

December 2024



# NEWSLETTER



Winter Fruits

## Share with Your Clients:

- Recipe: Vegetarian Enchiladas
- Recipe: Dinner On A Board
- Grazing Boards for Family Meals
- Coffee and Your Brain Study Review
- Healthy Coffee Habits
- What Are You Adding To Your Coffee?
- Alcohol: Less is Best After Age 60
- Alcohol and Health Facts PLUS A Mocktail Recipe

## Research Corner:

- Plant Based Diet and Its Benefits on Those With Osteoarthritis

## Editor's Note:

Happy Holidays! Our holiday resource center is ready to help with many recipes and handouts.

-- Judy Doherty, MPS, PC  
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# Vegetarian Enchiladas

## Ingredients:

- 5 corn tortillas, warmed so they are pliable
- 1 15-ounce can of no-added-salt black beans, drained
- 2 cups fresh spinach leaves, rinsed
- 2 cups diced cooked winter squash
- 1/2 cup shredded cheddar cheese
- 2 cups low-sodium enchilada sauce
- 1 avocado, diced
- 2 green onions, sliced
- fresh cilantro sprigs
- 1 lime

## Directions:

1. Spread a cup of enchilada sauce in the bottom of a 12x9 rectangle baking pan.
2. Warm the corn tortillas in a microwave, 2 or 3 at a time for 30 seconds at a time. They need to be pliable so you can roll them.
3. Add black beans, spinach, cheese, and diced winter squash to each tortilla. Roll up tight and place in the roasting pan on the sauce. When all 5 enchiladas are in the baking dish, cover the pan and bake in a 350-degree oven for 20 minutes.
4. Top the enchiladas with more sauce and cheese. Bake another 5-8 minutes.
5. Top the enchiladas with the avocado, green onion, and cilantro. Serve more sauce and lime wedges on the side.

Serves 4. Each 1.5 cup serving: 461 calories, 14 g fat, 4g saturated fat, 14 mg cholesterol, 0 mg trans fat, 6000 mg sodium, 51 g carbohydrates, 20 g fiber, 12 g sugar, 19 g protein.



# Burger Board Dinner

## Ingredients:

- 4 3-ounce lean turkey burger patties
- 4 small burger buns
- 2 cups lettuce
- 2 tomatoes sliced
- 1/2 onion sliced
- 2 carrots peeled and cut in sticks
- 1 sweet potato, cut in strips and air fried
- 1 apple
- 4 strawberries
- 1/2 cup low-sodium ketchup
- 1/4 cup mayonnaise

## Directions:

1. Cook the burger patties according to package directions. We used quinoa veggie burgers for this dinner.
2. Prepare all the fixings: lettuce, sliced tomatoes, air-fried sweet potatoes, apple slices, carrot sticks, condiments, and buns.
3. Arrange everything on a large board and serve family style.

Serves 4. Each serving: 492 calories, 19 g fat, 4 g saturated fat, 73 mg cholesterol., 0 g trans fat, 550 mg sodium, 56 g carbohydrate, 6 g fiber, 23 g protein, 20 g sugar

# Try It! Family Meals On A Board

A grazing board dinner offers flexibility, variety, and a fun dining experience. With an assortment of proteins, vegetables, fruits, cheeses, nuts, and spreads, it allows everyone to create their own balanced meal, catering to diverse tastes and dietary needs. This style of dining encourages social interaction, as guests can sample and share different combinations. It's an excellent way to introduce new foods, reduce cooking stress, and minimize the need for elaborate meal prep. Plus, its beautiful presentation adds an elegant touch, making any evening feel special.

Serving a grazing board for family meals can make for a fun and engaging dining experience. Here are some tips for putting together and serving a family-friendly grazing board:

**1. Start with a Base:** Use a large cutting board or even a few smaller ones grouped together with bowls of more fixings, too.

**2. Incorporate a Variety of Foods:** Include proteins (like sliced meats, boiled eggs, or tofu), cheeses, raw and roasted vegetables, fruits (dried and fresh), nuts, crackers, and breads. You can also add spreads such as hummus, yogurt dips, and nut butter.

**3. Balance Healthy Options:** MyPlate recommendations can guide your selection, offering plenty of vegetables, whole grains, proteins, fruits, and dairy or dairy alternatives.

