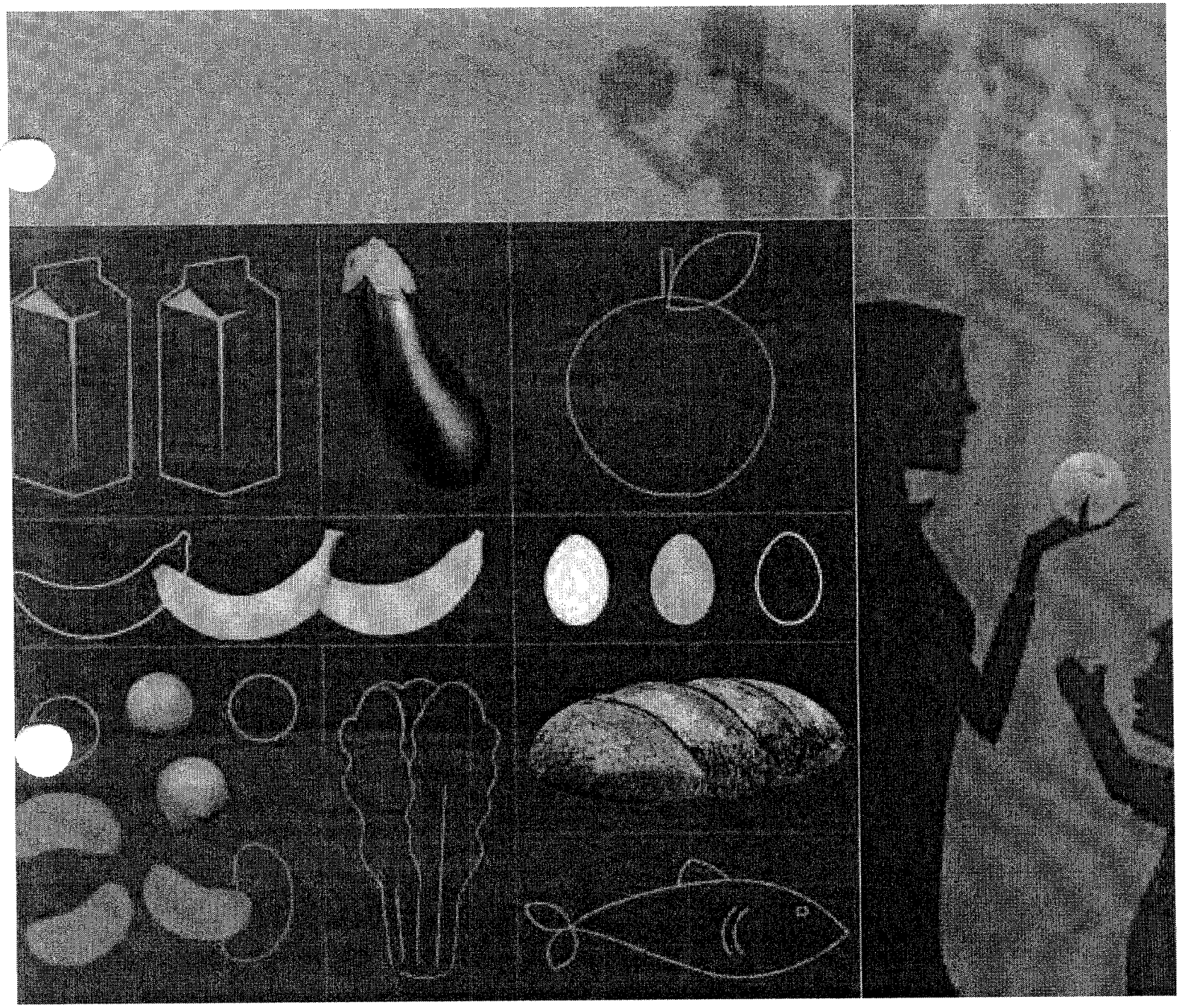
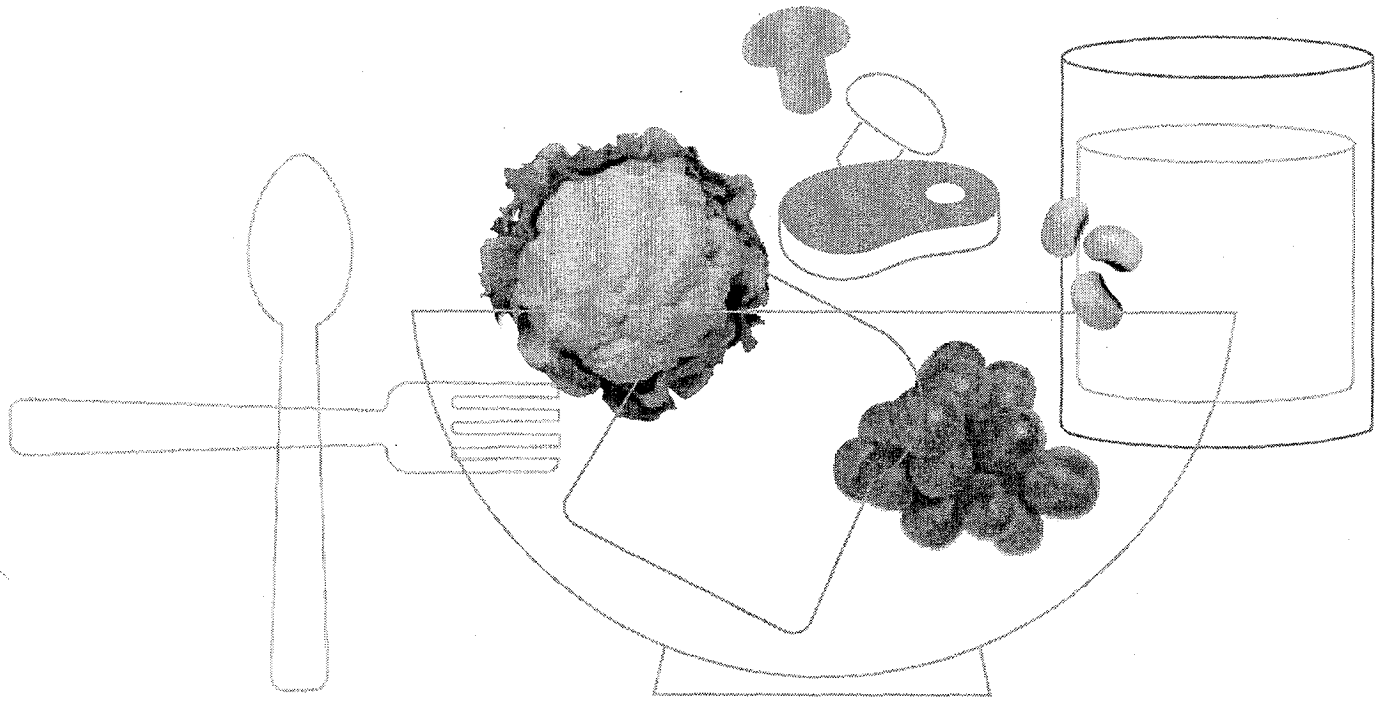


