

Humble wholegrains. Gut Health Heroes

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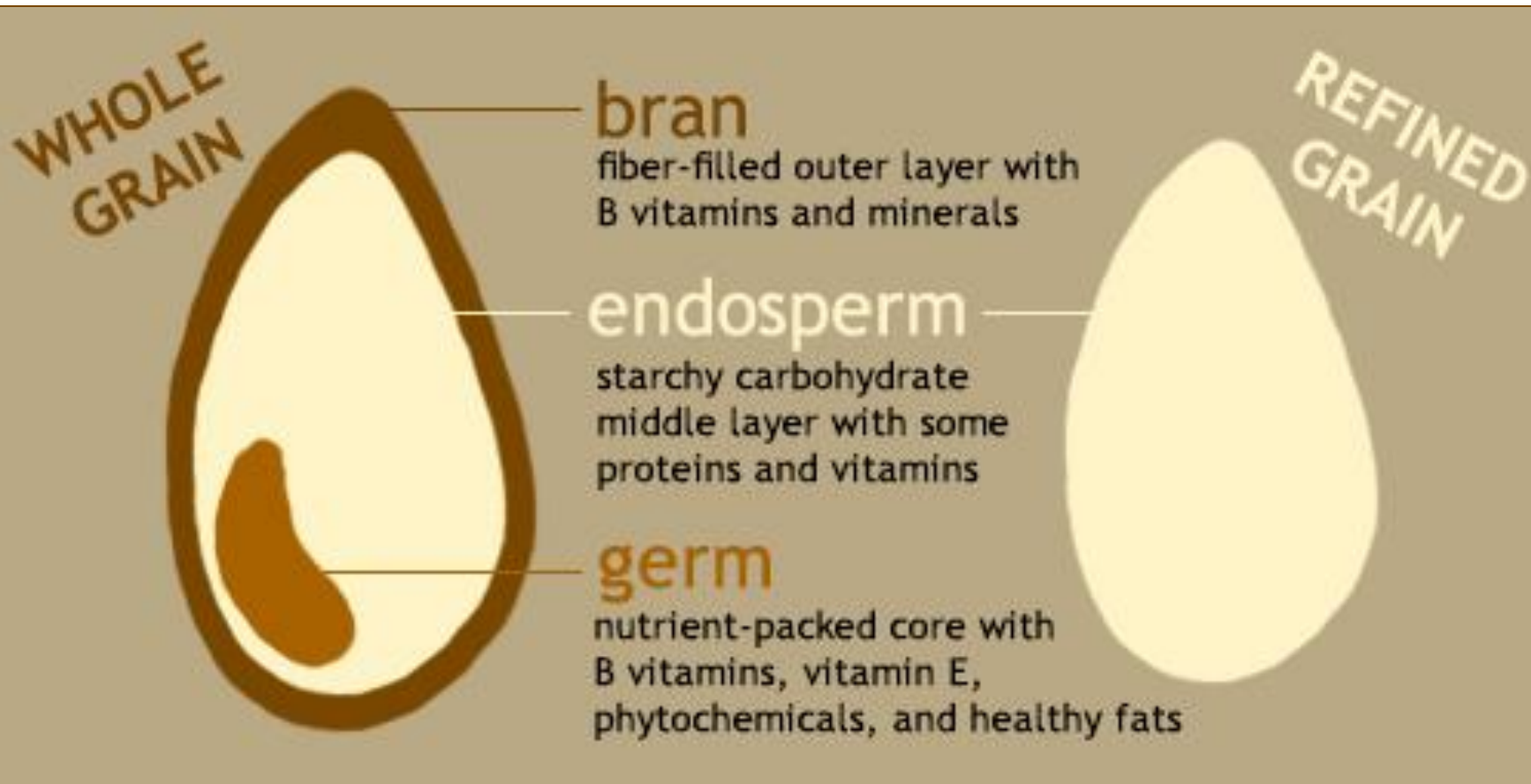


Potential perceived conflicts of interest



- Arnott's – Honorarium for today's talk
- Kellogg's – sponsored previous work on fibre & whole grains
- Mars Foods Australia – has funded work on vegetables including fibre intake

Wholegrains, nutrition & health



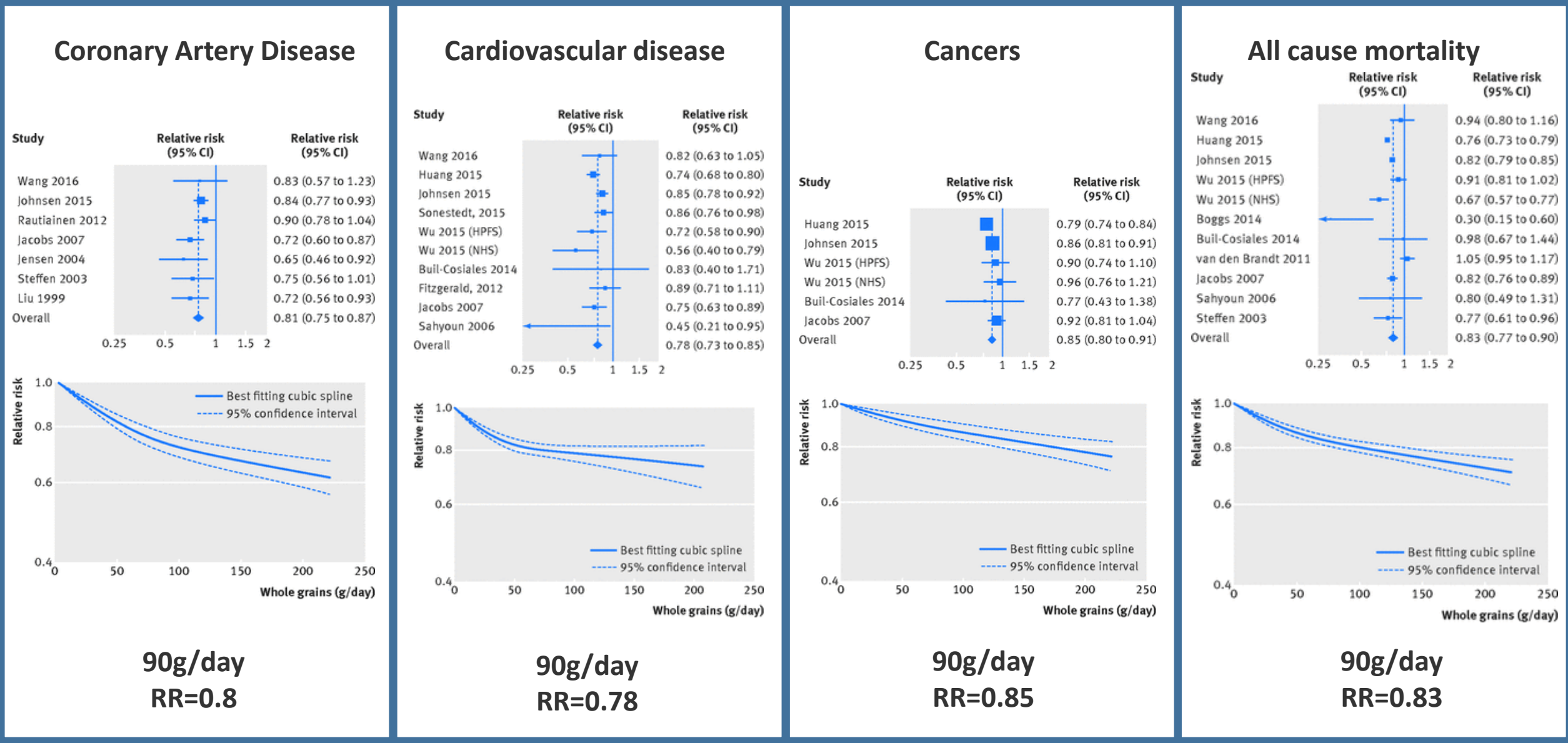
↑whole grain +high fibre intakes ↓odds

- Gain weight
- Heart disease
- Type 2 diabetes
- Bowel cancer
- All cause mortality

