

WELLNESS-CV CONNECTION

A MESSAGE FROM THE CO-DIRECTORS

Author Orson Wells said, "My doctor told me to stop having intimate dinners for four unless there are three other people." The holidays are often not kind to our waistline or to those of our clients. In life there is always a holiday or celebration around the corner and so we press on with our message on cardiovascular health. During our winter issue the sun is harder to find, but we are still able to shed light on Vitamin D and CV health. With the H1N1 flu threatening to ruin everybody's celebrations, our wellness article on foods and the immune system is very timely. To help get everybody on track for the New Year, the article on Ethical Conflicts/Ethical Solutions, highlights the new ADA code of ethics. Snuggle up to the fire with a warm plate of our recipe for braised chicken, and get a warm and cozy feeling reading about the 2010 SCAN Symposium. Make sure to review the "Be There" section of the newsletter to be in the know. Our fourth issue of the Wellness-CV Connection is our holiday gift to you. We leave 2009 with words of wisdom for 2010 from Julia Child, "Find something you're passionate about and keep tremendously interested in it."

—Sharon Smalling, MPH, RD, and Carol Lapin, MS, RD, CSSD

IN THIS ISSUE

Message from the Co-Directors	1
Got Ideas ... For This Newsletter?	
Wellness/CV Editors	2
Wellness/CV Editorial Team.....	2
In Focus	
The Role of Food in Regulating Immune Response	3-5
D-Fining the Role of Vitamin D in Cardiovascular Health.....	6-7
Ethical Conflicts/ Ethical Solutions	8
What's Cooking?	
Braised Chicken with White Beans & Baby Spinach Recipe	9
Resources	10
Be There ... Calendar of Events	11
Keeping Connected	11

This publication is supported by a sponsorship from Promise. Visit www.spreadsnutrition.org

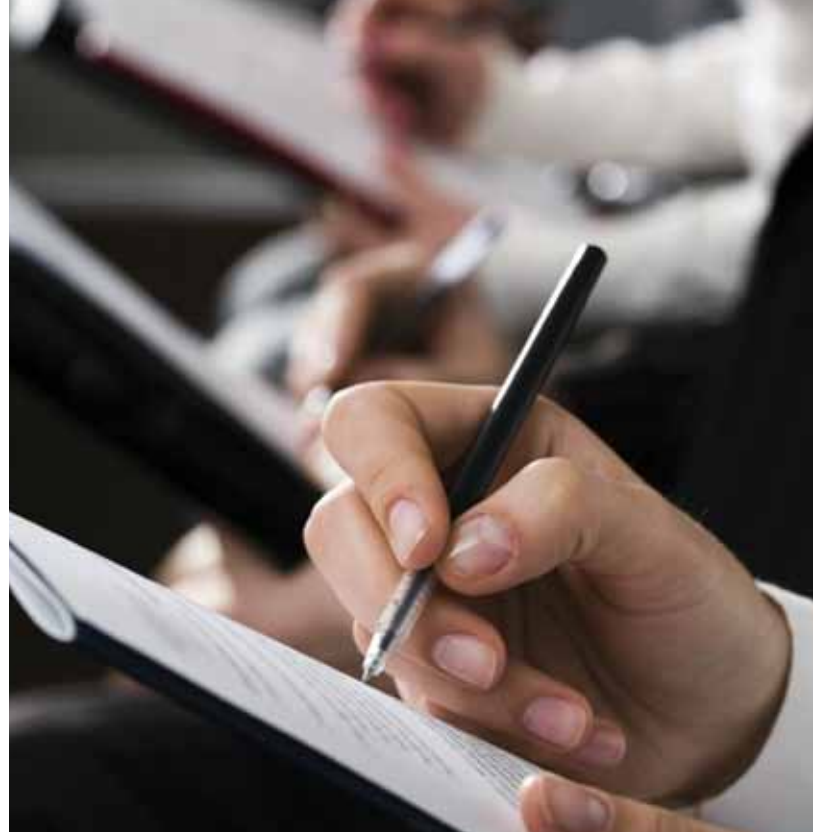


© 2009 Sports, Cardiovascular, and Wellness Nutrition (SCAN)
Cover Photo Credit: © Tinka - Fotolia.com

GOT AN IDEA ... FOR THIS NEWSLETTER?

GOT AN IDEA FOR THIS NEWSLETTER?

We are always looking for talented professionals to join our team. If you feel that you have the knack for writing and would like to see your name in our newsletter, send inquiries to **Satya Jonnalagadda, MBA, PhD, RD** (managing editor) at: satya.jonnalagadda@genmills.com or **Alisa Winters, MS, RD** (assistant editor) at alisa.winters@laureatemed.com.



