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UNF DND News

UNF DND is proud to announce the release of the Childhood Obesity Starter Kit for the Primary Care Office!

UNF DND interns and faculty have been working on this project since May and have been an integral part of collecting and creating relevant patient and physician education pieces.

The project is open to everyone and can be accessed at:

http://hjcopc.org/info-center/physician-starter-kit/

Please share this with anyone who might benefit from this toolkit.

During the month of October, our senior Nutrition Education students gave out FREE grocery store tours at Native Sun and Earth Fair to anyone in the community. This activity was in part due to the PBH grant received by the University and with the help of Ms. Jill Snyder and Ms. Jenna Braddock. Great job seniors.

On September 30th, Ms. Braddock, an instructor in the Dietetics and Nutrition Department at UNF was featured on First Coast Living giving the “411” on Oatmeal. To watch click on the link below.

http://www.firstcoastnews.com/.../fcl-wednesday-sep.../73107902/

Look who we saw pulling Halloween shenanigans in the DND hallways this year! Our own Ms. Katie Legros! Great costumes ladies!
Updates and Upcoming Meetings

The Journal club had a GREAT open discussion with Dr. Colon-Otero and Ms. Elkadi at the last meeting about various topics in oncology in a hospital setting, with a focus on women's cancers and the trends Dr. Colon-Otero sees in his practice and research! We are grateful to both our speakers for donating their time to speak with our students.

Next, we are preparing for our club meeting on Thursday, November 12th, 4-5pm, in the Student Union, Ballroom C.

We are getting really excited for this meeting, which we expect to generate a lot of discussion with our two guest speakers! They both have experience in the area of eating disorders and will bring unique perspectives to the table. The article to be discussed will be finalized within the next week or so, and you will have them in the beginning of November.
UNF DND Attends 2015 FNCE
TK: Tell us a little bit about how you got started in the world of dietetics and how you arrived at UNF.

Dr. Yu: My background is in both nutrition and food science. When I was in college studying food science, people have asked many questions like “what and how should I eat to lose weight”, “what type of foods are good to lower my blood pressure?” At that time I felt that I needed to learn more to give a thorough answer. I studied and later became more and more interested in a related discipline – nutrition and dietetics. I got admitted in the doctoral program in nutritional science at Penn State University, finished both my DPD program and doctoral program there, did dietetic internship at Tulane University, and now working in the world of nutrition and dietetics as a faculty and a registered dietitian.

I chose UNF because UNF offers a platform for me to do both research and teaching. I have been enjoying my life at UNF so far.

TK: How long have you been a professor at UNF?

Dr. Yu: This is my third year as an Assistant Professor at UNF.

TK: I understand that you have started a new research project, can you tell us a little bit about the project?

Dr. Yu: Yes. We are currently doing an exciting research project and actively recruiting study participants. If you are interested please contact her at nutrition.research@unf.edu or by phone at (904) 620-5282.

Funded by the Us Group women’s grant from the UNF Brooks College of Health and in collaboration with a telehealth software company, we are researching and will be determining if a web-based video conferencing intervention could help treat patients with binge eating disorder.

In this study, psychotherapists and regis-
tered dieticians who are specialized in eating disorders will provide three months of complementary counseling to binge eating disorder patients, either via face-to-face sessions or via safe and secure video conferencing software. The study is open to the public. We are looking for females who are older than 18, have a body mass index of 25-40, a demonstrated binge-eating behavior and access to the Internet. Anyone interested in participating or helping out, please contact us at nutrition.research@unf.edu or by phone at (904) 620-5282.

TK: How did you become interested in this type of research?

Dr. Yu: My original interests in eating disorder research began from 2005 when I was in my doctoral program. Having worked with Dr. Rebecca Corwin, who developed a non-food deprived binge eating rat model to study the behavioral neurology of binge eating, my research was focused on the effects of female hormones on the development of binge eating in females. Since I graduated from graduate school, I extended my research interests from basic research in rats to eating disorders, obesity, and chronic disease prevention in humans. I am currently interested in understanding the mechanisms of eating disorders and obesity and examining nutrition and lifestyle intervention for prevention and treatment of eating disorders and obesity.

TK: What other research projects have you done in the past?

Dr. Yu: In addition to the eating disorder research, I have conducted a series of clinical trials to test the effects of high fructose corn syrup on body weight, body fat, lipid profiles, blood pressure, energy regulating hormones, and other metabolic substrates in human subjects. This research helps the public to know that when a product claims to not contain HFCS that does not mean that the product is a better choice.

Last year, we have conducted one survey study to assess the disordered eating behaviors among college students at UNF. The study reported that 9.9 percent of students might be at high risk of disordered eating behaviors at UNF and 10.3 percent of students meet the diagnostic criteria for “food dependence”, addictive like behaviors similar to drug dependence. The findings suggest that prevention and nutrition intervention for college students may be needed to address disordered eating behaviors.

TK: After a long week at UNF, what are some of the ways you try to relax and enjoy yourself?

Dr. Yu: Well, we are in Florida so going to beach is obviously a way for me to take advantage of the beach weather. I also love sports. I have organized a volleyball team among our Chinese community at Jacksonville and I play at least once a week. I also love to play tennis, badminton and table tennis.

TK: If you could give our undergraduates, or even graduate students one piece of advice regarding a career in nutrition and dietetics, what would it be?

Dr. Yu: Just follow your heart and choose what you love to do. What I can tell you is that nutrition and dietetics major is definitely a major that deserves a lifetime devotion, at least for me.
There are many different categories of supplemental protein products on the market. These different categories include weight/mass gainers, meal replacement powers (MRPs), protein powders, protein bars, ready-to-drink (RTD) protein shakes, and beef liver tablets. Each category contains a variety of different products made from different types of protein that are either animal protein or vegetable protein. Animal protein products can contain milk protein derivatives (whey and casein), beef proteins, and/or egg proteins. Vegetable protein products can contain protein from soy, rice, pea, hemp, and sprouted grains. Animal protein products are by far the most popular because of the nutritional and taste superiority.