**4. Make It Kid-Friendly:** If serving children, include some of their favorites and bite-sized options. Consider favorite meals like burgers, pizza, chili, pasta, or sandwiches. Don't be afraid to embellish with more slices of fruits and veggies with dips to keep it fun.

**5. Offer a Range of Sauces and Garnishes:** Think about the toppings and offer cheese, cut up onions, dressings or dips, and side dishes to fill up the board with fun options.

**6. Keep Food Safety in Mind:** Ensure perishable items, like cheese or meat, stay at a safe temperature. Cover leftovers and refrigerate promptly.

**7. Serve with Utensils and Plates:** Provide small tongs, spoons, and forks to make serving easy and hygienic. Have plates, napkins, and hand wipes nearby.

**8. Get Creative with Presentation:** Use bowls for dips and spreads, arrange foods in clusters, and consider adding garnishes like fresh herbs or edible flowers for an appealing visual effect.

**9. Engage the Family:** Encourage each family member to build their own plate and try new combinations. This makes mealtime more interactive and enjoyable!



## More:

Search Board Meals in Amazon and Google to find more books and blogs on this meal style.

# Coffee and Your Brain: What's Brewing?

America's favorite breakfast beverage is best in moderation, according to a new study presented at the 2024 Alzheimer's Association International Conference (AAIC). Stick with one cup or two.

**Consuming over three cups of coffee daily has been linked with more rapid cognitive decline over time suggests a recent large study.** Researchers evaluated the effect of different amounts of tea and coffee on fluid intelligence- a combo platter of cognitive functions such as abstract reasoning, pattern recognition, and logical thinking.

Study investigator Kelsey R. Sewell, PhD, of the Advent Health Research Institute, Orlando, Florida states, "It's the old adage that too much of anything isn't good. It's all about balance, so moderate coffee consumption is okay but too much is probably not recommended,".

## **One of the World's Most Popular Drinks**

**Worldwide, coffee is one of the most popular drinks to consume. Coffee beans offer a variety of bioactive compounds, including caffeine, chlorogenic acid, and limited amounts of vitamins and minerals.**

**Observational and epidemiologic studies suggest that consumption of both coffee and tea has protective effects against stroke, heart failure, cancers, diabetes, and Parkinson's disease.**

**Other studies also suggest that coffee may reduce the risk of Alzheimer's disease**, said Dr. Sewell. But, limited longitudinal studies on the link between coffee and tea intake and cognitive decline are available, especially in distinct cognitive domains.

A previously published [study](#) by Dr. Sewell's group in older adults without cognitive impairment discovered greater coffee consumption was associated with slower cognitive decline and slower accumulation of brain beta-amyloid.

Their new study adds data to the prior research and investigates the association between coffee and tea intake and cognitive decline over time in a larger sample of older adults.

This new research included 8451 primarily female (60%) and White (97%) adults without cognitive impairment, older than 60 (mean age, 67.8 years) in the UK Biobank, a large-scale research resource with in-depth, deidentified genetic and health information from half a million UK participants. Study participants had a mean body mass index (BMI) of 26, and roughly 26% were carriers for the gene apolipoprotein epsilon 4 (*APOE* e4).

Coffee and tea intake was divided into tertiles: high, moderate, and no consumption. For daily coffee intake, 18% reported high intake (drinking four or more cups), 58% reported moderate consumption (drinking one to three cups), and 25% reported that they never drink coffee. In daily tea consumption, 47% reported high consumption (drinking four or more cups), 38% reported moderate consumption (drinking one to three cups), and 15% reported that they never drink tea.

The study evaluated cognitive function at the start and at least two extra patient visits. Linear mixed models were used by researchers to evaluate the link between coffee and tea intake and cognitive outcomes. Models were adjusted for age, sex, Townsend deprivation index (reflecting socioeconomic status), ethnicity, *APOE* e4 status, and BMI.

**Slower cognitive decline in fluid intelligence after nearly 9 years of follow-up was observed in subjects who never drank coffee or consumed it moderately, compared with those who drank 4 or more cups daily.**

## Coffee and Your Brain: What's Brewing? (continued)

Per Dr. Sewell, “We can see that those with high coffee consumption showed the steepest decline in fluid intelligence across the follow up, compared to those with moderate coffee consumption and those never consuming coffee”. She also notes that moderate coffee intake may be protective against cognitive decline.

