Nutrition Action® CENTER FOR SCIENCE IN THE PUBLIC INTEREST JANUARY/FEBRUARY 2022 \$2.50



WORRIED SICK? TACKLING ANXIETY

New GMO labels
The loopholes

What's **HOT** in the soup aisle









MEMO

Food Shopping 2.0



Food shopping isn't Today, you can grab your phone and order groceries or takeout online from the comfort of your couch.

Even before Covid, the marketplace was changing. And as more food

sales move online, Nutrition Action's publisher (the Center for Science in the Public Interest) continues to push government and industry to keep up.

■ Restaurant apps. It's the law. If a restaurant chain has 20 or more locations, its menu must list calories and let customers know that additional nutrition info (like for sugar and sodium) is available from

Want to check the Nutrition Facts before you buy online? Sometimes, you're out of luck. the company. That goes for online menus, too, says the Food and Drug Administration.

Yet many menus on third-party ordering apps like DoorDash, Seamless, and Uber Eats don't include calorie counts. When we checked Grubhub, for example, menus for Panera and McDonald's listed calories...but menus for California Pizza Kitchen, Sweetgreen, Denny's, and others didn't.

That's why CSPI is urging the FDA to make clear to companies that labeling is required on online menus, including menus on third-party apps.

■ Online grocery. It's hard to avoid the onslaught of marketing for junk. Shopping for whole wheat bread? You'll likely have to wade through promos for white bread or cinnamon buns in the virtual bakery "aisle."

Meanwhile, the facts you need from food labels are often hard to find, in tiny type, incomplete, out of date...or missing entirely. Even leading retailers like Amazon Fresh don't have Nutrition Facts posted for all of their items.

The problem: Decades-old labeling laws don't always apply to foods that are sold online. That's why we're urging lawmakers to pass the Food Labeling Modernization Act. The bill, which was introduced in August, would overhaul labeling laws, including requiring Nutrition Facts, ingredients, and allergen information for groceries sold online.

■ Online SNAP. In recent years, the U.S.

Chobani Oat Creamer Vanilla 24 FI

Price: \$4.49 (50.55 / F) (1)

SNAP EBT eligible

Department of Agriculture has made it easier for people who are facing financial hardship to buy groceries by allowing online retailers to accept Supplemental Nutrition Assistance Program (SNAP) benefits.

But that effort has failed to help

many households because not all food retailers participate. What's more, delivery is limited in rural areas, and people aren't allowed to use SNAP benefits to pay delivery and other service fees.

That's why CSPI is urging the USDA to make it easier for retailers to accept SNAP online and asking policymakers and retailers to find ways to expand delivery areas and reduce service fees for SNAP participants.

We're also pressing policymakers and retailers to set guidelines that would encourage all online shoppers to buy healthy foods by curbing ads and promotions for junk.

We'll keep you posted on our progress.

Peter G. Lurie, MD, MPH, President Center for Science in the Public Interest

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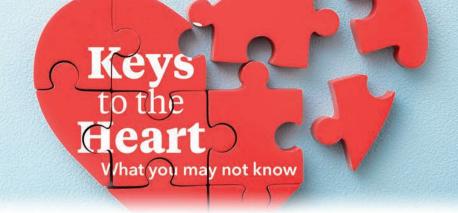
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BY BONNIE LIEBMAN

hen it comes to protecting your heart, you know the basics. Don't smoke. Keep a lid on "bad" cholesterol, blood pressure, and blood sugar with a healthy diet and, if necessary, medications. Exercise on most days. Limit weight gain. But you may not know about other key steps to protect the old ticker. Here are a handful.

Know the ABCs of chest pain

Ever wonder if that chest pain you're feeling could be a heart attack? You're not alone.

"We have 6.5 million visits to the emergency department every year in the United States and 4 million office visits for a complaint of chest pain," says Martha Gulati, president-elect of the American Society for Preventive Cardiology.

"It's an incredibly common symptom. And chest pain can mean many different things, not just related to the heart."

In fact, it's usually *not* due to a heart attack.

"Only about 5 percent of the people that present to the emergency room with chest pain are having what we call an acute coronary syndrome," says Gulati.

Among the other causes:

"Chest pain can be due to
things going on in your
lungs, in your gastrointestinal system, in your chest
wall," she notes. "It can be as
common as a musculoskeletal injury, like from lifting
weights or a fracture, or it
can even be from breast disease."

Of course, doctors can't treat chest pain lightly.

"If you are having some sort of acute cardiac event, it can be life threatening,

so we don't want to miss it," says Gulati.

That's why experts from the American Heart Association and the American College of Cardiology—led by Gulati—recently released guidelines to help doctors decide how to handle chest pain.¹

Here are some of the takeaways.

Critical questions

Among the questions doctors should consider when treating chest pain:

■ What type of pain? Some kinds of chest pain are more likely to be due to a heart attack—that is, reduced blood flow to the heart muscle.

In contrast, pain that's described as sharp, shifting, fleeting, tearing, or burning is less likely to signal that the heart muscle is starved of blood and oxygen (though no chest pain should be ignored).

The pain's location also matters.

"It's often described as central or on the left side of the chest, but sometimes it's on the right side or even radiating to the back," notes Gulati. People may also feel pain in the jaw, neck, shoulders, arms, or upper abdomen.

■ What patient? Chest pain is the primary sign of a heart attack in both men and women. "The difference is that women usually report three or more additional symptoms," such as shortness of breath, nausea, and fatigue, says Gulati.

Although men have a greater risk

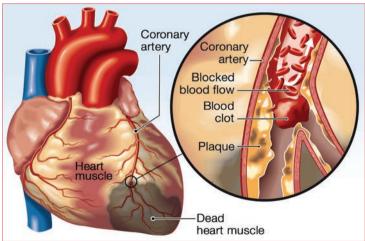
of heart disease, it—and cancer—are still the leading killers of women.

The difference in women's symptoms may help explain why "they still have delays in getting timely and appropriate care," says Gulati.

■ What test results? When a patient arrives at the ER with chest pain, the first step is to take a medical history, do a physical exam, and get an electrocardiogram (EKG), which records electrical signals as the heart contracts.

The next step is a blood test to measure high-sensitivity cardiac troponin.

"It's an incredibly accurate marker for damage to the heart muscle," says Gulati, though some hospitals can't yet test for the high-sensitivity version.



Is a patient's chest pain due to a blood clot blocking an artery that feeds the heart muscle? That's what doctors need to figure out.

"Some people describe it as a tightness, squeezing, heaviness, or like an elephant on their chest," says Gulati. The pain sometimes occurs after exercise or stress.



If patients have an intermediate risk of a heart attack, they can help doctors decide whether to get more tests in the ER, say new guidelines.

■ What risk? Doctors use that data and other factors like age, blood pressure, diabetes, LDL cholesterol, smoking, and weight—to size up a patient's risk.

