

Consultation on Green Paper: *Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases.*

Response from American Peanut Council, European Office, London, to selected questions on which the Commission invites contributions.

These responses reflect APC's interest and expertise in peanut and nut-related nutritional research and how this knowledge could impact on overall health indicators, including obesity.

– What are the concrete contributions which Community policies, if any, should make towards the promotion of healthy diets and physical activity, and towards creating environments which make healthy choices easy choices?

Community policies should underpin simple and affordable healthy food and lifestyle choices being available in the marketplace and promoted to consumers. Peanuts and other nuts should be part of this overall healthy pattern of consumption (see WHO/FAO recommendation below).

– Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?

We would recommend a less prescriptive approach to the promotion of fruit and vegetables with emphasis on their natural, unprocessed attributes. In this regard we draw attention to the role of nuts, particularly legume peanuts as being in the same league as fruit¹ in terms of antioxidants and fibre, yet health educators currently recommend limiting intake on the grounds of their energy density. Such prescriptive approaches undermine the potential contribution of many natural foods and overcomplicate dietary advice.

*We support and would draw the Commission's attention to the recommendation in the World Health Organisation/FAO joint report **Diet, Nutrition and Prevention of Chronic Diseases** (Geneva, 2003), para 6.4.4, that as part of making the components of a "healthy diet" available to all, **nuts (which includes peanuts)** should be made more widely available to consumers: "Governments could make it easier for consumers to exercise healthier choices, in accordance with the population nutrient intake goals given in this report by, for example, promoting the wider availability of food which is less processed and low in trans fatty acids, encouraging the use of vegetable oil for domestic consumers, and ensuring an adequate and sustainable supply of fish, fruits, vegetables and **nuts** in domestic markets."*

1. Talcott ST, Passeretti S, Duncan CE, Gorbet DW (2005) Polyphenolic content and sensory properties of normal and high oleic acid peanuts. *Journal of Food Chemistry*. 90; 379-388.

– How can the programme contribute to raising the awareness of the potential which healthy dietary habits and physical activity have for reducing the risk for chronic diseases amongst decision makers, health professionals, the media and the public at large?

There could and should be more effort to disseminate nutritional research findings – in appropriate language and formats – to both health and nutrition professionals and end consumers in terms of changes that can easily be made. The media perpetuates consumer

confusion by reinforcing the “professionals cannot agree” message. This serves to block many, often less able, consumers from focusing on simple things they can do for themselves to improve their nutritional and overall health status.

One example is how to improve diet quality with peanut consumption:

Two new studies^(1,2) have shown that peanuts are in the same league as fruit when it comes to contributing to our diet and health status.

Researchers at the University of Florida, USA, have revealed that peanuts are as rich in a wide variety of helpful antioxidants as many kinds of fruit⁽¹⁾. Although it is well known that peanuts are a good source of vitamin E, they had not been considered a rich source of antioxidants because there was a lack of data on their polyphenol content. The Florida research team have shown that peanuts do contain high concentrations of polyphenols – chiefly a compound called p-coumaric acid which has been shown to block lipid peroxidation and reduce cholesterol levels. What’s more, roasting increases the level of p-coumaric acid in peanuts, boosting their overall antioxidant content by as much as 22 percent.

*Researchers from the Pennsylvania State University, USA, have shown that it’s **not** the people eating peanuts who end up overweight or obese. Just one handful of peanuts or 2 tbsp (30g/1oz) of peanut butter daily, can positively improve overall diet quality without causing an increased body mass index (BMI)⁽²⁾.*

Diet intake records for 14,000 free-living men, women and children (US Dept. Agriculture national diet survey) were studied. The results showed that the peanut consumers (24% of the total sample) had a significantly higher healthy eating index than non-consumers. Regular peanut consumers had higher intakes of vitamin E, folate, magnesium, zinc, iron, heart-healthy monounsaturated fat and dietary fibre, and lower intakes of cholesterol. Reassuringly, peanut consumers had leaner bodies than non-consumers, even though energy intakes were higher. What’s more, BMI did not change with increasing peanut consumption, despite the fact that almost a third of the peanut consumers were eating more than two, or more than three handfuls of peanuts per day. These results confirm that peanut consumption per se is not a cause of weight gain.

The simple message the consumers could use is that daily handfuls of peanuts as healthy snacks make a beneficial contribution to the quality of the overall diet without adding too many calories. The evidence base for their health benefits demonstrates that they can and should be included as part of healthy dietary patterns.

2. Griel AE, Eissenstat B, Juturu V, Hsieh G, Kris-Etherton PM (2004) Improved diet quality with peanut consumption. *Journal of the American College of Nutrition*. 23; 1-9.