Whey protein is derived from milk (20% of milk protein is whey protein) and it comes in two forms; whey protein concentrate and whey protein isolate. Whey protein isolate is 70% whey protein and the other 30% is made of fillers. It can contain small amounts of carbs and fats but the amount is trivial when looking at overall nutrient intake. Whey protein isolate is 90% whey protein and 10% fillers. It is pretty much fat-free so it has a thinner consistency than whey concentrate. When it comes to price, whey protein is the most economical choice and whey concentrate is more economical per gram of protein compared to whey protein isolate. Whey products can contain whey concentrate or whey isolate by themselves or they can be combined together. Other whey products can contain whey protein along with other types of protein.

When buying whey protein, the product needs to be micro-filtered because microfiltration allows the production of high protein concentration, minimum fat, minimum lactose, and minimum cholesterol. Whey protein isolate typically does not contain any lactose but whey concentrate can contain small amounts of lactose that may affect extreme lactose-sensitive people. The great thing about whey protein is that it is the highest quality protein because it can be digested and utilized rapidly.

Casein protein makes up the other 80% of the protein found in milk. Casein is typically referred to as “milk protein”. Casein, when compared to whey, is absorbed very slowly. When looking at labels, casein is not normally listed as casein or milk protein; it is listed as calcium caseinate or as micellar casein. Micellar casein is separated from milk through the process of ultrafiltration. Ultrafiltration increases the amount of bioactive milk peptides without the use of chemicals. Micellar casein provides a steady release of amino acids into the bloodstream so serves as a great long-lasting anti-catabolic protein supplement.

Egg protein products are also popular protein sources. Egg protein products are not as palatable as milk protein products and they also tend to be more expensive than whey and casein products as well. Egg protein products are made with egg whites so they are naturally low in fat and carbs. They are also cholesterol-free. These products are similar to whey protein in the sense they are also digested and utilized very rapidly.

Beef protein products have been utilized by bodybuilders to build muscle and increase strength for a long time and they are now becoming more popular in the market for other athletes. Currently, there are multiple protein powders on the shelf that are made with either...
just beef protein or a blend of beef protein and whey/casein proteins.\textsuperscript{1} These protein powders do not taste like beef and come in a variety of flavors like other protein powders. Beef is a great natural source of creatine so these protein powders are naturally packed full of creatine along with branched chain amino acids (BCAAs). Beef protein products are defatted before packaging so they contain no fat or cholesterol.\textsuperscript{1}

Protein supplements that made with plant proteins are great alternatives to whey, milk and egg protein supplements. They can be derived from many plant sources including peas, hemp, sprouts, grains, and seeds. On top of being great alternatives to other protein supplements, they can also provide other nutrients like vitamins, minerals, antioxidants, and fiber. Soy protein seems to be the most widely used. Soy protein is considered a complete protein and it is highly digestible and can be utilized rapidly like whey proteins are. In addition, soy protein contains isoflavones which provide antioxidant and heart health benefits. The only downside is that soy protein has a unique flavor which may not be suitable for certain taste palates. Soy protein, and the other plant protein products, are typically used by people following a vegetarian or vegan diet and/or are extremely lactose-sensitive.\textsuperscript{2}

The safety of protein supplementation is relative to how much protein is already in your diet. For athletes, vegetarians, and vegans, protein supplementation can be vital. Protein supplementation for these individuals provide them with the essential macronutrient their body needs to help build, repair, and maintain cells, muscles, other tissues and organs. Some protein supplements can cause digestive discomfort. Some protein contains lactose which can irritate the GI tract of lactose-sensitive people but even non-lactose protein supplements can cause constipation, diarrhea, and stomach pain if taken in large amounts. Heavy metal toxicity is another potential adverse effect of protein supplements. Some protein powders have been tested and proven to contain trace amounts of the heavy metals, cadmium, arsenic, and even mercury. Taking multiple servings of these certain protein powders would put the consumer at risk of heavy metal toxicity. Even taking these supplements less frequently could induce fatigue, constipation, and pain the head, muscles and joints.

Overall protein supplements are pretty safe to use but they are not regulated by the FDA so you need to be sure to buy product that are well known to be safe and not contain harmful toxins.\textsuperscript{3}

There are many studies behind the effect protein supplementation has on body composition. A systemic review and meta-analysis published in \textit{Sports Medicine} concluded that protein supplementation with resistance training promotes gains in fat-free mass but does not increase muscle growth or strength.\textsuperscript{4} However, a randomized control trial published in the \textit{Journal of the International Society of Sports Nutrition} concluded that the addition of protein (pea protein) supplementation to proper training promotes an increase in muscle thickness. This increase in muscle thickness was seen more dramatically in participants who were starting or returning to muscular strength training programs compared to those who have been training for a while.\textsuperscript{5}

Yet, another study published in the \textit{Journal of International Society of Sports Nutrition} concluded that protein intakes higher than the recommended amount does not improve body composition or alter resting hormone concentrations of collegiate strength and power athletes.\textsuperscript{6} However, an article published in the \textit{Journal of Nutrition} showed that protein supplementation for six months or beyond improves the body weight and fat mass in overweight and obese adults. This study looked at the benefit of protein supplementation in weight-loss rather than in increasing muscle mass in athletes. It determined that protein supplementation can be beneficial in the long-term maintenance of body weight without energy restriction in overweight and obese individuals.\textsuperscript{7}

Whatever your protein choice, remember that moderation is key. Because the literature may present conflicting evidence regarding muscle gains and protein intake, it is always in the best interest of the consumer to consult a registered dietitian for up to date and accurate advice.

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Despite growing rates of obesity and increased incidences of weight-related diseases, eating healthy has become an undeniably observed fad throughout the United States. Ideas of “detoxing”, “eating clean” and taking on an active lifestyle are perceived as trendy to many. Search the hashtag #fitspo on Instagram and you’ll find thousands of posts detailing people’s meals, workout regimes, and even body transformations. People are as proud to post on their healthy endeavors as they are to actually partake in them. Scroll through your Facebook feed or health related Instagram pages long enough and it’s almost guaranteed that you’ll happen upon the subject of Kombucha tea.

Just what exactly is this popularized drink and why on Earth does it retail for nearly $4 a bottle at Publix? Could it be the attractive glass bottle packaging or the healthy-looking labels that list tantalizing words like “reawaken, rebirth, organic and raw”? Maybe it’s the clever way the drink is marketed, placed conveniently next to the orange juice and fresh fruit sections in grocery stores. Presentation is everything and in a world completely fixated on images and appearances, the products we choose to obsess over are no exception.