A SPECIAL THANK YOU TO OUR EDITORIAL TEAM

Thank you to these RDs for contributing their time and talents to make this newsletter fantastic. We truly appreciate what you do.

Jennifer Neily, MS, RD, CSSD
Janalou Phelan, MS, RD
Rebecca Rebmann, MS, RD
Hilary Warner, MPH, RD

For more information go to: www.scandpg.org



Photo Credit (Left): © Yuri Arcurs - Fotolia.com
Photo Credit (Top): © pressmaster - Fotolia.com
Photo Credit: © Anne-Catherine Scoffoni - Fotolia.com

IN FOCUS ...

ROLE OF IMMUNE RESPONSE



THE ROLE OF FOOD IN REGULATING IMMUNE RESPONSE

By Carol S. Lapin, MS, RD, CSSD

One of the most significant roles of food with its various substances, is its ability to regulate immune response. Immune functions are indispensable for defending the body against attack by pathogens or cancer cells. Disturbances threaten the immune system such as malnutrition, aging, physical and mental stress or undesirable lifestyle. The ingestion of foods with immune-modulating activities is considered an efficient way to prevent immune functions from declining and reduce the risk of infection or cancer.¹

The immune system is divided into innate immunity and acquired immunity, and food derived substances can regulate either type of immunity. For example, vitamins, minerals, amino acids, fatty acids and oligosaccharides augment T cell responses and antibody production (acquired immunity). Probiotics such as lactic acid bacteria and some vitamins, enhance phagocytic activity and natural killer (NK) cell

activity (innate immunity). A balance of innate and acquired immunity is desirable for good health.¹

FOOD DERIVED NUTRIENTS THAT REGULATE IMMUNE FUNCTION (TABLE 1)

Adequate basic nutrients are important to fuel the body. The amino acids Glutamine and Arginine also serve important immune roles by preventing oxidative stress and enhancing T cells.¹ The micronutrients work to fuel optimal immune function. Some basic vitamins and minerals derived from food— A, C, E, D and zinc, selenium, and iron exhibit important immune functions by entering cells and regulating gene expression. Vitamin A affects the differentiation of epithelial cells which results in stimulation of antibody-mediated immune responses.¹ Vitamin C prevents the production of reactive oxygen intermediates, reduces DNA damage in immune cells and down-regulates the production of pro-inflammatory cytokines.² Vitamin E is also an anti-oxidant and exerts an anti-inflammatory effect. Vitamin E stabilizes the membrane of immune cells and enhances the binding of antigen-presenting cells and T cells.³ Vitamin D in the form of 1,25(OH)₂D is a potent immune system modulator which may enhance innate immunity and inhibit the development of autoimmunity.⁴

Minerals prevent the oxidation of lipids in the cell membrane, which can reduce oxidative stress affecting immune cells. For instance, selenium is indispensable to the function of reducing enzymes and like zinc, it is needed to stimulate cell-mediated immune functions.⁵ Iron and its binding proteins have immunoregulatory properties. Iron regulates the expression of T-lymphocyte cell surface markers, influencing the expression of different T-cell subsets.⁶

OMEGA 3 FATTY ACIDS AND IMMUNE FUNCTION

Long-chain PUFAs in foods can modulate immune functions. Dietary n-3 PUFAs alter the lipid composition of the cell membrane, regulate the function of immune cells, and act as anti-inflammatory agents.¹

PROBIOTICS INDUCE IMMUNE RESPONSES

Intestinal microflora play a pivotal role in the development of immunity. Ingestion of probiotics stabilizes the intestinal microflora which can lead to regulation of the host immune system. In addition, probiotics such as lactic acid bacteria are recognized by specific receptors on the surface of phagocytic cells. *Lactobacillus paracasei* and *Lactobacillus salivarius* have been shown to induce a specific immune response that may be useful in the clinical setting for improving innate immune and acquired immune responses.⁷

Photo Credit (Left): © Nathalie Dulex - Fotolia.com

IN FOCUS ...