– When providing nutrition information to the consumer, what are the major nutrients, and categories of products, to be considered and why?

In our experience there needs to be much more understanding about the benefits of a healthy, medium-fat (about 35% energy from fat) diet, largely plant-based and minimally processed, in which fat sources are largely unsaturated and protein is obtained from mainly vegetable sources.

Understanding is needed by health professionals and consumers about types of fat and types of protein in terms of their effects on disease risk reduction. We believe that a 21st century version of the traditional “Mediterranean diet” which is suitable for modern European consumer lifestyles could be an excellent vehicle for this and one in which peanuts and nuts could have a central part. In addition, much could be done to communicate the “added value” to consumers of such an eating programme in terms of antioxidants, phytonutrients and other bioactive constituents.

Peanuts and other nuts have usually been grouped for dietary guideline purposes with animal protein sources. This is unhelpful to the consumer. Peanuts and nuts deserve to be seen positively rather than as an “alternative” to meat or suitable only for those who adopt elements of a vegetarian diet.

– In the field of nutrition and physical activity, which should be the key messages to give to consumers, how and by whom should they be delivered?

It does not so much matter how and by whom messages about nutrition and physical activity are given to consumer, but more that the content and the credibility of the delivery mechanism is seen to be believable, motivating and actionable.

The following is an example of a key message affecting weight loss and metabolic health that could be communicated in many ways:

Diets based on foods with a low GI are proving effective for weight loss in addition to benefiting cardiovascular health. Recent studies at Oxford Brookes University indicate that peanuts have one of the lowest GIs of all nuts⁽³⁾. At just 14, the GI of peanuts is similar to green vegetables, another good source of antioxidants. Unlike green vegetables, peanuts are energy dense and this precludes them being recommended as ‘free foods’ for weight loss. Nevertheless their high satiety effects - due to their energy and protein density and high fibre content - coupled with their very low GI, supports the inclusion of moderate portions of one to two handfuls a day as part of an effective, moderate fat weight loss plan.

Studies have shown that up to 500kcal (90g) peanut snacks not only suppress hunger for 2.5 hours, compared to half an hour for other typical snacks such as rice cakes,⁽⁴⁾ but when eaten in addition to the normal diet, this does not cause the predicted weight gain as subjects compensate and eat less of other foods⁽⁵⁾. New research has also shown that 300kcal peanut snacks suppress hunger and reduce plasma glucose levels when consumed either as a snack or with a meal⁽⁶⁾.

All of this adds to the considerable evidence base showing peanuts can be part of an effective weight loss and weight management programme. Four independent research groups have reported in the literature that moderate fat diets including peanuts can help with weight loss⁽⁷⁻¹⁰⁾. Most recently a Pennsylvania State University, USA, research team demonstrated that a moderate fat weight loss diet rich in peanuts, peanut butter and peanut oil is more effective than the typical low-fat diet, since as well as achieving a weight loss of 2lb per week, the peanut-based diet resulted in a 14% reduction in cardiovascular risk compared to a 9% reduction for the low fat diet⁽¹⁰⁾. What’s more, those on the low fat diet experienced a drop in their “good” HDL cholesterol levels, whereas those on the diet rich in peanuts did not. Afterwards, in the important weight maintenance period, the low fat, high carbohydrate diet caused “bad” LDL cholesterol

and triglyceride levels to rise. Those on the peanut rich moderate fat diet continued to enjoy much lower levels of these heart disease risk factors⁽¹⁰⁾.

3. Henry, J. Personal communication.
4. Kirkmeyer SV, Mattes RD (2000). Effects of food attributes on hunger and food intake. *International Journal of Obesity*. 24; 1167-1175.
5. Alper CM, Mattes RD (2002). Effects of chronic peanut consumption on energy balance and hedonics. *International Journal of Obesity*. 26; 1129-1137.
6. Devitt AA, Mattes RD (2005) Effects of peanuts ingested with a meal or as a snack on subjective hunger ratings and plasma glucose in healthy adults Presented at Experimental Biology 2005; Program/Abstract # 849.11.
7. Kris-Etherton PM et al (2001). The effects of nuts on coronary heart disease risk. *Nutrition Reviews*. 59; 4: 103- 111.
8. McManus K, Antinoro L, Sacks F (2001). A randomised controlled trial of a moderate fat, low- energy diet with a low fat, low- energy diet for weight loss in overweight adults. *International Journal of Obesity*. 25; 5: 1503-1511
9. Garcia-Lorda P, Megias Rangil I, Salas-Salvado J (2003). Nut consumption, body weight and insulin resistance. *European Journal of Clinical Nutrition*. 57; (suppl1): S8-S11.
10. Pelkman CL et al (2004). Effects of moderate-fat (from monounsaturated fat) and low fat weight loss diets on serum lipid profile in overweight and obese men and women. *American Journal of Clinical Nutrition*. 79; 204-12.