Dietary Guidelines for Americans 2005

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



Executive Summary

The *Dietary Guidelines for Americans [Dietary Guidelines]* provides science-based advice to promote health and to reduce risk for major chronic diseases through diet and physical activity. Major causes of morbidity and mortality in the United States are related to poor diet and a sedentary lifestyle. Some specific diseases linked to poor diet and physical inactivity include cardiovascular disease, type 2 diabetes, hypertension, osteoporosis, and certain cancers. Furthermore, poor diet and physical inactivity, resulting in an energy imbalance (more calories consumed than expended), are the most important factors contributing to the increase in overweight and obesity in this country. Combined with physical activity, following a diet that does not provide excess calories according to the recommendations in this document should enhance the health of most individuals.

An important component of each 5-year revision of the *Dietary Guidelines* is the analysis of new scientific information by the Dietary Guidelines Advisory Committee (DGAC) appointed by the Secretaries of the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA). This analysis, published in the DGAC Report (http://www.health.gov/dietaryguidelines/dga2005/report/), is the primary resource for development of the report on the Guidelines by the Departments. The *Dietary Guidelines* and the report of the DGAC differ in scope and purpose compared to reports for previous versions of the *Guidelines*. The 2005 DGAC report is a detailed scientific analysis. The scientific report was used to develop the *Dietary Guidelines* jointly between the two Departments and forms the basis of recommendations that will be used by USDA and HHS for program and policy development.

