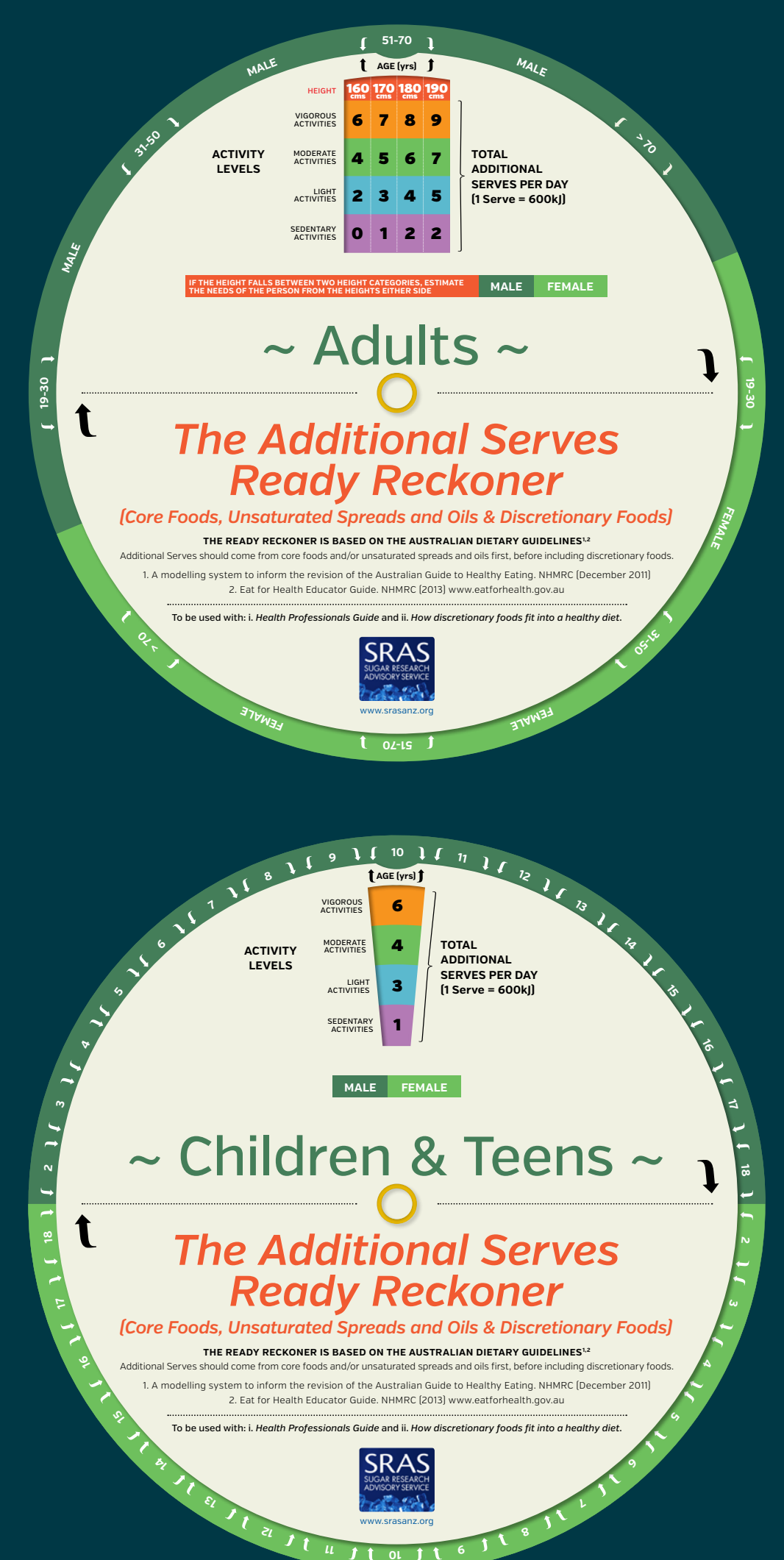
1 Calculate Body Mass Index

2 Select Gender

3 Select Height

4 Select PAL

5 Record maximum additional serves



CONSUMER DISCRETIONARY FOODS BROCHURE



Outlines the number of additional serves in common DF and their equivalent portion size.