Maintenance of gut microbiota – SCFAs & other metabolites

+ emerging evidence for inflammatory diseases

Whole grain consumption and risk of cardiovascular disease, cancer, and all cause and cause specific mortality: systematic review and dose-response meta-analysis of prospective studies



Grains in the ADGs & AGHE



**Grain (cereal) foods,
mostly wholegrain
and/or high cereal
fibre varieties**

GUIDELINE 2

ENJOY A WIDE VARIETY OF NUTRITIOUS FOODS FROM THESE FIVE GROUPS EVERY DAY:

- Plenty of vegetables, including different types and colours, and legumes/beans
- Fruit
- Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
- Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
- Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat (reduced fat milks are not suitable for children under the age of 2 years)

And drink plenty of water.



Australian Government
National Health and Medical Research Council
Department of Health and Ageing

www.eatforhealth.gov.au

Australian Guide to Healthy Eating

Enjoy a wide variety of nutritious foods from these five food groups every day.
Drink plenty of water.



Use small amounts

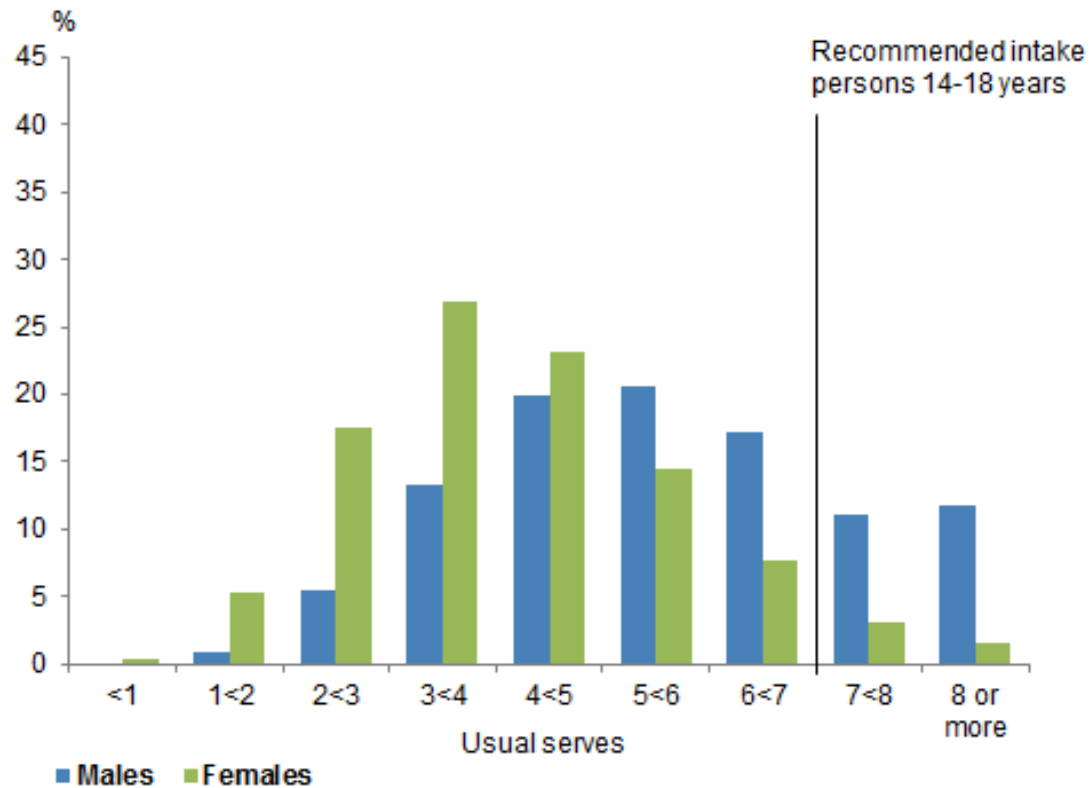


Only sometimes and in small amounts

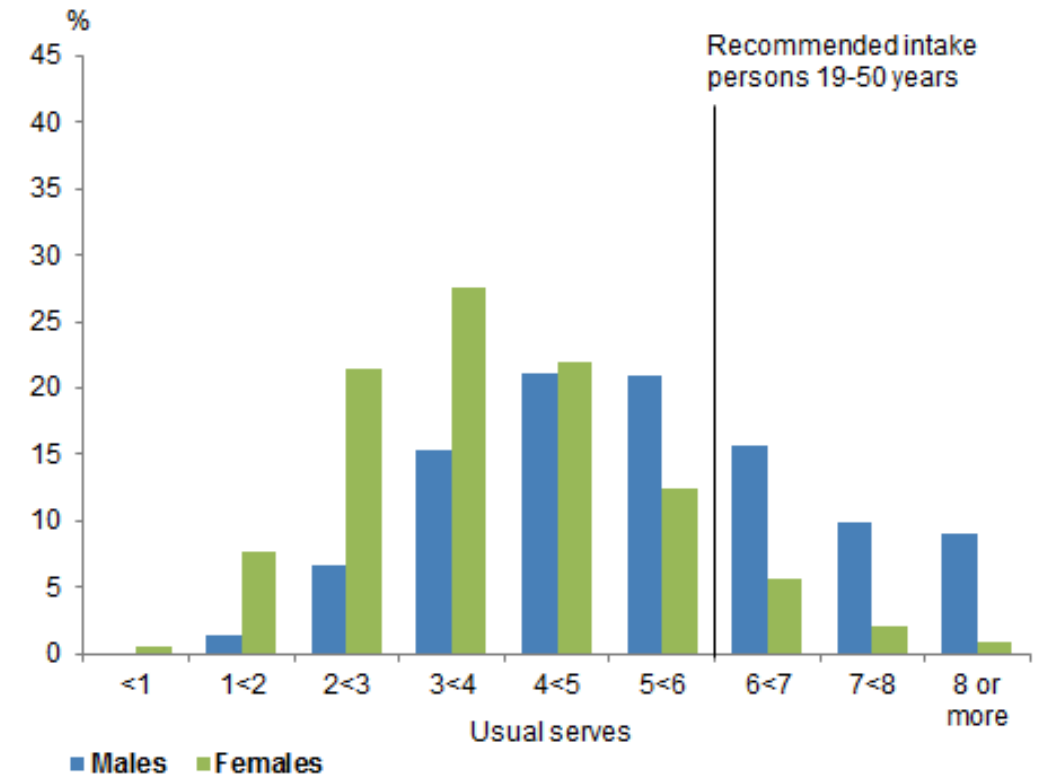


What we are actually eating

Persons 14-18 years- Usual serves consumed per day of grains (cereals)(a)(b), 2011-12