Enter kombucha: a fermented tea drink of varying flavors that contains sugar, yeast, and probiotic bacteria cultures. It has a naturally carbonated profile and tastes slightly sweet and sour, both of which can vary in intensity depending on the flavor, brand and process of brewing. The exact origin of Kombucha tea seems to be as mysterious as the name itself. Some stories detail accounts of the drink originating as far back as the Qin Dynasty in China around 220 BC, where it was considered to be a longevity elixir referred to as a “tea of immortality”.

Other stories insist that the first form of kombucha was brewed in Russian and Ukrainian cultures in the 19th century. In this part of Europe, kombucha was referred to as “tea kvass” (“little mushroom tea”) but its popularity waned during World War II when tea and sugar commodities were strictly rationed. To combat the absence of these staple ingredients, dedicated kombucha fans in Russia and Ukraine prepared the drink instead with the traditional elements of yeast, probiotic bacterial cultures, and the scant amount of tea leaves available. A vinegary, sour drink resulted from this practice but many still drank it, perhaps to preserve a sense of normalcy in a time where nothing else felt familiar.

Fast forward to August 1986, just a few months after the horrific nuclear meltdown at Chernobyl in the Soviet-run nation of Ukraine. Doctors and scientists had begun surveying civilians in villages surrounding the nuclear plant in order to estimate the prevalence of cancer cases as a result of nuclear exposure. Legend has it that the doctors happened upon a group of Ukrainian people that were within range of the harmful radiation but, strangely enough, were cancer free. Further investigation revealed one element in common amongst these survivors: frequent consumption of a modified-form of kombucha tea. Scientifically documented data on this account unfortunately does not exist. The story should be branded as a legend, but a very enticing legend nonetheless.

So, why all the fuss?

In addition to its longevity throughout history, kombucha tea has amassed considerable attention in recent years due to its proposed health benefits and nutritional composition. The probiotic bac-
The material profile of the beverage is thought to help stimulate the immune system, improve digestion, and lower blood pressure and cholesterol levels.

Sounds almost a little too good to be true, right? Take the proposed benefits of this drink with a grain of salt; scientific research surrounding the supposed health effects of the beverage is limited.

That being said, the drink does contain helpful probiotic bacterial cultures, not unlike those found in yogurts. We know for a fact that the regular ingestion of probiotic bacterial sources can help improve the digestive process and have a positive effect on preexisting gut microflora. In the case of kombucha production, these probiotic bacteria ferment with added sugars to create a refreshing, lightly sweet, and relatively low-calorie beverage. The yeast component of the drink additionally works to metabolize sugars into alcohol and acetic acid compounds throughout the brewing process.

Relax; drinking a bottle of Kombucha tea won’t affect your judgement, driving or dancing skills. The typical alcohol content of a bottle is less than 0.5% and its effects are considered negligible.

Due to its variable nature throughout the brewing process, the FDA has categorized kombucha production as a specialized procedure. Entities offering the product for retail sale are required to obtain a certified variance and food operators must prepare a food safety plan in order to legally produce to beverage for distribution and sale. The product must be kept refrigerated in order to minimize the potential for spoilage. A determined shelf life is also calculated for each batch of brewed kombucha destined for retail sale due to continuous yeast growth within the beverage as a result of carbon dioxide production over time.

Bottom line: Kombucha can be a convenient and relatively low-calorie way to fulfill your probiotic requirements for the day. This beverage could serve as a great alternative to yogurt because it generally contains significantly smaller amounts of sugar and fat yet provides comparable amounts of beneficial probiotic bacteria. Kombucha is available at almost any grocery store or specialty market for retail sale but the once rumored “tea of immortality” generally has a price tag to match. Be prepared to spend at least $4.00 per bottle. Or, if you’re the adventurous type and feel like trying your hand at brewing your own batch of kombucha, a basic recipe has been reproduced from “The Healthy Green Kitchen” (http://www.healthygreenkitchen.com/homemade-)

**Ingredients:**

*13 cups water, divided (use filtered water, if possible)*

*1 cup sugar (I prefer organic sugar; raw honey or molasses can be used instead, but most sources state that other sweeteners are not appropriate for making kombucha)*

*5 teaspoons organic loose-leaf black tea*

*1 cup finished plain kombucha (from a previous batch, a store-bought bottle, or from the liquid the SCOBY comes in)*

*1 kombucha SCOBY (a Symbiotic Culture Of Bacteria and Yeast)*

**Directions:**

1. Boil 3 cups of water in a stainless steel pot. Add the sugar, and stir until it has dissolved. Remove pot from heat and add loose tea. Allow to soak/cool for about 30 minutes.

2. Pour sweet tea through a fine mesh strainer into your fermenting container. Compost or discard the tea leaves. Add the finished kombucha and the SCOBY to the jar with the sweet tea. Then add the remaining water (10 cups). Cover the top of your jar with cheesecloth and secure it with a rubber band. Leave undisturbed for 7-10 days in a warm, dark place.

3. After a week, sample your kombucha to determine if it is ready to drink. It should be a bit bubbly and taste both sweet and sour without much hint of the tea. Transfer kombucha to glass jars for storage, leaving about 1/2 inch headspace at the top. Allow bottled kombucha to sit at room temperature for a day or two to ferment a bit more/build up carbonation, then place in refrigerator until ready to drink. Kombucha will last in the refrigerator for up to three months, but it’s best if consumed sooner: Mastering Fermentation recommends drinking it within a week of opening a bottle.

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Brussel Sprouts with Chestnuts and Sage

Ingredients
- 2 pounds Brussels sprouts, trimmed and halved
- 1 tablespoon butter
- 1 tablespoon extra-virgin olive oil
- 3 tablespoons reduced-sodium chicken broth
- 3/4 cup coarsely chopped chestnuts, (about 4 ounces; see Tip)
- 2 teaspoons chopped fresh sage
- 1/2 teaspoon salt
- Freshly ground pepper to taste

Preparation:

Bring a large saucepan of water to a boil. Add Brussels sprouts and cook until bright green and just tender, 6 to 8 minutes. Drain well.

