Nutrition Action®

SEPTEMBER/OCTOBER 2026 | cspi.org

CENTER FOR SCIENCE IN THE PUBLIC INTEREST

HOW TO DECODE YOUR LIPID PANEL

WRINKLES
WHAT CAN HELP

Nicotine
A wellness hack?

8 kitchen timesavers

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Volume 53 Number 5

‘Best-by’ dates are past their prime

PETER G. LURIE MD, MPH
President, Center for Science in the Public Interest

You’ve been there, right? The food smells fine and looks perfectly edible, but the date on the container is long past.

Is it safe to eat? How can I be sure? Better toss it, just in case.

You’re not alone. Many consumers believe that you shouldn’t eat a food once it’s past the “best by” date that’s printed on its label. But, more often than not, that’s just the manufacturer’s estimate of when a food starts to decline from its optimal *quality*.

What about the “sell by” date that many foods carry? That one’s not even meant for you. It’s there to help retailers rotate their stock.

Neither date means that the food will be unsafe to eat the next day.

Learn more about improved food date labeling at **cspi.org/cspi-news/FoodDateLabels**.

Yet a 2025 survey found that 88% of consumers sometimes discarded foods when the date on the package’s label was approaching.

In other words, food that is safe and could be used or donated is ending up in the dumpster because people are confused about whether it’s still good.

The cost, both to our pocketbooks and to the entire food system, is enormous.

Around 30% of the food in the US food supply goes unsold or uneaten. Much of it ends up in landfills or is incinerated. On average, every one of us spends more than $750 a year on food that is ultimately wasted.

In 2024, date-label confusion alone led us to toss more than 3.5 million tons of food, at a cost of nearly $20 billion.

And throwing out perfectly good food instead of donating it while roughly 18 million American households are food insecure is a national tragedy.

What fuels the confusion? Except for infant formula, the federal government doesn’t regulate on-package food date labels. The result: a haphazard patchwork of state regulation and voluntary labels.

The fix is simple: Congress needs to pass the bipartisan Food Date Labeling Act, which would establish standardized language for food labels that better distinguishes between quality and safety.

For example, if a manufacturer wanted to tell shoppers about quality, the date notice would say “best if used by.” And if a manufacturer wanted to tell shoppers about safety, the date notice would say “use by.” (We think “expires on” would be even clearer.)

We’ll keep fighting for this and other commonsense measures to protect your health, strengthen charitable food programs, and keep your money in your pocket...and out of the trash.

Peter

CENTER FOR Science IN THE Public Interest
Your Food and Health Watchdog

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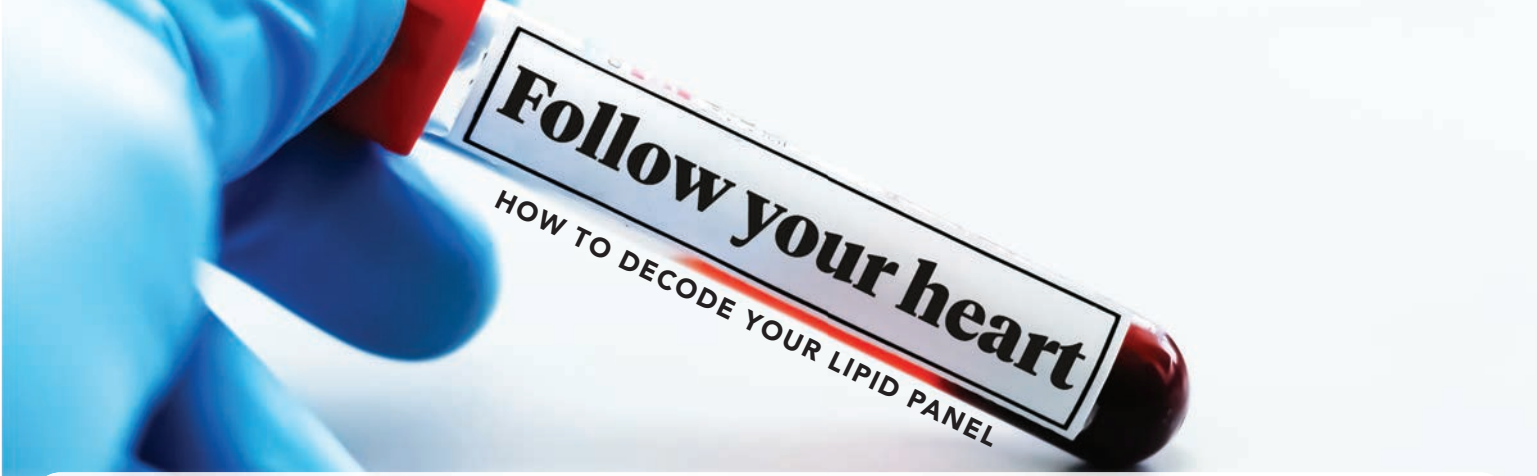


