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The Truth Behind Artificial Sweeteners

It shouldn't come as a surprise to anyone that excessive sugar intake contributes to the development of obesity, diabetes and high blood pressure. What you might not know, is that all of these are risk factors for kidney disease.

As these associations have become apparent over the last fifty years, scientists, doctors, chefs and consumers have led the search for the perfect sugar substitute. The world is now full of them. You've probably heard of or tried most of them. Some have been around for a long time such as Saccharin, Aspartame, and Sucralose (otherwise known as Sweet'N Low, Equal and Splenda), others have recently made their way into your foods, like Truvia, Stevia, and even more are hidden in your food, but you probably never knew they were there, like sugar alcohols such as Sorbitol and Xylitol. From baked goods to salad dressings, sodas

and juices to breakfast cereals and puddings; these substances sweeten foods with a strength that ranges from 200 times all the way up to 20,000 times sweeter than traditional sugar.

While these sugar substitutes often please our sweet tooth without added calories or increased blood sugars, questions remain. Are these substitutes safe? Will they do any damage to your kidneys? Are they better than real sugar for people with kidney disease?

While the answers to these questions aren't fully known, let's review what information we do have.

1. Do They Cause Cancer?

Saccharin is one of the oldest artificial sweeteners. In the 1980s, Congress designated any food containing Saccharin needed a warning label, describing the as-

sociation between it and cancer in laboratory animals. It later turned out this concern was unsupported, and the warning label was removed. More importantly, further studies have not demonstrated any association between any of the artificial sweeteners and cancer.

2. Will They Help Me Lose Weight?

Prevention and treatment of obesity, a risk factor for high blood pressure and diabetes, should be a priority for all of us. Since we know over consumption of sugar leads to obesity, it should be easy to conclude that we should all try the sugar substitutes instead, right? Unfortunately, the answer isn't that simple. Over the last 20 years, studies have demonstrated a variety of results on this topic, some beneficial and some not.

In the short term, it does appear changing to sugar substitutes can help with weight loss, but this doesn't necessarily continue for the long term. There are several possible explanations for this. Here are some proposed, but not yet proven, mechanisms:

- Sugar substitutes, because they don't have calories, may not signal the brain to stop eating the same way a sugar sweetened food would signal the brain once that sugar is absorbed. Without the brain telling you to back up from the table or put your fork down, you may eat more than you would have if you had been using regular sugar.
- Some people take advantage of no-calorie sweeteners to eat other foods. So instead of thinking, "I'm eating fewer calories with this sugar substitute and that will help me lose weight," they think, "Because I'm substituting a no-sugar soda with my lunch, I can add on a brownie at the end for dessert! Yay!" That won't work for weight loss.
- Sugar substitutes are so extra sweet they may actually trigger you to crave sweeter foods in the future.

If used correctly, switching from sugary foods to foods sweetened with low calorie sweeteners may provide a springboard for weight loss by lowering your overall caloric intake. More importantly, these foods can be used as a safe part of a weight loss strategy. Combine them with a lifestyle focused on eating smaller portions, exercising more, incorporating stress reduction and getting adequate sleep.

3. How Do They Affect Kidney Disease?

Lastly, let's examine the effects of these low-calorie sweeteners on the kidney. The biggest study on these sweeteners was done by looking at 15,000 individuals over 23 years, evaluating their consumption of diet soda and development of kidney disease. According to this study, the more diet soda a person had to drink, the higher the risk for developing End Stage Kidney Disease. This was most obvious when the participants consumed more than seven diet drinks per week. Unfortunately, this study, while interesting, didn't provide enough information to conclude that diet soda causes kidney disease. As with other studies, it adds to the overall data but doesn't give us the answer. Use diet soda to help you transition from regular soda to unsweetened carbonated beverages or water. Better yet, when you're thirsty, drink water.

As the search for sugar substitutes continues, newer products come on the market each year. The newest ones, such as Stevia and monk fruit are still being examined for their health effects. The FDA has not approved stevia leaves or extracts for food additives, and because they are newer, it is important to use only a little bit at a time.

All in all, as the number of artificial sweeteners continues to grow, the jury is still out on whether they help us reach our health goals. When used correctly, they can be an effective tool to help manage caloric intake or to help individuals with diabetes better control their blood sugars. When used without care, they may lead you to eat more calories and crave sweeter food.

The best way to minimize the risk of sugar consumption is to #ChangeYourBuds (taste buds that is) so that you learn to enjoy and crave fewer sweet foods (visit www.CarolinaNephrology.com to find out more about changing your taste buds). This is done slowly, over time, by cooking with less and less sweetener. Use whole fruits to help manage your sweet cravings, and choose smaller portions of sugary (or artificially sweetened) foods when you must have them.

Keep a look out for further studies on the health risks and benefits of low-calorie sweeteners. And, of course, before making any diet changes, be sure to speak with your physician on next steps for your personal plan of care.



CHICKEN, SQUASH + KALE WHOLE GRAIN CASSEROLE



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Ingredients:

- 3 leeks (or onions)
- 1 large chicken breast, shredded (can use a rotisserie chicken)
- 1 bunch of chopped kale
- 2 minced garlic cloves
- 1/2 cup no sodium chicken broth
- 2 large yellow squashes, diced (about 4 cups)
- 2 cups farro
- 1 cup freshly grated parmesan cheese
- 1 cup low sodium or freshly made bread crumbs
- 1 egg, beaten
- 1/4 cup diced Italian parsley
- Extra virgin olive oil

Directions:

1. Preheat the oven to 400°F.
2. Cook the farro. Put 2 cups farro into a medium sauce pan and cover at least 2 inches above the farro. Bring to a boil and simmer for 10-20 minutes until tender. Drain and set aside.
3. Heat a large saute pan over medium heat. Once hot, cover with 2-3 tbsp of EVOO, allow the oil to heat up, and then add the leeks and a pinch of salt. Cook the leeks for 5 minutes until soft but not browned.
4. Add the kale and cook 2 minutes until it brightens.
5. Create a hole in the center of the pan and add the garlic. Cook for 30 seconds until fragrant, being careful not to burn it.
6. Add the chicken broth and cook until the broth is mostly absorbed.
7. Add the squash, another splash of EVOO and a pinch of salt and cook until all the veggies are soft, 5-7 minutes.
8. Mix the vegetables, farro, parmesan cheese, egg and 1/2 cup of bread crumbs together in a large bowl and then add the mixture to a medium sized casserole bowl that has been coated with cooking spray.
9. Cover the mixture with the remainder of the bread crumbs.
10. Bake for 25-35 minutes until the mixture is browned and the cheese is melted.

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STAFF SPOTLIGHT



Meet Our Newest Nephrologist!

Kelly Heegard M.D.

Kelly Heegard M.D., is originally from Dublin, Ohio and attended Auburn University where he was a member of the Track and Field team earning All-American honors. He went on to medical school at the University of South Alabama College of Medicine and then completed an Internal Medicine residency and Nephrology fellowship at San Antonio Uniform Services Health Education Consortium. Kelly served 9 years in the Air Force, most recently as the Chief of Nephrology at Eglin AFB, FL. He recently moved to Greenville with his wife and three kids. Outside of work, you can find Kelly exploring Greenville with the kids and cheering on the Auburn Tigers!

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