Melt butter with oil and broth in a large skillet over medium heat. Add Brussels sprouts, chestnuts and sage and cook, stirring often, until heated through, 2 to 4 minutes. Season with salt and pepper. Serve warm or at room temperature.

Garlicky Green Beans

Ingredients
- 2 pounds green beans, trimmed
- 3 tablespoons extra-virgin olive oil
- 3 tablespoons minced garlic
- 3 tablespoons minced fresh parsley
- 1 tablespoon chopped fresh tarragon, or 2 teaspoons dried
- 1/2 teaspoon salt/ Pepper to taste

Preparation:

Bring a large pot of water to a boil. Place a large bowl of ice water next to the stove.

Add half the green beans to the boiling water and cook until tender-crisp, about 4 minutes. Transfer the beans with a slotted spoon to the ice water to cool. Repeat with the remaining beans. Place a kitchen towel on a baking sheet and use a slotted spoon to transfer the beans from the ice water; blot dry with another towel.

Just before serving, heat oil in a large Dutch oven or large skillet over medium heat. Add garlic and cook, stirring constantly, until fragrant, about 30 seconds. Add the green beans and stir. Add parsley, tarragon, salt and pepper and cook, stirring, until heated through, 1 to 3 minutes.
Acorn Squash Stuffed with Chard and White Beans

Ingredients

- 2 medium acorn squash, halved (see Tip) and seeded
- 1 teaspoon plus 2 tablespoons extra-virgin olive oil, divided
- 1/2 teaspoon salt, divided
- 1/2 teaspoon freshly ground pepper, divided
- 1/2 cup chopped onion
- 2 cloves garlic, minced
- 2 tablespoons water
- 1 tablespoon tomato paste
- 8 cups chopped chard leaves (about 1 large bunch chard)
- 1 15-ounce can white beans, rinsed
- 1/4 cup chopped kalamata olives
- 1/3 cup coarse dry whole-wheat breadcrumbs
- 1/3 cup grated Parmesan cheese

Preparations:

Cut a small slice off the bottom of each squash half so it rests flat. Brush the insides with 1 teaspoon oil; sprinkle with 1/4 teaspoon each salt and pepper. Place in a 9-by-13-inch (or similar-size) microwave-safe dish. Cover with plastic wrap and microwave on High until the squash is fork-tender, about 12 minutes.

Meanwhile, heat 1 tablespoon oil in a large skillet over medium heat. Add onion; cook, stirring, until starting to brown, 2 to 3 minutes. Add garlic; cook, stirring, for 1 minute. Stir in water, tomato paste and the remaining 1/4 teaspoon each salt and pepper. Stir in chard, cover and cook until tender, 3 to 5 minutes. Stir in white beans and olives; cook until heated through, 1 to 2 minutes more. Remove from the heat.

Position rack in center of oven; preheat broiler.

Combine breadcrumbs, Parmesan and the remaining 1 tablespoon oil in a bowl. Fill each squash half with about 1 cup of the chard mixture. Place in a baking pan or on a baking sheet. Sprinkle with the breadcrumb mixture. Broil in the center of the oven until the breadcrumbs are browned, 1 to 2 minutes.
Eat Your *Veggies*

Name: Hearts of Palm

Origin: Central America

Nutrition Facts:
(canned – 1 cup serving)

- Calories: 41kcal
- Fat: 1g
- Cholesterol: 0mg
- Sodium: 622mg
- Total Carbohydrate: 7g
- Dietary Fiber: 4g
- Protein: 4g

- %DV Vitamin C: 19%
- %DV Calcium: 8%
- %DV Iron: 25%
- %DV Folate: 14%
- %DV Magnesium: 14%
- %DV Potassium: 7%
- %DV Zinc: 11%
- %DV Copper: 10%
- %DV Manganese: 102%

By Natalie
Interesting Facts:

Hearts of Palm are the edible inner portion of the stem of certain palm trees including the sabal Palmetto palm tree which happens to be Florida’s official state tree.¹
Most of the hearts of palm grown in the United States are grown in Florida.¹ Also known as ‘swamp cabbage’ and ‘millionaire’s salad’.¹
Costa Rica holds an annual Hearts of Palm Fair on Easter’s Eve.³
The French are the biggest consumers of Hearts of Palm.³

Recipe⁴:

Ingredients
1 (14oz) can/jar of Hearts of Palm, drained and chopped
1 cup shredded mozzarella cheese
¼ cup grated parmesan cheese
¼ cup grated asiago cheese
1 clove of garlic, finely chopped
1 cup chopped green onion (chives)
¼ cup sour cream
¾ cup mayonnaise
Fresh chopped parsley for garnish

Directions
Preheat oven to 350 degrees F
Grease a 9” glass pie plate (cooking spray is recommended)

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How would you like to eat 500 calories a day and give yourself injections in the tummy every morning? Back in the 1950s Dr. Albert T Simeons developed a highly controversial diet regime that called for daily injections of human chorionic gonadotropin hormone (hCG) and a very strict diet. Critics of this diet plan claim that any weight loss observed is due to the extreme calorie restriction. Recently, sublingual doses of hCG have hit the market bringing this weight loss plan back into the spotlight. So what is it?

HCG is a hormone produced by a women’s body during pregnancy that it is extracted from urine and is primarily used to treat fertility issues. Dr. Simeons suggested that it be used to help the body preferentially burn fat over muscle (particularly in the hips, thighs, and stomach) in conjunction with a 500 calorie diet. There is no research proving these claims but the good doctor believed that these injections could reduce hunger, promote a feeling of wellbeing, help maintain energy levels, and redistribute body fat.

Aside from the use of a hormone not known to aid weight loss, this regime also has some odd rules. Firstly, exercise is expressly prohibited, probably due to low caloric intake of foods. Yet, one of the major goals of any weight loss plan is to increase physical activity. It just makes good sense to burn some extra calories and get moving because exercise offers the body and mind numerous benefits. It leads to an increase lean body mass which helps raise the body’s basal metabolic rate and it improves cardiovascular health. Exercise offers the mind a greater sense of self control and relief from boredom. All of which are highly beneficial to weight loss and maintenance. Another strange little quirk of the hCG diet is that it prohibits the use of personal hygiene products and body lotions.