Tea drinker results were different. For those who never drank tea, a greater decline was seen in fluid intelligence compared to moderate or high-consumption drinkers

Because this is an observational study, “we still need randomized controlled trials to better understand the neuroprotective mechanism of coffee and tea compounds,” said Dr. Sewell.

Dr. Sewell noted at the conference that moderate coffee drinking could be protective through the “molecular level (possibly involving amyloid toxicity) and the behavioral level (possibly involving sleep patterns).

“We hope that coffee and tea intake could contribute to the development of a safe and inexpensive strategy for delaying the onset and reducing the incidence for Alzheimer’s disease.”

Recall bias is a limitation in the study given self-reports of coffee and tea intake, though Sewell notes this may not be such an issue as coffee and tea tend to be habitual habits.

No data on midlife coffee or tea intake was available and the impact of various preparation methods for coffee and tea were not included (i.e. black versus green tea). In addition, the study did not control for smoking, according to Dr. Sewell.

When asked if the study controlled for smoking, Dr. Sewell said it didn’t but added that it would be interesting to explore its impact on cognition. 1

### How Can You Prevent Cognitive Decline?

1. **Limit coffee or tea intake to 3 cups or less per day.**
2. **Avoid adding heavy cream or sugary syrups in your coffee or tea.** These add empty calories and excess calories to beverages.
3. **Add a tablespoon of cocoa powder** to your coffee for additional antioxidants. Compounds in cocoa have been found to reduce the risk of cognitive decline. 3
4. **Control blood pressure and prevent dementia through the MIND diet.** Include foods high in antioxidants such as blueberries, green leafy vegetables, and whole grains regularly. 4
5. **Stay active.** Regular physical activity improves blood flow to the brain, which is key to preventing dementia. 5
6. **Don’t smoke!** Smoking is a risk factor for several conditions, including dementia. 2
7. **Include fatty fish** such as mackerel, salmon, and tuna in your diet at least twice a week. These contain anti-inflammatory omega-3 fatty acids, which protect your brain. 6
8. **Be social.** Staying social helps keep your brain sharp and has been found to reduce both depression and dementia as we age. 7
9. **Challenge your brain** with puzzles or word games. Scrabble anyone?
10. **Keep reading,** journal, or write letters. All of these lifetime activities are associated with decreased cognitive decline. 8

References are online.

# What Are You Adding to Your Coffee?

Here is a list of common coffee drink additives along with their approximate calorie counts per serving. An ounce of creamer is about 2 tablespoons, while a “free pour” can often be 2 to 3 times this amount:

## Creamers:

- **Heavy Cream (1 oz):** ~100 calories
- **Whipped Cream (1 tbsp):** ~52 calories
- **Half-and-Half (1 oz):** ~40 calories
- **Whole Milk (1 oz):** ~19 calories
- **2% Milk (1 oz):** ~15 calories
- **Oat Milk, Unsweetened (1 oz):** ~15 calories
- **Soy Milk, Unsweetened (1 oz):** ~10 calories
- **Skim Milk (1 oz):** ~10 calories
- **Coconut Milk, Unsweetened (1 oz):** ~6 calories
- **Almond Milk, Unsweetened (1 oz):** ~5 calories

## Sweeteners, syrups and toppings:

- **Caramel Sauce (1 tbsp):** ~60 calories
- **Chocolate Syrup (1 tbsp):** ~50 calories
- **Flavored Syrups (e.g., Vanilla, Hazelnut - 1 pump, about 1/2 oz):** ~20-25 calories
- **Honey (1 tsp):** ~21 calories
- **Agave Syrup (1 tsp):** ~21 calories
- **Simple Syrup (1 tsp):** ~20 calories
- **Maple Syrup (1 tsp):** ~17 calories
- **Sugar (1 tsp):** ~16 calories
- **Cinnamon (1 tsp):** ~6 calories
- **Cocoa Powder (1 tsp, unsweetened):** ~4 calories
- **Stevia or Zero-Calorie Sweetener (1 packet):** 0 calories

Are you surprised that the syrups are often higher in calories than just a teaspoon of sugar? If you want to sweeten your beverage become aware of how much you are adding along with the “calorie cost.”



