

VIEWPOINT

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Dietary Guidelines for Americans

The US Departments of Health and Human Services (DHHS) and Agriculture (USDA) have released the eighth edition (2015-2020) of the *Dietary Guidelines for Americans*.¹ The *Dietary Guidelines* are an important part of a complex and multifaceted solution to promoting health and preventing diet-related chronic diseases including cardiovascular disease, type 2 diabetes, some cancers, and obesity. The *Dietary Guidelines* are required under the National Nutrition Monitoring and Related Research Act of 1990 and inform the development of federal food, nutrition, and health policies and programs. They serve as the evidence-based foundation for federal government nutrition education materials and are used to inform programs like Older Americans Act Nutrition Services Programs and the Supplemental Nutrition Assistance Program (SNAP) that affect millions of people each day. The *Dietary Guidelines* can also be adapted by health care professionals to describe and recommend healthy eating to patients. Recent studies have shown that diets that align closely with the *Dietary Guidelines* are associated with a significant reduction in the onset of and deaths due to diet-related chronic diseases.^{2,3}

To update the *Dietary Guidelines*, as required by law, the Secretaries of the DHHS and the USDA

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formed an external Dietary Guidelines Advisory Committee made up of prestigious researchers and scientists in the fields of nutrition, health, and medicine. The 2015 advisory committee was charged with reviewing the 2010 *Dietary Guidelines* to determine topics for which new scientific evidence is likely available and to review that evidence to inform the development of the 2015-2020 edition. The committee used 4 approaches to review the available evidence: original systematic reviews; existing systematic reviews, meta-analyses, and reports by federal agencies or leading scientific organizations; data analyses; and food pattern modeling analyses. The work of the committee was submitted to the DHHS and USDA in the scientific report of the 2015 Dietary Guidelines Advisory Committee and made available for public comment. In addition to the committee report, the DHHS and USDA obtained input from

federal nutrition and medical experts and comments from the public to develop the 2015-2020 *Dietary Guidelines*.

Although many of the recommendations have remained relatively consistent over time, the *Dietary Guidelines* have evolved with scientific knowledge. For example, recent research has examined the relationship between overall eating patterns and health. Consequently, eating patterns are a main focus of the 2015-2020 *Dietary Guidelines*. For most individuals, achieving a healthy eating pattern may require adjustments in food and beverage choices because at the population level, Americans are not following healthy eating patterns. The current guidelines focus on shifts in eating patterns to align current dietary intake with their recommendations and highlight multiple strategies across all segments of society to promote healthy eating and physical activity behaviors.

Dietary Components of Public Health Concern

The 2015-2020 *Dietary Guidelines* contain 5 overarching goals and 13 key recommendations (Box).

Below is a brief summary of guidance for calories from added sugars and saturated fats, dietary cholesterol, and sodium. Additional information can be found at <http://www.health.gov/DietaryGuidelines>.¹

Calories From Added Sugars

When sugars are added to foods and beverages, they add calories without contributing essential nutrients. The recommendation to limit added sugars to less than 10% of calories per day is a target to help the public

achieve a healthy eating pattern—meeting nutrient and food group needs through nutrient-dense food and beverage choices while staying within calorie limits. This target is also informed by national data indicating that added sugars currently account for more than 13% of total calories consumed by the US population.⁵

Calories From Saturated Fats and Intake of Dietary Cholesterol

Intake of saturated fats should be limited to less than 10% of calories per day. Strong and consistent evidence shows that replacing saturated fats with polyunsaturated fats is associated with a reduced risk of cardiovascular disease events and deaths. The key recommendation from the 2010 *Dietary Guidelines* to limit consumption of dietary cholesterol to 300 mg/d is not included in the 2015 edition

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because adequate evidence is not available for a quantitative limit specific to the *Dietary Guidelines*. However, this change does not suggest that dietary cholesterol is no longer important to consider. In general, foods that are higher in dietary cholesterol, such as butter and sausage, also tend to be higher in saturated fats. Examples of healthy eating patterns in the *Dietary Guidelines* limit dietary cholesterol to a range of 100 to 300 mg/d.

Sodium

The scientific consensus from expert bodies, such as the Institute of Medicine,⁶ the American Heart Association, and Dietary Guidelines Advisory Committees, is that the average sodium intake among Americans aged 1 year or older, currently 3440 mg/d, is too high and should be reduced. Healthy eating patterns limit sodium to less than 2300 mg/d for adults and children aged 14 years or older and to the age- and sex-appropriate Tolerable Upper Intake Levels⁷ of sodium for children younger than 14 years. This recommendation is based on evidence showing a linear dose-response relationship between increased sodium intake and increased blood pressure in adults. Direct evidence for the association between sodium intake and risk of cardiovascular disease in adults is not as consistent as the evidence for blood pressure.

Conclusions

Everyone has a role in supporting healthy eating patterns. Concerted efforts among health care professionals, communities, businesses and industries, organizations, governments, and other segments of society are important to support individuals and families in making dietary and physical activity choices that align with the *Dietary Guidelines* and work for them. Health care professionals can help individuals identify how they can modify and improve their dietary patterns and intake to align with the *Dietary Guidelines*. Educational materials for both professionals and consumers will be available in 2016.

Box. Guidelines and Supporting Key Recommendations of the 2015-2020 Dietary Guidelines for Americans

Guidelines (Abbreviated)

Follow a healthy eating pattern across the life span.
Focus on variety, nutrient density, and amount.
Limit calories from added sugars and saturated fats and reduce sodium intake.
Shift to healthier food and beverage choices.
Support healthy eating patterns for all.

Key Recommendations

Follow a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level. A healthy eating pattern includes

A variety of vegetables from all of the subgroups—dark green, red and orange, legumes (beans and peas), starchy, and other fruits, especially whole fruits

Grains, at least half of which are whole grains

Fat-free or low-fat dairy, including milk, yogurt, cheese, and fortified soy beverages

A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products

Oils

A healthy eating pattern limits saturated fats and *trans* fats, added sugars, and sodium.

Key recommendations that are quantitative are provided for several components of the diet of particular public health concern that should be limited.

Consume less than 10% of calories per day from added sugars.

Consume less than 10% of calories per day from saturated fats.

Consume less than 2300 mg/d of sodium.

If alcohol is consumed, it should be consumed in moderation—up to 1 drink per day for women and up to 2 drinks per day for men—and only by adults of legal drinking age.

The *Dietary Guidelines* also include a key recommendation to meet the *Physical Activity Guidelines for Americans*.⁴

ARTICLE INFORMATION

Published Online: January 7, 2016.
doi:10.1001/jama.2015.18396.

Conflict of Interest Disclosures: All authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

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