Despite all of the critics, Dr. Simeons reported that 500 participants lost anywhere from 20-30 pounds in just 40 short days. But is the any of this healthy? As we have discussed before such rapid weight loss is not sustainable or healthful. Any weight loss greater than one to one and half pounds a week is due to a loss of bone, muscle, and water.

500 calories is just plain and simple not enough nutrition. Such severe calorie restriction can cause irregular heartbeats, the formation of gallstones, and an imbalance of electrolytes. There are also reports of people experiencing blood clots, headaches, restlessness, dizziness, edema, gynecomastia and depression. Not only is the diet plan dangerous but studies have shown that hCG injections do nothing to aid fat loss. It is believed that the observed weight loss is entirely due to the low calorie intake. Additionally, the FDA has stated that this plan is of no benefit to the treatment of obesity. Primarily because it does nothing to change the lifestyle habits that lead to weight gain. Without lifestyle changes all the weight loss will be quickly regained once the dieting is over. If you are still not convinced that this diet plan is a terrible idea, hCG injections have not been approved for the over the counter use, anyone selling these products is breaking the law.

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Lack of Healthy Food = Poor Health

More than 2.5 million Floridians live in areas where it is difficult and sometimes impossible to buy fresh food – fruits and vegetables, low-fat dairy, whole grains, seafood and lean meats. Only 32.2 percent of Floridians live within 1/2 mile of a healthy food source – grocery stores, supermarkets and produce stands offering a wide selection of healthy options such as fresh fruits and vegetables.

What Would Change Mean?

If the number of individuals with access to healthy foods in Florida’s 200 USDA-designated food deserts increased by just 1 percent:

- Nearly 650 premature deaths over a seven-year period would be prevented.
- 1.2 million Floridians living in food deserts would have improved health.
- 780,000 rural Floridians living in food deserts would have improved health.

Florida spends an estimated $6.7 billion each year treating obesity related diseases. Providing Floridians with greater access to nutritious, affordable food will help alleviate these public health concerns. Each year, independent grocery stores in Florida are responsible for more than $3.45 billion in sales and more than $405.91 million in state and local taxes.

What Can Be Done to Help?

The Healthy Food Financing Initiative (HFFI) has proliferated around the country as a tool for state and local governments to bring new supermarkets and grocery stores to low-income, underserved communities. The proposed HB 153, sponsored by Representative David Santiago would aim to contribute to this cause by increasing access to healthy food in our communities, improving nutrition, boosting state and local economies and deliver vast cost savings.

To get involved Contact April Seliga, Felid Organizer, Healthy Food Florida on behalf of the American Heart Association. Email: aprilseliga@yahoo.com
Nanoparticles in Foods Raise Safety Questions

Paul Westerhoff, an environmental engineer tracking submicroscopic particles in municipal wastewater systems, recently began looking into nanoparticles added to foods. One such product is titanium dioxide, which is normally added to plastics, paint, cosmetics, sunscreen, and now food. Titanium dioxide is approved by the U.S. Food and Drug Administration as a food additive to whiten or brighten the colors of foods. Some of the foods tested by Westerhoff with the highest quantities of titanium dioxide include candies, cookies, powdered doughnuts, and icing. He also found titanium dioxide in cheese, cereal, and Greek yogurt. Several other nanoingredients are added to foods in addition to titanium dioxide to enhance color, flavor, and freshness. Scientists are currently designing nano-sized capsules of omega-3 fish oil, to enhance beneficial nutrients in products such as mayonnaise or juice. Some scientists are working on downsizing a variety of ingredients, in hopes to help treat obesity and malnutrition. The big concern however are the effects of these nanoingredients on the body. Studies done on this topic provide contradictory results regarding how nanoparticles react or behave with cells in the body. Currently, Ohio State University pathologist James Waldman is devising tests to determine what happens when people consume these nanofoods on a daily basis.

Obesity and Poverty

Kristen Gradney, RDN suggests that poverty and obesity are linked to food-insecure households. Most live in impoverished areas with a lack of stores that contain fresh foods, even if people have SNAP benefits. Due to these food deserts, many people are left with quick cheap meals that are higher in calories, sodium, and fat. She suggests that physicians should inquire about patient’s habits and diets, and determine the availability of food in their area. The physician can then decide if they need assistance from an RD in choosing healthier foods, or supplying resources for the patient such as a food bank. African Americans typically have high obesity rates from all incomes, and may need education regarding decisions on what to eat. Typically they eat foods high in saturated fat, sodium, and cholesterol, and RD's can help them learn how to cook culturally important foods, with healthier methods of preparation. More poverty-based obesity affects women than men, and it is important for the physician to refer the patient to an RD to ensure that when they consume a reduced calorie diet for weight loss, they are still obtaining nutrients such as folic acid, iron, and calcium. Childhood obesity is another concern for poverty stricken people, and children may be affected by their unsafe environment. Gradney suggests empowering children with the control over their food, and educating them on how to make healthy choices to help them feel more confident.
Kids More Likely to be Overweight if Mom Gaines Too Much in Pregnancy or After

A study by the Netherlands suggests that mothers who gain too much weight during pregnancy and after pregnancy, increase the risk that their child will be overweight or obese in adolescence. Gaining excessive weight during pregnancy may change the chemistry in the child which makes them more likely to become overweight or obese. The mother who gains weight after childbirth also influences the child’s obesity risk due to family lifestyle and health behaviors. The study looked at 3,300 Dutch children and their mothers, and found that mothers who had extra weight gain during pregnancy increased the odds of their child becoming overweight by twenty percent. Those children born to moms who were overweight both in pregnancy and after had three times higher odds of being overweight by the age of fourteen. This study only found an association between mother’s weight gain and risk of overweight for their children, not a cause-and-effect relationship. They have determined that all environments are important regarding children’s weight, from the womb to the family. Pregnancy is an impressionable moment for women, and they should be educated on healthy eating, activity, and weight management for both the health of the mother and child.