ROLE OF IMMUNE RESPONSE



Photo Credit © TonyBonus - Fotolia.com

TABLE 1: MAJOR FOOD-DERIVED SUBSTANCES THAT REGULATE IMMUNE FUNCTIONS

NUTRIENTS/NUTRICINES*	IMMUNE-MODULATING FUNCTIONS	TOP FOOD SOURCES FOR LISTED NUTRIENTS
Nutrition/calorie	Indispensable for normal development of immune system	
Amino Acids¹		
Glutamine	Trophic for immune cells, circumvention of oxidant stress	meat, fish, legumes, dairy, raw cabbage, and beets
Arginine	Substrate for synthesis of nitric oxide, enhancement of Th cells	nuts, legumes, fish, chicken, eggs, whole grains
Fatty Acids¹		
n-3 PUFAs	Anti-inflammatory	EPA & DHA sources: herring, salmon, sardines, farmed rainbow trout, fresh tuna, mackerel, pacific oysters. LNA sources: walnuts, flaxseed, canola oil
Vitamins		
Vitamin A ¹	Regulation of Th1/Th2 balance	apricots, peaches, cantaloupes, watermelons, carrots, sweet potatoes, broccoli, greens, pumpkins
Vitamin C ²	Circumvention of oxidant stress	sweet red pepper, raw papaya, orange juice, grapefruit and pineapple juice, broccoli, hot green chili peppers, oranges
Vitamin D ³	Enhance innate immunity	fortified milk, egg, chinook salmon, shrimp, cod, mackerel, herring, trout, Yellowfin tuna
Vitamin E ⁴	Circumvention of oxidant stress, anti-inflammatory	sunflower seeds, almonds, olives, mustard greens, swiss chard, spinach, papaya, collard greens, kale
Minerals		
Selenium ⁵	Stimulation of cell-mediated immune response	calf's liver, snapper, halibut, cod, Yellowfin tuna, chinook salmon, crimini mushrooms, shrimp, eggs
Zinc ⁵	Stimulation of cell-mediated immune response	calf's liver, beef, lamb, venison, crimini mushrooms, spinach, asparagus, swiss chard
Iron ⁶	Regulates expression of T-lymphocyte markers	heme sources: beef liver, canned sardines, shrimp, pork roast, lean beef, dark meat turkey, chicken, non-heme: thyme, spinach, swiss chard, romaine
Probiotics⁷		
<i>Latobacillus paracasei</i>	T helper activated regulatory cells	Look for probiotics in yogurt and milk products
<i>Lactobacillus salivarius</i>	T suppressor/cytotoxic activated cells and NK cells	Look for probiotics in yogurt and milk products

*Nutricines - components of food considered for their beneficial effect upon health, rather than their direct contribution to nutrition.

IN FOCUS ...

ROLE OF IMMUNE RESPONSE



THE BEST STRATEGY FOR IMMUNE HEALTH

The best nutritional strategy for promoting optimal health and reducing the risk of chronic disease is to wisely choose a wide variety of nutrient dense foods. Many discoveries for constituents in foods are being newly investigated (over 3,000 phytochemicals have been documented) with many more discoveries left to be made.⁸ The synergistic effect of all the components in food makes it difficult to isolate micronutrients and other substances in food for desirable health consequences. The reported adverse effect of supplemental beta carotene on the prevalence of lung cancer from a large study in Finland demonstrates the problem with isolating nutrients from whole food.⁹ The American Dietetic Association recognizes that additional nutrients from fortified foods and/or supplements may help some people meet their nutritional needs as specified by science-based nutrition standards such as the Dietary Reference Intakes.¹⁰ The components in foods that improve immune functions and the mechanisms by which foods exert immune-modulating effects are still far from fully understood. To confirm the scientific basis of the immune-regulating activities of foods, there is a need for ongoing research.

Carol S Lapin, MS, RD, CSSD, is the owner of CSL Nutritional Services in Houston, Texas.

REFERENCES

1. Kaminogawa S and Masanobu N. Modulation of Immune Functions by Foods. Online by Oxford University Press. 2004 eCAM 1(3):241-250; doi:10.1093/ecam/neh042.
2. Wintergerst ES, et al. Immune-enhancing role of vitamin C and zinc and effect on clinical conditions. *Ann Nutr Metab.* 2006;50(2):85-94.
3. Moriguchi S and Itoh T. Vitamin E enhances T cell differentiation through increased epithelial cell function in rat thymus. *Nutr Res* 1997; 17: 873-883.
4. Griffin MD and Xing N, Kumar R. Vitamin D and its analogs as regulators of immune activation and antigen presentation. *Annu Rev Nutr.* 2003;23:117-145.
5. Ibs KH, Rink L. Zinc-altered immune function. *J Nutr.* 2003; 133(5 Suppl 1):1452S-6S.
6. Walker EM and Walker S. Effects of iron overload on the immune system. *Annl Clin Lab Sci.* 2000; 30(4):354-65.
7. Castellazzi AM, et al. In vitro activation of mononuclear cells by two probiotics: *Lactobacillus paracasei* I 1688, *Lactobacillus salivarius* I 1794, and their mixture (PSMIX). *Immunol Invest.* 2007; 36(4):413-21.
8. Harborns JB, et al. *Phytochemical Dictionary: A Handbook of Bioactive Compounds ... from Plants*, second edition, Taylor and Francis Ltd; 1999.
9. Blumberg, J. The effect of vitamin E and beta carotene on the incidence of lung cancer and other cancers in male smokers. The Alpha-Tocopherol, Beta Carotene Cancer Prevention Study Group. *N Engl J Med.* 1994; 330(15):1029-35.
10. Position of the American Dietetic Association: Fortification and Nutritional Supplements. *J Am Diet Assoc.* 2005;105(8):1300-1311.



