

Sweet Tooth

Bite-Sized Tips for Cutting Sugar Consumption



By John McCormack

Sandra Weaver, CMA (AAMA), has tried and tried again to decrease her sugar consumption. “Stopping cold turkey. [Limiting] intake of all sugar. Counting grams of sugar,” lists Weaver. “They would work in the short term, and then something in my life would come up and cause stress. Then, out the window everything [went].”

Weaver, a medical assistant at UNC Family Medicine at Wakefield in Raleigh, North Carolina, is not alone. Despite the widely acknowledged fact that sugar can negatively affect health, many people still struggle to decrease sugar consumption. Americans consumed about 11 million metric tons of sugar in 2020–2021, up from about 10 million metric tons in 2009–2010.¹

Eating too much sugar can kill you. People who get 17% to 21% of their calories from added sugar have a 38% higher risk of dying from cardiovascular disease than those who get 8% of their calories from sugar, according to a study published in *JAMA Internal Medicine*.²

While sugar is linked to a variety of

conditions such as acne, diabetes, depression, stroke, and cancer, sugar is not necessarily the single cause of these diseases. “However, we see strong correlations of higher rates of these chronic conditions in diets that are high in processed food and added sugar,” says Wesley McWhorter, DrPH, MS, RDN, LD, CSCS, assistant professor of health promotion and behavioral sciences at the University of Texas Health Science Center at Houston School of Public Health.

“Most people know that added sugars are not great for your health. So, awareness is not our challenge at this point,” says Colleen Tewksbury, PhD, MPH, RD, CSOWM, LDN, senior research investigator at the Perelman School of Medicine at the University of Pennsylvania and bariatric program manager at the university’s health system. “Yet, only about 2 out of every 5 adults actually meet the goal of limiting added sugars. The vast majority of adults eat more added sugars than what’s recommended.”

Health care professionals and consumers need to move beyond simple awareness and develop a more sophisticated under-

standing of sugar’s effects on health. The following eight insights could help medical assistants control their own sugar intake and educate patients on how to do so as well.

#1: Identify Different Types of Sugar

To better protect from adverse health effects, avoid lumping all sugar into one category, advises Dr. Tewksbury. “We need to distinguish between naturally occurring sugars and additive sugars. [Additive sugars] are the sugars that are added to different products rather than those that are naturally occurring, like in fruit or dairy. Regular consumption of additive sugars has been ... strongly linked to developing cardiovascular disease and early mortality.”

Natural sugars, on the other hand, are not as harmful—and they come with health benefits. “Naturally occurring sugars are what our brains run on. Our brains need glucose; they need sugar to be able to function properly. So naturally occurring sugars are an essential macronutrient,” says Dr. Tewksbury.

#2: March to Your Own Beat

To reduce sugar intake, people can set boundaries around portion control, reduce the frequency of sugar intake, or substitute other products in lieu of sugar. “If someone is having a 20-ounce bottle of soda per day, [they] would be cutting that down to a 12-ounce can, ... limiting it to one every other day, or [finding] a substitute ... such as seltzer water,” explains Dr. Tewksbury. “All three of these approaches can be effective. It just comes down to what works for each individual.”

#3: Get the Facts

“Don’t pay attention to the front side of the packaging where all the marketing information is. Flip it over and look at the label,” advises Dr. McWhorter. “The important point we want to look at is the amount of added sugar. Look at fiber too. Fiber helps to slow the absorption of sugar into the bloodstream, and typically if there is fiber in the food, it is less likely to have high amounts of added sugar.”

#4: Don’t Go Cold Turkey

“Sugar has been in people’s diets for a long time,” says Dr. McWhorter. “Simply saying ‘don’t eat it anymore’ doesn’t work. The literature is very clear. That approach is not sustainable. We should remember that small steps can make a huge and sustainable change in someone’s diet.”

