



Salud Pública

COMER BIEN



Víctor Hugo Forero S. *****

Nos regala el doctor Víctor Hugo Forero estas excelentes y sencillas pautas de lo que puede ser acercarnos a comer bien.

Las preguntas:

- ¿Estaré comiendo lo necesario?
- ¿Estaré comiendo más de lo necesario?
- ¿Cómo identificar qué es lo necesario para comer?

Las tres recomendaciones que están debajo de la imagen pueden ayudarnos a darle calidad a cada uno de nuestros kilos.

Por ahora... una pista: Compruebe y asegure que su plato de comida (desayuno, almuerzo, cena, merienda, antojo, pecado, etc.) sea lo más parecido a este:

EL PLATO PARA COMER SALUDABLE

ACEITES SALUDABLES

Use aceites saludables (como aceite de oliva o canola) para cocinar, en ensaladas, y en la mesa. Limite la margarina (mantequilla). Evite las grasas trans.

AGUA

Beba agua, té, o café (con poco o nada de azúcar). Limite la leche y lácteos (1-2 porciones al día) y los zumos (1 vaso pequeño al día). Evite las bebidas azucaradas.

Cuanto más verduras y mayor variedad, mejor. Las patatas y las patatas fritas no cuentan.

Coma granos o cereales integrales variados (como pan integral, pasta integral, y arroz integral). Limite los granos refinados (como arroz blanco y pan blanco).

Coma muchas frutas y de todos los colores.

Escoja pescados, aves, legumbres (habichuelas/garbanzos/lentejas), y nueces; limite las carnes rojas y el queso; evite el beicon, fiambres, y otras carnes procesadas.

¡MANTÉNGASE ACTIVO!

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Recomendación 1: Cuando es a comer es a comer... no haga nada diferente. ¡Disfrute su comida!

Cuando perdemos atención a lo que comemos y al momento de comer, aumenta la posibilidad de comer más de lo necesario y desaprovechamos lo indispensable.

Am J Clin Nutr. 2013 Apr;97(4):728-42. doi: 10.3945/ajcn.112.045245. Epub 2013 Feb 27.

Eating attentively: a systematic review and meta-analysis of the effect of food intake memory and awareness on eating.

Robinson E¹, Avevard P, Daley A, Jolly K, Lewis A, Lyckett D, Higgs S.

Author information

Abstract

BACKGROUND: Cognitive processes such as attention and memory may influence food intake, but the degree to which they do is unclear.

OBJECTIVE: The objective was to examine whether such cognitive processes influence the amount of food eaten either immediately or in subsequent meals.

DESIGN: We systematically reviewed studies that examined experimentally the effect that manipulating memory, distraction, awareness, or attention has on food intake. We combined studies by using inverse variance meta-analysis, calculating the standardized mean difference (SMD) in food intake between experimental and control groups and assessing heterogeneity with the I(2) statistic.

RESULTS: Twenty-four studies were reviewed. Evidence indicated that eating when distracted produced a moderate increase in immediate intake (SMD: 0.39; 95% CI: 0.25, 0.53) but increased later intake to a greater extent (SMD: 0.76; 95% CI: 0.45, 1.07). The effect of distraction on immediate intake appeared to be independent of dietary restraint. Enhancing memory of food consumed reduced later intake (SMD: 0.40; 95% CI: 0.12, 0.68), but this effect may depend on the degree of the participants' tendencies toward disinhibited eating. Removing visual information about the amount of food eaten during a meal increased immediate intake (SMD: 0.48; 95% CI: 0.27, 0.68). Enhancing awareness of food being eaten may not affect immediate intake (SMD: 0.09; 95% CI: -0.42, 0.35).

CONCLUSIONS: Evidence indicates that attentive eating is likely to influence food intake, and incorporation of attentive-eating principles into interventions provides a novel approach to aid weight loss and maintenance without the need for conscious calorie counting.

Evidencia: Robinson et al. Eating attentively: a Systematic Review and Meta-analysis of the Effect of Food Intake Memory and Awareness on eating. *Am J Clin Nutr.* 2013; 97(4):728-42.

Evite comer en su sitio de trabajo. Conéctese con el alimento (...desconéctese de la tele), cene en familia y con amigos.



Recomendación 2: Sal y azúcar solamente cuando en el plato exista una tusa y nada más.

Las comidas con mayor concentración de sal y azúcar están asociadas con riesgo cardiometabólico elevado.