Photo Credit (Top Left) © Laser - Fotolia.com
Photo Credit © Patrizia Tilly - Fotolia.com

IN FOCUS ...

ROLE OF VITAMIN D IN CARDIOVASCULAR HEALTH

D-FINING THE ROLE OF VITAMIN D IN CARDIOVASCULAR HEALTH

By Gabby Guidry, Dietetic Intern, University of Houston

As one moves further and further from the equator, the rates of coronary heart disease, diabetes, and hypertension increase, as well as the prevalence of vitamin D deficiency.¹ A growing body of evidence is linking vitamin D status to cardiovascular health. As medical practice guidelines change, Registered Dietitians must strive to incorporate the most up-to-date scientific evidence into patient care.

BACK TO BASICS: OVERVIEW OF VITAMIN D METABOLISM

After vitamin D is either consumed in the diet or synthesized in the skin, it must be hydroxylated in the liver to form 25-hydroxyvitamin D [25(OH)D], the major circulating form of the vitamin. Because serum 25(OH)D corresponds directly to intake and synthesis, it is thought to be the most sensitive marker of nutritional status. Once it reaches the kidney, 25(OH)D is hydroxylated again to form 1,25 dihydroxyvitamin D [1,25(OH)₂D], the form responsible for most of the physiological effects of vitamin D in the body.

VITAMIN D AND CARDIOVASCULAR DISEASE

In an effort to facilitate revision of the current Dietary Reference Intake (DRI) for vitamin D, the Agency for Healthcare Research and Quality (AHRQ) recently released a review of 165 primary research articles and 11 systematic reviews of vitamin D and calcium-related research.

Within the topic of cardiovascular health, a large cohort study found that serum levels of 25(OH)D less than 37.5 nmol/L increased the likelihood of a cardiovascular event by 50%. This study also found an increased likelihood of cardiovascular events with serum 25(OH)D levels below 50 to 55 nmol/L. A nested, case-control study found a twofold increase in risk of a cardiovascular event with serum 25(OH)D less than 37.5 nmol/L. However, one randomized controlled trial (RCT) found no effect of vitamin D supplementation on cardiovascular events. Studies of specific cardiovascular events numbered too few to draw conclusions. This evidence suggests that low serum 25(OH)D may predict an increased

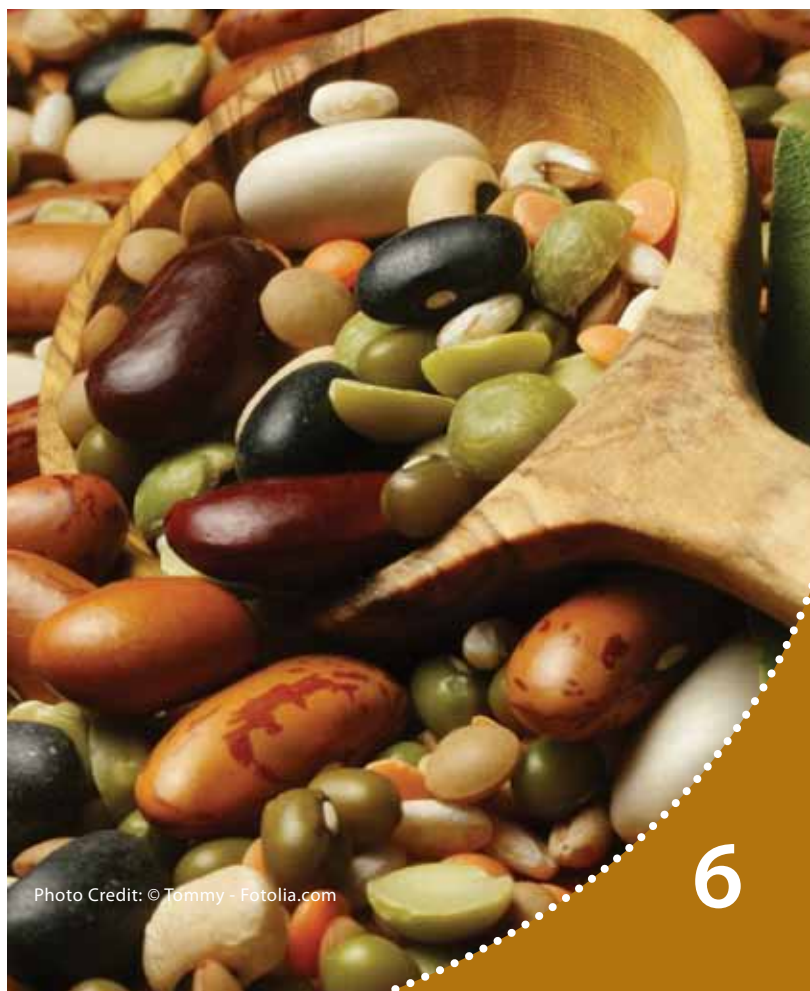
risk of cardiovascular events, but supplementation with vitamin D may not necessarily alter the incidence of these events.²

