

 **The New USDA Plate Icon - A Plate to Guide Healthy Eating – Food Pyramid is now History!** (<http://www.choosemyplate.gov/>)

Almost after twenty long years, the US Department of Agriculture is turning from the familiar food pyramid to illustrate healthy food choices to a dinner plate - a relatable visual meant to more easily conjure appropriate portion sizes and food selection. This new “My Plate” was unveiled on 2<sup>nd</sup> June 2011 by first lady Michelle Obama. The new design shows a dinner plate divided into four segments, showing the appropriate portion sizes for fruits, grains, vegetables and protein. A cup at the side indicates a portion of dairy (a glass of milk, fat-free or low-fat, about 1% only). According to the new guide, people should fill half their plates with fruits and vegetables, adding grains covers about three-quarters, reflecting a shifting emphasis toward plant-based diets. Probably right time for Indians, to introspect and strengthen/develop our own such ‘plate’.

 **Early Removal of Tonsils, Appendix Linked to Early MI** (*Eur Heart J* 2011; DOI: 10.1093/eurheartj/ehr137)

People who had their tonsils, appendix, or both removed before the age of 20 had a higher risk of acute myocardial infarction before age 40, according to a Swedish population study. When compared with controls and adjusted for parental occupation and parental history of acute myocardial infarction, these patients had a hazard ratio for MI of 1.33 with appendectomy and 1.44 with tonsillectomy. When appendectomy and tonsillectomy were analyzed together, the adjusted HR for the increase in risk with each operation was 1.34. These results are consistent with the hypothesis that subtle alterations in immune function following these operations may alter the subsequent cardiovascular risk. Further studies are

needed to confirm these findings and to explore possible mechanisms.

 **Energy Drinks Have No Place in Kids’ Diets** (*Pediatrics* 2011; 127: 1182-1189)

The use of sports and energy drinks is increasing in Indian children and adolescents. In a recent report by AAP, it’s emphasized that kids shouldn’t have energy drinks at all and only need sports drinks occasionally. It should be made clear to all that sports drinks often contain carbohydrates with significant amounts of calories as well as minerals and electrolytes and the excessive sugar and caloric intake may encourage dental erosion, overweight, and obesity. Children who do not engage in high-endurance activities should use plain water for hydration. Whereas energy drinks typically contain high concentrations of stimulants such as caffeine and should never be consumed by this age group.

 **Practice Guideline on Vitamin D** (*J Clin Endocrinol Metab* June 6, 2011 jc.2011-0385)

Recently held annual meeting of the Endocrine Society in USA has issued a clinical practice guideline for the evaluation, treatment, and prevention of vitamin D deficiency. The guideline states that “Based on all the evidence, at a minimum, we recommend vitamin D levels of 30 ng/mL, and because of the vagaries of some of the assays, to guarantee sufficiency, we recommend between 40 and 60 ng/mL for both children and adults.” It also states that for bone health, infants and children up to 1 year of age require at least 400 IU/day vitamin D, and children 1 year and older need at least 600 IU/day. However, at least 1000 IU/day of vitamin D may be needed to raise the blood level of 25(OH)D consistently above 30 ng/mL.

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