If you've ever had your cholesterol tested, you've had a lipid panel. Still trying to make sense of the results? We asked a cardiologist to walk us through a panel. If you're chasing high HDL, confused about ApoB, worried about LDL particle size, or wondering how much diet helps, this one's for you.

JAMES H. STEIN is a cardiologist and the director of the University of Wisconsin's Atherosclerosis Imaging Research Program. His practice focuses on preventive cardiology and managing blood lipids and cardiovascular disease risk. He spoke to *Nutrition Action*'s Caitlin Dow.

LIPIDS AND LIPOPROTEINS

What are blood lipids?

JS: When it comes to what gets measured in a lipid panel, we're talking about cholesterol and triglycerides.

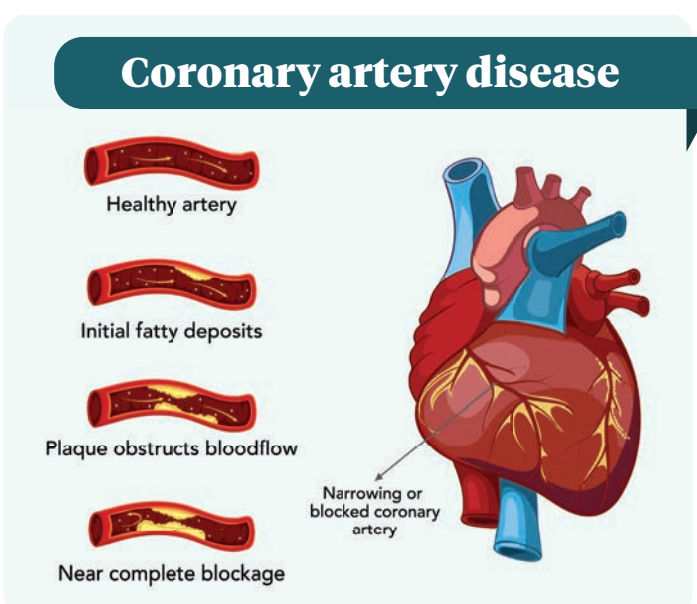
Every cell in the body needs some cholesterol for its membranes. It's also needed for making vitamin D, bile acids, and sex hormones like testosterone and estrogen.

Triglycerides are fatty acids that are either stored or burned for energy.

What are lipoproteins?

JS: They're balls of protein that surround cholesterol and triglycerides.

Because blood is mostly water, and because cholesterol and triglycerides are oily and don't dissolve in water, the body needs some way to shuttle the fats around the body. The lipoproteins achieve that by acting like submarines that carry the fats through the blood.



Lipoproteins like LDL cause injury to the blood vessel wall and contribute to the development and growth of atherosclerotic plaques in the coronary arteries (left) that put you at risk for a heart attack.

Do some lipoproteins pose more risk than others?

JS: Yes. People often get confused by this and think that there's good and bad cholesterol. But cholesterol is neither good nor bad. Rather, it's the lipoproteins that carry cholesterol that do or don't cause harm to your blood vessel wall.

Lipoproteins can injure the wall of the blood vessel and then get stuck there. When they do, they offload some of their cholesterol into the wall.

That process ignites a cascade of inflammatory events that ultimately leads to the development and growth of atherosclerotic plaques. Over time, those plaques put you at risk for a heart attack or stroke.

Do lipid panels measure lipoproteins?

JS: For a standard lipid panel, you get a measurement of how much cholesterol or triglyceride is carried in the lipoproteins, not the number of lipoproteins themselves.