#5: Know Your Options

Many nonnutritive sweeteners such as aspartame, stevia, and sucralose are available on the market.³ Consumers should understand when these substitutes should and should not be used.

“If someone was recently diagnosed with diabetes, and they’re consuming two-to-three sugar-sweetened beverages; lots of sweets; processed foods; and no vegetables, whole grains, or other healthy foods, then a nonnutritive sweetener could serve as a good stairstep down for them. If somebody is having a sweetened beverage only on occasion, it’s not necessary that [they] use a nonnutritive sweetener as an alternative,” advises Dr. McWhorter.

#6: Leverage Reliable Information

The *Dietary Guidelines for Americans, 2020-2025*, published by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services, offers a summary of the most recent research and is updated every five years.⁴

This publication contains useful information for everyone. “The guidelines provide advice on how someone can improve their nutrition to overall improve their health and reduce the risk of chronic diseases,” says Dr. Tewksbury. “So, medical assistants can confidently point people to the dietary guidelines.”

#7: Seek the Right Help

Health care professionals can provide general dietary guidance, but when patients present with chronic diseases, bringing a registered dietician into the mix is warranted. “Let’s say that you’re talking to a patient who has cardiovascular disease, diabetes, cancer, or even obesity. These are conditions that really require subspecialized nutrition treatment. So, it’s best to refer to a specialist,” says Dr. Tewksbury.

Health care providers should make sure that patients do not consider these referrals as punishment for a perceived failure. “To ensure that a patient considers a referral as a good thing, health care providers, including medical assistants, need to communicate the referral in positive terms or as a way to help that person get to where they want to be [nutritionally],” notes Dr. McWhorter.

#8: Indulge in Moderation

“In nutrition, we often forget about our humanity,” concludes Dr. McWhorter. “We eat food for more than survival. We like sugar because the flavor is delicious. We want to have an enjoyable diet. We know that [abstaining] doesn’t work. So, the goal should be to enjoy a balanced and sustainable dietary pattern. ... Oftentimes, we think that a diagnosis of diabetes means you can never eat any of those foods again. It’s better to realize that if you eat a balanced meal, you can occasionally have a sweet treat.” ♦



Sugar Bites Back

While many of sugar’s harmful effects take a long time to materialize, indulgence in the sweet stuff can bring on the dreaded sugar hangover in just a couple of hours.

This postindulgence hyperglycemia—or excess of glucose in the bloodstream—results in various symptoms⁵:

- Fatigue
- Fogginess
- Blurred vision
- Increased thirst
- Headaches

Of course, the best way to avoid a sugar hangover is to steer clear of the sweets. Fortunately, a sugar hangover is merely a nuisance for most people. However, the blood sugar spikes associated with these hangovers could affect overall health if they occur frequently enough.⁵

References

1. Sugar consumption in the United States from 2009/2010 to 2020/2021 (in million metric tons)*. Statista. May 2021. Accessed February 14, 2022. <https://www.statista.com/statistics/249692/us-sugar-consumption/>
2. Yang Q, Zhang Z, Gregg EW, Flanders WD, Merritt R, Hu FB. Added sugar intake and cardiovascular diseases mortality among US adults. *JAMA Intern Med.* 2014;174(4):516-524. doi:10.1001/jamainternmed.2013.13563
3. Nutritive and nonnutritive sweetener resources. National Agricultural Library. Accessed February 14, 2022. <https://nal.usda.gov/legacy/fnic/nutritive-and-nonnutritive-sweetener-resources>
4. US Department of Agriculture; US Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*. 9th ed. December 2020. Accessed February 14, 2021. https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf
5. McCallum K. Sugar hangovers: are they real? Houston Methodist. October 28, 2020. Accessed February 14, 2022. https://www.houstonmethodist.org/blog/articles/2020/oct/sugar-hangovers-are-they-real/?utm_source=campaign_monitor&utm_medium=email&utm_campaign=hmh_cs_contenthub_110520&utm_content=sugar_hangover_hero_image