"If the patient has a high risk of having a heart attack, the decision is easy," says Gulati. In some cases, doctors may do no tests at all.

"If we think this is likely to be a heart attack or heart attack waiting to happen, we would rush them to our cath lab," explains Gulati. "We wouldn't do an EKG or blood tests. We would do invasive coronary angiography."

That is, they would use a thin tube (catheter) to inject a dye into blood vessels that feed the heart muscle—coronary arteries—to see if any are narrowed or blocked.

"We'd want to look at the coronary arteries right away, because lost time means lost heart muscle, and we'd potentially want to open up an artery to restore blood flow," says Gulati.

It's also easy to deal with patients at low risk for a heart attack.

"We still need to identify the cause of the symptoms, of course, but the patient may not need additional testing from a heart standpoint right there in the emergency department," explains Gulati.

The tougher decisions are for people at intermediate risk.

"Sometimes we'll use an ultrasound to look at the heart function, sometimes we'll use nuclear imaging to look at the heart, sometimes we'll use cardiac MRI or do a stress test," says Gulati. "Every hospital is different."

"That's when the emergency room physicians and cardiologists become

partners with the patient in helping decide what to do next." Sometimes no further tests are needed.

Don't drive

One last piece of advice: If you have chest pain, don't drive to the hospital.

"By calling

9-1-1, you activate the emergency medical system," says Gulati.

"EMS can initiate treatment and communicate with the hospital, so they're ready for you. And if they already know you're having a heart attack, they might just take you straight up to a cath lab."

Driving isn't only a risk to you.

"If you are driving and have a heart attack, you can go into a dangerous heart arrhythmia and pass out," says Gulati. "That's not safe for you or for anybody else on the road."

Don't ask a family member to drive you, either. "You can't drive and take care of the person with symptoms," says Gulati. "There are stories of patients driving their family members to the hospital, and the patient passes out and they get into an accident or they have to pull over and call EMS anyway."

When you call 9-1-1, they can start evaluating you over the phone. "That's why we have the system," says Gulati. "And it saves lives."

Avoid air pollution
Think of air pollution as only a problem in other countries?

"It is true that the footprint of air pollution is smaller in the United States, but there's no escaping the fact that levels today in North America are still not acceptable," says Sanjay Rajagopalan, director of the Cardiovascular Research Institute at the Case Western Reserve University School of Medicine.

"If you're living in an urban environment or in many parts of California, for instance, you may be exposed to persistently high levels of air pollutants."

Why California? That's partly due to raging wildfires in the West, which are intensifying because of climate change.

"Pollution levels during forest fires are incredibly high," says Rajagopalan.

The source of most air pollution: fossil fuels. "The same fossil fuel emissions that drive climate change also drive air pollution," notes Rajagopalan.



Go to <u>AirNow.gov</u> to find your area's current AQI (Air Quality Index), a Fire and Smoke Map, advice on whether it's safe to exercise outdoors, and more.

It's easy to imagine how breathing in polluted air harms people with asthma or other lung problems. Yet the evidence that pollution causes heart attacks or other cardiovascular events is stronger than for lung disease, cancer, or any other illness, says the U.S. Environmental Protection Agency.² Here's how.

The damage

Of the key air pollutants tracked by the EPA, two have an outsized impact on health.³

The "ozone layer" in the stratosphere helps keep dangerous ultraviolet radiation from reaching the Earth's surface. In contrast, "ground-level ozone is produced by photochemical reactions that occur in the presence of sunlight and heat, and it can be very toxic," says Rajagopalan.

Even worse: PM_{2.5}—that is, particulate matter (tiny particles and droplets)

suspended in the air that measures less than 2.5 microns wide (about ½0 the width of a human hair).

"Ozone is more important for asthma and lung problems, while particulate matter is disproportionately implicated in cardiovascular events," says Rajagopalan, who led the panel of experts that wrote the American Heart Association's advice for protecting yourself from particulate matter.⁴

How does PM₂₅ cause trouble?

"Many people are walking around on the precipice of a heart attack," notes Rajagopalan. "Air pollution can push you over the cliff."

It's not clear how. Among the possibilities: Inhaled particles could lead to inflammation that makes blood more prone to clot. "Or it could destabilize the plaque in your blood vessels," says Rajagopalan.

PM_{2.5} may also cause damage over the long term. "Air pollution may elevate

blood pressure and accelerate atherosclerosis, the buildup of plaque in blood vessels," says Rajagopalan.

PM_{2.5} may also damage the lining of blood vessels and disturb heart rhythm.^{2,4}

Some people are at greater risk than others. "They include people over 65, patients with lung disease, heart

tioning) system.⁵ Avoid electrostatic air cleaners, which ionize particles. They can *increase* ozone levels.

Don't be afraid to exercise outdoors. "For most healthy people, the benefits of exercise even in a slightly higher polluted environment outweigh the adverse consequences," says Rajagopalan. (To see if the current air

(heating, ventilation, and air condi-

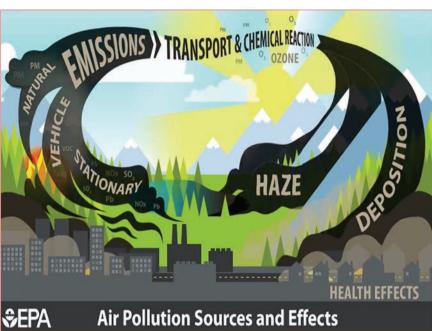
is unsafe for exercise, go to AirNow.gov.)

Of course, the smartest solution is to stop polluting our air. And that means burning less fossil fuel.

quality in your area

"If we turn down the dial on using fossil fuel to generate power and transition to a green economy, it's going to reduce deaths due to air pollution," says Rajagopalan.

"What's good for climate change is good for the environment and health."



Most air pollution comes from burning fossil fuels. Emissions from cars, power plants, oil refineries, factories, etc., can create haze and harm our health.

disease, diabetes, or chronic kidney disease, and people who have had organ transplants," notes Rajagopalan.

What to do

Here's how you can protect yourself, especially if you're at high risk and live in an area with high pollution levels:

- Check your AQI. Go to the EPA's AirNow.gov website to find the current AQI (Air Quality Index) for your ZIP code (see p. 4).
- Consider wearing an N95 mask. The same N95 mask that can protect you from Covid can also help keep out PM, 5.
- Use your car's AC. If you spend a lot of time in traffic, keep your windows closed, use air conditioning, and consider getting a high-efficiency cabin filter.
- Consider an air cleaner. The EPA's website has advice on portable air cleaners (for a room) or an upgraded HEPA filter for your furnace or central HVAC

Fend off AFib

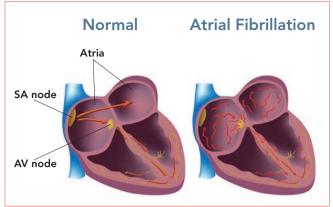
"The incidence of atrial fibrillation is increasing worldwide," Christine Albert, chair of the department of cardiology at Cedars-Sinai Medical Center in Los Angeles, told the International Society for Telemedicine & eHealth last year.