– What are good examples for improving the nutritional value of school meals, and how can parents be informed on how to improve the nutritional value of home meals?

Peanuts could contribute to improving the quality of the British diet both at school and in the home. Conclusions from the National Diet and Nutrition Survey for British children, 4-18yrs⁽¹¹⁾ suggest that significant proportions of young people have intakes of zinc and magnesium below the lower reference nutrient intake (LRNI). Folate also may be a cause for concern. Dietary intakes of magnesium are also below recommended levels in around a sixth of UK adults⁽¹²⁾ and adequate folate intakes are especially important for women of child-bearing age. Adults and children in the Pennsylvania State University study⁽¹⁾ who consumed peanuts had higher intakes of all these marginal nutrients than non-consumers. Similar effects could be achieved here by encouraging more people to regularly eat a handful of peanuts or peanut butter sandwiches.

11. Gregory JR, Lowe S, Bates CJ, Prentice A, Jackson LV, Smithers G, Wenlock R, Farron M. (2000) *National Diet and Nutrition Survey: young people aged 4 to 18 years. Volume 1: Report of the diet and nutrition survey*. The Stationary Office, London.
12. Henderson L, Irving K, Gregory JR, Bates CJ, Prentice A, Perks J, Swan G, Farron M (2003) *National Diet and Nutrition Survey: Adults aged 19 to 64 years, Volume 3: Vitamin and mineral intakes and urinary analysis*. The Stationary Office, London.

– What is good practice for fostering healthy dietary choices at schools, especially as regards the excessive intake of energy-dense snacks and sugar-sweetened soft drinks?

*In the UK the School Food Trust has just published **Transforming School Food** (March 2006). We commend this to the Commission. This makes recommendations to Government about "food standards for school foods other than lunch". This reflects the UK Government's twin objectives to stop the availability in schools of foods considered to promote childhood obesity and to*

promote children's overall health by improving the nutritional quality of foods available during the school day.

Unsalted/unsugared nuts, peanuts and seeds are the only bagged savoury snacks that are approved. Nuts and seeds, including dried fruit and nut mixes, are specifically identified as suitable for school vending and "tuck shops". We believe this reflects the general view that school vending provides an additional safety mechanism to protect potentially allergic children. The report includes some Australian examples of healthy school food which includes peanut butter. The report also includes some US examples of healthy school food criteria which specifically exempt nuts and seeds from fat restrictions because they are healthy high fat foods when consumed in limited quantities. This is also a way to make progress in portion size education.

All of these messages are simple and economic ways to make changes that matter and children as well as parents can easily learn them.

- How can dietary guidelines be communicated to consumers?

A number of schemes have been trialled in the UK. One thing that is clear is that communication must not perplex the consumer or send mixed messages. Recent consumer preference research carried out by the UK Food Standards Agency shows that most consumers felt better informed by a guideline daily amounts (GDA) labelling scheme rather than by a "signposting" scheme using "multiple traffic lights" to indicate high fat, salt or sugar levels¹³. The UK food industry has broadly supported the GDA approach and we believe this is what should be adopted on an EU basis. Even among social class C2 and DE respondents, who are often economically and skills disadvantaged, large majorities preferred the GDA format to convey nutritional information.

13. *Quantitative Evaluation of Alternative Food Signposting Concepts*. FSA, November 2005, p 91

– In which way could nutrient profile scoring systems such as developed recently in UK contribute to such developments?

Nutrient profiling is an integral part of the EU's pending regulations on nutrition and health claims (Article 4), expected to be approved during the current Austrian Presidency. The UK is the only Member State, to our knowledge, experimenting in an overt way with nutrient profiling. Its unique experiences will assist the European Food Safety Authority's understanding and application of this technical tool.

On the basis of high-level scientific advice, the FSA as a major European food regulator has recognised the nutritional value of nuts as equal to fruit and vegetables(14). The final scoring system for the Nutrient Profiling Model (NPM) was delivered to UK media advertising regulators in mid-December 2005. We commend this to the Commission.

Nuts figure in the NPM in two important ways:

- *nuts are scored in the NPM in the same way as fruit and vegetables. The FSA said this change was "in recognition of the contribution of nuts to a healthy balanced diet"*
- *foods exceeding a threshold of saturated fat, energy, sodium or sugar will not be allowed to score for protein content UNLESS they contain high level of nuts, fruit or vegetables (ie >80%).*

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14 Food Standards Agency Nutrient Profiling Model final version
www.food.gov.uk/healthiereating/nutlab/nutprofmod

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