For example, your LDL cholesterol, or LDL-C, number is the amount of cholesterol carried in the LDL—or low-density lipoprotein—particles in your blood.

Your doctor may say, "Your LDL looks good," but what they really mean is that your LDL-C looks good. That's different.

Lipids & risk

VALUE	REFERENCE RANGE
Total cholesterol	100-199 mg/dL
HDL-cholesterol	above 39 mg/dL
LDL-cholesterol	0-99 mg/dL
Triglycerides	below 150 mg/dL

A standard lipid panel will include these four values, each with a reference range that shows what's desirable for most people (ranges can differ a bit by lab). Not all the values are equally important, and none should be looked at in isolation since healthy levels for *you* depend on your other lipid measures and other risk factors.

OTHER RISK FACTORS

- Age
- Type 2 diabetes
- Heart disease
- High Lp(a)
- High ApoB
- High blood pressure
- Family history of heart disease
- Unhealthy diet
- High waist circumference
- Chronic kidney disease

What values get reported on a standard lipid panel?

JS: You get four numbers: total cholesterol, triglycerides, HDL cholesterol, and LDL cholesterol. The reason you get those four numbers is historical. It's based on what we could measure in the 1950s to 1970s. But we've learned over time that some of those measurements don't matter as much as we once thought.

What's an example of that?

JS: Total cholesterol is not very useful for patients. It's just the sum total of cholesterol carried by all the lipoproteins in the blood, and it doesn't tell you much about your overall risk for heart disease.

HIGH-DENSITY LIPOPROTEIN

What does the HDL cholesterol number measure?

JS: It tells you how much cholesterol the HDL, or high-density lipoproteins in your blood, carry. We used to think high HDL-C was good and low HDL-C was bad, but we've learned that it's not that simple.

Why not?

JS: We used to think of HDL—the lipoprotein itself—solely as a garbage truck that went out to your atherosclerotic plaque, picked up cholesterol, and dumped it off at your liver for processing.

So the idea was that the more HDL particles, or garbage trucks, you have, the healthier you are.

But that was overly simplistic because only a small amount of cholesterol that comes back from the blood vessels to the liver is carried by those garbage trucks. The vast majority is actually brought back by LDL.

So what does HDL do?

JS: We've come to realize that while HDL happens to carry cholesterol around, that's not its only function. Among other things, it's also an anti-inflammatory and an antioxidant particle that's involved in our immune response.

For example, in people who are sick with a septic bacterial infection, HDL can be very low, likely because it's being used up to assist the immune system in fighting the infection.

Is low HDL-C bad?

JS: Low HDL-C is *associated* with a higher risk of heart disease, but it rarely *causes* heart disease. Low HDL-C tells you more about the company it tends to keep—like high triglycerides, insulin resistance, poor diet, and weight around the midsection—than anything else. Low HDL-C may just be a signal that some other metabolic problems are present.

So people shouldn't chase a high HDL number?

JS: That's right. Fifteen years ago, I used to wear a little heart-shaped button that said "Up your HDL." But I rarely even look at HDL-C anymore.

That's because a number of disappointing trials have shown that raising HDL via medication doesn't lower the risk of cardiovascular disease and may even cause harm. So we don't have any reason to believe that you should aim for higher numbers.

TRIGLYCERIDES

What does the triglyceride number tell you?

JS: It's the total amount of triglycerides carried by all the lipoproteins in your blood.

In general, the higher the triglycerides, the less metabolically healthy the patient is. The main determinants of triglycerides are diet, metabolic health, and how much weight someone carries in their midsection.

Do high triglycerides increase the risk for heart disease?

JS: When they're high, let's say between 150 and 500—and these are not hard thresholds—they signal that you are at an increased risk for heart disease. But the triglycerides themselves are not the problem. For the vast majority of Americans, they're simply a barometer of metabolic health.

But if triglycerides are very high—like 500 to 1,000—they *are* a problem because they raise your risk of pancreatitis, a serious inflammation of the pancreas.

LOW-DENSITY LIPOPROTEIN

Why does LDL matter?

JS: LDL is the most atherogenic lipoprotein, meaning it promotes the formation and growth of fatty plaques in the arteries. LDL carries most of

the cholesterol in the blood. The lipid panel results tell you how much.