Atrial fibrillation—aka AFib or AF—is an irregular heartbeat (arrhythmia) in the upper chambers (atria) of the heart.

In AFib, random irregular electrical signals cause the atria to quiver. So some of the blood stays behind in the atria, which makes the blood more likely to clot.

AFib can cause rapid, fluttering, or pounding heartbeats, lightheadedness, extreme fatigue, shortness of breath, chest pain...or no symptoms at all.

"We really do need to focus on prevention," explained Albert, because once you have AFib, your chances of other problems rise.



In a normal heart rhythm, an electrical signal goes from the SA node to the AV node, and the atria contract. In AFib, random electrical signals cause the atria to guiver.

The clearest risk: a clot can travel to the brain, where it blocks an artery, causing a stroke.

There is a "four-to-five-fold increased risk of stroke associated with atrial fibrillation," explained Albert, who is also past-president of the Heart Rhythm Society. And that's not all.

People with AFib also have an increased risk of heart failure and heart attack. And "there's probably increased risk of dementia," noted Albert.

Doctors can treat atrial fibrillation with anti-coagulant drugs that prevent blood clots and drugs that control the heart's rate or rhythm. But preventing AFib would be better.

"Blood pressure, weight, sedentary lifestyle, alcohol, smoking, diabetes, and perhaps sleep apnea are all related to the development of atrial fibrillation," said Albert. "It's estimated that about 50 to 60 percent of AF risk could be accounted for by these AF risk factors."⁷

High blood pressure and excess weight may matter the most.

"There are data from our group and also from others suggesting that even 130 to 139 systolic blood pressures are associated with elevated risks of AF," noted Albert. So treating high blood pressure may prevent atrial fibrillation.

While people with excess weight have a higher risk, those who exercise have a lower risk than others of the same weight.910

And in clinical trials, "patients who lost a significant amount of weight had a reduction in both their symptom burden [and] symptom severity," said Albert.11

What else might—or might not—trigger AFib?

■ Alcohol. When researchers randomly assigned people with AFib who drank at least ten servings of alcohol a week to either continue as is or drink no alcohol for six months, AFib occurred in 73 percent of the drinkers but only 53 percent of the abstainers.12

"If you abstain from alcohol, you are going to have less atrial fibrillation,"

said Albert, "although it's a very hard thing to ask our patients to do."

■ Fish oil. When Albert's team reviewed seven trials on roughly 81,000 people, those who were randomly assigned to take fish oil (1,000 to 4,000 milligrams a day) for an average of five years had a greater risk of AFib than those who took a placebo. 13

But no increased risk appeared in the largest of the trials, on healthy people who got only 1,000 mg a day.14

"The risk of developing atrial fibrillation appears to be relatively small for those taking one gram or less of fish oil per day," said Albert when the review of seven trials was released.

"Taking more than one gram of fish oil per day is something you should only do following your doctor's advice." (One gram is 1,000 milligrams.)

■ Coffee. Coffee drinkers have no higher risk of being diagnosed with AFib than people who drink none. 15 And there's no solid evidence that avoiding caffeine curbs irregular heartbeats in people who have AFib. 16

Just don't assume that the sky's the limit. More than 400 mg of caffeine in one day-a venti (20 oz.) coffee at Starbucks or two regular-strength 5-hour Energy shots will get you there—can cause an abnormally fast (non-AFib) heartbeat. 17 In sensitive people, the abnormal heartbeat can occur after even less. 🕖 4 Circulation 2020. doi:10.1161/ CIR.0000000000000931.

5 epa.gov/indoor-air-quality-iaq/air-cleaners-and-airfilters-home

6 watchlearnlive.heart.org/?moduleSelect=atrfib.

⁷ Heart 99: 1173, 2013.

8 Circulation 119: 2146, 2009.

⁹ Circulation 135: 741, 2017.

11 JAMA 310: 2050, 2013.

12 N. Engl. J. Med. 382: 20, 2020.

13 Circulation 2021. doi:10.1161/CIRCULATIONAHA .121.055654.

14 JAMA 325: 1061, 2021.

15 JAMA Intern. Med. 181: 1185, 2021.

10 J. Am. Heart Assoc. 3: e001127, 2014.

16 JAMA Cardiol. 2021. doi:10.1001/jamacardio

17 fda.gov/consumers/consumer-updates/spillingbeans-how-much-caffeine-too-much.

A Healthy Diet

Here's a snapshot of a healthy eating plan that can keep a lid on your blood pressure, bad cholesterol, and blood sugar. It's rich in fruits and vegetables and low in bad fats, added sugars, and salt. Note: The servings—especially for vegetables and grains—are small. Also, the diet is designed for someone who eats a typical 2,000 calories a day. Scale up if you eat more.

Servings

1

Vegetables & Fruit 1 serving: ½ cup (or 1 cup 11 greens) or 1 piece fruit 1 serving: ½ cup pasta or 4 rice or cereal or 1 slice bread Low-fat Dairy 1 serving: 1 cup milk or yogurt or 1½ oz. cheese Legumes & Nuts 1 serving: ½ cup beans or 2 1/4 cup nuts or 4 oz. tofu Poultry, Fish, Lean Meat 1 1 serving: 1/4 lb. cooked Oils & Fats 2





Desserts & Sweets 1 serving: 1 tsp. sugar or 1 small cookie



Wild Card Poultry, Fish, Lean Meat or Oils & Fats or Grains or Desserts & Sweets

Source: nutritionaction.com/DASH.

¹ Circulation 2021. doi:10.1161/ CIR.0000000000001029.

² epa.gov/isa/integrated-science-assessmentisa-particulate-matter.

³ epa.gov/criteria-air-pollutants.

Quick Studies

A snapshot of the latest research on diet, exercise, and more.

Healthy Diet, Healthy Brain?



healthy diet may help your mind stay sharp as you age.

Researchers followed nearly 50,000 women from 1984 to 2014. Cognitive decline was measured by asking participants if they had difficulty remembering recent events, following spoken instructions, remembering things from one second to the next, finding their way around familiar streets, and more.

People who reported eating patterns with a high DASH-diet score had about a 25 percent lower risk of "moderate"—and a 40 percent lower risk of "severe"—cognitive decline than those with a low DASH score.

A DASH (Dietary Approaches to Stop Hypertension) score gives points for fruits, vegetables, nuts, beans, low-fat dairy foods, and whole grains, and subtracts points for sugary drinks, red and processed meat, and sodium.