Persons 19-50 years - Usual serves consumed per day of grains (cereals)(a)(b), 2011-12



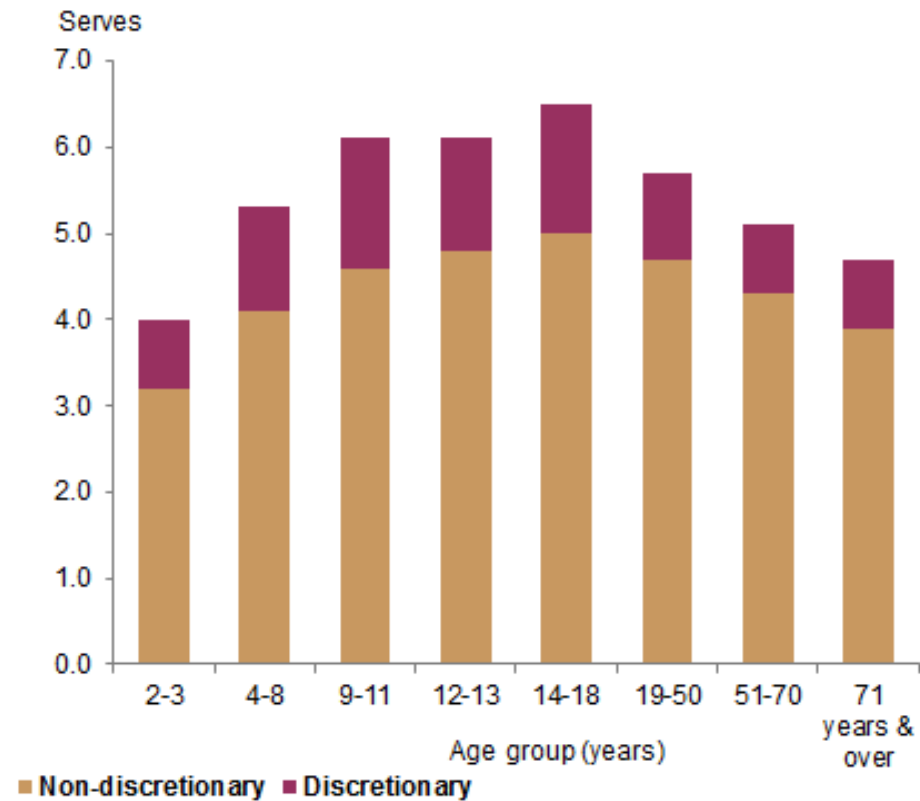
(a) Based on Day 1. See [Glossary](#) for definition.

(b) From non-discretionary sources.

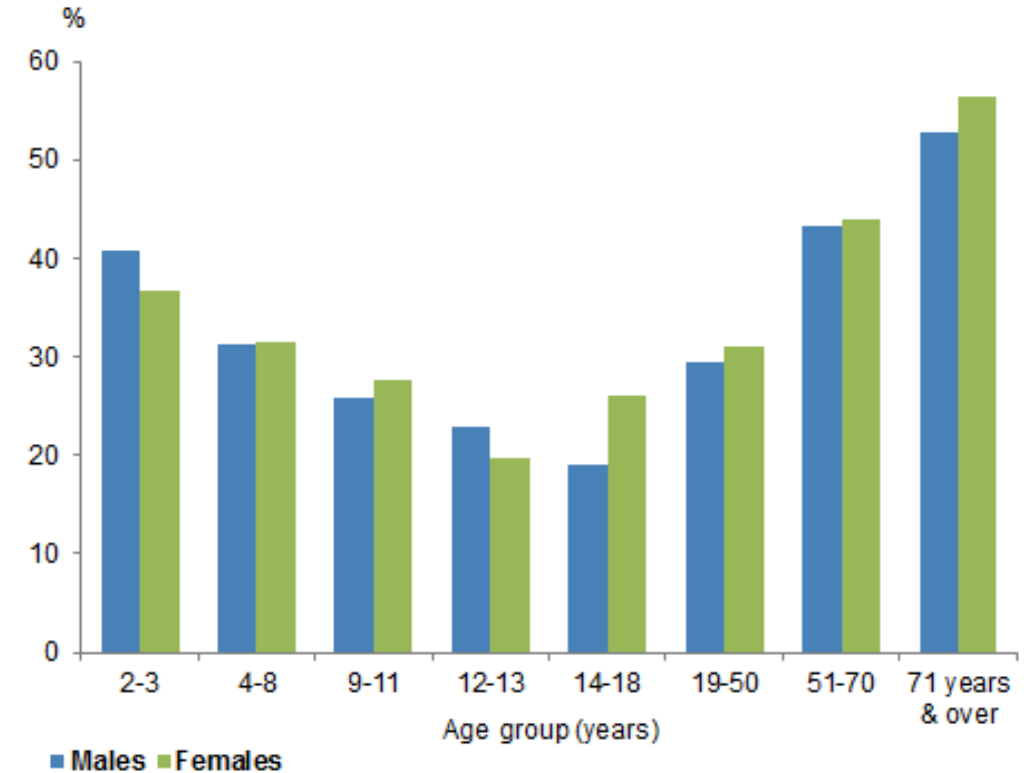
Source: National Nutrition and Physical Activity Survey, 2011-12.

What we are actually eating

Persons 2 years & over - Mean serves grain (cereals) from discretionary and non-discretionary sources(a), 2011-12



Persons 2 years & over - Proportion of serves, grains (cereals) from wholegrain and high fibre varieties(a)(b), 2011-12