But the lab doesn't usually measure LDL cholesterol directly, right?

JS: That's right. The lab estimates it using a formula where they take your total cholesterol, subtract the HDL-C, then subtract a portion of the triglycerides. It's not perfect, but it gives you a good idea of your LDL-C.

What does your LDL-C tell you about your heart disease risk?

JS: The higher the number, the worse it is for your health.

How do you interpret an LDL-C number?

JS: First, you should never look at your LDL-C alone. It has to be considered in the context of triglycerides, because it's calculated from them, and in the context of other health risks.

There's not one LDL-C number that's right for everyone, and it's a myth to say that everyone's number needs to be below a particular target.

Can you give me an example?

JS: A typical goal that I recommend and that is the same as the American Heart Association guidelines is that LDL-C should be below 100 mg/dL.

But as your heart disease risk goes up, your LDL-C target goes down.

For example, let's say someone has heart disease or multiple risk factors like type 2 diabetes, high blood pressure, smoking, etc. Or they had a bad coronary artery calcium score, which uses a CT scan to measure the amount of plaque in the arteries that feed the heart. We'd want their LDL-C below 70 as long as their triglycerides are also low.

For someone who's had a heart attack, a stroke, or bypass surgery, their LDL-C goal is below 55.

Why should triglycerides be below 100 when "normal" on lab results is less than 150?

JS: There are a couple of reasons. One is that there's a lot of variability, both in the lab measurement and in biology. So, whether the reading is 100, 150, or 200 doesn't matter all that much. You have to watch the numbers over time.

But the reason I say below 100 is that I want to be safe when I reassure someone that their numbers are really good. It's just an added layer of precaution because when triglycerides are 100 to 150 mg/dL or higher, the formula labs use can underestimate LDL-C.

Would you treat someone if their LDL-C was just a little high?

JS: Not necessarily. Take, for example, a 65-year-old woman who's lean, exercises every day, eats well, doesn't have high blood pressure, never smoked, and has an LDL-C of 140 and triglycerides of 60.

She doesn't need meds unless she wants them, and might even need two to get to her LDL "goal," though the benefit would probably be marginal.

LIPOPROTEIN(A)

Doctors can request tests that aren't on a standard lipid panel, like lipoprotein(a). What is that?

JS: Lipoprotein(a) is a modified form of LDL that is pro-inflammatory and more atherogenic than LDL. It's almost entirely genetically determined, so it's not highly modifiable by diet, weight, exercise, or most medications.

Does it increase your risk for heart disease?

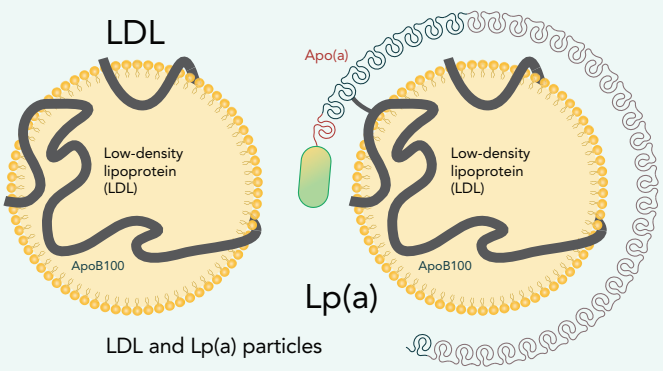
JS: Yes. It's an independent risk factor for heart disease. We think of it as a risk enhancer, and we see excess risk once concentrations are above 50 mg/dL.

Do you recommend that everyone get their Lp(a) measured?

JS: The new guidelines from the American Heart Association and others recommend having it measured once in your lifetime. Because it's mostly inherited, you don't need to measure it more than once.

I agree with that intellectually. But I can tell you that what's happening in the clinic is a lot of people are getting it tested because a friend or podcaster said so, and then their primary care doctor doesn't always know what to do with the result.