A combined analysis of a small subset of the Health Professionals Follow-up Study (HPFS) and Nurses Health Studies (NHS) found greater incidence of hypertension at 4 and 8 years in men with baseline 25(OH)D less than 37.5 nmol/L. The same was found for women at 4 years, but not at 8 years.²

EFFECT OF DIETARY INTAKE AND SUPPLEMENTATION ON SERUM 25(OH)D LEVELS

The AHRQ additionally examined the effect of dietary intake of vitamin D from fortified foods and supplements on serum 25(OH)D concentrations. Ten of eleven RCTs found a significant effect of dietary intake from fortified foods on serum 25(OH)D. Intakes of 100-1000 IU of vitamin D lead to increases in serum 25(OH)D between 15 to 40 nmol/L.²

Twenty-six RCTs of daily vitamin D₃ supplementation revealed a dose-response relationship between vitamin D intake and net change in serum 25(OH)D concentration.² It was impossible to examine this relationship across studies due to varying methodologies, but a general trend towards higher serum 25(OH)D was apparent with higher doses of vitamin D₃.



IN FOCUS ...

ROLE OF VITAMIN D IN CARDIOVASCULAR HEALTH



BRINGING THE EVIDENCE INTO PRACTICE

The current daily Adequate Intakes (AI) for vitamin D are:

- 0-50 years: 200 IU
- 51-70 years: 400 IU
- 71+ years: 600 IU

These AIs, established in 1997, reflect intakes likely to maintain serum 25(OH)D levels above 37.5 nmol/L³, but as mentioned earlier, there may still be an increased risk of a cardiovascular event at 25(OH)D levels below 50-55 nmol/L³. Research also suggests that parathyroid hormone (PTH) levels and calcium absorption are not optimized until serum 25(OH)D levels reach 80 nmol/L.³ Achieving 25(OH)D levels in this range could require intakes as high as 4000 IU per day, which is twice the current Tolerable Upper Limit (UL) of 2000 IU per day.⁴ A 2007 risk assessment study in the *American Journal of Clinical Nutrition* supports a revised UL of 10,000 IU Vitamin D3 per day.⁵ But until this recommendation is adopted, we cannot ethically advise patients to exceed the UL.

What we can do is encourage them to spend more time in the sun—it's economical and highly effective! For a light-skinned individual exposing arms and/or legs to just 10-12 minutes of peak afternoon sun in the summer can release 10,000-20,000 IU vitamin D into circulation within 24 hours.

For patients with darker skin, it may take up to an hour to produce the same amount of vitamin D.⁶ Consuming food sources of vitamin D including fatty fish, beef liver, egg yolks and dairy can help maintain vitamin D status. If patients' 25(OH)D levels are critically low, oral supplementation of 2000 IU per day may provide the quickest normalization of vitamin D status.

At this time, data from controlled clinical trials is too limited to determine the effectiveness of vitamin D supplementation in controlling blood pressure or preventing hypertension. Increasing intake of vitamin D through sun exposure, food sources and moderate supplementation can significantly impact patients' serum 25(OH)D levels, maximizing vitamin D function in the body and potentially decreasing risk of developing cardiovascular events or hypertension.

Gabby Guidry graduated from Bastyr University, and is currently a dietetic intern at the University of Houston.