No Amount of Alcohol Safe During Pregnancy

Dr. Janet Williams co-authored a new report from the American Academy of Pediatrics stating that “the only guarantee of having no effects from alcohol is no prenatal alcohol exposure”. Almost 8 percent of pregnant women still consume alcohol during pregnancy, however alcohol can cause thinking and behavioral problems which last a lifetime for a child. The report suggests that no amount of alcohol intake is safe, and there is no safe trimester in which to drink. All forms of alcohol pose similar risks, and binge drinking, defined as four or more standard drinks for women, increase the risk in pregnant women. A study published in 2010 in the Journal of Epidemiology and Community Health found that one or two drinks a week did not affect the behavior or thinking of the children. Williams points out “that in certain study populations under certain conditions, there is or is not sufficient evidence of the effect that can be attributable to alcohol exposure” and that the study did not conclude that alcohol consumption during pregnancy was safe. Advice from Christina Chambers, a professor of pediatrics at the Center for Better Beginnings at the University of California, San Diego is “women of childbearing age who drink alcohol should consider their pattern of drinking. For example, avoid binge drinking and avoid pregnancy as long as they are drinking. If pregnancy is planned, then alcohol can be discontinued.” Alcohol is a risk in all stages of pregnancy, and no one stage is more at risk than another.
Phenylketonuria (PKU) is a genetic metabolic disease caused by the inheritance of a disease allele for phenylalanine hydroxylase from both parents. A disease allele is one in which a nucleotide substitution or a deletion or insertion of one or more nucleotides has either changed the coding for a critical amino acid, residue, introduced a premature termination codon, or disrupted the correct three nucleotide reading frame. In the case of PKU, most of the allelic variants are caused by single point mutations.

Phenylalanine hydroxylase is the enzyme that converts phenylketonuria to tyrosine; in its absence phenylalanine accumulates in the blood and abnormal phenylalanine metabolites are excreted in the urine. Children with an absence of phenylalanine hydroxylase accumulate high levels of phenylalanine in their tissues and also metabolize some phenylalanine via abnormal routes such as transamination. Transamination is the transfer of an amino group from one molecule to another, especially from an amino acid to a keto acid. The keto acid of phenylalanine, phenylpyruvate, and its products phenylacetate accumulate in body fluids and are excreted in the urine of individuals with PKU who are not treated with a low-phenylalanine, but adequate tyrosine diets.

Affected babies are not impaired at birth, but almost all will suffer mental damage if they are not treated by 3 months of age. If left untreated excessive blood phenylalanine concentrations in early infancy can impair neuronal maturation and the synthesis of myelin. The impairment of neuronal maturation has been hypothesized to be a result of inhibition of neutral amino acids across the blood-brain barrier caused by excessive serum phenylalanine concentrations. Additionally, other hypotheses suggest that excessive phenylalanine can cause disaggregation of brain polysomes, which may help explain the dysmyelination that has been noted in the phenylketonuria brain. The untreated PKU phenotype presents with symptoms of eczema, poor growth, irritability, musty odor caused by the metabolite phenylacetic acid (especially of the breath and urine), and a tendency to self-mutilation.

Traditionally, medical nutrition therapy for amino acids disorders most commonly consists of substrate restriction (Phe in the case of PKU), supplementation of essential amino acid if necessary (tyrosine, in the case of PKU), while also providing adequate energy and nutrients to promote typical growth and development. For infants and children, PKU dietary therapy is planned around the use of a formula/medical food with Phe removed from the protein. Phe-free formula is supplemented with regular infant formula or breast milk during infancy and cow’s milk in early childhood to provide high biologic value protein, nonessential amino acids, and sufficient Phe to meet the individualized requirements of the growing child.

Foods of moderate or low Phe content are used as a supplement to the formula or medical food mixture as the child grows. Low protein pastas, breads, and baked goods made from wheat starch add variety to the food pattern and allow children to eat some foods to appetite. A variety of low protein pastas, rice, baked goods, egg replacers, and other foods are readily available on the market now. In many cases, parents create recipes to meet the needs of the PKU child, which offers the child a greater variety of foods.

As there is no cure for PKU, the individual is advised to follow a diet that limits foods with phenylalanine. In the past, experts believed that it was safe for people to stop following the PKU diet as they aged, citing that the individual would “out-grow” the affliction; however, recommendations today support lifelong adherence to the diet therapy plan. All patients with PKU are advised to avoid various high-protein foods to include: milk and cheese, eggs, nuts, soybeans beans, chicken, beef, or pork, fish, peas, and beer. Additionally, people with PKU also need to avoid the sweetener aspartame. Aspartame releases phenylalanine when it is digested; whereby raising
patient phenylalanine blood levels.5

Clinically, patients are advised to restrict dietary intake of phenylalanine to 200 to 500 mg per day depending on tolerance levels; however the amount of phenylalanine that is safe to consume differs with each person.4 It is extremely important for a person with PKU to work with a registered dietitian or other health care profession to develop an individualized diet, with the end goal being to eat only the amount of phenylalanine necessary for healthy growth and body processes and not any extra. Frequent blood test to make sure that blood Phe are maintained between 2 to 6 mg/dL and visits to health care professionals are necessary to monitor Phe blood values and dietary therapy compliance.5

The continuation of a phenylalanine-restricted diet and consumption of an adequate amount of medical food are important for long-term health of those with PKU; however, compliance with dietary treatment for PKU can become a problem for school-aged children, adolescents, and adults. Many times, because of the social aspects associated with being a teenager, the PKU diet is discontinued and median blood phenylalanine levels above the maximum recommended limit increase to over 75%.1 In addition to poor adherence to a low phenylalanine diet, so-called free foods, which contain no phenylalanine, consist of foods that tend to be sugar based beverages, candy, or fat based foods that are poor sources of vital nutrients and are just too unrealistic to eat in large quantities. Ingesting these types of foods can lead to nutrient deficiencies, not only due to low protein intake, but also low intake of food sources rich in vitamin B-6, vitamin B-12, calcium, folate, iron, and n-3 essential fatty acids. These types of food sources can also lead to weight gain, higher BMIs, and the onset of hypocholesterolemia, especially in children and teenagers with PKU.6