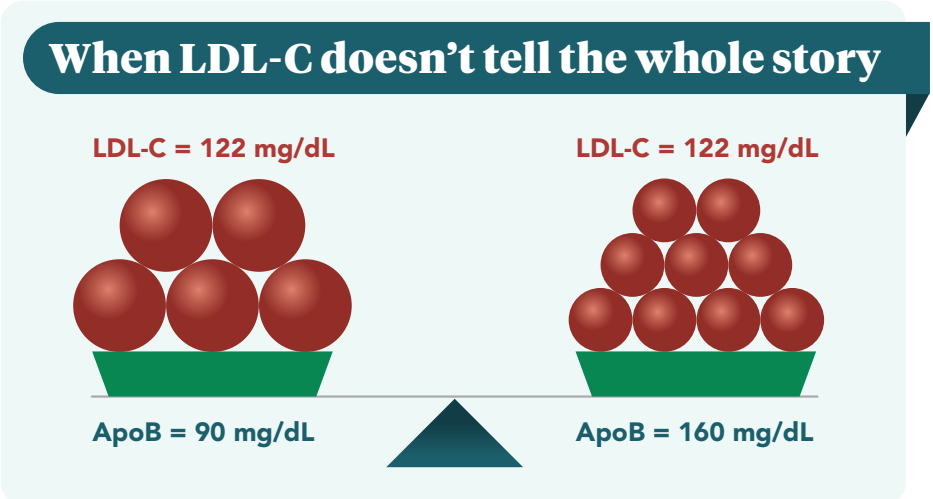
Lipoprotein(a)



LDL and Lp(a) particles

Lp(a) is an LDL particle with an extra protein called apo(a). That protein makes Lp(a) more likely than LDL to cause plaque buildup in the arteries.

Your level is mostly inherited. High Lp(a), which affects about 1 in 5 people, increases the risk of having a cardiovascular event like a heart attack or stroke.



Two people can have the same amount of cholesterol within their LDL particles (the same LDL-C number) but different risk. The person with small, dense LDL and more LDL particles (right) is at higher risk, as indicated by the high ApoB level. An ApoB test can reveal high risk when LDL looks fine or is just a little elevated.

What should be done?

JS: Like all the other lipid measures, you can't look at Lp(a) in a vacuum. So, someone comes in, all their numbers look pretty good, but their Lp(a) is high, and they have a family history of heart disease. That's someone to pay attention to because the standard lab results are not telling the full story.

Do you try to lower Lp(a) if it's high?

JS: No. We haven't proven that lowering Lp(a) helps people avoid a heart attack or a stroke. But there are some big Lp(a)-lowering studies coming out, so we'll know more soon.

Right now, we don't think of Lp(a) as a treatment target. But high Lp(a) tells us that we might want to treat other risk factors, like LDL-C, more aggressively.

APOLIPOPROTEIN B

ApoB is another one of these novel risk factors. What is it?

JS: ApoB, or ApoB100 to be precise, is a protein on the surface of all the lipoproteins made by the liver that carry cholesterol and are atherogenic.

There's more than just LDL?

JS: Yes. There's VLDL, or very-low-density lipoprotein, and it carries mostly triglycerides. There's IDL, which is intermediate-density lipoprotein. It's a breakdown product of VLDL and it gets turned into LDL. All of them have ApoB on their surface. But we don't measure VLDL, IDL, or ApoB in a standard lipid panel.

Is ApoB a useful marker?

JS: If I had to pick one number that I would get rather than the entire lipid profile, I would just get ApoB. The ApoB measurement tells you the number of ApoB-containing particles that are circulating, as opposed to the amount of cholesterol being carried by the particles. And it's the number of atherogenic particles that cause problems.

If ApoB is so useful, why isn't it a standard part of the lipid panel?

JS: Up until the past few years, the lab assay for ApoB hadn't been standardized very well, so you would get different measurements from different labs. But now, many clinics have it in house, and it's inexpensive.

The other reason is that we have so much more historical data linking LDL-C to heart disease than ApoB. And all the major drug trials were designed around lowering LDL-C, not ApoB. ApoB doesn't yet have equivalent trial-based treatment thresholds.

Should everyone have their ApoB measured?

JS: I think it's useful to measure ApoB when LDL-C is normal or just modestly elevated but something else—like high triglycerides, central adiposity, or type 2 diabetes—suggests a higher risk.