REFERENCES

1. Lee JH, O'Keefe JH, Bell D, et al. Vitamin D deficiency: An important, common, and easily treatable cardiovascular risk factor? *J Am Coll Cardiol.* 2008;52:1949-56.
2. Chung M, Balk EM, Brendel M, et al. Vitamin D and calcium: A systematic review of health outcomes. Evidence Report No. 183. (Prepared by the Tufts Evidence-based Practice Center under Contract No. HHS 290-2007-10055-I.) AHRQ Publication No. 09-E015. Rockville, MD: *Agency for Healthcare Research and Quality.* August, 2009.
3. Linus Pauling Institute Micronutrient Information Center: Vitamin D. Available at: <http://lpi.oregonstate.edu/infocenter/vitamins/vitaminD/> Accessed September 25, 2009.
4. Heaney R, Davies MK, Chen TC, et al. Human serum 25-hydroxycholecalciferol response to extended oral dosing with cholecalciferol. *Am J Clin Nutr.* 2003; 77:204-10.
5. Hathcock JN, Shao A, Vieth R, et al. Risk assessment for vitamin D. *Am J Clin Nutr.* 2007;85:6-18.
6. Hollis BW. Circulating 25-hydroxyvitamin D levels indicative of vitamin D sufficiency: Implications for establishing a new effective dietary intake recommendation for vitamin D. *J. Nutr.* 2005;135:317-322.

ETHICAL CONFLICTS/ETHICAL SOLUTIONS

By Mary Saucier Choate, MS, RD

The August 2009 issue of the *Journal of the American Dietetic Association* contains the updated Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues.¹ The resulting publication brings to the forefront a conundrum often faced by dietetics practitioners... what do you tell patients who are using or want to us questionable nutrition therapies?

Consider the following scenario: A patient/client self-refers or comes to you with a referral from another healthcare professional seeking advice about a supplement, diet, or regimen you feel is useless and/or potentially harmful. As a Registered Dietitian, what are you ethically required to do? The Code of Ethics provides a clear way to proceed. Fundamental *Principle #1* of our Code is: *The dietetics practitioner conducts himself/herself with honesty, integrity, and fairness.* In other words, simply state the facts.

The client should be informed that ethically you are obligated to tell them that the product has been shown to have 'X, Y, and Z' potential side effects and lacks credible evidence to show efficacy. The same procedure should be followed for referrals from physicians or other health care providers.

If a product does no harm but does not produce the results it claims, our code of ethics once again guides us to the proper response. *The dietetics practitioner does not engage in false or misleading practices or communications (Principle 6); The dietetics practitioner provides accurate and truthful information in communicating with the public (Principle 6c); and The dietetics practitioner provides sufficient information to enable clients and others to make their own informed decisions (Principle 9a).* Our Code of Ethics always leads us back to integrity. If a treatment, diet, or supplement is not at a level of quality and certainty that merits recommendation, he or she is required to honestly communicate this to the client, albeit in a respectful way.

Principle 13 within the ethics clause states: *The dietetics practitioner presents reliable and substantiated information*

and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist. The clause may not offer clear guidelines, because it may be difficult to determine what constitutes a legitimate versus illegitimate difference of opinion. *Principle 12* offers some degree of clarity by stating that: *the dietetics practitioner practices dietetics based on evidence-based principles and current information.* The ADA Evidence Analysis Library, meta-analyses, and literature reviews by credible researchers can help separate fact from fiction.

Ultimately, a patient may decide to proceed with a plan the dietitian does not support. According to our Code, as the dietetic practitioner, we must: *respect the client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal (Principle 9b).* As long as we are clear and honest about the available evidence of efficacy, or lack thereof, and any potential known side effects that may occur, we have met our obligation to the client.

Dietetics practitioners benefit from a working familiarity with all ADA codes. Our Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues is a concise, clear, and very helpful guide to use as we work toward maintaining our high professional standards of integrity. Its guidance can help the dietetics practitioner to clarify the correct path for solving difficult referral situations and ensure that nutrition care is delivered in the most beneficial and ethical way. Make sure you are familiar with the newest code of ethics for the American Dietetic Association by going to <http://www.cdrnet.org>.

Mary Saucier Choate, MS, RD, is the food and nutrition educator at the Co-op Food Stores in Hanover and Lebanon, NH, providing wellness programming for employees and education to shoppers. She is the author of the book, "Better Eating for Life: An Easy Step-by-Small-Step Guide to Your Best Nutritional Health Ever!"

REFERENCES

1. American Dietetic Association/Commission on Dietetic Registration. Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues. *J Am Diet Assoc.* 2009;109:1461-1467.



WHAT'S ... COOKING?