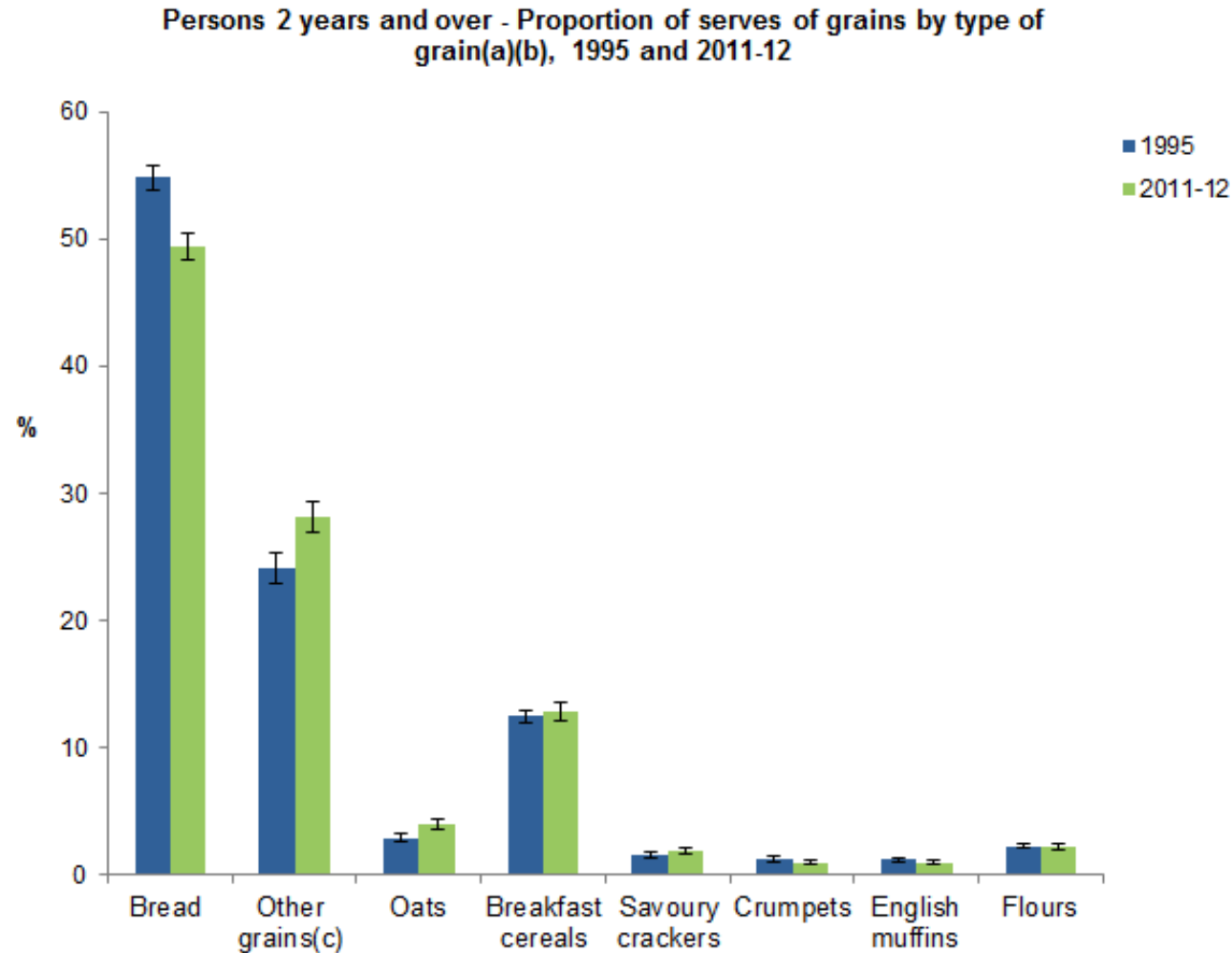


(a) Based on Day 1. See [Glossary](#) for definition.

(b) From non-discretionary sources.

Source: National Nutrition and Physical Activity Survey, 2011-12.

What we are actually eating



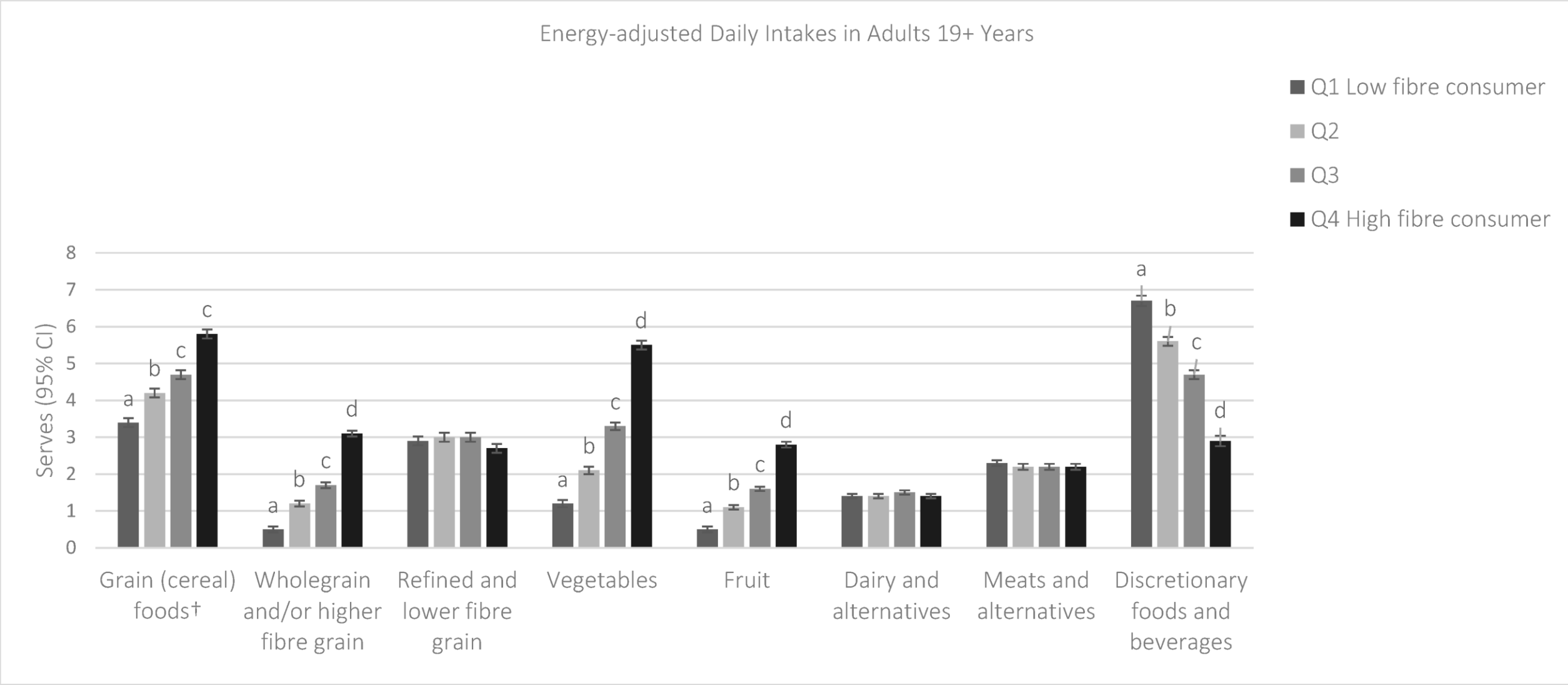
(a) Based on Day 1. See [Glossary](#) for definition.

(b) From non-discretionary sources.

Source: National Nutrition and Physical Activity Survey, 2011-12.