Cardiac risk factors and prevention
Review



The wrong white crystals: not salt but sugar as aetiological in hypertension and cardiometabolic disease

James J DiNicolantonio¹ and Sean C Lucan²

Author affiliations +

Abstract

Cardiovascular disease is the leading cause of premature mortality in the developed world, and hypertension is its most important risk factor. Controlling hypertension is a major focus of public health initiatives, and dietary approaches have historically focused on sodium. While the potential benefits of sodium-reduction strategies are debatable, one fact about which there is little debate is that the predominant sources of sodium in the diet are industrially processed foods. Processed foods also happen to be generally high in added sugars, the consumption of which might be more strongly and directly associated with hypertension and cardiometabolic risk. Evidence from epidemiological studies and experimental trials in animals and humans suggests that added sugars, particularly fructose, may increase blood pressure and blood pressure variability, increase heart rate and myocardial oxygen demand, and contribute to inflammation, insulin resistance and broader metabolic dysfunction. Thus, while there is no argument that recommendations to reduce consumption of processed foods are highly appropriate and advisable, the arguments in this review are that the benefits of such recommendations might have less to do with sodium—minimally related to blood pressure and perhaps even inversely related to cardiovascular risk—and more to do with highly-refined carbohydrates. It is time for guideline committees to shift focus away from salt and focus greater attention to the likely more-consequential food additive: sugar. A reduction in the intake of added sugars, particularly fructose, and specifically in the quantities and context of industrially-manufactured consumables, would help not only curb hypertension rates, but might also help address broader problems related to cardiometabolic disease.

<http://dx.doi.org/10.1136/openhrt-2014-000167>

BMI Open

Evidencia: Dinicolantonio J et al. The Wrong White Crystals: not Salt but Sugar as Aetiological in Hypertension and Cardiometabolic Disease. *Open Heart.* 2014; 1(1): e000167. doi: 10.1136/openhrt-2014-000167

Otra evidencia más evidente: Ninguna gallina de este planeta pone huevos con sal.



Recomendación 3: Si tiene ganas de algo hágalo... pero solo coma cuando sienta ganas de comer

Es muy frecuente que comamos cuando la ansiedad nos invade, por lo general esto sucede fuera de los momentos fisiológicos relacionados con nuestra nutrición.

Podemos apaciguar la ansiedad con una caminata corta, una conversación amable o evitando enjuiciar al prójimo.

[Physiol Behav](#). 2013 Aug 15;120:233-42. doi: 10.1016/j.physbeh.2013.08.010. Epub 2013 Aug 16.

Chronic stress exposure may affect the brain's response to high calorie food cues and predispose to obesogenic eating habits.

Tryon MS¹, Carter CS, Decant R, Laugero KD.

Author information

Abstract

Exaggerated reactivity to food cues involving calorically-dense foods may significantly contribute to food consumption beyond caloric need. Chronic stress, which can induce palatable "comfort" food consumption, may trigger or reinforce neural pathways leading to stronger reactions to highly rewarding foods. We implemented functional magnetic resonance imaging (fMRI) to assess whether chronic stress influences activation in reward, motivation and executive brain regions in response to pictures of high calorie and low calorie foods in thirty women. On separate lab visits, we also assessed food intake from a snack food buffet and circulating cortisol. In women reporting higher chronic stress (HCS), pictures of high calorie foods elicited exaggerated activity in regions of the brain involving reward, motivation, and habitual decision-making. In response to pictures of high calorie food, higher chronic stress was also associated with significant deactivation in frontal regions (BA10; BA46) linked to strategic planning and emotional control. In functional connectivity analysis, HCS strengthened connectivity between amygdala and the putamen, while LCS enhanced connectivity between amygdala and the anterior cingulate and anterior prefrontal cortex (BA10). A hypocortisolemic signature and more consumption of high calorie foods from the snack buffet were observed in the HCS group. These results suggest that persistent stress exposure may alter the brain's response to food in ways that predispose individuals to poor eating habits which, if sustained, may increase risk for obesity.

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KEYWORDS: Executive control; Food; Habits; Neuroimaging; Reward; Stress

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Evidencia: Tryon MS, Carter CS, Decant R, Laugero KD. Chronic Stress Exposure May Affect the Brain's Response to High Calorie Food Cues and Predispose to Obesogenic Eating Habits. *Physiol Behav*. 2013; 120:233-42. doi: 10.1016/j.physbeh.2013.08.010

¡Salud!



<https://recetasvegetarianas7.files.wordpress.com/2013/04/adoptar-una-dieta-vegetariana-bien-combinada-implica-tener-salud.jpg>