For this reason, researchers have been looking to discover new strategies to improve metabolic control of PKU. One approach that is gathering some attention is daily supplementation with large neutral amino acids (LNAA) in combination with or without the PKU diet. As amino acids compete for specific carrier proteins, the theory behind this strategy is to inundate the body with large amount of LNAAAs in an effort to decrease phenylalanine uptake, whereby decreasing plasma phenylalanine concentrations and reduce brain phenylalanine concentrations.6 However, a recent prospective double blind crossover study using LNAA supplementation in PKU patients showed no correlation between plasma and brain phenylalanine levels; but, LNAA supplementation did improve executive functioning in the domains of verbal generativity and cognitive flexibility. The investigators from this study concluded that the use of LNAA in patients who are compliant with diet therapy is of limited value, but LNAA supplementation may benefit those who are unable to comply with the dietary restrictions necessary to treat PKU,7 which may be of some value to teenagers and other young adults who suffer from social pressures and are not fully compliant with their PKU diet restrictions. Still other researchers advise that supplementation with LNAA is not a substitute for medical food and a low phenylalanine diet and is not recommended for children under the age of 12.6

Another new dietary approach that is generating some attention by researchers is the whey protein glycomacropeptide (GMP). GMP is a 64-amino acid glycosylated peptide that occurs naturally in bovine milk. It is a protein that contains minimal phenylalanine and it can be made into a nutritionally complete, acceptable low phenylalanine food for those with PKU. GMP is not completely phenylalanine free (the isolation process contaminates pure GMP with phenylalanine) and would require the PKU patient to supplement with five limiting amino acids to provide a complete source of protein. Some of the benefits of using GMP as a new dietary approach to the traditional PKU diet is that it is an abundant protein, it has an excellent safety record, it contains two to three times the amount of the LNAAS isoleucine, threonine, and valine, and can provide 130%-150% of the 2002 DRI intakes for tyrosine, histidine, leucine, methionine, and tryptophan when used as a dietary supplement.6

Recently, a number of low phenylalanine foods and beverage utilizing GMP as the primary protein source have been developed. Because GMP has functional properties suitable for making foods such as good heat stability and solubility6, a number of different types of foods and recipes can be devised and tested for taste and mouthfeel acceptability. In taste test panels performed overall acceptability of GMP products show promising results, which may help PKU patients have better adherence to low phenylalanine diets. In addition, several studies have suggest the GMP may also decrease food intake in PKU patients and promote satiety. In subjects fed a GMP based breakfast, higher post prandial plasma amino acids and insulin levels were seen and patients reported a higher level of satiety over a longer period of time. In addition, the GMP based breakfast induced significantly lower post prandial plasma ghrelin concentrations which also helped to increase patient satiety and patient satisfaction measures.6

Overall, any type of diet therapy that helps a patient adhere to a low phenylalanine diet is more than welcomed not only to the patient but also the medical community. As the low phenylalanine diet has to be adhered to for a lifetime, strategies and tools that help the patient with diet compliance are always well received. Infants and children must be carefully monitored to ensure adequate growth and mental development. Effective management, especially in children, requires a team approach in which the child, parents, registered dietitian, pediatrician, and possibly a social worker, work together to achieve and maintain biochemical control within a happy and healthy environment for the child.4 Food restriction should not be the main focus of the team approach to PKU dietary control. Safe Phe food tolerances and consistent Phe blood monitoring should help the child determine safe and appropriate food choices without feeling restricted.4

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They say everyone has had at least one bad date. Maybe your date’s a dud or you just don’t like their appearance. Whatever your reason, why not give them another chance? You’re bound to fall in love once you see just how sweet they are, and their high fiber content is sure to have you swooning! Did I forget to mention I’m talking about the date fruit Phoenix dactylifera?

Dates are a fruit often forgotten. We overlook them because they just aren’t all that pretty. They’re brown and wrinkled and even a little shiny, but don’t judge a book by its cover. Not only are dates delicious, but they’re full of nutrients too! What a double whammy.

Dates come from the date palm, a plant introduced to the United States in the 1700s. Medjool dates came to the United States later in 1927. While they require strenuous labor, Medjool dates are the only dates that may be picked and eaten fresh. In that case maybe they’re worth the effort! If not eaten fresh or out-of-hand, they can be stuffed with fillings like cream cheese or chopped and added to salads. Date vinegar, chutney, and date paste are also popular ways of using dates. Who doesn’t love a versatile date that’s up for anything!

Before you can start testing the versatility of these fruits, you need to know how to pick them! No one wants a bad date, right? First, know that while dates can be available year-round, some varieties are only available during date season: September through December. When searching for a date, look for ones that are shiny, uniform in color, and without broken skin. Once you’ve chosen the perfect date, bring it home and store it in a cool, dry place. Keep it in an airtight container for months or the refrigerator for a year.

While dates have good shelf life, they are flirty little fruits. They’ll catch your eye from across the room and next thing you know you’re eating them within hours of bringing them home. Just be prepared! Always have a good recipe handy.

Date Butter:
(Adapted from http://foodfacts.mercola.com/dates.html)

Ingredients:
2 cups of dates
2 tsp. fresh lemon juice
Water
¼ tsp. cinnamon
¼ tsp. ground nutmeg
¼ tsp. ground cloves
¼ tsp. ground ginger

Begin by placing dates in a saucepan and adding enough water to cover two-thirds of the fruit. Add the lemon juice and bring to a boil. Cover the pan, leaving a small space for steam to escape. Continue cooking until a tablespoon can stand up in the middle of the mixture without falling over. At this point, let the mixture cool. Once cool, blend in a food processor until smooth. The butter may be stored in the fridge for up to 3 weeks or in the freezer for up to a year.

Date butter is one of many ways of preparing dates. While it takes some time to make, it’s certainly something you want to wake up to. Spread on bread or toast for a yummy start to the day!

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1. What is the correct amount of calories my diet should consist of?

The correct caloric intake is based on the factors of weight loss, gain, or maintenance, age, sex, height, weight, and activity level. Balancing 'energy in' and 'energy out' is the key to reaching your proper calorie intake. If you are not in a healthy weight range, your calorie intake will be adjusted so you will reach a healthier weight. Visit https://www.supertracker.usda.gov/myplan.aspx and enter your information to find out your adequate calorie needs.¹

2. What makes something unhealthy?

A food that could be considered as unhealthy would have a high content of fat, carbohydrates, sodium, sugar, calories, or cholesterol, or a low content of vitamins, minerals, or fiber. When foods are fried, processed, or have added sugars and fats, a food can become unhealthy quickly.

3. What are healthy alternatives I can make for a meal?

Healthy alternatives can include grilled or baked foods in exchange for fried foods, limiting added sugar, cream, butter, and salt, eating whole grains instead of white or refined grains, drinking water instead of high calorie/high sugar beverages, eating fruit instead of sweets, choosing low fat/light foods, staying away from starchy foods and instead choose nutritious vegetables.