Quality matters

Energy-adjusted Daily Intakes in Adults 19+ Years

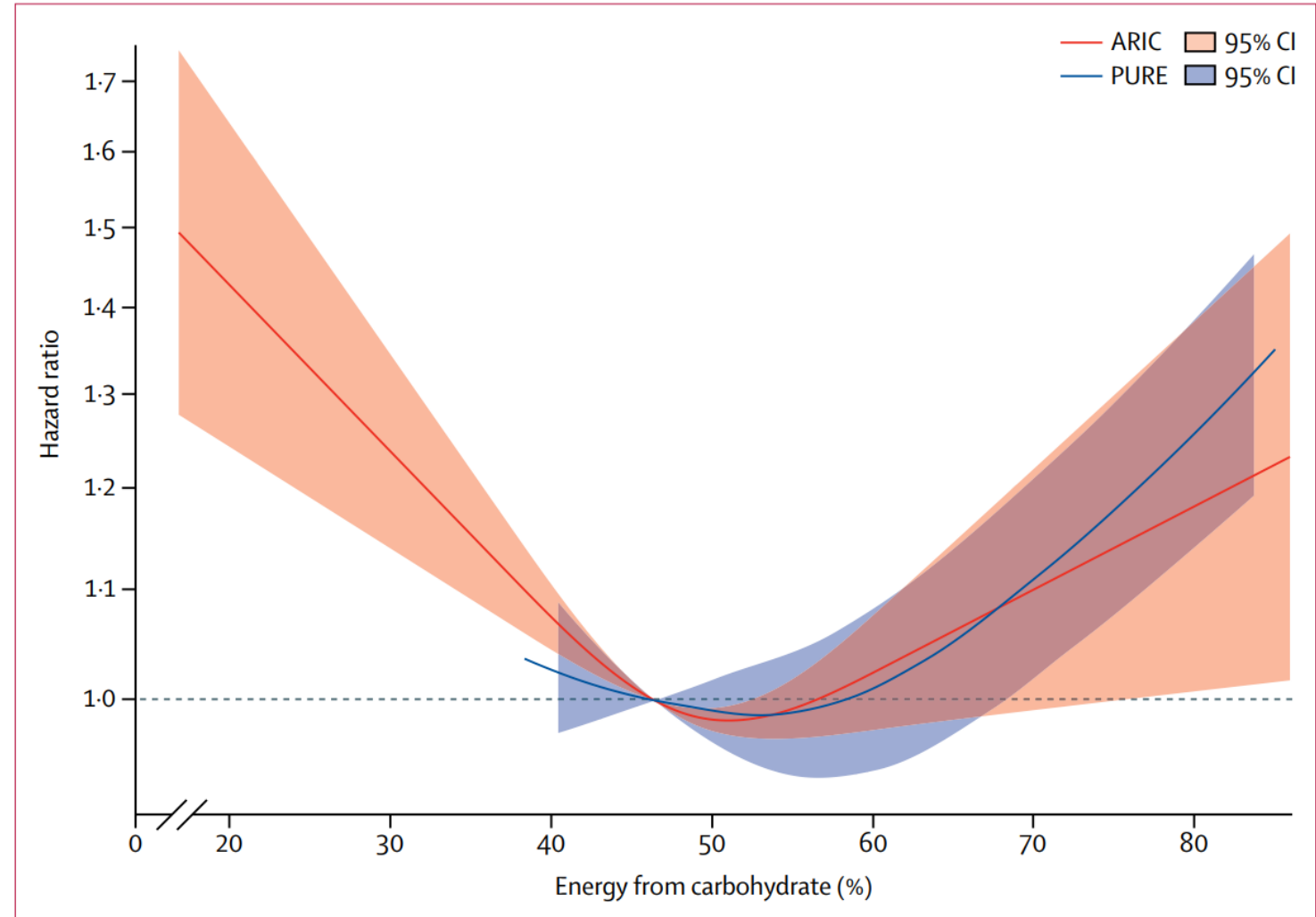


The misunderstandings

Grains & Legumes Nutrition Council Attitudes Survey (triennial consumption survey -2017)

- **47%** of people **actively choose** to eat less grain foods than AGHE recommendations.
- Common reasons provided for grain avoidance were to assist with weight loss and a perceived link between grain foods and bloating.
- ~50% of people confused about identifying wholegrain or high fibre foods
- In all age groups (except women 51+ years), less than 10% of people surveyed were able to identify their recommended number of daily core grain serves.

The potential problem with low carb diets



The potential
problem with
low carb diets

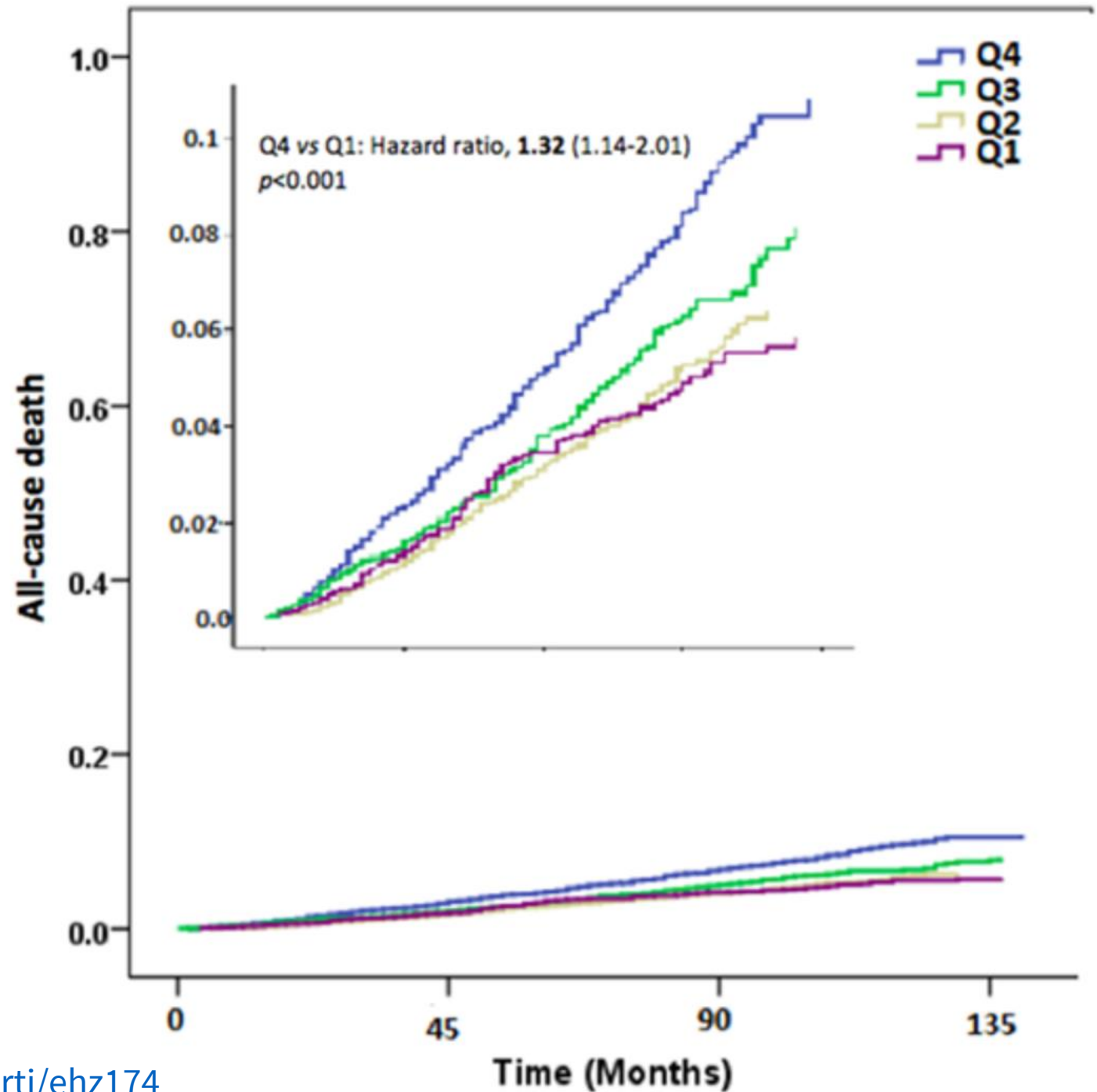


Table 1 NHMRC Evidence Hierarchy: designations of ‘levels of evidence’ according to type of research question (including explanatory notes)

