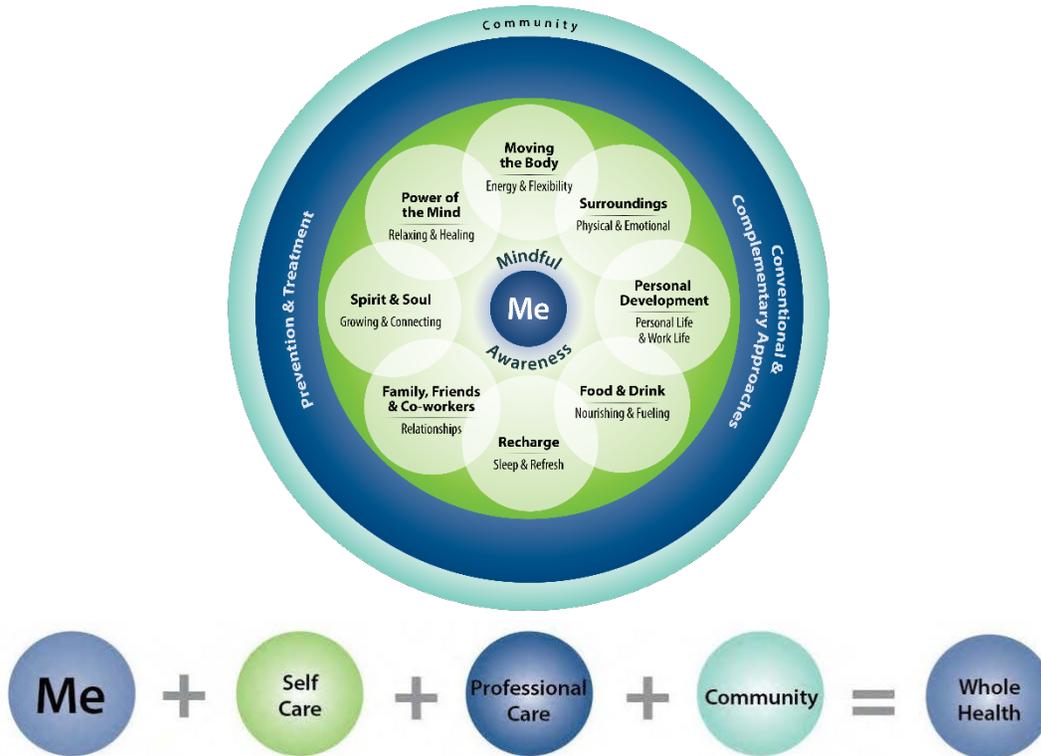


WHOLE HEALTH: INFORMATION FOR VETERANS

An Introduction to Food and Drink for Whole Health



Whole Health is an approach to health care that empowers and enables YOU to take charge of your health and well-being and live your life to the fullest. It starts with YOU. It is fueled by the power of knowing yourself and what will really work for you in your life. Once you have some ideas about this, your team can help you with the skills, support, and follow up you need to reach your goals.

All resources provided in these handouts are reviewed by VHA clinicians and Veterans. No endorsement of any specific products is intended. Best wishes!

<https://www.va.gov/wholehealth/>

An Introduction to Food and Drink for Whole Health

How can focusing on what I eat and drink support my Whole Health?

Making healthy choices about what you eat and drink is a powerful way to help care for yourself. Food and drink give our bodies the fuel used to work properly, stay healthy, and fight disease. The right foods help you not only to live, but to live well. People often do not realize that their food choices affect the way they feel, both physically and emotionally. Choosing foods that nourish rather than harm your body may help prevent chronic conditions and the need for certain medications in the future. Food can also be used to help treat some health conditions.

How much do the foods and drinks I consume really make a difference in my health?

Each person's body is different. Therefore, how particular foods and drinks will affect your short-term and long-term health is unique to you. However, in general, research tells us that your risk of developing a number of diseases can be affected by both **what** and **how much** you eat and drink. These diseases include type 2 diabetes,^{1,2} heart disease,² stroke,³ obesity,⁴ breast cancer,² cancer of the colon and uterus,⁵ gall bladder disease,² and asthma.⁶

Eating certain foods may help improve conditions such as chronic obstructive pulmonary disease (COPD),⁷ chronic back pain,⁸ fibromyalgia,⁹ autoimmune diseases such as rheumatoid arthritis,¹⁰ mental health,¹¹ and sleep.¹²

There is so much information on healthy eating. Where do I begin?

All the news and advice available on food and drink can feel overwhelming. Also, new information is being learned all the time. To make this self-care task easier and more helpful, focus on how you can use facts about food and drink to help you reach your personal goals. You can start in the following ways:

- **Think about why you want to consume food and drink that is healthy for you.** Why is that important? Changing any habit can be hard. It may involve changing long-standing beliefs and actions. Keeping your life goal in mind can sustain you as you take steps to change your eating habits to help improve your health. For example, you may find it easier to eat in new ways if you keep in mind that healthier eating may help you be well enough to attend your grandchild's graduation or wedding or to go on your dream vacation in the future.
- **Get help from your primary health care team.** If you have questions or interest in making a healthy change in your eating habits, see your primary health care team. They will help you with this self-care goal. A dietitian can help you design an eating plan that will be tailored specifically to your needs. All VA facilities have registered dietitians. If you receive health care outside the VA system, most insurance policies cover the cost of a consultation with a dietitian.

How can I use food and drink to improve my health?

You can use food and drink to improve your health in many ways. The list below will give you some ideas on how your Whole Health can be improved through food and drink.

Different people will have different needs and goals. Your primary health care team and a dietitian can suggest which foods to eat and which to eat less for each of the issues listed.

- **Reduce pain and inflammation.** Inflammation is one of the body's natural ways of protecting itself. It helps to fight off infections and to increase blood flow to places that need healing. Inflammation may use pain as a signal that something is wrong with the body. But, it is possible to have too much of a good thing. Inflammation can spread throughout the body or become chronic (i.e., long-lasting). This may indicate that your body has been dealing with a lot over a long time. Inflammation can then lead to a variety of illnesses.¹³ For more information, you may want to see the Whole Health handout "[Eat to Reduce Inflammation.](#)"
- **Manage weight.** Researchers estimate that 216,000 people died in the United States in 2005 because they weighed too much.¹⁴ This was 1 out of every 10 people who died for any reason. More and more people are not at a healthy weight. Thus, even more people are likely to die from a cause that can be prevented. Experts are calling this an epidemic.

Also important is that extra weight may lower the quality of your life. If you carry extra weight, you may not be able to do everything that you want to do. If managing your weight is a goal you want to focus on, you may want to see some of the other Whole Health handouts on [Food and Drink](#), such as "Deciding How to Be a Healthier Eater," "Healthy Tips on Eating Out and Grocery Shopping," "How to Eat a Mediterranean Diet," "Mindful Eating," and "Carbohydrates and Your Health: Glycemic Index, Glycemic Load, and Blood Sugars."

- **Control blood sugar levels.** Almost 30 million people in the United States have diabetes,¹⁵ a chronic disease that can have serious complications. This is almost 1 out of every 10 people. And the number of people with the disease is growing rapidly. Controlling blood sugar levels can help prevent or manage diabetes.

There's another reason to control blood sugar levels. When you eat too much of a sugar called fructose, your stomach may not send a signal to your brain that you are full.¹⁶ It is then easy to overeat.

One way to control your blood sugar better is to pay attention to glycemic index and glycemic load. Glycemic index gives you an idea of how much sugar different foods release into your blood and how fast they do it. Glycemic load is a measure of how much of a carbohydrate is in a particular food. Eating based on glycemic index and glycemic load will help keep sugars stable. Fiber can also be a helpful way to slow the digestion of sugars in the body. For more information on controlling blood sugar, see the Whole Health handout "[Carbohydrates and Your Health: Glycemic Index, Glycemic Load, and Blood Sugars.](#)"

- **Increase gut health.**¹⁷ Our intestines contain over 100 trillion bacteria. Many of these bacteria help protect our health. For example, they aid in digestion and help prevent infections. They may help prevent colon cancer. They even can affect our emotions.¹⁸ Antibiotics, poor nutrition, inflammation, and stress can kill these helpful bacteria. This changes the balance between helpful and harmful bacteria in the gut. When there are fewer helpful bacteria, their important tasks may not be done as well as before. Probiotic foods (such as yogurt and kefir) contain live microorganisms. You can eat these foods to improve the balance of bacteria in your intestines. To learn more, see the Whole Health handouts “[How a Healthy Gut Makes for a Healthier You](#)” and “[Probiotics for Specific Conditions](#).”
- **Reduce symptoms of disease.** Irritable bowel disease is an example of a disease in which symptoms can be improved through food. Most people with this disease find that if they avoid food containing certain types of sugars, they have fewer symptoms.¹⁹ This works because they are limiting foods that are difficult to digest and can cause gas. If you have irritable bowel disease, you may want to see the Whole Health handout “[Eating to Reduce Irritable Bowel Symptoms: The FODMAP Diet](#).” If you have a different disease, ask your health care team if eating a certain way might reduce symptoms you may have.
- **Learn if your body has difficulty with a particular food.** This is called a food sensitivity or food intolerance. Some symptoms can be caused or made worse by eating certain foods. These include allergies, nasal congestion, asthma, irritable bowel, eating disorders, and skin rash.²⁰ You can use an elimination diet to quit eating a food or group of foods for a while, to see if your symptoms improve. If your symptoms improve, you can continue to avoid or eat less of this food. See the Whole Health handout “[Using an Elimination Diet to Help Learn if Certain Foods are Making You Sick](#)” for more information.
- **Maintain or improve your mood and behavior.** The way we eat affects our mental health and behavior. A large study found that eating whole foods (fruits, vegetables, and fish) helped prevent depression.²¹ Eating a diet of processed meat, chocolates, sweet desserts, fried food, refined cereals, and high-fat dairy products increased risk for depression. Hypoglycemia (very low blood sugar) can increase irritability.²¹ Skipping meals, eating foods that raise your blood sugar, and caffeine can cause irritability and anxiety.²²
- **Influence your sleep.** Foods with caffeine can make going to sleep a challenge. Some foods also cause acid reflux, which can lead to a rough night. People who are overweight can have more problems with their breathing at night. (Excess weight can lead to sleep apnea). New studies have shown that if you do not sleep enough or have poor sleep, you may eat food that is less healthy and have a harder time losing weight.¹² If you have trouble sleeping, you may want to see the Whole Health handout “[Change Your Habits to Sleep Better](#).” You might also talk with a dietitian or other member of your health care team. They can help determine if your food and drink are affecting your sleep and offer suggestions specifically for you.

What can I do next to become healthier using food and drink?

Gather baseline information. What are you eating and drinking on most days? Write down everything you eat and drink for a few days—a week or two can be particularly helpful. Be sure to include weekends if you eat or drink differently on those days. Doing this activity can help you become more aware of your eating habits. To learn even more, keep track of additional information such as 1) how you felt physically and emotionally each day, 2) how much sleep you got, 3) how active you were, and 4) how stressed you were. The handout “[Whole Health Food, Drink, Activity, and Symptom Log](#)” can help you with this task.

Review your food journal. It can be very helpful to do this with a member of your primary health care team or a dietitian. When you review what you usually eat and drink, be sure to also note what you are already doing well. Identify an area you would like to work on.

Learn some tips. It is important to learn more about a food and drink topic that you would like to work on. What, in particular, interests you about using food and drink to increase your health? Again, your primary care health team and a dietitian can give you information that focuses on your specific needs and interests. The materials listed at the end of this worksheet are also excellent sources of information.

Be thoughtful. Think about why you are eating and drinking certain foods. Are you hungry, or are you eating because you are bored, grieving, stressed, or tired? Do you eat in certain ways because you are eating alone? Do you usually eat with others? If so, is your eating influenced by the foods other people choose? Do you eat unconsciously when you are busy, watching television, or working on the computer? To what extent do your culture and upbringing affect your food choices now? Are these choices healthy or ones that would be good to limit to a few times per year? Your answers to these questions can help prepare you to set a food and drink goal and change the way you eat and drink.

Set a food and drink goal. Start with a small step—one that you can succeed at. For example, can you drink water or herbal tea instead of soda? When you reach your first goal, consider if you can make this change permanent. When you have accomplished your first goal, set another goal that is doable. If you are having trouble accomplishing a goal, you might want to try a different goal. You can always come back to the first one and try again.

As you are working on these small goals, think about your larger life goal. How will these smaller steps help you to reach your important life goal?

What is a good way to set a goal?

Consider writing a SMART goal. SMART stands for

- **Specific:** what exactly will you do?
- **Measurable:** how much and how often will you do it?
- **Action-oriented:** what action will you take?
- **Realistic:** is this a goal you can achieve?
- **Timed:** when will you start and when will you end?

For more tips on setting goals, see the handout “Change your Behavior” from the VA’s MOVE! Program. You can access it at this link:

http://www.move.va.gov/docs/NewHandouts/Standard/S09_ChangeYourBehavior.pdf

For you to consider:

- Did anything especially catch your attention in this handout? If so, what?
- Do you want to use food and drink to improve your health? If yes, what specifically do you want to improve? Is it one or more of the eight health benefits listed on pages 2-3 or do you want to use food and drink for a different health reason?
- What is the first food and drink goal you will work on?

The information in this handout is general. **Please work with your health care team to use the information in the best way possible to promote your health and happiness.**

For more information:

ORGANIZATION	RESOURCES	WEBSITE
Veterans Health Administration	A variety of Whole Health handouts on healthy eating	https://www.va.gov/WHOLEHEALTH/veteran-handouts/index.asp
Veterans Health Administration "Whole Health" website	Video “A Patient Centered Approach to Food & Drink,” 8 th video in “Components of Health and Well-Being” Video Series	https://www.youtube.com/watch?v=Xa6-dyaFddo&feature=youtu.be
VA National Center for Health Promotion and Disease Prevention “Eat Wisely” website	<ul style="list-style-type: none"> • Website content • Patient handout • Video 	http://www.prevention.va.gov/healthy_living/eat_wisely.asp

ORGANIZATION	RESOURCES	WEBSITE
<p>VA “MOVE! Weight Management” Program</p>	<ul style="list-style-type: none"> • Website describing MOVE! program options • Links to a variety of handouts and worksheets on nutrition • Links to videos • Description of MOVE! Group Sessions (Contact your primary care provider for a referral) • Link to the MOVE! Coach mobile app, a program that allows you to set, track and achieve your goals on your own. 	<p>http://www.move.va.gov/index.asp</p>
<p>Consider taking a class on nutrition at a VA medical center or in your community.</p>		

This handout was written for the Veterans Health Administration (VHA) by Charlene Luchterhand MSSW, Education and Research Coordinator, Integrative Health Program, University of Wisconsin Department of Family Medicine and Community Health. The handout was reviewed and edited by Veterans and VHA subject matter experts.

References

1. Bhupathiraju SN, Tobias DK, Malik VS, et al. Glycemic index, glycemic load, and risk of type 2 diabetes: results from 3 large U.S. cohorts and an updated meta-analysis. *Am J Clin Nutr.* 2014;100(1):218-232. doi: 10.3945/ajcn.113.079533.
2. Barclay AW, Petocz P, McMillan-Price J, et al. Glycemic index, glycemic load, and chronic disease risk--a meta-analysis of observational studies. *Am J Clin Nutr.* 2008;87(3):627-637.
3. Rossi M, Turati F, Lagiou P, Trichopoulos D, La Vecchia C, Trichopoulou A. Relation of dietary glycemic load with ischemic and hemorrhagic stroke: a cohort study in Greece and a meta-analysis. *Eur J Nutr.* 2015;54(2):215-222. doi: 10.1007/s00394-014-0702-3. Epub 2014 Apr 27.
4. Livesey G. Low-glycaemic diets and health: implications for obesity. *Proc Nutr Soc.* 2005;64(1):105-113.
5. Gnagnarella P, Gandini S, La Vecchia C, Maisonneuve P. Glycemic index, glycemic load, and cancer risk: a meta-analysis. *Am J Clin Nutr.* 2008;87(6):1793-1801.

6. Wickens K, Barry D, Friezema A, et al. Fast foods—are they a risk factor for asthma? *Allergy*. 2005;60(12):1537-1541.
7. Matsuyama W, Mitsuyama H, Watanabe M, et al. Effects of omega-3 polyunsaturated fatty acids on inflammatory markers in COPD. *CHEST Journal*. 2005;128(6):3817-3827.
8. Seaman DR. The diet-induced proinflammatory state. *J Manipulative Physiol Ther*. 2002;25(3):168-179.
9. Kaartinen K, Lammi K, Hyphen M, Nenonen M, Hänninen O, Rauma A-L. Vegan diet alleviates fibromyalgia symptoms. *Scand J Rheumatol*. 2000;29(5):308-313.
10. Adam O, Beringer C, Kless T, et al. Anti-inflammatory effects of a low arachidonic acid diet and fish oil in patients with rheumatoid arthritis. *Rheumatol Int*. 2003;23(1):27-36.
11. Hulsken S, Martin A, Mohajeri MH, Homberg JR. Food-derived serotonergic modulators: effects on mood and cognition. *Nutr Res Rev*. 2013;26(2):223-234. doi: 10.1017/s0954422413000164.
12. Chaput J-P. Sleep patterns, diet quality and energy balance. *Physiol behav*. 2014;134:86-91. doi: 10.1016/j.physbeh.2013.09.006.
13. Kohatsu W. The Anti Inflammatory Diet. In: Rakel D, ed. *Integrative Medicine*. 3rd ed. Philadelphia, PA: Saunders, an imprint of Elsevier, Inc; 2012:795-802.
14. Danaei G, Ding EL, Mozaffarian D, et al. The preventable causes of death in the United States: comparative risk assessment of dietary, lifestyle, and metabolic risk factors. *PLoS Med*. 2009;6(4):e1000058. doi: 10.1371/journal.pmed.1000058.
15. Centers for Disease Control and Prevention. *National Diabetes Statistics Report: Estimates of Diabetes and its Burden in the United States, 2014*. Atlanta, GA: US Department of Health and Human Services; 2014.
16. Lakhan SE, Kirchgessner A. The emerging role of dietary fructose in obesity and cognitive decline. *Nutr J*. 2013;12:114. doi: 10.1186/1475-2891-12-114.
17. Rindfleisch JA. Prescribing probiotics. In: Rakel D, ed. *Integrative Medicine* 3rd ed. Philadelphia, PA: Saunders, an imprint of Elsevier, Inc; 2012:906-912.
18. Dash S, Clarke G, Berk M, Jacka FN. The gut microbiome and diet in psychiatry: focus on depression. *Curr Opin Psychiatry*. 2015;28(1):1-6. doi: 10.1097/yco.0000000000000117.
19. Thomas A, Quigley EM. Diet and irritable bowel syndrome. *Curr Opin Gastroenterol*. 2015;31(2):166-171. doi: 10.1097/mog.0000000000000158.
20. Rindfleisch JA. Food intolerance and elimination diet. In: Rakel D, ed. *Integrative Medicine*. 3rd ed. Philadelphia, PA: Saunders, an imprint of Elsevier, Inc.; 2012:776-788.
21. Akbaraly TN, Brunner EJ, Ferrie JE, Marmot MG, Kivimaki M, Singh-Manoux A. Dietary pattern and depressive symptoms in middle age. *Br J Psychiatry*. 2009;195(5):408-413. doi: 10.1192/bjp.bp.108.058925.
22. Low Dog T. The role of nutrition in mental health. *Altern Ther Health Med*. 2010;16(2):42-46.

6/15/2020