Recipe Sponsored by Promise®

NUTRIENT INFORMATION PER SERVING

Calories 300, Calories From Fat 100, Total Fat 11g, Saturated Fat 2.5g, Trans Fat 0g, Cholesterol 55mg, Sodium 410mg, Total Carbohydrate 23g, Sugars 2g, Dietary Fiber 7g, Protein 24g, Vitamin A 140%, Vitamin C 40%, Calcium 15%, Iron 25%



Photo Credit: © Champion Photography

BRAISED CHICKEN WITH WHITE BEANS & BABY SPINACH

PREP TIME: 15 minutes **COOK TIME:** 25 minutes **SERVES:** 4

INGREDIENTS

- 1 lb bone-in chicken thighs (about 4 small thighs)
- 1/2 tsp dried thyme leaves, crushed
- 1/8 tsp ground black pepper
- 1 1/2 tbsp Promise® Buttery Spread
- 1 medium onion, finely chopped
- 3 cloves garlic, finely chopped
- 1 1/2 cups low-fat, reduced-sodium chicken broth
- 1/4 cup dry white wine or water
- 1 (16 oz.) can cannellini or white kidney beans, rinsed & drained
- 1 (10 oz.) bag baby spinach leaves, washed

DIRECTIONS

- Season chicken with thyme and pepper.
- Melt 1 tbsp of Promise® Buttery Spread in a 12-inch nonstick skillet over medium-high heat and brown chicken for 6 minutes, turning once. Remove chicken from skillet and set aside.
- Add remaining 1/2 tbsp of Promise® Buttery Spread in the same skillet and cook onion six minutes, or until tender, stirring occasionally.
- Add garlic and cook 30 seconds.
- Add broth and wine and bring to a boil over high heat.
- Reduce heat to low and return chicken to skillet.
- Simmer covered 5 minutes. Stir in beans and spinach. Simmer uncovered 5 minutes, or until chicken is thoroughly cooked, stirring occasionally.

RESOURCES ...



UPDATES ON WEB SITES

By Crystelle Fogle, MBA, MS, RD

AACVPR (aacvpr.org)

- AACVPR members: log in to view AACVPR's comments to the Centers for Medicare and Medicaid Services on proposed coverage policies for cardiac and pulmonary rehabilitation services.

American Heart Association (americanheart.org)

- Click on "What's New" to download the American Heart Association (AHA) Scientific Statement on dietary sugar intake and cardiovascular health. AHA now recommends that most women consume no more than 100 calories of added sugars daily, and most men should take in no more than 150 calories of added sugars. The Web site also has information on the most common sources of added sugars in the American diet.
- To listen to cardiovascular podcasts, including one on low vitamin D levels associated with risk factors in teens, click on "Multimedia."
- If your patients want a twist on their educational materials, refer them to AHA's cardiovascular media library, which includes medical illustrations and animations on high blood pressure, healthy eating and cholesterol, or go to AHA's patient portal (hearthub.org) to view videos on similar topics.

National Lipid Association (lipid.org)

- Click on "Resources" and then "NLA Bookshelf" to order lipid-related materials including the NLA Patient Counseling Cards Desktop Easel.
- At the National Lipid Association: Learn Your Lipids Web site (learnyourlipids.com), check "News for Patients" to view the National Lipid Association statement on cholesterol guidelines for children.

Preventive Cardiovascular Nurses Association (pcna.net)

- Save the Date! The Preventive Cardiovascular Nurses Association's 16th Annual Symposium, "Cardiovascular Risk Reduction: Leading the Way in Prevention," will be held April 15–17 in Chicago.
- Click on "Clinical Tools" to order professional resources such as *National Guidelines and Tools for Cardiovascular Risk Reduction: A Pocket Guide*.—You can also download the *Diabetes-Cardiovascular Disease Toolkit*, which has patient education tools to reduce cardiovascular disease in people with diabetes.

Wellness Council of America (welcoa.org)

- Click on "Latest News" to download a free PowerPoint on "The Nuts and Bolts of Physical Activity." Two PowerPoint's are also available on stress and eating healthy.
- How does your wellness program compare with WELCOA's Seven Benchmarks of Results-Oriented Wellness Programs? Use the interactive tool called *Well Workplace Checklist* (welcoa.org/wwwpchecklist/menu.php) to find out.

Crystelle Fogle, MBA, MS, RD is with the Montana Cardiovascular Health Program.

THE LAZY COOK™ AND THE CRAZY COOK — TWO UNIQUE APPROACHES TO THE AT-HOME COOKING TREND

By Cathy Kapica PhD, RD

The rise in social media and a world that thrives on visual communication led Cathy Kapica, the *Lazy Cook*, and Liz Barrett, the *Crazy Cook*, to the decision to do a vlog (video blog): *Lazy Cook, Crazy Cook*, where they compare points of view, ideas, recipes, tips and techniques of one person who hates to cook but does so occasionally to eat well, with another who loves to cook and entertain and does it for fun and relaxation. Contrasting their diverse cooking styles shows that whether or not you enjoy time in the kitchen, being mindful about the food you eat is important. See the escapades of *The Lazy Cook and The Crazy Cook* at lazycookcrazycook.wordpress.com. They would love to know what you think.