# Less is Best When it Comes to Alcohol in those Over 60

Perhaps it's time for a mocktail at your next happy hour? A new study published in *JAMA* discovered higher mortality in older drinkers even with "low-risk" (AKA moderate) alcohol intake. The study was done to evaluate the link between alcohol intake patterns and 12-year mortality and its modification by health-related or socioeconomic risk factors.



The cohort study included over 135,100 participants from the UK Biobank, a population-based cohort. Subjects were current drinkers aged 60 years or older. Data were evaluated from September 2023 to May 2024.

Subjects' drinking habits were classified in grams per day as follows: occasional ( $\leq 2.86$  g/d), low risk (men:  $>2.86-20.00$  g/d; women:  $>2.86-10.00$  g/d), moderate risk (men:  $>20.00-40.00$  g/d; women:  $>10.00-20.00$  g/d) and high risk (men:  $>40.00$  g/d; women:  $>20.00$  g/d).

Health risk factors were evaluated using the frailty index while socioeconomic risk factors were assessed with the Townsend deprivation index. Death certificates from national registries were used to obtain all-cause and cause-specific mortality information.

Deaths in the first 2 years of follow-up were not included in the analysis and adjusted for confounders such as drinking patterns and preferences. In the analytical sample which included 135,103 subjects, compared to occasional drinking, high-risk drinking was linked with higher all-cause cancer and cardiovascular mortality. Moderate-risk drinking was associated with higher all-cause and cancer mortality while low-risk drinking was linked with higher cancer mortality.

Despite no link being found for low-or moderate-risk drinking patterns compared to occasional drinking in individuals without socioeconomic or health-related risk factors, **low-risk drinking was linked with higher cancer mortality and moderate-risk drinking with higher all-cause and cancer mortality in those with health-related risk factors.**

Low-risk and moderate-risk drinking patterns were associated with higher mortality from all causes and cancer withing individuals with socioeconomic risk factors.

One upside; a preference for wine ( $>80\%$  of alcohol from wine) and having alcohol with meals showed small protective associations with mortality, especially from cancer. However, this was seen only in drinkers with socioeconomic or health-related risk factors and was linked with enhancing the additional mortality linked with high-, moderate-- and even low-risk drinking.

**Further studies are needed on mortality in wine drinkers and those who consume alcohol with meals. Protection from alcohol may be related to healthier lifestyles, reduced alcohol absorption with food, or beneficial components in beverages without alcohol.**



# Alcohol and Health Tips

- If you don't drink, don't start. Health benefits have not been observed in late adopters.
- Be moderate with alcohol when you do drink. One drink per day for women, two per day for men.
- Limit alcohol to 3 drinks per week for women with a risk of breast cancer. Or avoid it altogether.
- Enjoy small amounts of alcohol with a meal or snack instead of an empty stomach.
- Get creative with mocktails. Flavored seltzer water and pomegranate or other juice is delightful.
- Avoid binge drinking. This is hard on several organs including your brain, heart, and liver.
- Space out your drinks with water. Limit how many drinks you allow yourself and stick with it.
- Try non-alcoholic beer or wine. They're all the buzz!
- Limit alcohol intake to weekends only.
- Challenge yourself to Dry January or Sober October.



## Mocktail: Paloma

A Paloma is usually made with tequila, grapefruit juice, lime, and soda.

Here is a fun alcohol-free version:

Ice

1 cup grapefruit juice

Juice of one lime

1 cup soda water

Pour the grapefruit juice over the ice. Add a squeeze of lime. Top off with soda water. Enjoy!

# After 2 years, a Plant-Based Diet, Lifestyle Changes Continue to Net Benefits in those with OA

**Having lived with both rheumatoid and osteoarthritis for over 30 years, I literally can say, “I feel your pain” when I meet with clients with similar conditions. Through trial and error, my disease has waxed and waned with the need for medication being less and less. A nutritious diet plays a big part in pain management.**

A recent intervention study which included a plant-based diet, exercise, sleep, and stress reduction improved pain, stiffness and physical function in people with knee and/or hip osteoarthritis (OA) and metabolic syndrome. In patients with rheumatoid arthritis (RA), medication use was reduced along with improvement in disease activity.

The study was recently presented at the European Alliance of Associations for Rheumatology (EULAR) 2024 Annual Meeting. Principle investigator Carlijn Wagenaar, MD, a PhD candidate in Clinical Immunology and Rheumatology at Amsterdam University Medical Center, Amsterdam, the Netherlands, presented 2-year extension study results for OA and RA and an overview of the possible biological mechanisms underpinning the plant-based intervention in RA.