What to do: Trials are under way to test whether a healthy diet can slow memory loss. (This kind of study can't determine that.) Until then, eat a DASH diet to keep a lid on your blood pressure (see nutritionaction.com/dash).

Am. J. Clin. Nutr. 2021. doi:10.1093/ajcn/ngab326

Lung Cancer Screening

dults aged 50 to 80 with a 20 "packyear" lifetime history of smoking should get a yearly low-dose CT scan if they smoked within the last 15 years, says the U.S. Preventive Services Task Force. One pack-year is equal to smoking an average of 1 pack (20 cigarettes) a day for a year.



What to do: Meet the criteria? Get screened. It's been proven to save lives. For more, go to cancer.gov/types/lung/patient/lung-screening-pdg.

JAMA 325: 933, 939, 962, 2021.

Red Meat & Frailty



oes red meat boost the risk of frailty?

Scientists tracked some 86,000 women aged 60 or older for 14 years. Frailty was defined as having at least three of five criteria: fatique, low strength, reduced aerobic capacity, unintentional

weight loss, or at least five chronic illnesses like arthritis, cancer, depression, heart attack, hypertension, stroke, or type 2 diabetes.

The risk of frailty was 8 percent higher for each daily serving of unprocessed red meat (beef, pork, lamb, veal) and 26 percent higher for each daily serving of processed red meat (like bacon, sausage, or cold cuts).

What to do: This type of study can't prove that red and processed meats cause frailty. But it's worth cutting back because both have been linked to a higher risk of colorectal cancer, heart disease, and type 2 diabetes.

J. Cachexia Sarcopenia Muscle 2021, doi:10.1002/icsm.12852.



Bright and White, Restore Skin Elasticity

1 Count (Pack of 1)

stock.adobe.com: JenkoAtaman (top left), TheVisualsYouNeed (top right), rocketclips (middle)

\$4114 (\$41.14/Count) \$47.99

FDA Warning: No Needle-Free Dermal Fillers

ant fewer wrinkles or plumper lips or cheeks? Don't use "needle-free" injectors or "pens" that use high pressure to force fillers (like hyaluronic acid) into your skin, warns the FDA.

Using needle-free devices—sold without FDA approval on Amazon and elsewhere—can cause bleeding, scarring, infections, discolored skin, lumps under the skin, eye damage, allergic reactions, or blocked blood vessels, which can lead to tissue death, blindness, or stroke, says the FDA.

What to do: Avoid needle-free "pens." Dermal fillers should only be injected (with a needle) by a licensed provider with training in dermatology or plastic surgery, says the FDA.

fda.gov/medical-devices/safety-communications/do-not-use-needle-freedevices-injection-dermal-fillers-fda-safety-communication.



GMO or No?

BY GREG JAFFE & LINDSAY MOYER

Most foods must now disclose if they contain DNA from a GMO (a genetically modified—aka "bioengineered"—organism). Those foods are safe to eat, say the National Academy of Sciences and the FDA. But the disclosure rules are confusing...and full of loopholes.

Greg Jaffe is director of CSPI's Biotechnology Project.

MUST Disclose

Contains Bioengineered Food Ingredients Learn more at

If a food contains DNA from a genetically modified organism, it has to say so, either with words or a symbol, typically on the label near the ingredients.

But the <u>USDA's rules</u> also let companies put the disclosure online (see "What's Disclosure?"). And the rules exempt some foods entirely (see "Mostly Meat?").

Don't look for the term "GMO," though. What you'll see is "Bioengineered" or "Contains Bioengineered Food

you'll see is "<u>Bioengineered</u>" or "Contains Bioengineered Food Ingredients."

A "bioengineered" <u>plant or animal</u> has had a new gene inserted into it to give it a useful trait. GMO papayas, for example, have been given a gene that makes them resistant to the ringspot virus.

"Contains bioengineered food ingredients" means that at least one ingredient in the food—say, the soy protein in a plant-based burger—contains DNA from a new gene.

MAY Disclose...or Not

Ingredients Derived from a Bioengineered Source

If one or more of a food's ingredients comes from

a genetically modified plant, but the ingredients themselves contain no DNA from the GMO plant, the label *may* carry a "derived from bioengineering" disclosure.

Why "may"? Because the "derived from" disclosures are voluntary.

And why "derived from"? It typically means that the ingredients are made from a GMO plant—like GMO corn, soy, canola, etc.—but that they are so highly processed that none of the plant's modified DNA remains. Think oils, sugars, syrups, etc.

In 2018, *Nutrition Action's* publisher (the Center for Science in the Public Interest)—and even some food companies—urged the USDA to make "derived" disclosures mandatory. That would have cleared things up.

FOODS THAT MAY BE GMO

Fruits, Vegetables, & Fish



PAPAYAS. Most papayas from Hawaii are GMO. They've been engineered to resist a virus that threatened Hawaii's papaya farms.



POTATOES. Some GMO varieties resist pests, disease, or browning. Most fresh potatoes aren't GMO. Sweet potatoes never are.



APPLES. Non-browning GMO Arctic apples are only sold sliced or dried in bags with the Arctic name and logo. No other apples are GMO.



PINEAPPLES. GMO Pinkglow pineapples are mostly sold online. No yellow pineapples are GMO.



SUMMER SQUASH. The GMO varieties—including some yellow squashes and some zucchinis—are not widely available.



SALMON. A limited supply of GMO AquaBounty salmon is sold to distributors in the Midwest and on the East Coast. No other salmon is GMO.

Ingredients

Most soybeans, corn, sugar beets, cotton, and canola grown in the U.S. is "bioengineered" (and their oils, syrups, and sugars are typically "derived from bioengineering"). Exception: "Organic" foods must come from non-GMO plants.



CANOLA. Canola oil is used in packaged foods and for cooking.



SOYBEAN. Used to make oil, lecithin, and soy protein isolates and concentrates.



CORN. Typically processed into grain, corn syrup, oil, starch, etc. Most fresh sweet corn isn't GMO. Popcorn never is.



SUGAR BEETS. More than half the granulated sugar sold in stores is from GMO sugar beets.

COTTON. Used to make cottonseed oil and cotton fabrics.



Mostly Meat?



"Contains a bioengineered food ingredient," says the side of the (meat-free) Lean Cuisine Mushroom Mezzaluna Ravioli box. Does Lean Cuisine's Meatloaf with Mashed Potatoes also contain a bioengineered ingredient? Your guess is as good as ours.

The loophole: The new disclosure rules don't cover products that list meat, poultry, or eggs as their first ingredient (or their second ingredient after water, stock, or broth). So if those foods contain a GMO ingredient, you won't know it. (We asked Lean Cuisine about the meatloaf. The company never responded.)

What's "Disclosure"?



When the USDA requires a disclosure, that doesn't mean the food label has to do the disclosing.