Level	Intervention ¹	Diagnostic accuracy ²	Prognosis	Aetiology ³	Screening Intervention
I ⁴	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies	A systematic review of level II studies
II	A randomised controlled trial	A study of test accuracy with: an independent, blinded comparison with a valid reference standard, ⁵ among consecutive persons with a defined clinical presentation ⁶	A prospective cohort study ⁷	A prospective cohort study	A randomised controlled trial
III-1	A pseudorandomised controlled trial (i.e. alternate allocation or some other method)	A study of test accuracy with: an independent, blinded comparison with a valid reference standard, ⁵ among non-consecutive persons with a defined clinical presentation ⁶	All or none ⁸	All or none ⁸	A pseudorandomised controlled trial (i.e. alternate allocation or some other method)
III-2	A comparative study with concurrent controls: <ul style="list-style-type: none"> ▪ Non-randomised, experimental trial⁹ ▪ Cohort study ▪ Case-control study ▪ Interrupted time series with a control group 	A comparison with reference standard that does not meet the criteria required for Level II and III-1 evidence	Analysis of prognostic factors amongst persons in a single arm of a randomised controlled trial	A retrospective cohort study	A comparative study with concurrent controls: <ul style="list-style-type: none"> ▪ Non-randomised, experimental trial ▪ Cohort study ▪ Case-control study
III-3	A comparative study without concurrent controls: <ul style="list-style-type: none"> ▪ Historical control study ▪ Two or more single arm study¹⁰ ▪ Interrupted time series without a parallel control group 	Diagnostic case-control study ⁶	A retrospective cohort study	A case-control study	A comparative study without concurrent controls: <ul style="list-style-type: none"> ▪ Historical control study ▪ Two or more single arm study
IV	Case series with either post-test or pre-test/post-test outcomes	Study of diagnostic yield (no reference standard) ¹¹	Case series, or cohort study of persons at different stages of disease	A cross-sectional study or case series	Case series

Grain free fads

Diets

Gluten free

Paleo

Keto

Grain Free

Products



GRAIN FREE

Potential consequences

Low fibre

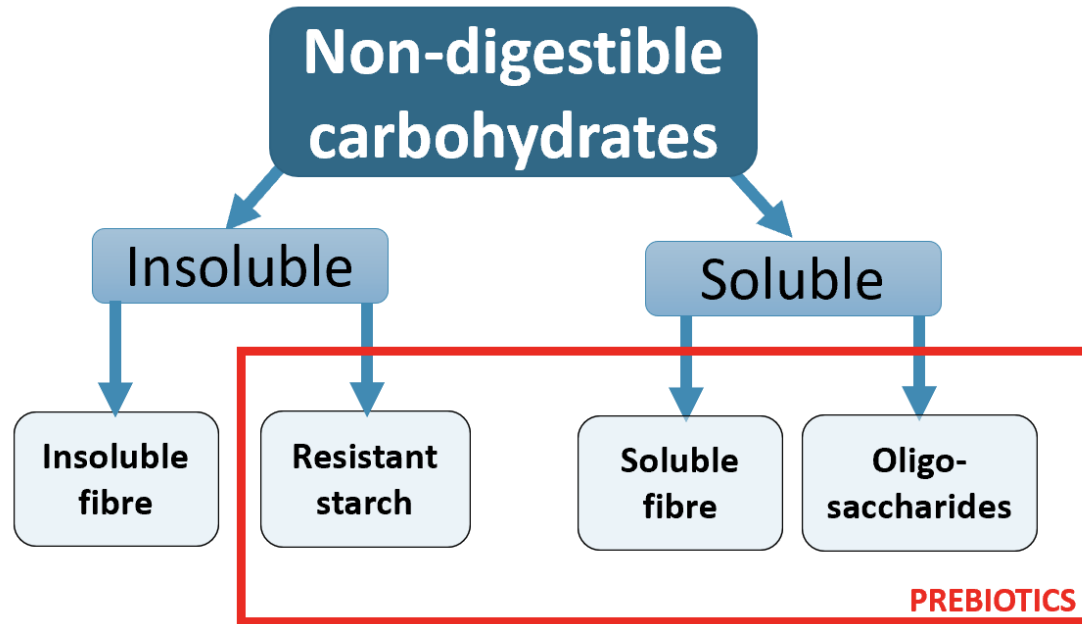
Constipation, colorectal cancer, diverticulitis, ↑cholesterol levels, ↓satiety signalling, ↓management blood sugars, weight, PMS

Dysbiosis

↓SCFAs, antimicrobial peptides, release of phenolics & nutrients, nutrient absorption, ↑mucosal thinning,

Nutrient deficiencies

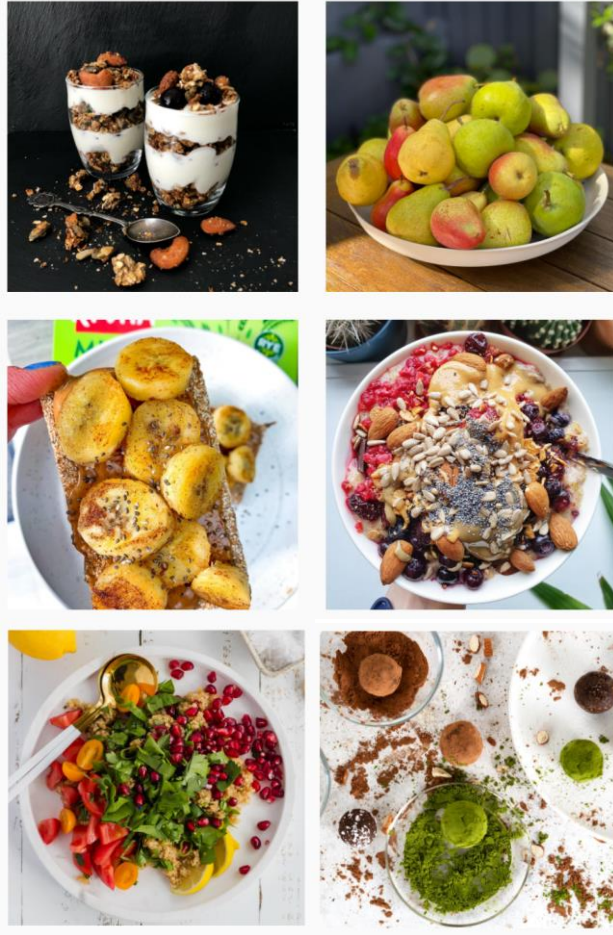
The problem with focus on prebiotics, specific fibres or features



