Foods that Promote, Protect, and Promise Good Health

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Every year, cancer claims the lives of more than half a million Americans. Cancer is the second leading cause of death in the United States, exceeded only by heart disease. According to United States Cancer Statistics: 2005 Incidence and Mortality, which tracks cancer incidence for about 96% of the U.S. population and mortality for the entire country, more than 559,000 Americans died of cancer, and more than 1.34 million had a diagnosis of cancer in 2005. CDC (2009) The objective of this study is to determine whether foods have healing properties or if they are better utilized for preventive measures.

It is generally understood that eating more fruits and vegetables promotes good health, yet our current population is the most obese on record. In 2003-04, 17.1% of children and adolescents 2-19 years of age (over 12 and a half million) were obese; 32.2% of adults (over 66 million) were obese. Almost 5% of adults were extremely obese. Although the problem was not new, the current population is the most obese on record.

The researchers reviewed the current literature in an effort to determine what constitutes an average serving size. They conducted a query of the published literature to determine if there was a standard serving size for fruits, vegetables, and other food groups. They included the following search terms: cancer prevention, diet, vegetables, fruits, vitamins, minerals, and supplements. They excluded articles that did not discuss food and nutrient intake and cancer, and articles that included cooking classes and printed material from the “5 A Day” (USDA) guidelines.

Consistency regarding determining serving size is lacking in many instances. However, the Canadian Food Guide explains very clearly what an average serving size is and yet this consistency is suspect due to the narrow populations that were studied: Chilean men in rural areas, with acute myocardial infarction, Japanese men with atrophic gastritis, and female healthcare professionals. The articles did not discuss their selection processes or how they protected the study from researchers’ biases.

The consensus of the articles reviewed is that to promote health using diet and exercise, one must “start early and end strong.” A dietary change once the illness is advanced in the patient. Eating a healthy diet should be a way to encourage general health and prevent disease, but not promoted as a sole means to cure cancer or heart disease.

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Oversight Trends Among U.S. Adults
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Introduction

Methods

Results

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References

Thousands of articles were retrieved, the narrowing process consisted of excluding the “risk of cancer” phrase, which, when eliminated from the queries, produced eleven usable articles. The articles were divided into food groups: 7 articles focused on Fruits and vegetables, 3 articles on Fish and omega-3, and 1 article on Canoeberries.

The groups considered ranged from very narrow control groups to wide populations. Of the eleven articles reviewed, two studied only professional women in the health care industry, two articles studied women in general, one focused on men located in four small, geographically defined communities in a wide area of the city of Shanghai, China, another studied men who lived in southwest Finland who smoked (ages 50-69), another study was for Japanese subjects from ages 40 to 69 who already had atrophic gastritis. Only three studies had both men and women in them.

Serving Sizes

Among the studies reviewed there was no consistency regarding determining serving size. The Canadian Food Guide explains very clearly what an average serving size is and yet this was disregarded in many instances. However, Pierce included cooking classes and printed material from the “5 A Day” (USDA) guidelines.

Michaud participants who were male smokers ages 50-59 were shown colored pictures that represented serving size. Unfortunately, he used a 276 food and-beverage questionnaire that inquired about their average intake of fruits and vegetables over the previous year. Iso also relied on participants’ ability to recount a year’s worth of fruits and vegetable intake. He used a food frequency questionnaire that included specific servings for the recommendation of nurses, who were between 30-59 years old. Yuan used specially trained nurses who conducted the interviews with men aged 45-64, inquiring about their food intake in a 12 month period. They went a step further to validate their findings, with a 24 hour dietary recall of a randomly chosen subgroup of cohort subjects. Liu used a 43-item semi-quantitative food frequency questionnaire (SFFQ) with a standard serving size specified, yet relied on recall from the previous year. Most notably, Kim’s article used a 108-item semi-quantitative food frequency questionnaire (SFFQ) that queried the previous years’ food intake, using actual pictures of the vegetables. They then computed the nutrient intake based on the Standard Food Composition Tables that were published by Science and Technology of Japan.

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