

Perth Diet Clinic



TRANS FATTY ACIDS

TRANS FATTY ACIDS

Should we be concerned about trans fatty acids and the levels in our diet in Australia?

Trans fatty acids are said to be as harmful to the arteries as saturated fat. One of the main sources in the past has been hydrogenated oils and margarines.

To change oil to a solid, as in making margarine, it is partially saturated with hydrogen and so produces trans fatty acids.

Leading margarine manufacturers have modified their margarines to lower the trans fatty acids. Watch for inexpensive cooking margarines and home brand ones that may be higher in trans fatty acids and saturated fat. Choose known brand polyunsaturated or monosaturated margarines as the industry does not have to label the trans fatty acids content.

Risk of Trans fatty acids

It is known that consumption of significant trans fatty acids increases the risk of cardiovascular disease.

The World

Health Organization's target is for trans fatty acids to make up less than 1% of the total energy intake. Australia has 0.6% of its intake as trans fatty acids where the USA is 2.6%.

Sixty percent of Australian Trans fatty acids come from beef, lamb and dairy products as they are formed within the gut of ruminant animals, such as cows and sheep. They are also formed during industrial processing or superheating of vegetable oils and fats – for example, in the chemical process of making semi-solid fats from liquid polyunsaturated fatty acids (partial hydrogenation) for use as edible oil spreads, margarine or as shortening for baking.

Reduce total saturated and trans fatty acids in the diet.

We want to reduce saturated fat and trans fatty acids in the diet.

The total of these two is 50% higher than the recommended level.

Choose lean meats and low fat dairy and a trans fatty acid free polyunsaturated margarine to reduce over all harmful effects and reduce the risk of heart disease. Watch for high fat bakery and take away products.



Eat more natural foods with emphasis on fruit and vegetables.

When shopping, read the ingredients list. Some foods may have partially hydrogenated vegetable oils or hydrogenated oils listed in the ingredients list and these should be avoided. If a label says **virtually trans fat free** this means that a food has less than 1% of its total fat as trans fat. In other countries they are permitted to call this trans fat free.

Be in control of your own health by reading and understanding labels. Your dietitian will help you with this.

FODMAP HYPOTHESIS

•

The FODMAP hypothesis is a relatively new hypothesis, put forward by an Australian Professor – Prof. Gibson.

•Attempts to identify fructose as a cause/treatment of Crohn's Disease and maybe contributing to the symptoms of Irritable Bowel.

•FODMAP stands for: **F**ermentable **O**ligo- **D**i- **M**onosaccharides **A**nd **P**olyols.

Excessive intake of FODMAPs &/or the malabsorption of fructose can lead to a higher delivery of FODMAPs to the terminal ileum and colon. This dietary factor is thought to increase the bowel's sensitivity to the development of Crohn's Disease and may also contribute to some people's symptoms of IBS.

Dietary Sources of FODMAPs

Fructose – fruits, honey, high fructose corn syrup

Fructans – (FOS) – wheat, onions

Lactose – milk, yoghurt, ice cream

Polyols – sorbitol, xylitol etc. – apples, pears, plums, reduced calorie sweeteners

Galactooligosaccharides – raffinose, stachyose – legumes, beans, cabbage, brussel sprouts.

A dietitian can help in determining if this is a factor and helping to set up a balanced diet while still omitting the offending foods..

Louise McEvoy gave birth to a healthy baby girl on the 25th of Aug 2008. She is called Annika Holly Voss and weighed in at 9 lb 10 oz. All is well and Louise will be starting back at work on the 18th of October although only part time on Saturday mornings initially.