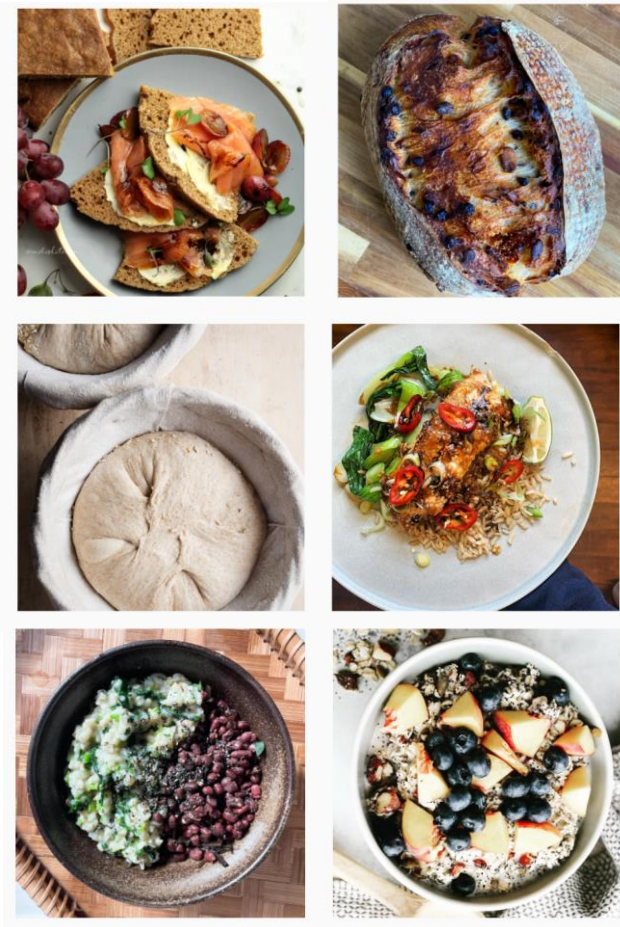
- Study individual types but eat **foods**
- Confuses the messaging
- Does nothing to dispelling myths & confusion
- Different bacteria eat different fibres
- Not all about bacteria food – the insoluble is also their “home”
- Don’t want to promote one at the expense of others – encourage variety
- Vegetables – generally accepted as healthful