4. What does a healthy diet look like?

A healthy eating pattern is one that provides enough of each essential nutrient from nutrient-dense foods, contains a variety of foods from all of the basic food groups, and focuses on balancing calories consumed with calories expended to help you achieve and sustain a healthy weight. This eating pattern limits intake of solid fats, sugar, salt (sodium) and alcohol. The Dietary Guidelines for Americans consumer pamphlet, Let’s Eat For the Health of It(link is external), provides guidance for creating a healthy eating pattern to reduce the risk of chronic diseases such as diabetes, cancer, and osteoporosis. Additional information on the Dietary Guidelines for Americans is available at www.dietaryguidelines.gov.²

5. What is the most efficient way of hydration when exercising?

There are many options for hydration when exercising, but the best option is water. This is because Water regulates your body temperature and lubricates your joints. It also helps transport nutrients to give you energy and keep you healthy. If you’re not properly hydrated, your body can’t perform at its highest level. You may experience fatigue, muscle cramps, dizziness, or more serious symptoms.³ Other options that are efficient are Gatorade, other sports drinks, and coconut water. These drinks have a higher carbohydrate content due to the sugar, and are best to drink after 40 minutes of physical activity. These options have essential nutrients to help restore electrolyte balance. Athletes may want to measure how much fluid they lose during exercise to get a more specific measurement of how much water to drink. (16
to 24 ounces of water for every pound of body weight lost).³

6. What is better, a low-calorie food or a low-fat food?

According to Lisa Young, Ph.D, low-calorie foods are a better choice. “Ultimately, weight loss is about calorie intake. If you take in fewer calories each day, you will slim down,” says Young. “The problem with low-fat foods is that even though they may sound diet-friendly, they’re often loaded with sugar—which is super caloric. Companies often just replace the fat with sugar to make low-fat foods taste good, which means that it can be low-fat but not low-calorie, says Young. What’s more, when it comes to weight loss, a little real fat can actually help you slim down—as long as it’s the good-for-you kind (a.k.a., monounsaturated fat).” ⁴

7. What foods are best to eat when I am following a daily/weekly exercise routine?

Carbohydrates are an essential food group, but only the “slowly-digested, complex carbs from whole grains because they deliver a sustained blood sugar release that energizes you throughout your workout.”⁵ Oatmeal with whole oats is a good example. Antioxidants should be consumed because the more high-intensity workouts you do, the more free radicals produced in the body, but consuming the antioxidant rich foods like blueberries or almonds will help protect against those free radicals. Also, potassium rich foods are also a good choice for your daily diet because potassium naturally maintains fluid balance, helping to prevent dehydration as well as muscle cramps⁶. Bananas, raisins, lima beans, potatoes, and tomatoes are solid choices. Omega-3 fatty acids in the diet is a wise choice because it aids in cardiovascular health, which contributes to safer, more efficient bodily functions for exercise. According to The Mayo Clinic, “Omega-3 fatty acids may decrease triglycerides, lower blood pressure, reduce blood clotting, decrease stroke and heart failure risk, reduce irregular heartbeats.”⁶ Fish, such as salmon and tuna, and other foods including, flax seeds, chia seeds, and nuts, contain the highest amount of omega-3’s. Protein is a vital nutrient for the body and even more so when following a regular exercise plan. Protein helps to rebuild muscle tissue that has been torn from vigorous exercise. High protein foods include lean meats such as, chicken, turkey, and fish, also dairy products, and nuts.

8. Is it better to eat before or after exercise?

Timing with eating and exercising can definitely affect your workout. Eating before will help give you energy for a strong work out and will help you avoid feeling light-headed or passing out. A light meal or snack at least an hour before exercise is optimal. Eating soon after exercise is necessary as well. During exercise your body has expended much energy and nutrients vital to tissue repair and building. • What foods are best before and/or after exercising? First of all, hydration is the most necessary thing before and after exercising. Before exercising foods to be consumed may include, water, oatmeal, fruit, whole grain bagel, nutrition bar, peanut butter sandwich, or yogurt with granola. Moreover, water, protein, and vitamin/mineral dense foods are optimal for post-workout nutrition. Whole grain pasta, lean meats, dairy products, fruits, and leafy green vegetables are great choices.

9. How does diet affect my exercising?

A more nutritious diet provides a healthy fuel for your work out. A poor diet will make exercising tougher because the body has to work harder to digest the food, but is not repaid in nutrients due to the food’s lack of. Many people feel slowed down when their diet doesn’t correlate with adequate nutrition.

10. Is there a certain exercise regimen to follow when trying to lose weight?

When trying to lose weight, exercise can make a big difference in the body’s appearance. Consistency and intensity are key factors in the effectiveness of exercising. A balance of cardio exercises that significantly elevate your heart rate, such as jogging or sprinting, with the addition of strength training of the arms, legs, back, and core will expedite the body’s fat burning.

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Table 1 Tasting Benefit Night

Join us for a night to benefit the Professional and Student Scholarships for the First Coast Academy of Nutrition and Dietetics.

This event includes a sampling of several wines and light appetizer-style food buffet.

Table 1 Thursday Tasting
Thursday, January 21, 2016
5:30pm-7:00pm
Table 1
330 A1A North
The Shoppes of Ponte Vedra
$25 per ticket

Tickets must be purchased in advance. Tickets are available through www.eatrightjax.org and will be available for purchase at the UNF Graduate Seminars CEU Event on November 13th & 20th.
Editor’s Note: In the October 2015 issue of Nutrinews, we made an error in reporting the correct professional credentials of Catherine Wallace, MSH, RD, LD/N. The issue has been corrected and has been re-uploaded to issuu.com with the correct information. Ms. Wallace has also been contacted and given a sincere and heartfelt apology for the oversight. Thank you all for your continued support despite the error, and we will make it our number one priority to prevent any kind of error of this nature from happening again. Thank you for your patience.
Protein Supplementation:


Kombucha Tea: The Lost Fountain of Youth?:


Eat your Veggies:

The hCG Diet:


PKU: Diet Alternatives:


Fruit of the Month Club: Dates


FAQs: