

NUTRITION NOTES

April 2020

- **Do Dietitians Eat Easter Candy?** I'll answer this with a question: "Does the wind blow in Oklahoma?" Yes, we eat candy because it is a fun, frivolous part of life. We enjoy a few pieces of our favorite selections on random days and we experience no guilt or shame because of it. Guilt and shame leads to "Oh well I've blown it so I'll eat the rest of the bag or bunny." Each of the following has approximately 110-120 calories with most of the calories coming from carbohydrate (sugar) or fat, except Peeps which have no fat but the highest sugar content: 1 Russel Stover Raspberry Whip Egg, 28 Jelly Bellies, 5 Whoppers Robin Eggs (not minis) 4 Peep Chicks, 4 Hershey's Milk Chocolate Eggs. Be mindful, be intentional, "count" what's in your hand, put the rest away, and then enjoy without guilt!
- **Diet Pills and Laxative Use Incident to Eating Disorders:** Regardless of gender, age, ethnicity or socioeconomic status, an estimated 15% of adults report lifetime use of diet pills and 5% of adults report lifetime use of laxatives for weight control. Use of these products can be harmful. Health care providers don't ask and patients don't tell if they are using OTC diet pills or laxatives for weight loss. The use of these products may be a "gateway" behavior to continued unhealthy weight control. Normal digestive functioning can be altered, leading to more disordered eating—thereby exacerbating emotion dysregulation through dependence on unhealthy and ineffective coping via diet pills and laxatives. Ask your patients about their use of OTC diet pills and laxatives.
- **Bad Sleep + Bad Diet = Bad Heart:** Poor sleep leads to reckless food choices which contributes to weight gain and increased risk for heart disease in women according to a recent study published in the *J. American Heart Assoc.* Women with poor quality sleep are likely overeating at meals plus making more unhealthy food choices due to hunger signals being stimulated and suppressing signals of fullness. Larger volume of food consumption can also cause GI discomfort, making sleep more difficult. It has been a common practice at **BN** to advise our patients who are sleep deficient to address sleep hygiene to support behavioral and lifestyle changes.
- **Case Study:** MA was a 21 y/o referred to BN in 2/2020 for chronic abdominal pain and GERD. Patient reported daily pain affecting her concentration/mood, and activities of daily life. Pain level was rated at a 7/10 on average. **Treatment protocol** included review of nutrition therapy for GERD, intake and GI symptom logs to identify trigger foods, discussion of balanced meals to reduce total fat intake, assessing anxiety and stress level as an exacerbating factor for GI pain, optimization of meal timing, and review of strategies to implement structured smaller meals throughout the day. **Patient outcomes:** Maintenance of weight with adequate energy intake, recognition of trigger foods, reduction in total daily fat intake, and elimination of pain that interferes with daily life. Was recently able to travel and enjoy vacation. Patient reports average pain level of 2/10 and only 1-2x per week. Patient continues with follow-up appointments every 4-6 weeks.