Instead of carrying a "contains bioengineered ingredients" statement or "bioengineered" symbol, the label can simply list a phone number to call or text, or it can have a QR code that takes you to an online disclosure (after you scan it with a smartphone camera...assuming you have a smartphone).

The loophole: Few people are likely to realize that "scan here for more food information" may (or may not) mean "GMO food information." Andeven if you do know that—it means you have to call, scan, or text, food by food, to check for GMO ingredients. Cancel my appointments!



Which Ingredients?

Nature Valley Biscuits with Peanut Butter "contains bioengineered food ingredients "

Which ingredients? Good question.

The loophole: The USDA's rules prohibit the mandatory "contains" statement from naming ingredients (though they could be disclosed elsewhere on the label).

So you wouldn't know that only the biscuits' cornstarch contains modified DNA. (The company told us. It also said that the biscuits' sugar and canola oil are "derived from bioengineering.")

Non-GMO Nuts?

If you want non-GMO plain almonds, should you look for a Non-GMO Project Verified label? It doesn't matter.

The loophole: All unseasoned almonds are non-GMO, because GMO nuts don't exist. (Some flavorings, though, could contain GMO ingredients.)

That's true for most plants. You won't find GMO avocados, oats, pears, kale, berries, etc.

The Non-GMO Project doesn't allow GMO or GMO-derived ingredients. But it does put its label on foods—like the unseasoned almonds—with no GMO counterpart. That's misleading.

Can you trust Non-GMO Project Verified labels? The private Non-GMO Project says yes, but the government doesn't approve "non-GMO" claims by Project Verified or others.

The Bottom Line

- GMO (bioengineered) foods are safe. According to the National Academy of Sciences and the FDA, eating them poses no risk to your health.
- Only a handful of plants are bioengineered. For most fruits, vegetables, grains, seeds, beans, etc., GMO varieties don't exist in the food supply.
- Many foods will now have to disclose that they contain bioengineered ingredients. The disclosure won't tell you which ingredients, though.
- Disclosing "derived from" ingredients is voluntary. Oils, sugars, etc., made from bioengineered plants don't have to be disclosed if no modified DNA remains in the ingredients.
- More loopholes. Restaurants, "very small" companies, most alcohol, and foods with meat, poultry, or eggs as a major ingredient aren't required to disclose bioengineered ingredients. The disclosures are required on supplements.







is a board-certified psychiatrist and director of the Anxiety Disorders Research

Georgetown University School of Medicine. Her research

focuses on treatment for stress and anxiety disorders, including psychotherapy, medication, and mindfulness meditation. Hoge spoke with Nutrition Action's Caitlin Dow.

ANXIETY 101

Q: What's the difference between stress and anxiety?

A: Stress is a temporary state that's created when someone feels like the demands of life exceed their capacity to respond. You could be stressed about the pandemic, new demands at work, changes in relationships, and so on.

In contrast, anxiety is a state of worry about potential future negative events, and it exists on a continuum. Everyone experiences some level of anxiety. But if it persists and becomes severe or interferes with someone's work or their relationships, that can land them with an anxiety disorder diagnosis.

Q: What might people worry about?

A: People with generalized anxiety disorder worry about future possible threats, like whether they made the right career choice or what might go wrong on an upcoming road trip. They can get stuck in a worry loop and convince

wo years of pandemic haven't done any favors to our stress and anxiety levels. And as companies market everything from apps to bath salts for "self-care," you may be wondering what can really help. Should you try cognitive behavioral therapy or meds? Download a meditation app? Lace up your sneakers? Turn to the supplement aisle? Here's what the best research shows.

themselves that if they worry, they have control over a situation.

Others—like those with panic disorder or social anxiety disorder-experience fear, discomfort, or panic around certain stimuli, like driving or social gatherings. They avoid those situations or activities, so their lives can become very restricted.

Q: What should you do if you think you have an anxiety disorder?

A: People have a tendency to self-diagnose and pursue self-treatment, but that's risky because there's an overlap between anxiety disorders and depression. So it's important to meet with a therapist to get a formal diagnosis and then work to create a treatment plan.

PSYCHOTHERAPY & DRUGS

Q: Can therapy help?

A: Yes. There are two main forms of

psychotherapy—or talk therapy—that we use for anxiety disorders. One is traditional exploratory therapy. You talk about whatever comes to mind and your therapist helps you identify, understand, and let go of thoughts and behaviors that lead to anxiety. It's effective, but it may take a long time to see results.

The other form cognitive behavioral therapy, or CBT—is the gold standard for treating anxiety.

Q: How does it work?

A: In the cognitive part, we're trying to identify, then neutralize, habitual negative thought patterns. People learn to disrupt their worry loop.

In the behavioral part, we expose people to their anxiety-provoking stimuli in a controlled, safe context. So if they're afraid of driving, maybe we have them ride as a passenger in a car first. And then we'll build to driving one block. Very small steps.

With repetition, the brain can start to learn that the feared stimulus isn't scary.

Q: Why is CBT the gold standard?

A: It works. In studies, CBT is about three times more effective than typical counseling. It fundamentally changes the way someone thinks.

It also works quickly. It's usually just



Looking for a cognitive behavioral therapist? You can search by ZIP code at locator.apa.org.

8 to 12 sessions plus homework. If a person commits to the homework, they may have successful treatment in 8 weeks.

Q: Do medications work?

A: I'm convinced that for some people, drugs will be the most effective treatment. And because the drugs are tested in hundreds of people before getting approved by the FDA, there's good evidence that they work for many people. But if someone stops taking drugs, the anxiety can come back. Your doctor can help you decide if

MIND-BODY TECHNIQUES

Q: Didn't you recently test CBT against yoga?

meds make sense for you.

A: Yes. We wanted to know if yoga was as effective as CBT. So we randomly assigned 226 people with generalized anxiety to either CBT, yoga, or a stress-education control group. Each of the three groups met for two hours a week for 12 weeks, and everyone was assigned 20 minutes of homework a day where they practiced what they learned.

Both CBT and yoga were better than the control at the end of the study, but the anxiety-blunting effects of yoga didn't persist at follow-up, though they did for CBT. Those results suggest a more robust effect for CBT across measures of anxiety over time.

Q: Mindfulness meditation has gained popularity. How does it work?

A: Many people misunderstand what it is. People tell me, "I tried to clear my mind of thoughts, and I couldn't do it." Of course you couldn't. That's impossible to do for more than a few seconds.

Mindfulness meditation teaches people to set aside time each day to develop a different relationship with their thoughts, not to get rid of them. It's when you notice that a thought is playing across the screen of your mind, and you just observe it without attaching

to it, getting involved in the thought, or judging yourself for having it. That nonjudgmental piece helps people be kinder to themselves.

And when thoughts or feelings arise, you don't push them away, even if they're uncomfortable. You sit with them, so that you can process those feelings. That helps break the worry loop.

Exercise away anxiety?