Thus it is a publication oriented toward policymakers, nutrition educators, nutritionists, and healthcare providers rather than to the general public, as with previous versions of the *Dietary Guidelines*, and contains more technical information.

The intent of the *Dietary Guidelines* is to summarize and synthesize knowledge regarding individual nutrients and food components into recommendations for a pattern of eating that can be adopted by the public. In this publication, Key Recommendations are grouped under nine inter-related focus areas. The recommendations are based on the preponderance of scientific evidence for lowering risk of chronic disease and promoting health. It is important to remember that these are integrated messages that should be implemented as a whole. Taken together, they encourage most Americans to eat fewer calories, be more active, and make wiser food choices.

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A basic premise of the *Dietary Guidelines* is that nutrient needs should be met primarily through consuming foods. Foods provide an array of nutrients and other compounds that may have beneficial effects on health. In certain cases, fortified foods and dietary supplements may be useful sources of one or more nutrients that otherwise might be consumed in less than recommended amounts. However, dietary supplements, while recommended in some cases, cannot replace a healthful diet.

Two examples of eating patterns that exemplify the *Dietary Guidelines* are the USDA Food Guide (http://www.usda.gov/cnpp/pyramid.html) and the DASH (Dietary Approaches to Stop Hypertension) Eating Plan.[1] Both of these eating patterns are designed to integrate dietary recommendations into a healthy way to eat for most individuals. These eating patterns are not weight loss diets, but rather illustrative examples of how to eat in accordance with the *Dietary Guidelines*. Both eating patterns are constructed across a range of calorie levels to meet the needs of various age and gender groups. For the USDA Food Guide, nutrient content estimates for each food group and subgroup are based on population-weighted food intakes. Nutrient content estimates for the DASH Eating Plan are based on selected foods chosen for a sample 7-day menu. While originally developed to study the effects of an eating pattern on the prevention and treatment of hypertension, DASH is one example of a balanced eating plan consistent with the 2005 *Dietary Guidelines*.

Throughout most of this publication, examples use a 2,000-calorie level as a reference for consistency with the Nutrition Facts Panel. Although this level is used as a reference, recommended calorie intake will differ for individuals based on age, gender, and activity level. At each calorie level, individuals who eat nutrient-dense foods may be able to meet their recommended nutrient intake without consuming their full calorie allotment. The remaining calories—the *discretionary calorie allowance*—allow individuals flexibility to consume some foods and beverages that may contain added fats, added sugars, and alcohol.

The recommendations in the *Dietary Guidelines* are for Americans over 2 years of age. It is important to incorporate the food preferences of different racial/ethnic groups, vege-

[1] NIH Publication No. 03-4082, Facts about the DASH Eating Plan, United States Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute, Karanja NM et al. *Journal of the American Dietetic Association (JADA)* 8:S19-27, 1999. http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/.

tarians, and other groups when planning diets and developing educational programs and materials. The USDA Food Guide and the DASH Eating Plan are flexible enough to accommodate a range of food preferences and cuisines.

The *Dietary Guidelines* is intended primarily for use by policymakers, healthcare providers, nutritionists, and nutrition educators. The information in the *Dietary Guidelines* is useful for the development of educational materials and aids policymakers in designing and implementing nutrition-related programs, including federal food, nutrition education, and information programs. In addition, this publication has the potential to provide authoritative statements as provided for in the Food and Drug Administration Modernization Act (FDAMA). Because the *Dietary Guidelines* contains discussions where the science is emerging, only statements included in the Executive Summary and the sections titled "Key Recommendations," which reflect the preponderance of scientific evidence, can be used for identification of authoritative statements. The recommendations are interrelated and mutually dependent; thus the statements in this document should be used together in the context of planning an overall healthful diet. However, even following just some of the recommendations can have health benefits.

The following is a listing of the *Dietary Guidelines* by chapter.

ADEQUATE NUTRIENTS WITHIN CALORIE NEEDS

Key Recommendations

- Consume a variety of nutrient-dense foods and beverages within and among the basic food groups while choosing foods that limit the intake of saturated and *trans* fats, cholesterol, added sugars, salt, and alcohol.
- Meet recommended intakes within energy needs by adopting a balanced eating pattern, such as the USDA Food Guide or the DASH Eating Plan.