Wagner noted, "At 2 years, RA patients on the PFJ [Plants for Joints] intervention resulted in a significant improvement in disease activity of RA, and these outcomes were maintained 2 years after program end".

"She continued, some initial improvements in body composition and metabolic outcomes were also maintained at the end of the 2-year extension phase, and there was a net decrease in antirheumatic medication use."

Wagenaar noted that in patients with OA, the PFJ diet reduced pain, and stiffness, and improved physical function in those with knee and/or hip OA and metabolic syndrome. The impact was maintained in the 2-year extension study, and body composition changes persisted with a decrease in cholesterol-reducing medication. Acceptability of the program was also high with long-term maintenance and clinically relevant effects.

Significant Improvements in Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) Score Seen with Intervention

The OA randomized control trial included 64 subjects with hip and/or knee OA and metabolic syndrome. They were randomized to the PFJ intervention or usual care. The long-term effectiveness study included 62 subjects (including those in the previous control group). Of these, 44 had 2 years of follow-up data for evaluation. Twenty subjects dropped out.

"The PFJ program is a theoretical and practical program where people learn about and follow a whole food, plant-based diet, and receive advice on sleep and stress management and exercise," said Wagenaar.

The program ran for 16 weeks. Group sessions included 6 to 12 participants. A plant-based version of the Dutch dietary guidelines was used with a focus on unprocessed food. The plan did not have a calorie restriction and included whole grains, legumes, nuts, seeds, fruit, and vegetables. Participants were able to work with a dietitian one-on-one. The Dutch exercise guidelines were utilized and are similar to those in the US with 150 minutes of moderate to intense exercise weekly and strength training twice per week being advised.

Twice-yearly visits and six adherence-promoting webinars were used per year in the 2-year follow-up study along with monthly newsletters. Changes in medication frequency were monitored between the start of the PFJ intervention and the stop of the 2-year extension study. These were grouped into medications for pain, and metabolic conditions including blood pressure, glucose, and cholesterol.

Subjects were advised not to make medication changes during the intervention phase but were allowed during the 2-year extension study, according to Wagenaar.

In the 16-week trial, subjects were an average age of 64 years, with 84% women, with a mean body mass index (BMI) of 33 kg/m<sup>2</sup>. Of them, 73% had knee OA, 78% had hip OA, and their mean WOMAC score was 38.2, suggesting moderate to severe OA.

In those who finished the 2-year extension study, the main outcome (WOMAC score for mean stiffness and physical function) showed a significant improvement compared with the start of the PFJ intervention.

"Looking at individual components of the WOMAC score — pain, stiffness, and physical function — we found these also all significantly improved at the end of the 2-year extension phase," reported Wagenaar.

Significant improvements in weight loss (from 94.9 to 92.1 kg), BMI (from 33.3 to 32 kg/m<sup>2</sup>), and waist circumference (from 110 to 106.7 cm) were also seen.

At the end of the trial and 1 year of the extension study, there were significant improvements seen in A1C, fasting blood glucose, and LDL cholesterol. At 2 years, these were no longer significant.

With medication use, Wagenaar reported that there was no net change in usage of pain, glucose-lowering, or blood pressure medications, but 44% of patients using cholesterol-lowering medications were able to reduce their dose or discontinue them.

**For individuals with OA, the following may be helpful:**

- **Start with Meatless Monday!** Swap out traditional burgers with bean burgers or use lentils in place of beef in Bolognese sauce.
- **Use unprocessed red meat over processed meat.** Unprocessed meat is a source of glutamine, which may have anti-inflammatory properties. 2
- **Reduce sugary beverages** to cut calories and aid in weight reduction.
- **Cut back on high-fat desserts,** fast food, and ultra-processed food, which has been linked with OA of the knee. 3
- **Include plenty of fruits and vegetables** at meals and snacks for antioxidants, which may reduce inflammation. 4
- **Include whole grains over refined grains** for more fiber, which aids in weight loss and blood sugar management.
- **Get individual diet and exercise counseling** to aid with weight loss and mobility. 5
- **Pay attention to hunger over habit** when trying to manage calorie intake for weight loss.
- **Find an exercise you enjoy** to keep your joints happy. Water classes at a local recreation center may be available and affordable.

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