Need to calm down? Movement can help.

In 2018, the Physical Activity Guidelines for Americans concluded that being active can ease anxiety if you have a diagnosed anxiety disorder, and can lower the long-term risk of developing anxiety.1

Results are often immediate. In one study, 80 young adults filled

out a mood survey before and after cycling or resting quietly for 20 minutes. Feelings of anxiety and tension dropped following exercise, but not after resting.2

And both aerobic and strength training seem to help. In two studies of 89 older sedentary men, those who were randomly assigned to lift weights or cycle three times a week had better mood and lower levels of anxiety after six months than those who weren't assigned to exercise.3.4

- ¹ <u>health.gov/paguidelines/second-edition</u>.
- ² Psychophysiology 26: 593, 1989.
- ³ Braz. J. Psychiatry 27: 266, 2005. ⁴ Percept. Mot. Skills 110: 265, 2010.

Q: Have you tested mindfulness meditation for anxiety?

A: Yes. We randomly assigned 89 people with generalized anxiety to either a mindfulness meditation program or a control group that got stress education. Both groups met for two hours a week for 8 weeks and were assigned 20 minutes of daily homework.

Q: What did you find?

A: Meditation was better than the con-

trol for most measures of anxiety.

I also wanted to know if a regular meditation practice could make people more resilient to acute stress. So we had people give a speech in front of strangers who were wearing white lab coats and holding clipboards. It's a stressful exercise.

The people who had done meditation were less anxious and distressed during

the speech exercise than those in the control group.

Q: Do you recommend meditation apps like Calm or Headspace?

A: There isn't much research on those apps for people with anxiety disorders.

They mostly offer 10-to-20-minute guided meditations. Our study used twohour weekly sessions plus 20 minutes a day of home exercises.

I would much rather someone take an in-person meditation class, because you have a practitioner who can walk you through what arises. To find classes in your city, Google "Insight Meditation Center."

Once you have a solid meditation practice, maybe the apps can keep you going.

Q: What's next for your research on meditation and anxiety?

A: We're working on a study of people with anxiety disorder comparing mindfulness meditation to Lexapro. the standard medication for anxiety. The study will give

us information about how mindfulness meditation compares to a drug treatment.

Q: What would you say to someone who has occasional stress or anxiety?

A: If they feel like it's interfering with their life, I recommend psychotherapy either traditional or CBT—and meditation or yoga. There's a lot of potential gain and few risks or side effects.





CBD

In several trials, high doses of CBD (cannabidiol) lowered anxiety caused by a stressful situation like public speaking.¹

But results are inconsistent.

In one better-designed study, for example, researchers randomly assigned 32 adults with high levels of paranoia

(but no psychosis) to take 600 milligrams of CBD or a placebo. (The senior author had ties to the CBD industry.) 2

Two hours later, the volunteers were immersed in a stress-inducing virtual reality session that made them anxious and raised their heart rate and blood pressure. Those who were given CBD fared no better than the placebo takers.

Research on lower doses isn't very encouraging, either. (Many CBD supplements, gummies, and oils have no more

than 30 mg of cannabidiol per dose.)

In the only study using low-dose CBD—it was funded by a CBD company—healthy adults with overweight or obesity who took 15 mg of CBD every day for six weeks reported no greater improvement in measures of well-being like stress, sleep quality, relaxation, or mental clarity than those who took a placebo.³

But that hasn't stopped companies like Charlotte's Web from marketing its 10 mg CBD gummies to "ease normal anxiety" and "manage everyday stressors."

Low doses of CBD aren't likely to help people with high levels of stress or anxiety, either, though they haven't been tested.



Kava

In the best and largest study (partly funded by a kava supplement maker), researchers randomly assigned 171 adults with generalized anxiety to take a

daily placebo or 240 mg of kavalactones (kava's active ingredient).

After 16 weeks, anxiety scores dropped similarly in both groups. But those taking kava reported poorer memory and muscle tremors more often than the placebo takers.

What's more, liver enzymes increased in the kava group, though no kava takers suffered acute liver injury (a known risk of kava).

Aust. N. Z. J. Psychiatry 54: 288, 2020.



GABA

In one of the few studies (none of them rigorous), 63 young Japanese adults took a placebo or 100 mg of

GABA on separate days before performing mentally taxing tasks.

According to questionnaires filled out by the volunteers, feelings of "vigor" dropped less when they took GABA than when they took the placebo.

But the authors didn't report the questionnaire's results for anxiety or depression. Why not?

Amino Acids 43: 1331, 2012.



Ashwagandha

In one study, 58 adults with "moderate" stress were randomly assigned to take 250 mg of ashwagandha, 600 mg of ashwagandha, or a placebo every day.

After 8 weeks, stress fell by a modest 8 to 9

points (on a scale of 0 to 40) in the ashwagandha takers versus 6 points in the placebo takers.¹

But in another (company-funded) study of 57 adults who also had "moderate" stress levels, those who took 225 mg or 400 mg of ashwagandha every day for 30 days reported no less stress or anxiety than placebo takers.²



L-Theanine

In a small study co-authored by supplement company employees, 12 young men reported lower levels of stress and anxiety when they took 200 mg of L-theanine rather than a placebo before taking a challenging math test.¹

But even if those results are confirmed by larger studies, it doesn't

mean that L-theanine can help people with anxiety disorder.

Australian researchers (who were partially funded by a supplement maker) randomly assigned 46 adults with generalized anxiety to take either 450 mg of L-theanine or a placebo every day. (After a month, the researchers bumped up the L-theanine to 900 mg a day for those whose symptoms hadn't improved.) After two months, anxiety scores dropped similarly in both groups.²

¹ Braz. J. Psychiatry 41: 9, 2019.

² J. Psychopharmacol. 32: 276, 2018.

³ J. Diet. Suppl. 17: 561, 2020.

¹ Cureus 11: e6466, 2019.

² J. Ayurveda Integr. Med. 2021. doi:10.1016/ i.iaim.2021.08.003.

¹ Biol. Psychol. 74: 39, 2007.

² <u>J. Psychiatr. Res. 110: 31, 2019.</u>

The Healthy Cook

Lentil Magic



This simple-as-it-gets lentil soup has a million variations. Stir in some cooked bulgur and a sprinkle of parmesan before serving. Or sauté a little curry powder with the onion. Or toss in baby spinach or kale for the last minute or two. Or add minced fresh herbs or pesto just before eating. For a creamy soup, purée 1 or 2 cups, then stir them back into the pot.