Inside this issue

Page 2 Baked Frittata and Fresh Asparagus with Cheese Sauce

Page 3 Fatty Liver

Page 4: Clinic times and places



STAR RECIPES



BAKED FRITATTA



- 1 cup cooked sliced sweet potato or potato (200grams)
- 1/2 cup peeled sliced pumpkin (100grams)
- 1 small sliced white or red onion (75grams)
- 1 cup blanched bite size pieces broccoli (200grams)
- 1 bunch spinach (125grams)
- 2 tablespoons finely chopped chives (8g)
- 1 tablespoons finely chopped parsley (10grams)
- 4 eggs (200grams)
- 2/3 cup non fat milk (165ml)
- 2 crushed cloves garlic (6grams)
- Freshly ground black pepper
- 1 Tablespoon Parmesan cheese (9grams)

Cook potato, pumpkin and onion until just tender.
 Steam or microwave broccoli for 3 minutes.
 Wash spinach, finely slice and steam for 3 to 4 minutes.
 Grease a large 20cm baking dish.
 Layer vegetables in the dish, sprinkling with chives and parsley as you go.
 Finish by spreading spinach over the top.
 Press down firmly to remove large spaces.
 Heat vegetables in 180°C oven for 10 minutes.
 Beat eggs and milk with crushed garlic and pepper until frothy.
 Pour over hot vegetable mixture in dish.
 Sprinkle Parmesan cheese on top. Return to oven and bake for a further 30 minutes or until egg is set.
 Serve as a main meal with salad. Ideal in lunches hot or cold.

Serves 4

Nutrients per Serve

KJ-672.4, Calories-161.9, Protein-14.0g, Carbohydrate-12.0g, Fat-6.3g

FRESH ASPARAGUS ON TOAST WITH CHEESE SAUCE

- 1 bunch fresh asparagus
- 2 slices grained toast
- Cheese sauce**
- 2 teaspoons margarine
- 1 tablespoon plain flour
- ¼ teaspoon dry mustard
- ¾ cup non-fat milk (187ml)
- ¼ cup grated low fat cheese (30grams)

Cut and discard bottom third of asparagus, wash well.
 Place asparagus in a microwave dish with heads turned towards the middle in a fan shape.

Cover with plastic wrap, add 2 steam holes and microwave for 4 minutes.

Prepare the cheese sauce by melting the margarine in a measuring cup in the microwave.

Stir in the flour and mustard to form a smooth paste.

Stir and slowly add the milk.

Return to the microwave, stirring periodically and cooking until thick and smooth.

Place cooked asparagus on 2 pieces of toast.

Pour over sauce, sprinkle with paprika and serve.

Serves: 1

Nutrient Content Per Serve:

KJ- 1317.6, Calories—318.1, Protein- 19.6g. Carbohydrate-23.8g, Fat-15.8g



Visit our web site at

<http://www.perthdietclinic.com.au>

for nutrition information, health and cooking tips and an abundance of recipe

FATTY LIVER

The term fatty liver disease is used to describe a range of conditions where the liver cells build up more fat than usual. As the liver is one of the most important organs of the body, controlling many of our body's essential processes, it is serious when the liver starts accumulating abnormal amounts of fat.

Fatty liver is not just a disease of alcoholics. To distinguish between the two, the term **non-alcoholic fatty liver disease (NAFLD)** is used. NAFLD is the accumulation of excessive amounts of fat in the liver cells without a known history of excessive alcohol intake. It seems to occur in about 14-30% of the general population.

NAFLD is related to the term **insulin resistance** and normally occurs

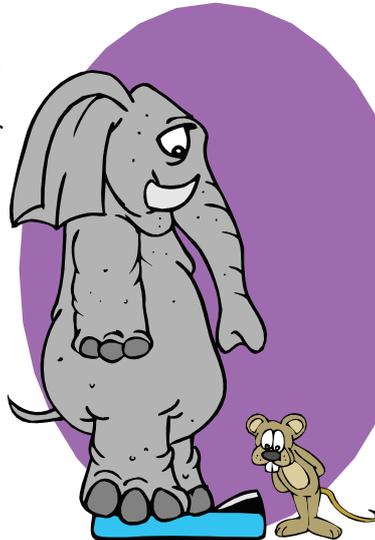
as part of the metabolic changes that accompany obesity, diabetes, and high levels of fats in the blood.

Insulin resistance. Normally, insulin acts on the liver to stop the liver's cells from making glucose from its stores of glucose. If the liver no longer recognises the job of insulin then the liver releases uncontrolled glucose into the blood stream even when the blood sugar levels are already high. Insulin resistance also increases the amount of fat that is broken down from fat storage and therefore gives an influx of fat into the liver. This leads to a further increase in insulin resistance and the cycle continues.

