

LETTER FROM THE EDITOR



Last month, the United States Department of Agriculture (USDA) unveiled the federal government's new food icon, MyPlate, a tool designed to help Americans make healthier food choices (see below). Replacing the food pyramid image that has served this role since 2005, the new image illustrates how fruits and vegetables should occupy half of a person's plate, grains and proteins should fill the other half, and dairy should be included in the meal as a side dish or beverage. In addition to illustrating the importance of balanced nutrition, the new icon also includes several important reminders, such as advice about avoiding oversized portions, selecting low-fat or reduced-fat dairy options, minimizing sodium intake, and drinking water instead of sugary beverages.



Compared to the previous food pyramid, the new plate image offers a clearer visual representation of how an individual's diet should include selections from the various food groups, which will hopefully have a direct impact on people's choices at mealtimes. Unlike the previous food pyramid, however, the new image does not include any depiction of exercise as part of a healthy lifestyle. The 2005 food pyramid showed a figure climbing steps to illustrate this point, but the new plate icon only includes a text reminder about balancing calories. Despite this omission, the simplicity of the plate icon makes it an effective schematic for educating people about food choices, and information about exercise is included in supplemental materials associated with the MyPlate image.

As clinicians, our challenge regarding nutrition is 2-fold. First, we need to help educate our patients about the principles of good nutrition. In this regard, the MyPlate icon and the additional resources provided on the USDA's website (<http://www.choosemyplate.gov>) are useful tools, as they provide guidelines and nutrition tips in a user-friendly format. Specifically, the USDA's website includes information about which foods are in each food group, tip sheets on various topics, sample menus, recipes, and other resources.

The second part of our challenge, however, is more difficult: We must convince patients of the importance of good nutrition. In all likelihood, many of our patients already know they should eat more whole grains and vegetables, eat fewer fatty foods, and get more exercise, but this knowledge has yet to impact their daily choices. By discussing the importance of good nutrition in the context of a medical examination—perhaps even discussing nutrition in the context of a patient's particular condition—gastroenterologists are well positioned to tackle this second challenge. Indeed, we already counsel our patients about how their fiber and/or fat intake can affect their bowel symptoms, so broadening this message to encompass overall nutrition is a natural expansion of this effort.

Moving on to this month's issue of *Gastroenterology & Hepatology*, I want to highlight 2 interesting feature articles: a meta-analysis of liver fibrosis biomarkers and a review of antibiotics for the treatment of irritable bowel syndrome. In addition, this month's columns discuss endoscopic management of obesity, diagnosis and management of telaprevir-associated rash, new cytokine targets in inflammatory bowel disease, and management of nondysplastic Barrett esophagus with ablation therapy. Finally, this issue includes a case study of a lipoma in the transverse colon that caused intermittent obstruction and required surgical intervention.

Sincerely,

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