Tomato Lentil Soup

- 3 Tbs. extra-virgin olive oil
- 1 large onion, chopped
- ¼ cup tomato paste
- cup lentils, picked over and rinsed
- 1 15 oz. can nosalt-added diced tomatoes
- 2 carrots, chopped
- 2 stalks celery, chopped
- 1 tsp. kosher salt
- 1. In a large heavy pot over medium heat, heat the oil until shimmering. Sauté the onion until lightly browned, 5–7 minutes. Stir in the tomato paste. Cook, stirring often, until the tomato paste starts to darken, 1–2 minutes.
- Add the lentils, tomatoes, carrots, celery, and 5 cups water. Increase the heat to high and bring to a boil. Reduce the heat to mediumlow and simmer until the lentils are tender, 15–20 minutes
- 3. Season with the salt.



PER SERVING (1 cup): calories 160 | total fat 5 g | sat fat 1 g | carbs 21 g fiber 7 g | total sugar 5 g | added sugar 0 g | protein 7 g | sodium 280 mg



For more soup recipes

Go to <u>nutritionaction.com/soup</u> for **Miso Ginger Vegetable Soup** and **Black Bean Soup**

For cooking advice

Write to Chef Kate at healthycook@cspinet.org

Rules number one, two, and three of soup? Cut the salt, keep the flavor, and load up on the good stuff (beans, lentils, vegetables). Here's how to find soups that do all three...and more. Check the photos for some of the best-tasting Best Bites and Honorable Mentions.

The information for this article was compiled by Kaamilah Mitchell.

Figure out what's in your bowl.
Our chart (see "Super Bowls")
shows calories, sodium, and saturated fat for the 1-cup serving shown
on most multi-serve containers of soup.
Thanks to the new Nutrition Facts label,
many of those soups now also show
numbers for the entire can, jar, or carton
in a second column.

So if you eat, say, half a can or the whole can, it's easier to figure out what's in *your* serving.

Too bad many condensed soups—like **Campbell's** classic line—are exempt from that rule because they come in smaller cans (with less space for a two-column Nutrition Facts label). So they only show calories, sodium, etc., for 1 cup of prepared soup, even though each can makes $2\frac{1}{2}$ cups, leaving consumers to do their own math.

Go light on sodium. Our chart covers mostly lower-sodium (and some healthy-looking) soups, but we threw in a few of the usual suspects for comparison.

For those, hold on to your blood pressure. A cup of a typical canned soup like

Campbell's Condensed or Chunky can hit a hefty 800 to 900 milligrams of sodium. That's more than a third of a day's max (2,300 mg). And with just 100 to 200 calories, a typical cup of soup isn't a meal.

In contrast, a handful of "light in sodium" and "lower sodium" lines from brands like **Amy's**, **Pacific**, **Imagine**, **Dr. McDougall's**, and **Plantstrong** slash the sodium to just 350 milligrams per cup or less. Those are our Best Bites.

Even **Campbell** knows how to cut sodium. The company's **Healthy Request** soups have no more than 410 mg per cup. (Too bad its **Well Yes!** line—which often bumps up the veggies or beans—ranges from 540 to 690 mg per cup or mini bowl.)

Most Progresso Reduced Sodium and all Healthy Choice soups are at 480 mg of sodium per cup or less. That's the FDA's limit for "healthy" soups and the max for our Honorable Mentions.

Since Campbell, Healthy Choice, and Progresso replace some of their salt (sodium chloride) with potassium salt (potassium chloride), they still taste plenty salty. That swap also bumps up the potassium, which helps lower blood pressure.

Looking for a double dose of potassium? How about a salad alongside your soup? Or toss in some baby spinach or frozen vegetables while the soup heats up.

For creamy soups, check the saturated fat. For most soups, it's a non-issue. But many bisques, chowders, broccoli cheddars, Thai curries, and other creamy soups have enough cream, cheese, butter, or coconut milk to supply a quarter to half a day's saturated fat (5 to 10 grams) in just a cup.

Our Best Bites and Honorable Mentions have no more than 2½ grams per cup. And plenty of soups use puréed vegetables—like butternut squash, tomatoes, or carrots—to deliver a velvety texture.

Pacific's two new plant-based Oat Milk soups—both Honorable Mentions—are also plenty creamy. Bravo!

Picking a protein? Give beans a chance. You can't rely on most soups for your protein. (Campbell's Condensed Chicken with Rice, for example, contains so little chicken that it has just two grams of protein per cup.)

But some soups have enough protein to serve as your entrée. Bean-based varieties—from **Plantstrong**, **Dr. McDougall's**, and others, for example—supply plant-based protein *and* are rich in fiber. Win-win.



With Campbell's Healthy Request soups, you won't miss the salt.



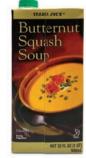
Need a dose of lentils and vegetables? Dr. McDougall is in!



The oat milk trend has hit creamy soups...and we're into it. Mmm.



Plantstrong's hearty vegan stews are sold at Whole Foods Markets.



No Trader Joe's? Try Imagine or Pacific Light in Sodium Butternut.

Super Bowls

Best Bites () have no more than 350 milligrams of sodium per cup (for multi-serve cans, jars, etc.) or per container (for individual bowls, pouches, etc.). Honorable Mentions (✔) have no more than 480 mg of sodium. Both contain no more than 21/2 grams of saturated fat. Within each section, soups are ranked from least to most sodium, then least to most saturated fat.

Multi-Serve Soups (1 cup)	G40 _{71'e}	Sodiun	Satura
✓ Trader Joe's Low Sodium Tomato & Roasted Red Pepper	110	105	2
✓✓ Plantstrong Kitchari Indian Lentil Stew	140	210	0
✓✓ Plantstrong Thai Carrot Chickpea Stew	180	230	0.5
// Imagine Light in Sodium ¹	100	240	0
✓✓ Dr. McDougall's Lower Sodium¹	120	280	0
✓✓ Amy's Light in Sodium—except Cream of Tomato¹	140	300	0.5
✓✓ Pacific Light in Sodium¹	110	300	1
✓ Amy's Light in Sodium Cream of Tomato	140	390	1.5
✓ Pacific Creamy Oat Milk¹	100	400	0
✓ Progresso Light Zesty Santa Fe Style Chicker	n 70	400	0
✓ Amy's Vegan Butternut Squash Bisque	150	400	2
✓ Campbell's Healthy Request—Chunky, Condensed, or Home Style¹	100	410	0.5
✓ Healthy Choice¹	110	420	0.5
✓ Imagine Creamy—Butternut Squash, Potato Leek, Portobello Mushroom, or Tomato Basil	1 90	430	0
✓ Trader Joe's Butternut Squash	90	450	0
✓ Pacific Made with Chicken Bone Broth¹	130	450	0.5
✔ Progresso Light Italian-Style Meatball	80	450	0.5
Amy's Reduced Sodium French Country Vegetable	210	450	1.5
✓ Healthy Choice Made with Chicken Bone Broth¹	130	460	0
✔ Progresso Light Beef Pot Roast	70	470	0
✓ Progresso Reduced Sodium—except Creamy Tomato with Basil¹	100	470	0.5
✓ Dr. McDougall's—Chili Bean, Lentil Vegetable with Kale, Minestrone, or Tortilla Style¹	140	480	0
Progresso Reduced Sodium Creamy Tomato with Basil	110	490	1
Imagine Creamy Super Greens	80	490	1.5
Panera at Home Baked Potato	210	490	7
Pacific Creamy Butternut Squash	90	500	0

