

Does Nutrition Affect Your Child's Health?

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Parents take their children to after-school activities, help them with homework, arrange social events and make sure they go to a good, safe school, but nutrition is largely ignored. This is often due to a parent's own poor eating habits, parents working full time, and/or using food as a reward/love. Does nutrition affect your child's health? Yes! In case you aren't convinced, here are some recent facts from 2004:

1. The American Heart Association reported that 63.4% children and teens have at least one metabolic abnormality. Metabolic syndrome is defined as the presence of three of the following: impaired fasting glucose, high blood pressure, low HDL, elevated triglycerides, and obesity (waist circumference).
2. One-third (31.2%) of overweight/obese adolescents in a study of 1,960 adolescents ages 12-19 years had metabolic syndrome, and overall, 9.2% of the children met the criteria for metabolic syndrome.
3. Autopsies of children who died in accidents found fatty streaks by the age of 3, and damage in the coronary arteries show up by the age of 10. (Tulane University; the Bogalusa Heart Study of 14,000 children).
4. Height is mainly determined during the first five years of life, influenced by genetics and nutrition.
5. Obesity that occurs during childhood increases the number and size of fat cells for life.

What can you do to keep your child healthy, since one of the strongest lifelong determinants of health is a healthy diet?

1. Eat a lot of whole food.
 - Increase fruit and vegetable intake.
 - Parents must set the example.
 - Introduce the food at least 8-15 times.
 - You control the food brought into the home, not the children.

2. Moderate carbohydrates, fat and protein.

- Limit trans fatty acids (hydrogenated oil), refined sugars and non-nutrient-dense foods.
- For every one gram of a trans fatty acid, the risk of heart disease goes up by 20%.
- Susan Richards from Tufts University recommends using the 15 rule: "It will often take 15 times of exposure to a new food before a child will accept it."
- Wait two days to two weeks before bringing back a rejected new food.

3. Limit juice and soda: "Too much soda and other sugar-filled drinks make children fat." (Journal of Pediatrics, June 2003.)

- Sixteen ounces/day of a sugar beverage decreased milk consumption by 4 oz, decreased phosphorus by 20%, protein and magnesium by 19%, calcium by 16%, and vitamin A by 10%, increased calories by 244 per day and weight gain increased by 2.5 pounds compared to 0.7-1.0 pound gain in children who limited their sugar beverage intake to 6-16 oz/day (Cornell University: 30 children, 6-12 years old, in study, five days a week for two months).
- Examples of sugar-filled drinks: fruit punch, bottled tea and fruit-flavored powders.

4. Limit television, video games and computer time. Television time matters!

- No more than two hours/day (The American Academy of Pediatrics). Average TV/day is four hours/day.
- TV during meals increases fat intake and decreases fruit and vegetable intake (Journal of Nutrition Education and Behavior, January 2003).
- What to do: play games, read, get outside, and be active.

- Kids eat more when watching TV and eat higher fat foods.
- A 1999 study with 192 3rd and 4th graders in two San Jose, California schools allowed half of the kids to watch TV; the other half played games and had monitoring devices to reduce TV by one-third. The highest TV-watching group had increased body fat, weight, waist circumference and waist-to-hip ratio.

5. Stay active! Exercise in childhood affects longevity.

- Active children are less overweight.
- Activity helps with osteoporosis prevention in teen girls.
- Bone mineral accrued during two years of exercise in early puberty was equal to 3-5 years of postmenopausal bone loss (Pediatrics, December 2003).
- Involvement in a team sport is a powerful social agent.
- Encourage individual sports that a teen can continue with as an adult (golf or tennis, rather than baseball or football).

Best time for activities: Seventh or 8th grade for participation of a sport outside of school; school-based sports are more exclusive. Seventh and 8th graders become more sedentary than 5th and 6th graders. The biggest drop in activity levels occur when kids move up to high school.

Be physical together ... bike, walk, and be creative: Parents who exercise usually have kids that exercise; set an example. Offer logistical support. Parents that offered support (drove kids to an activity and provided encouragement) but didn't exercise had children with higher activity levels (University of New York study of 180 9-year-olds).

6. Medication, ADHD, ADD, and Facts

- 1 in 166 children are considered to be autistic (Autism Society of Illinois).
- According to a recent report from the American Academy of Pediatrics, as many as 3.8 million school children, mostly boys, have ADHD. The disorder is characterized by a short attention span, jumpiness and impulsive behavior. But many cases are misdiagnosed, the study found.

- At least one million children take Ritalin, and the use of the drug has risen many times more during the past few years.
- Since 1991 there has been a 500% increase in the number of prescriptions written for stimulant medication to treat ADHD, according to the Drug Enforcement Administration.
- Ritalin is a stimulant drug with a calming effect on children. Ritalin uses a stimulating mechanism on the adrenal glands by temporarily increasing the retention of sodium in the tissue relative to potassium the medication dose wears off and more is needed, then burnout can occur because magnesium reserves drop, twitches, seizures, and glucose intolerance increase.
- Fatigue in children often stems from depleted adrenal glands, stress, poor nutrition, deprived sleep and medications.

**This is a great quote from Dr. Mary Ann Block, the author of ADHD: A Demand for a Healthy Diet, that I have to agree with since I've been working with children for years:"I've determined that diet is one of the most significant factors behind ADHD symptoms it's what people eat or don't eat that creates the degree of the disorder."

7. Testing Options: blood, saliva, hair analysis, kinesiology, muscle testing, bio-response testing, anthropometric measurements.

8. Alternative Choices: homeopathic medicine, fish oil, whole food supplements, flower essences, magnesium, and multivitamins.

9. Good Resources

Web:

- www.nathealthcenter.com
- www.juiceplus.com/+ve86669

- www.eatright.org
- www.nlci.com
- www.feingold.org/index.html
- www.cspinet.org
- www.kidsnutrition.org

Books:

- The Strands of Health, Rick Malter, PhD.
- 12 Effective Ways to Help Your ADD/ADHD Child, Laura Stevens, MS.
- ADHD, A Path to Success,
- Lawrence Weathers, PhD.
- Natural Treatments for ADD and Hyperactivity, Skye Weintrack.
- Ritalin Free Kids, Reichenberg-Ullman.
- Diet, ADHD, and Behavior. Published by CSPI.
- Help for the Hyperactive Child. A practical guide offering parents of ADHD children alternatives to Ritalin, William G. Crook, MD.

In summary, embrace whole food and exercise, make time for well checks and appropriate tests, use supplements as

needed with guidance from integrative practitioners to stay healthy, and teach your children tolerance, faith, love and intuition. What your child eats does matter, and remember to reward your child with your time and love, not food.

