Keep It Small

From which bowl would you eat the fewest M&M’s?

People eat more when they’re offered larger servings. But is it more food—or bigger plates, bowls, bags, or other containers—that makes the difference?

To find out, Belgian researchers offered 88 college students one of three bowls of M&M’s to snack on as they watched a 22-minute TV show: a small (one-cup) bowl filled with 7 ounces of candy, a large (three-cup) bowl with 7 ounces of candy, or a large (three-cup) bowl filled with 21 ounces of candy. The students ate twice as much candy from the two large bowls (about 2 ounces, or 300 calories’ worth) than they did from the small bowl (about 1 ounce, or 150 calories’ worth).

What to do: If your dishes are generously sized and you’re trying to eat less, maybe it’s worth investing in a new set. And keep in mind that you might eat more of the remaining chips or cookies or crackers at the bottom of a large bag than you might from a smaller bag. Also, repackage food from large bags into smaller (preferably reusable) containers. And if you don’t want to eat the entire dish at a restaurant, ask the server to wrap half of it up before it reaches the table.


Sodas & Heart Disease

“Diet soft drinks linked to heart disease,” ran the headline in The New York Times in February. But a second, larger study released since then found no link.

The first study tracked roughly 2,500 middle-aged and older men and women living in upper Manhattan for 10 years. Those who drank diet sodas every day had a 43 percent higher risk of heart attacks, strokes, or other “vascular events” than those who drank no diet sodas. Those who drank sugar-sweetened sodas had no increased risk.

The second study followed more than 42,000 male health professionals for 22 years. Those who drank the most sugar-sweetened sodas (roughly one a day) had a 20 percent higher risk of heart disease than those who drank none. However, those who drank diet sodas (roughly one a day) had no higher risk than non-diet-soda drinkers.

Why did the results differ? First, the Manhattan study’s results are less reliable because so few of its participants drank diet soda.

Only 163 New Yorkers—compared to 10,000 health professionals—drank diet soda daily.

Second, the New Yorkers who drank diet sodas were more likely to have high blood pressure, diabetes, high triglycerides, a large waist, or a previous diagnosis of heart disease or peripheral vascular disease than the New Yorkers who drank no diet soda.

It’s possible that “people at increased risk of vascular events due to pre-existing vascular conditions may be advised to switch from regular to diet soft drinks,” note the authors. If so, those conditions—not the diet soda—could have caused their heart attacks or strokes.

What to do: It’s worth limiting diet sodas to avoid their aspartame and/or acesulfame potassium, two poorly tested artificial sweeteners, but not to lower your risk of heart attack or stroke.

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Triglycerides & Stroke

High blood levels of triglycerides may signal an increased risk of stroke, at least in women. A growing body of research suggests that high triglycerides are more dangerous for women than for men.

In a study of roughly 1,500 participants in the Women’s Health Initiative, those with the highest triglycerides (192 mg/dL or more) were 56 percent more likely to have an ischemic stroke over an eight-year period than those with the lowest triglycerides (less than 104 mg/dL), after the researchers accounted for other risk factors like blood pressure, weight, exercise, and smoking.

Once those factors were accounted for, neither LDL (“bad”) nor HDL (“good”) cholesterol affected stroke risk. (Ischemic strokes—which are typically caused by a blood clot that gets lodged in a partially clogged artery in the brain—are more common in the United States than strokes caused by a hemorrhage.)

What to do: If your triglycerides are over 100 mg/dL, lose excess weight, cut back on sugars, and replace saturated and trans fats with unsaturated fats. Omega-3s from fish oil pills can also lower triglycerides at doses of 2 to 4 grams a day.


Vitamin D & Diabetes

A new study offers one more clue—though not solid proof—that vitamin D helps prevent diabetes.

Researchers studied roughly 2,000 people in the U.S. Diabetes Prevention Program. All had pre-diabetes—that is, their fasting blood sugar levels were higher than normal (at least 95 mg/dL) but not high enough to be diabetes (over 125 mg/dL). Half of the people were assigned to an intensive program to lose at least 7 percent of their body weight, and the other half received standard advice to lose weight and exercise.

After nearly three years, people in both groups who had the highest blood levels of vitamin D (roughly 30 ng/mL) had about a 30 percent lower risk of diabetes than those with the lowest blood levels (about 13 ng/mL).

What to do: To play it safe, take the recommended amounts of vitamin D: 600 IU a day for adults 70 or younger and 800 IU a day for people over 70.