



Dietary Guidelines for Americans 2005

U.S. Department of Health and Human Services
U.S. Department of Agriculture
www.healthierus.gov/dietaryguidelines

PHYSICAL ACTIVITY

Key Recommendations

- Engage in regular physical activity and reduce sedentary activities to promote health, psychological well-being, and a healthy body weight.
 - To reduce the risk of chronic disease in adulthood: Engage in at least 30 minutes of moderate-intensity physical activity, above usual activity, at work or home on most days of the week.
 - For most people, greater health benefits can be obtained by engaging in physical activity of more vigorous intensity or longer duration.
 - To help manage body weight and prevent gradual, unhealthy body weight gain in adulthood: Engage in approximately 60 minutes of moderate- to vigorous-intensity activity on most days of the week while not exceeding caloric intake requirements.
 - To sustain weight loss in adulthood: Participate in at least 60 to 90 minutes of daily moderate-intensity physical activity while not exceeding caloric intake requirements. Some people may need to consult with a healthcare provider before participating in this level of activity.
- Achieve physical fitness by including cardiovascular conditioning, stretching exercises for flexibility, and resistance exercises or calisthenics for muscle strength and endurance.

Key Recommendations for Specific Population Groups

- *Children and adolescents.* Engage in at least 60 minutes of physical activity on most, preferably all, days of the week.
- *Pregnant women.* In the absence of medical or obstetric complications, incorporate 30 minutes or more of moderate-intensity physical activity on most, if not all, days of the week. Avoid activities with a high risk of falling or abdominal trauma.
- *Breastfeeding women.* Be aware that neither acute nor regular exercise adversely affects the mother's ability to successfully breastfeed.
- *Older adults.* Participate in regular physical activity to reduce functional declines associated with aging and to achieve the other benefits of physical activity identified for all adults.

FOOD GROUPS TO ENCOURAGE

Key Recommendations

- Consume a sufficient amount of fruits and vegetables while staying within energy needs. Two cups of fruit and 2½ cups of vegetables per day are recommended for a reference 2,000-calorie intake, with higher or lower amounts depending on the calorie level.
- Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week.
- Consume 3 or more ounce-equivalents of whole-grain products per day, with the rest of the recommended grains coming from enriched or whole-grain products. In general, at least half the grains should come from whole grains.
- Consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.

Key Recommendations for Specific Population Groups

- *Children and adolescents.* Consume whole-grain products often; at least half the grains should be whole grains. Children 2 to 8 years should consume 2 cups per day of fat-free or low-fat milk or equivalent milk products. Children 9 years of age and older should consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.