There is a strong link between obesity, diabetes and **NAFLD**. In fact **NAFLD** is considered the liver's manifestation of the metabolic syndrome which increases risk of heart disease. The abnormalities include a large waist circumference, raised blood fats, high blood pressure and raised blood glucose levels.

NAFLD is a condition that can progress to liver failure. Those at greatest risk of developing non alcoholic **steatohepatitis**, or inflammation of the fatty liver cells, and progressing to liver failure include those with a BMI >28, >50 years old, high liver enzymes, and raised fasting triglycerides. The greater the number of features present, the greater the likelihood of severe liver disease.

Your dietitian with the help of your doctor and or specialist will support and recommend dietary change.



The most successful treatment of NAFLD is through lifestyle changes where weight loss by dietary restriction and exercise achieves a goal of 0.5kg per week.

We also know that exercise decreases insulin resistance and promotes weight loss, so it is a logical part of any treatment.

Recent studies have explored the benefits of using drugs to treat the condition. These include insulin sensitising drugs such as those used to manage Type 2 diabetes, large doses of the antioxidant Vitamin E, and lipid lowering drugs. To date none of these modes of treatment have been

recommended for use outside of clinical trials due to possible side effects and questions regarding their effectiveness.

Treatment recommendations for NAFLD:

Firstly exclude other possible causes of fat accumulation in the liver. Your doctor will advise you.

Have your GP screen you for the other risk factors associated with the condition, such as being overweight, diabetes, high cholesterol and high blood pressure.

Avoid substances which can harm your liver, such as alcohol. Get your GP to review current medications and advise them of any herbal supplements you might be taking as these can also be toxic to the liver.

Discuss with your doctor commencing regular physical activity of at least 45 minutes most days of the week. This will improve insulin resistance and promote weight loss.

Improve your diet. Focus on improving your nutritional status through reducing intake of saturated fat and sugars, weight loss, diabetes control <if required>, and control of hyperlipidemia <if required>. Everybody's dietary treatment will vary due to individualised factors which can be discussed with your dietitian.

Prognosis

Appropriate treatment can reduce the amount of fat in the liver cells. For many people this will require ongoing weight management. The less damage to the liver before diagnosis, the better the long term picture can be. If untreated, deterioration of the liver cells will continue.

CONSULTING VENUES AND TIMES

| | | | |
|--|--|------------------------------------|--|
| <p>WEST PERTH-</p> <p>12-14 Thelma St Metered Parking in Thelma St (cul-de-sac) Approach Thelma via Murray Street heading into the City).</p> | <p>9322-4680 Peggy Stacy Louise McEvoy Lindsay Peacock Lynda McMullin Cathie Frost Preeti Chauhan</p> | <p>Mon to Fri Sat</p> | <p>7:00am- 5:00pm 8:00am- 12:00pm</p> |
| <p>APPLECROSS-</p> <p>Apple Cross Medical Group 764 Canning Highway</p> | <p>9322-4680</p> | <p>Mon Wed</p> | <p>8:00am- 12:30pm 2:00pm– 6:00pm</p> |
| <p>LEEMING</p> <p>South St t Physiotherapy Services Suite 12 73 Calley Drive</p> | <p>9322 4680</p> | <p>Mon Fri</p> | <p>2:00pm– 6:00pm 9:30pm- 2:30pm</p> |
| <p>ROCKINGHAM-</p> <p>Move Well Physiotherapy 24 Pedlar Circuit</p> | <p>9322-4680</p> | <p>Thurs.</p> | <p>10:00am-5:00pm</p> |
| <p>DUNCRAIG-</p> <p>Sports Medicine Glengarry Unit 1/64 Arnisdale Road Glengarry</p> | <p>9246-4055</p> | <p>Tues Wed</p> | <p>2:00pm-6:00pm 8:00am- 12:30pm</p> |

We're on the Web!
www.perthdietclinic.com.au