The Instagram effect

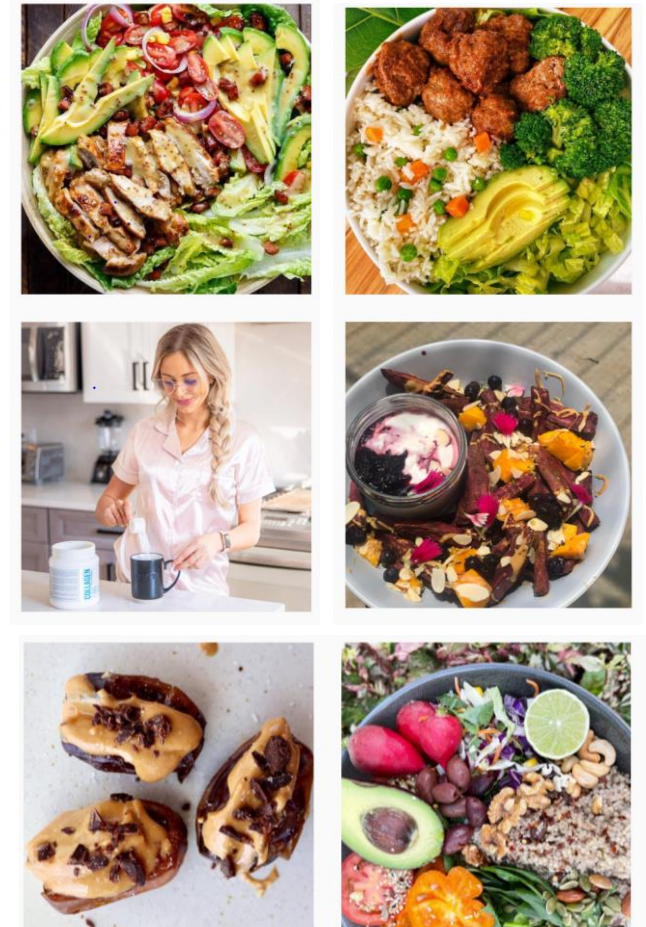
#fibre 660,000+



#wholegrain 430,000+



#guthealth 3,200,000+

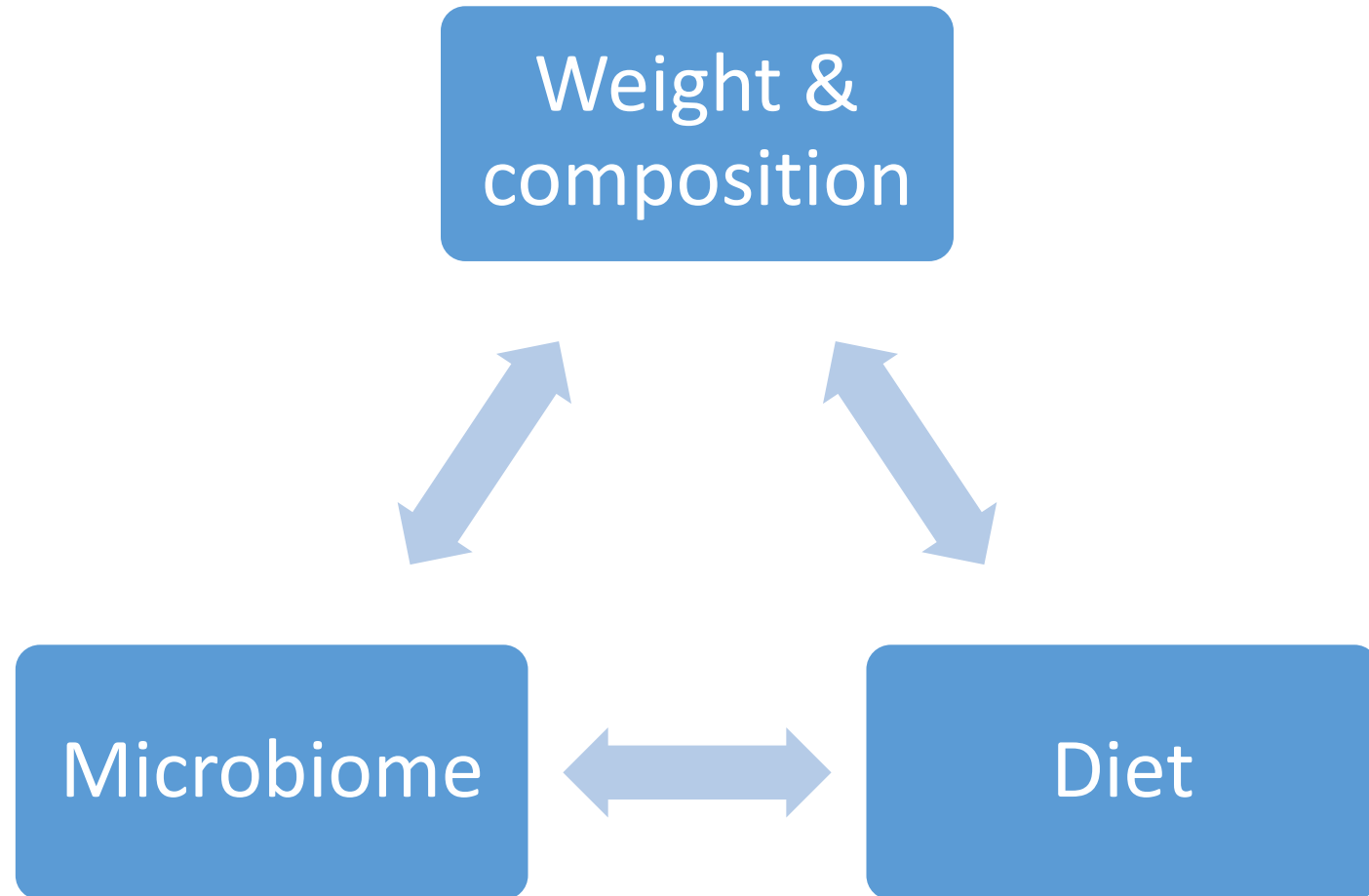


Perceived problems with fibre & wholegrains

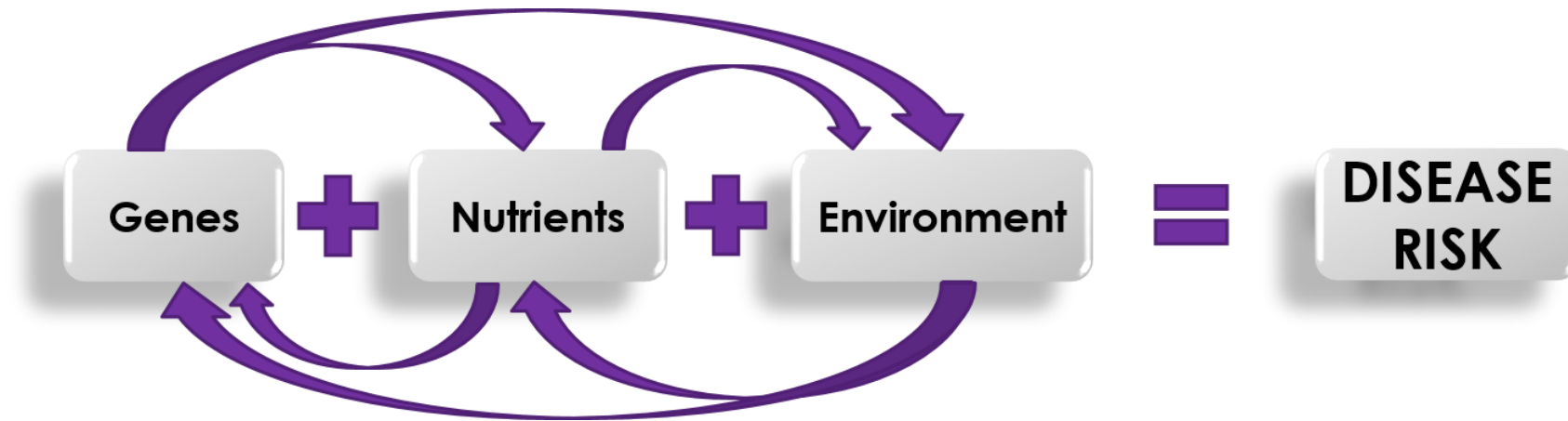
- Gas
- Bloating
- Disruption of nutrient absorption
 - Processing is “unnatural”
 - Temporary weight gain
 - Perceived energy density
 - Inflammation



Interactive responses



Personalized responses



Moving forward



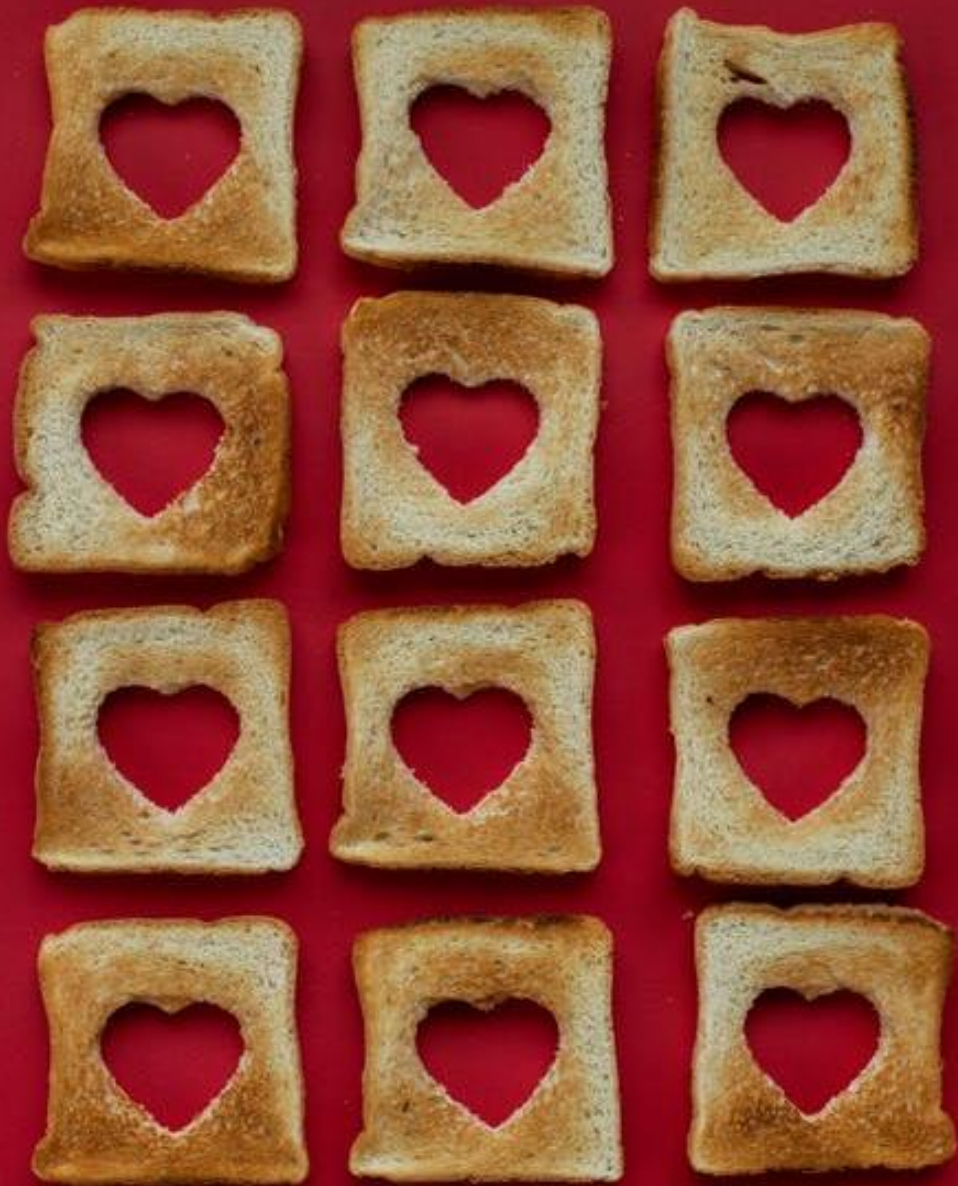
Support
research



Consider off-target
impacts of messaging



Transition
approach



Questions?

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