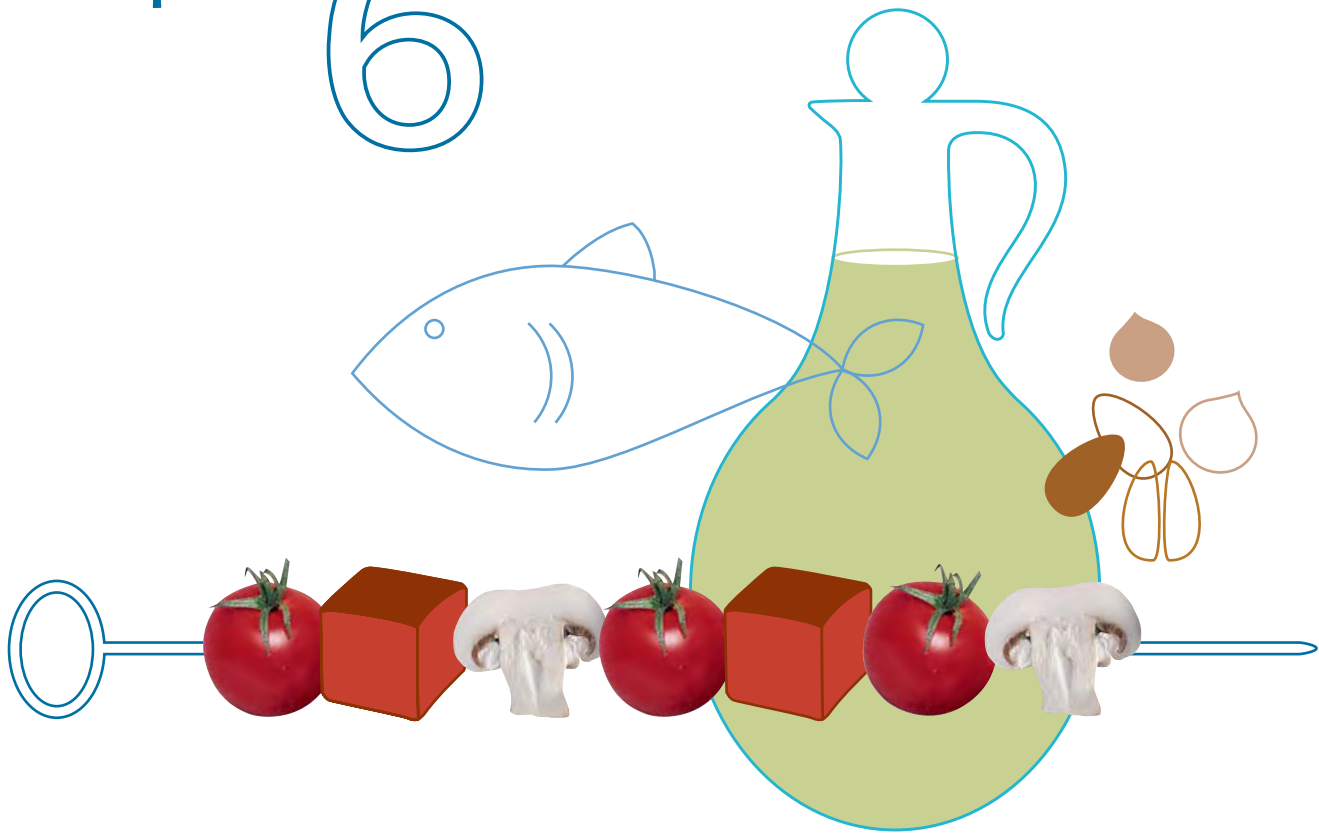
FATS

Key Recommendations

- Consume less than 10 percent of calories from saturated fatty acids and less than 300 mg/day of cholesterol, and keep *trans* fatty acid consumption as low as possible.
- Keep total fat intake between 20 to 35 percent of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils.
- When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat-free.
- Limit intake of fats and oils high in saturated and/or *trans* fatty acids, and choose products low in such fats and oils.



chapter 6



Fats

OVERVIEW

Fats and oils are part of a healthful diet, but the type of fat makes a difference to heart health, and the total amount of fat consumed is also important. High intake of saturated fats, *trans* fats, and cholesterol increases the risk of unhealthy blood lipid levels, which, in turn, may increase the risk of coronary heart disease. A high intake of fat (greater than 35 percent of calories) generally increases saturated fat intake and makes it more difficult to avoid consuming excess calories. A low intake of fats and oils (less than 20 percent of calories) increases the risk of inadequate intakes of vitamin E and of essential fatty acids and may contribute to unfavorable changes in high-density lipoprotein (HDL) blood cholesterol and triglycerides.

DISCUSSION

Fats supply energy and essential fatty acids and serve as a carrier for the absorption of the fat-soluble vitamins A, D, E, and K and carotenoids. Fats serve as building blocks of membranes and play a key regulatory role in numerous biological functions. Dietary fat is found in foods derived from both plants and animals. The recommended total fat intake is between 20 and 35 percent of calories for adults. A fat intake of 30 to 35 percent of calories is recommended for children 2 to 3 years of age and 25 to 35 percent of calories for children and adolescents 4 to 18 years of age. Few Americans consume less than 20 percent of calories from fat. Fat intakes that exceed 35 percent of calories are associated with both total increased saturated fat and calorie intakes.



To decrease their risk of elevated low-density lipoprotein (LDL) cholesterol in the blood, most Americans need to decrease their intakes of saturated fat and *trans* fats, and many need to decrease their dietary intake of cholesterol. Because men tend to have higher intakes of dietary cholesterol, it is especially important for them to meet this recommendation. Population-based studies of American diets show that intake of saturated fat is more excessive than intake of *trans* fats and cholesterol. Therefore, it is most important for Americans to decrease their intake of saturated fat. However, intake of all three should be decreased to meet recommendations. Table 8 shows, for selected calorie levels, the maximum gram amounts of saturated fat to consume to keep saturated fat intake below 10 percent of total calorie intake. This table may be useful when combined with label-reading guidance. Table 9 gives a few practical examples of the differences in the saturated fat content of different forms of commonly consumed foods. Table 10 provides the major dietary sources of saturated fats in the U.S. diet listed in decreasing order. Diets can be planned to meet nutrient recommendations for linoleic acid and α -linolenic acid while providing very low amounts of saturated fatty acids.

Based on 1994–1996 data, the estimated average daily intake of *trans* fats in the United States was about 2.6 percent of total energy intake. Processed foods and oils provide approximately 80 percent of *trans* fats in the diet, compared to 20 percent that occur naturally in food from animal sources. Table 11 provides the major dietary sources of *trans* fats listed in decreasing order. *Trans* fat content of certain processed foods has changed and is likely to continue to change as the industry reformulates products. Because the *trans* fatty acids produced in the partial hydrogenation of vegetable oils account for more than 80 percent of total intake, the food industry has an important role in decreasing *trans* fatty acid content of the food supply. Limited consumption of foods made with processed sources of *trans* fats provides the most effective means of reducing intake of *trans* fats. By looking at the food label, consumers can select products that are lowest in saturated fat, *trans* fats,¹³ and cholesterol.

To meet the total fat recommendation of 20 to 35 percent of calories, most dietary fats should come from sources of

KEY RECOMMENDATIONS

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- Keep total fat intake between 20 to 35 percent of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils.
- When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat-free.
- Limit intake of fats and oils high in saturated and/or *trans* fatty acids, and choose products low in such fats and oils.

Key Recommendations for Specific Population Groups

- *Children and adolescents.* Keep total fat intake between 30 to 35 percent of calories for children 2 to 3 years of age and between 25 to 35 percent of calories for children and adolescents 4 to 18 years of age, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils.

polyunsaturated and monounsaturated fatty acids. Sources of omega-6 polyunsaturated fatty acids are liquid vegetable oils, including soybean oil, corn oil, and safflower oil. Plant sources of omega-3 polyunsaturated fatty acids (α -linolenic acid) include soybean oil, canola oil, walnuts, and flaxseed. Eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) are omega-3 fatty acids that are contained in fish and shellfish. Fish that naturally contain more oil (e.g., salmon, trout, herring) are higher in EPA and DHA than are lean fish (e.g., cod, haddock, catfish). Limited evidence suggests an association between consumption of fatty acids in fish and reduced risks of mortality from cardiovascular disease for the general population. Other sources of EPA and DHA may provide similar benefits; however, more research is needed. Plant sources that are rich in monounsaturated fatty acids include vegetable oils (e.g., canola, olive, high oleic safflower, and sunflower oils) that are liquid at room temperature and nuts.

¹³ Including the amount of *trans* fats on the Nutrition Facts Panel is voluntary until January 2006.