Key Recommendations for Specific Population Groups

- *People over age 50.* Consume vitamin B_{12} in its crystalline form (i.e., fortified foods or supplements).
- *Women of childbearing age who may become pregnant.* Eat foods high in heme-iron and/or consume iron-rich plant foods or iron-fortified foods with an enhancer of iron absorption, such as vitamin C-rich foods.
- *Women of childbearing age who may become pregnant and those in the first trimester of pregnancy.* Consume adequate synthetic folic acid daily (from fortified foods or supplements) in addition to food forms of folate from a varied diet.
- *Older adults, people with dark skin, and people exposed to insufficient ultraviolet band radiation (i.e., sunlight).* Consume extra vitamin D from vitamin D-fortified foods and/or supplements.

WEIGHT MANAGEMENT

Key Recommendations

- To maintain body weight in a healthy range, balance calories from foods and beverages with calories expended.
- To prevent gradual weight gain over time, make small decreases in food and beverage calories and increase physical activity.

Key Recommendations for Specific Population Groups

- *Those who need to lose weight.* Aim for a slow, steady weight loss by decreasing calorie intake while maintaining an adequate nutrient intake and increasing physical activity.
- *Overweight children.* Reduce the rate of body weight gain while allowing growth and development. Consult a healthcare provider before placing a child on a weight-reduction diet.
- *Pregnant women.* Ensure appropriate weight gain as specified by a healthcare provider.
- *Breastfeeding women.* Moderate weight reduction is safe and does not compromise weight gain of the nursing infant.
- *Overweight adults and overweight children with chronic diseases and/or on medication.* Consult a healthcare provider about weight loss strategies prior to starting a weight-reduction program to ensure appropriate management of other health conditions.

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.

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.

CARBOHYDRATES

Key Recommendations

- Choose fiber-rich fruits, vegetables, and whole grains often.
- Choose and prepare foods and beverages with little added sugars or caloric sweeteners, such as amounts suggested by the USDA Food Guide and the DASH Eating Plan.
- Reduce the incidence of dental caries by practicing good oral hygiene and consuming sugar- and starch-containing foods and beverages less frequently.

SODIUM AND POTASSIUM

Key Recommendations

- Consume less than 2,300 mg (approximately 1 tsp of salt) of sodium per day.
- Choose and prepare foods with little salt. At the same time, consume potassium-rich foods, such as fruits and vegetables.

Key Recommendations for Specific Population Groups

- *Individuals with hypertension, blacks, and middle-aged and older adults.* Aim to consume no more than 1,500 mg of sodium per day, and meet the potassium recommendation (4,700 mg/day) with food.

ALCOHOLIC BEVERAGES

Key Recommendations

- Those who choose to drink alcoholic beverages should do so sensibly and in moderation—defined as the consumption of up to one drink per day for women and up to two drinks per day for men.
- Alcoholic beverages should not be consumed by some individuals, including those who cannot restrict their alcohol intake, women of childbearing age who may become pregnant, pregnant and lactating women, children and adolescents, individuals taking medications that can interact with alcohol, and those with specific medical conditions.
- Alcoholic beverages should be avoided by individuals engaging in activities that require attention, skill, or coordination, such as driving or operating machinery.

FOOD SAFETY

Key Recommendations

- To avoid microbial foodborne illness:
  - Clean hands, food contact surfaces, and fruits and vegetables. Meat and poultry should *not* be washed or rinsed.
  - Separate raw, cooked, and ready-to-eat foods while shopping, preparing, or storing foods.
  - Cook foods to a safe temperature to kill microorganisms.
  - Chill (refrigerate) perishable food promptly and defrost foods properly.
  - Avoid raw (unpasteurized) milk or any products made from unpasteurized milk, raw or partially cooked eggs or foods containing raw eggs, raw or undercooked meat and poultry, unpasteurized juices, and raw sprouts.

Key Recommendations for Specific Population Groups

- *Infants and young children, pregnant women, older adults, and those who are immunocompromised.* Do not eat or drink raw (unpasteurized) milk or any products made from unpasteurized milk, raw or partially cooked eggs or foods containing raw eggs, raw or undercooked meat and poultry, raw or undercooked fish or shellfish, unpasteurized juices, and raw sprouts.
- *Pregnant women, older adults, and those who are immunocompromised:* Only eat certain deli meats and frankfurters that have been reheated to steaming hot.