

Pediatrician Says Dairy Products Benefit Health

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FEASTERVILLE (Bucks Co.) — Adults can be severely misguided if they attempt to impose adult dietary parameters on children, according to a leading Harvard pediatric physician.

Dr. Ronald Kleinman, associate professor of pediatrics at Harvard Medical School, was one of three guest speakers Tuesday at the annual banquet and meeting of the Dairy Council Inc., held at the Buck Hotel and Convention Center in Feasterville.

Kleinman, who is also chairman of the Nutrition Committee of the American Academy of Pediatrics, discussed heart disease, its links to cholesterol levels in adults and children, and current recommendations for testing of blood cholesterol.

"Any kind of guidelines for heart disease and cholesterol, especially for children, are going to change within the next 10 years," Kleinman said, adding that some of the current advice will remain, but much of what has been recommended about cholesterol and heart disease will be replaced by new advice.

According to Kleinman, there is a connection between cholesterol at childhood and saturated fats in diets and heart disease in adults. But taking the connection too far is not advisable, he said.

"It's a big leap between the diet for adults and the diet for children. The primary goal for children is to grow and develop normally," he said.

Parents who misguidedly restrict the types and amounts of fats in a child's diet to less than 30 percent of the calories run the risk of having their children develop nutritionally deficient.

He said blood cholesterol is an important determinant for heart disease. A 1-percent rise in blood cholesterol is about equal to a 2- to 3-percent rise in risk of heart disease.

However, simply using that information to make decisions about a child's diet is wrong, mainly because of the poor predictability as to whether a child with high amounts of low-density lipids (LDL, or bad cholesterol) carries that same problem into adulthood is poor.

"I'm not sure we can identify children who may have a problem as adults," he said, adding that that statement may seem at odds with recommendations he helped to form for the testing of children for cholesterol levels.

What has been shown is that the levels of total blood cholesterol in people changes greatly while maturing from birth to adulthood.

According to Kleinman no child under two years should have a fat-restricted diet, since they have large energy and nutritive requirements, which includes fats and fatty acids.

He said however, that at birth, a child's cholesterol level is about 74 milligrams cholesterol per decaliter of blood, while fat triglycerides average about 37 mg/dcl.

Those levels change rapidly at certain times in development, such as at the onset and immediately prior to puberty, with an average level ranging from 160 to 175 milligrams, taking into account the gender, ethnic, and racial differences in cholesterol levels.

What it means, he said, is that cholesterol levels change widely during a lifetime, especially during

the formative years while growing up. Therefore, tests which may be high may very well be well down within a matter of months, because of the natural changes.

Also differences between boys and girls are such that LDL levels increase for boys, while the high density lipoprotein levels soar for girls.

The recommendations by the American Academy of Pediatrics which resulted from work by the nutrition committee which Kleinman chairs, take much of this uncertainty and inaccuracy in testing into account. Those recommendations are also supported by the National Institute of Health.

Kleinman said that cholesterol levels should be consistent with the fluctuations, and any high test readings should be followed up with repeated tests to confirm abnormally high levels before any restrictions on fat should occur, other than trying to keep intake to about 30 percent, no more than 10 percent should be saturated fats.

There are children at risk, especially those who are obese, smoke cigarettes and lethargic. They run a higher risk of heart disease as an adult.

Genetic expression is also considered to be strong factor in cholesterol levels, he said.

Children whose parents are 55 or younger and have suffered heart disease are considered at higher risk for developing heart disease, he said. Those children and others, who are shown through accurate testing methods to be at risk are the ones who would need medically prescribed controls.

There are also children who may be included, depending on various factors and the decision of a pediatrician.

Kleinman said that cholesterol testing will probably change great-

ly within the next 10 years and may focus more on total fat compositions, or even triglycerides, to better indicate risk of heart disease.

Also, he said a study that followed people's blood cholesterol from childhood over the next 15 years. He said that only those whose blood cholesterol level was 170 milligrams per decaliter of blood and above were followed.

As it turned out only 32 percent ended up having elevated cholesterol levels as adults. He said that means 68 percent would have been mislabeled as children as having a high risk for heart disease.

He said that another study following the 90th percentile of children with elevated blood cholesterol, that is above 200 mg/dcl, resulted in 52 percent requiring intervention as adults, meaning changes in diet and lifestyle, while 48 percent were mislabeled as being at risk.

Therefore selective testing is recommended.

"It seems to be a progressive process," Kleinman said of scarring of the blood vessel walls by the movement of fat through tissue.

He said that even if a child or young adult has a high blood cholesterol that only indicates a risk of developing high blood cholesterol as an adult, which is the risk for heart disease.

Also, high blood cholesterol in adults is nothing more than an indication of higher risk to heart disease, not a promise.

Therefore, Kleinman said that to prevent the psychosocial problems of being labeled as a high risk, growth inhibition, unnecessary costs and possible adverse side effects of medicines, people shouldn't over-react to concern over dietary fat intake because it could be more damaging than a slight increase in cholesterol



On the left, Dr. Ronald Kleinman, a leading pediatrician, and Althea Zaneckosky, a media specialist, stand in front of the new Dairy Council Inc public display.

which may very well disappear with time.

He said that as far as dairy products, they should be a part of a diet. He said he personally enjoys chocolate, which is high in fat and sugar, and that it doesn't have to be omitted from a diet.

"There is no such things as a bad food," he said, adding that all foods are good as long as the variety is wide and the intake of any one is not out of balance.

He also talked about balance as not necessarily occurring over a single 12-hour period, but over the course of several days.

Testing under the recommendations of the American Academy of Pediatrics would carry a national

cost from \$350 million to \$370 million to start up and several hundred thousand a year after that.

The number of children who would be tested during the first year would be 14.5 million, which an annual testing of about a million children.

Children who are active, maintain a normal body weight, keep total fat consumption to about 30 percent of the total diet or no more than 300 milligrams cholesterol per day.

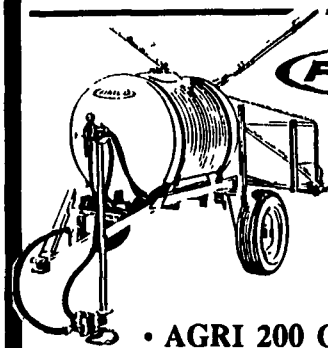
Not all saturated fats are harmful, also, he said. He specifically pointed out that Stearic Acid which is a fatty acid in chocolate and beef does not affect the blood

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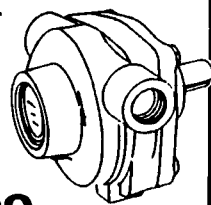


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