	Ü	S	S
Panera at Home Creamy Tomato	200	500	8
Pacific Split Pea & Uncured Ham	160	510	0
Amy's Reduced Sodium Chunky Vegetable	70	530	0
Amy's Black Bean Vegetable	210	540	0
Imagine Creamy Tomato	80	550	0
Amy's Reduced Sodium Rustic Italian Vegetable	190	590	1
Campbell's Well Yes! ¹	120	620	1
Pacific Vegetable Lentil & Roasted Red Peppe	r 150	640	0
Amy's No Chicken Noodle	100	660	0
Progresso Light Chicken Noodle	60	660	0
Panera at Home Black Bean	200	670	0
Rao's Vegetable Minestrone	100	670	0
Pacific Chicken Noodle	80	700	0
Amy's Lentil Vegetable	160	720	0.5
Panera at Home Chicken Noodle	130	780	1.5
Campbell's Condensed Chicken with Rice	80	790	0.5
Campbell's Chunky Steak and Potato	120	870	1
Campbell's Condensed Chicken Noodle	60	890	0.5
Panera at Home Broccoli Cheddar	240	990	9
Single-Serve Soups (1 bowl or pouch)			
Tabatchnick Low Sodium ¹	130	55	0

Sing	le-Serve	Soups	(1 bowl	or pouch)

Single Serve Soups (1 bowl of pouch)			
✓✓ Tabatchnick Low Sodium¹	130	55	0
✓✓ Tabatchnick Cabbage		250	0
✓✓ Tabatchnick Wilderness Wild Rice	90	260	0
✓ Dr. McDougall's Lower Sodium¹	170	370	0
✓ Tabatchnick Black Bean	220	440	0
Tabatchnick Tomato with Basil	90	490	0.5
Tabatchnick Barley & Mushroom	80	500	0
Campbell's Well Yes! Sipping Soup ¹	140	640	2
Campbell's Well Yes! Power ¹	190	650	0.5
Dr. McDougall's Miso Ramen	180	740	0
Annie Chun's Shoyu Ramen	240	890	0
Progresso Toppers ¹	250	1,120	3
Campbell's Slow Kettle Style Tomato & Sweet Basil Bisque	550	1,420	20

✓ Best Bite. ✓ Honorable Mention. ¹ Average of the entire line or the varieties listed.

Daily Values (DVs): Sodium: 2,300 milligrams. Saturated Fat: 20 grams. Note: Best Bites and Honorable Mentions refer to numbers, not taste. Source: company information. The use of information from this article for commercial purposes is strictly prohibited without written permission from CSPI.

Many of them easily deliver 5 to 10 grams of protein and fiber per cup. Bonus: Legumes are also packed with potassium, magnesium, zinc, and folate, which aren't so easy to come by. Black bean, minestrone, split pea, or lentil vegetable, anyone?

Don't count on whole grains. Whole grains are pretty scarce in the soup aisle. That's why we didn't require them in our Best Bites or Honorable Mentions.

The problem: Most noodles are all or

partly refined white flour. In contrast, some chicken & rice soups—like Progresso Reduced Sodium and Campbell's Healthy Request Home Style—have wild and/or brown rice.

A few whole grains (spelt and quinoa) show up in new (salty) Well Yes! Power soups. Keep 'em coming, Campbell!

Check outside the soup aisle. You might get lucky with a small brand of tastes-like-homemade frozen soup—like Tabatchnick—with less salt. Ditto for regional brands like the Mid-Atlantic's refrigerated Soupergirl. (Its soups vary by season, so they're not in our chart, but their sodium is often in Best Bite or Honorable Mention territory.)

Make your own. What's the real secret to flavorful soup that's heavy on the vegetables and light on the salt? Starting from scratch. The recipes from our Healthy Cook (see p. 13) are easier to whip up than you might think.



FOOD FIND

Super Sumos



Super-sized.
Super sweet.
Super juicy. A
tad tart. Seedless.
A snap to peel.

Say hello to **Sumo**.

Don't be put off by its thick, bumpy skin. There's a whole lotta winter sunshine inside.

The sought-after citrus calls itself "enormously delicious." No kidding.

Sumo is an orange/satsuma/mandarin hybrid. That's why it's called a "Sumo citrus," not a "Sumo orange."

Thanks to its size (think small grapefruit), each Sumo packs a hefty dose of fiber and potassium (10 percent of

a day's worth of each) and vitamin C (160 percent), all for 150 calories.

On the downside, Sumos are pricey, and they're only around from January through April.

So it's worth checking out these citrus cousins:

- Clementines. You can toss these easy-to-peel minis in your bag all winter long.
- Cara Caras. They're not as easy to peel, but the pink flesh inside is sweet and juicy. In season through May.
- **Grapefruit.** Look for thin, smooth skin and heavy-for-their-size fruits.

And *next* October through January, try satsumas. Mmm...

Orange you glad you've got options?

Take the F combo. It pa fat (2½ days)

OISH of the month

Savory Pilaf

Whisk together 1 Tbs. olive oil, 1 Tbs. reduced-sodium soy sauce, and 2 sliced scallions. Toss with 2 cups cooked wild rice blend (or other whole grain) and ¼ cup chopped smoked almonds. Serves 4.

FOOD FAIL



Don't Do this Twist

"What is warm, delicious and comes in three flavors?" asked the October press release.

"Domino's newest side item: Oven-Baked Dips, which pair perfectly with Domino's Bread Twists. Customers



can choose from three dip flavors: Cheesy Marinara, Five Cheese, and Baked Apple" to go with their Parmesan, Garlic, or Cinnamon Bread Twists.

What better side dish for a white-flour pizza with cheese than white-flour bread twists with cheese dips?

Take the **Five Cheese Dip & Parmesan Bread Twists Combo**. It packs 1,700 calories, 54 grams of saturated fat (2½ days' worth), and 3,240 milligrams of sodium

(nearly a 1½-day supply).

But you'd never know that from the online menu, which doesn't mention sat fat or sodium. It lists just the 360 calories in 1 serving, which is "2 tbsp dip and 2 pieces twists."

That's odd, since the combo contains 6 servings of dip but only 4 servings of twists, according to Domino's PR director.

That makes sense if, say, you're splitting the order among four people who like twists-plus-dip and two who like dip...um, on a spoon...or on their pizza. Or maybe 360 calories just sounded better than 1,700 calories.

That's Domino's for you. Always looking out for, well, Domino's.

dominos.com—(734) 930-3030

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