

Advances in Nutrition Media Alert: March 2013

Will Green Tea Help You Lose Weight?

Review published in Advances in Nutrition says that the evidence is not conclusive

Is green tea a miracle food? Consumers have been bombarded with a broad range of claims, everything from green tea's ability to improve memory to its ability to ward off cancer. *Advances in Nutrition*, the international review journal published by the American Society for Nutrition, helps nutritionists, health care professionals, and consumers separate the facts from the fiction by evaluating the evidence. Published online in the March 2013 issue of *Advances in Nutrition*, "[The Effect of Green Tea Extract on Fat Oxidation at Rest and During Exercise: Evidence of Efficacy and Proposed Mechanisms](#)" takes a critical look at the evidence to determine the effect of green tea extract on fat metabolism.

Enhancing the body's ability to metabolize fat has important health implications. Specifically, it is believed that the high concentration of catechins found in green tea may play a significant role in enhancing fat metabolism. Green tea and its extracts may therefore help chronically obese people lose weight. It may help diabetics better manage their insulin sensitivity. Finally, it may help improve the performance of endurance athletes.

The authors of the *Advances in Nutrition* review evaluated the results of two different types of studies in order to compare the effect of green tea extract on fat metabolism at rest with its effect on fat metabolism during exercise. In addition, they compared the effect of short-term intake of green tea extract with long-term intake to see if the duration of intake had any additional effect on fat metabolism.

Examining peer-reviewed original research findings, the authors pointed to several studies indicating some association between green tea extract ingestion and improved fat metabolism at rest. There were also some studies that demonstrated some positive effects of green tea extract on fat metabolism during exercise.

Overall, however, the authors found the evidence linking green tea extract to improved fat metabolism to be inconclusive. While some studies showed positive effects, others did not. Differences in results may be attributed to the differences in the studies themselves, including differences in the populations studied or the specific composition of the green tea extract used for the study. The authors called for more rigorous human studies with tighter controls in order to better evaluate the effect of green tea extract.

These days, there are many commercially available green tea extracts. *Should you take one if you're looking to lose weight or improve your athletic performance?* According to this *Advances in Nutrition* review, there isn't

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enough evidence to conclusively say that it will help.

Lactose Intolerance Doesn't Mean You Can't Eat Dairy

Review published in Advances in Nutrition finds avoiding dairy leads to poor nutrition

A review published in the March 2013 issue of *Advances in Nutrition*, "[Dairy Intake, Dietary Adequacy, and Lactose Intolerance](#)," says that dairy consumption is well below the Dietary Guidelines for Americans' recommended three daily servings. Dairy foods, particularly milk, yogurt and cheese, are the principal sources of calcium in the diets of industrialized nations.

According to review author Dr. Robert P. Heaney, "without a high dairy diet, it is difficult to come close to recommended calcium intakes." Dr. Heaney notes that without the recommended three daily servings of dairy, it is also difficult to reach the recommended daily intake of potassium. In addition, dairy is a rich source of vitamin B-12, riboflavin, magnesium, phosphorus, and protein. As a result, taking a calcium supplement only partly covers the essential nutrients found in dairy foods.

There are many factors that contribute to low dairy intake, including concern over saturated fats. Moreover, the consumption of carbonated beverages, which has tripled over the last sixty years, has likely contributed to the concurrent decline in dairy consumption.

Among the many factors contributing to low dairy intake, Dr. Heaney points to two which he believes are most easily corrected: lack of knowledge among health professionals about the importance of dairy intake, and the perception of lactose intolerance among consumers. According to this review, the incidence of lactose intolerance has been over-diagnosed, in part because the diagnosis is based on a patient's reaction to consuming up to one full quart of milk in a single sitting. Many of these patients, however, would not produce symptoms of lactose intolerance (e.g., cramps, bloating, flatulence, and diarrhea) if they were given a single one-cup serving of milk, particularly with food.

Even patients with lactose intolerance can typically tolerate hard cheeses, which are low in lactose. They can also tolerate active culture yogurts, which support lactose digestion. Lactose-free milk is generally available in grocery stores, or consumers can take a lactase tablet with milk to aid digestion. In addition, lactose tolerance can be developed by following a regimen of gradually introducing milk and dairy products over the course of a two to three-week period.

Lactose intolerance, whether real or perceived, leads to dairy avoidance, which in turn leads to a reduction of calcium intake. Unless adequate calcium intake is ensured by nondairy sources, the result is reduced bone density and increased fracture risk, among other health problems. Because calcium absorption itself is not affected by lactose intolerance, it is important that health professionals work with their lactose intolerant patients to safely increase their dairy consumption to three daily servings.

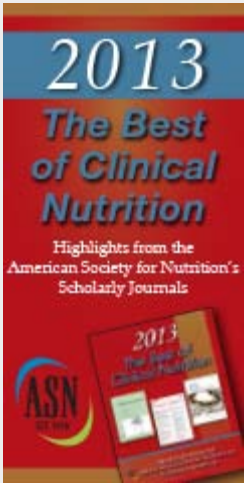
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Contact ASN

Suzanne Price
Communications Director
9650 Rockville Pike
Bethesda, MD 20814
media@nutrition.org
301-634-7235

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