Cathy Kapica, PhD, RD is Vice President, Global Health and Wellness for Ketchum Public Relations and an Adjunct Professor of Nutrition at Tufts University.

Photo Credit: © Tomboy2290

BE THERE ...

CALENDAR OF EVENTS

MARCH 2–MARCH 4, 2010

What: Nutrition, Physical Activity & Metabolism Conference
Where: San Francisco, CA
For more Information: www.americanheart.org

MARCH 28–MARCH 30, 2010

What: 26th Annual SCAN Symposium
Where: Sheraton Hotel & Marina | San Diego, CA

- Join your SCAN colleagues at the **26th Annual SCAN Symposium, Myths, Mysteries & Realities of Eating and Metabolism**

- Come a day early for Pre-Symposium events!

Sports Dietetics Pre-Symposium Workshop

When: Saturday morning, March 27

- *Sports Dietetics Assessment: Critical Steps, Quality Outcomes*
- **Speakers:** Maria Boosalis, PhD; Jen Ketterly, MS, RD; Nanna Meyer, PhD, RD; Enette Larson-Meyer, PhD, RD

Eating Disorders Pre-Symposium Workshop

When: Saturday afternoon, March 27

- *Bringing Our Best When We Are Faced with the Worst: Management of Nutritional and Therapeutic Complications in Eating Disorder Treatment*
- **Speakers:** Beth Hartman McGilley, PhD, FAED; Leah Graves, RD, LD,FAED; Reba Sloan, MPH, LRD, FAED

Wellness and Cardiovascular Disease Pre-Symposium Workshop

When: Sunday morning, March 28

- *Elevating MNT Above the Mainstream: The Latest in Management of Dietary Fats and Advanced Lipid and Genetic Testing*
- **Speakers:** Barry Franklin, PhD; Aimee Bert-Moreno, RD,LD/N; Phyllis Cox, RN, BSN

APRIL 7–10, 2010

What: 14th Annual Health & Fitness Summit
Where: Austin, TX
For more Information: www.acsm.org

JULY 12–30, 2010

What: CDR Sports Dietetic Specialty Examination
Where: Various U.S. cities
Deadline: April 30, 2010
For more Information: www.cdrnet.org

KEEPING ... CONNECTED

Are you at a time in your life where you would love to volunteer with SCAN but not sure how to let us know what you are interested in doing? Or just not sure what types of volunteer opportunities are available? The best way to begin volunteering with SCAN and networking with other SCAN dietitians across the country just got easier!

Go to www.scandpg.org. Sign in to the Member Section area. Scroll down to Volunteer for SCAN and click. Complete the form that appears, letting us know about you and what you are interested in. Our volunteer coordinator, Karen Collins (Karen@karencollinsnutrition.com) will be in touch with you soon after. Please consider joining our fabulous group of volunteers TODAY!!

Newsletter designed by:
K2M Designs | www.k2mdesigns.com

Big **FAT** truth

RDs know the truth, patients may not: Experts agree that we should limit our intake of both saturated AND trans fats in the diet.¹⁻⁴

Soft spreads have 70% less saturated fat than butter, no cholesterol and 0 grams of trans fat per serving.*



Soft spreads fit in a healthy diet because they are made with nutritious plant oils, including soybean and canola, and provide an important source of monounsaturated and essential polyunsaturated fats.

To help your clients and patients make the switch, find recipes and learn the truth about fat, go to:



*Promise, Country Crock, I Can't Believe It's Not Butter!, and Brummel & Brown soft spreads range from 0-8 grams of fat and 0-2 grams of saturated fat per serving. REFERENCES 1. American Dietetic Association. Position of the American Dietetic Association and Dietitians of Canada: Dietary Fatty Acids. JADA. 2007;107:1599- 1611. 2. National Cholesterol Education Program. Third Report of the National Cholesterol Education Program (NCEP) expert panel on detection, evaluation and treatment of high blood cholesterol in adults (Adult Treatment Panel III) Final Report.2002. Available at: <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>. Accessed on 11/16/2008. 3. U.S. Department of Health and Human Services and U.S. Department of Agriculture. The report of the dietary guidelines advisory committee on Dietary Guidelines for Americans, 2005. Washington, DC: U.S. Government Printing Office. 4. Lichtenstein AH, Appel LG, Brands M et al. Diet and lifestyle recommendations revision 2006: a scientific statement from the American Heart Association Nutrition Committee. Circulation. 2006;114:82-96.