The RR estimated additional serves should be consumed primarily from the core food groups, but can include DF.

Thus, the RR gives the absolute maximum DF that can be included in the diet, not a recommended amount.

Portion size of several DF calculated using Foodworks Professional^[10] and Easy Diet Diary^[11].

Portion size of each DF converted to DF serves (portion kJ / 600).

HEALTH CARE PROFESSIONALS GUIDE



Assists dietitians in using the RR and the accompanying consumer brochure to interpret the guideline "to limit" into practical and personalised advice.

It includes information on guideline 3 of the ADG, explains how to use the additional serves resources and provides an example as a case study.

Results

STEP BY STEP GUIDE

- Assess how many and how much (i.e., portion size) DF serves the client is currently consuming.
- Use the RR to calculate number of additional serves. DF serves are not recommended for those who are overweight or obese.
- Make recommendations of how the additional serves can be met using a combination of core foods, unsaturated fats/oils/spreads and/or DF serves.

It's important to highlight how portion size impacts greatly on kilojoules and DF serves.

CASE STUDY

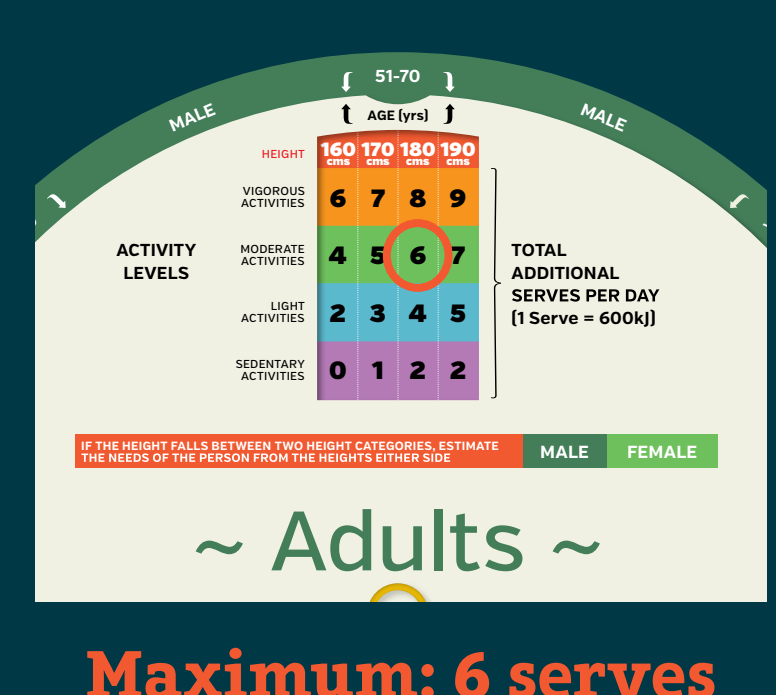
Meet Lou, a 55 year old male. He is 183cm tall, 75kg and works standing.



LOU'S TYPICAL DF CONSUMPTION

- 2 x [Donut]
 - 2 x [Beer]
 - 2.5 x [Ice cream]
 - 1.5 x [Wine]
 - 3 x [Burger]
- 11 total serves

LOU'S MAXIMUM ADDITIONAL SERVES



CLIENT NAME Lou WEIGHT/BMI 22
ACTIVITY LEVEL Moderate
CURRENT DF SERVES 11/DAY 77/WEEK
RECOMMENDED DF SERVES 3/DAY 21/WEEK

CONCLUSIONS

A toolkit was developed to assist dietitians and consumers to translate guideline 3 of the ADG

The toolkit provides personalised, realistic and food based nutrition advice on incorporating discretionary foods into the diet.

There is a need for the tool to be evaluated for effectiveness among dietitians and to be assessed for its impact on the actual eating behaviour in the general population

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