

special report:

American Dietetic Association Conference Highlights

By Cathy Leman, RD, LD

The American Dietetic Association (ADA) held its 2004 Food and Nutrition Conference and Exhibition this past October in Anaheim, California. With a theme of “Unlock Your Potential,” this event boasted more than 100 educational sessions in an environment rich with learning possibilities. Here’s a look at a few of the nutrition topics that may capture your clients’ attention in the very near future.

Do Performance Foods Measure Up?

According to session presenters Kristine Clark, PhD, RD, FACSM, and Liz Applegate, PhD, FACSM, more and more food manufacturers are offering products that promise to enhance physical performance by targeting the unique nutritional needs of different special populations. These “performance” foods are specially formulated to improve or maximize athletic potential in athletes; relieve symptoms in menopausal women; help people lose or maintain weight; replace meals for seniors; or assist people who are dealing with specific medical conditions.

Sports drinks and fitness waters, bars and beverages for women only, meal replacement products, carbohydrate gels, energy bars, and products that aid diabetes, cancer or osteoporosis/osteoarthritis are all examples of performance foods. During processing, the calories, macronutrients (e.g., carbohydrate, fat and protein), micronutrients (e.g., iron, zinc and calcium) and nonvitamin/nonmineral substances (e.g., caffeine) in these foods are manipulated to meet the particular needs of a given group.

While food marketers are eager to tout the benefits of performance foods, most nutrition experts recommend that clients eat a diet high in whole foods, such as grains, fruits and vegetables. For example,

there is little to suggest that a specially formulated soy/oat/flax cereal marketed to “women only” would provide any more benefit (other than convenience) than simply eating plain old oatmeal moistened with soymilk and topped off with a sprinkling of flax seeds.

Women’s Heart Health

Did you know that more women die of coronary heart disease than breast cancer? Or that women are at greater risk than men of dying of coronary vascular and heart disease? Even though the American Heart Association and other women’s health organizations have been valiantly trying to provide education about these risks, most women are still unaware of them.

The good news is that women do enjoy some gender advantages against heart disease, especially estrogen’s potential to lower cholesterol levels, stabilize plaque formation and improve blood pressure. (Keep in mind, however, that *post*-menopausal women have a higher risk of heart disease than men, due to the loss of natural estrogen.)

The bad news is that few women (and even fewer physicians) are aware of the risks. As a result, women typically receive inadequate outpatient workup and treatment; they suffer a higher mortality rate following myocardial infarction than men; and most are confused about treatments and the role of hormone therapy.

Luckily, there are practical ways your female clients can reduce their risk of heart disease. They can increase their HDL cholesterol levels by exercising and consuming more monounsaturated fats; lower LDL cholesterol levels by exercising and reducing saturated fats; prevent or manage diabetes and hypertension with medication, diet and exercise; and stop smoking.

Sports Nutrition & the Fitness Industry

One session at this year’s conference combined an exercise physiology overview with a sports nutrition primer and personal insights into the role of registered dietitians (RDs) working in the fitness industry. Because personal trainers have to stay within their limited scope of practice when providing nutrition information, the presenters—Jenna Bell-Wilson, PhD, RD, Susan Kundrat, MS, RD, and myself—recommended teaming with a credentialed nutrition professional. To find someone in your area, we suggested accessing the ADA’s website at www.eatright.org and clicking on “Find a Nutrition Professional.”

This session also covered the myriad paths an RD can take when working in the fitness industry. Acting as a nutrition authority for personal training associations, serving on advisory boards for fitness magazines and offering continuing nutrition education for fitness professionals were among the options cited.

Nutrition Periodization for Athletes

Competitive athletes in training often employ periodization as a technique to improve aerobic endurance, flexibility, strength and speed while reducing injury potential. In the same way that a physical periodization plan is designed to improve performance in a particular sport, a *nutrition* periodization plan can support the body’s physical demands during training. In other words, “You eat to train; [you don’t] train to eat,” according to presenter Bob Seebohar, MS, RD, CSCS.

Nutrition periodization is dynamic in that the emphasis shifts depending on where an athlete is in the training schedule. For instance, when he or she is in a transition phase in which training has tapered

off, the goals may be weight management, calorie control and food variety, experimentation and enjoyment. These goals would then shift in the next training phase.

Presenter Jennifer Hutchison, RD, CSCS, reminded the audience that endurance athletes have specific nutrition considerations, such as weight loss, dehydration and hyponatremia (i.e., low sodium levels in the blood). Examples of how to help your athlete clients deal with these considerations included determining minimum fuel requirements for optimal workouts; maintaining sufficient carbohydrate intake to support longer training sessions; educating athletes about the importance of proper hydration and sodium replacement; and teaching them to recognize the symptoms of hyponatremia (e.g., headache, dizziness, nausea, seizures, etc.).

Cathy Leman, RD, LD, an ACE- and NSCA-certified personal trainer, is owner of Nutri-Fit, a nutrition counseling/consulting and in-home personal training business specializing in women's nutrition and fitness (nutrifit@sbcglobal.net).

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