For example, ApoB would pick up high risk in a patient whose LDL-C is 40 but his triglycerides are 380. The reason his LDL-C looks so good is because his cholesterol isn't being carried by LDL. It's over in VLDL, which we don't measure in the lipid panel. Remember, ApoB picks up the VLDL particles. It can reveal high risk when LDL looks fine.

SMALL, DENSE LDL

Does LDL particle size matter?

JS: The idea is that small, dense LDL particles—which are small because they carry less cholesterol per particle—get into the arterial wall more easily than big, less-dense LDL particles that carry more cholesterol per particle. There's some truth to that, but it doesn't tell the whole story.

Once you know the particle number, which you can get from an ApoB measurement, the size doesn't really matter all that much because arterial damage is caused by the number of atherogenic particles you have, not how much cholesterol they carry.

Think of it like a traffic jam, which depends on how many cars are on the road, not how many people are in each car.

If you have more LDL particles, you have more opportunities for them to bump into the blood vessel wall and cause atherosclerosis.

So you don't think people need to get their LDL particle size tested?

JS: No. A test will tell you your average LDL particle size, but we don't really have an average particle. We have a mix of large and small ones.

People get distracted by particle size, like a lot of the keto crowd. They

Illustration: Adapted from substack.com/@jamesstein18.

think that if they just eat a lot of butter and meat and their LDL cholesterol goes up, they don't have to worry because their LDL particles will be big. That's just wrong.

WHAT TO DO

When do you recommend treatment to lower LDL cholesterol?

JS: For people who have heart disease, diabetes, genetically very high LDL-C, or LDL-C running over 160 to 190, I recommend treatment. That's typically lifestyle modifications like diet, exercise, and maybe weight loss, plus a statin.

What about people who just have mildly elevated LDL?

JS: For people who are otherwise healthy and don't have those high-risk markers, then it's a discussion. It depends on how much people are worried about heart disease, how they feel about taking a pill, how much they're willing to change their diet, and a lot of other things going on in their life.

Can people lower their LDL-C enough with diet alone?

JS: Some people can. But most people have to do a combination of lifestyle changes and medications.

Why?

JS: If their diet needs a lot of work, cutting back on saturated fat and some other changes can really move the needle. And if they only need to lower their LDL-C a little, dietary changes can do it.

But let's say someone walks in with LDL-C of 150, and their diet's not terrible, but not perfect. They eat some cheese, ice cream, and pizza, but they mostly eat fruits, vegetables, chicken, and fish. Given other risk factors, let's say they need to get their LDL-C below 70. They're not going to drop 50% by diet alone.

I tell patients that diet is something that's going to keep them from needing higher doses and more drugs.

What diet can have the greatest impact?

JS: The Portfolio Diet makes several dietary changes at once. It limits saturated fat and dietary cholesterol if it's excessive. It emphasizes plant proteins as well as viscous fiber from foods like oats, berries, apples, and citrus and maybe a psyllium supplement. Then you add in sterols and stanols, which you can find in buttery spreads like Benecol.

You can get a 20% to 25% reduction in LDL-C with that diet. That's as much as you get from a low-dose statin. But the diet can be hard to follow.

Less-extreme approaches include following a DASH-like, Mediterranean, or healthy plant-forward diet where the focus is on lots of fruits and vegetables, whole grains, legumes, nuts and seeds, lean protein, healthy oils, and low-fat dairy.

What drugs do you typically prescribe?

JS: For most patients, it's going to be a statin first, like rosuvastatin, which can lower LDL-C by 40% to 50%. The next step is ezetimibe, and the next step is a PCSK9 inhibitor like evolocumab.

That's a standard stepwise approach, and how we move through that is determined by how high their LDL is and how aggressive we want to be, based on their risk.

We take side turns when people have other medical problems, side effects, or their preferences change. It should always be a conversation.

The Portfolio Diet

1 Plant proteins
Load up on beans, peas, lentils, tofu, tempeh, soy milk, veggie burgers, edamame, and other plant-based proteins.

2 Viscous fiber
Incorporate more viscous fiber by eating foods like oats, barley, chia seeds, berries, apples, citrus, eggplant, and okra. You can also supplement with psyllium husk.

3 Nuts and seeds
Snack on nuts and seeds or use them to top salads, yogurt, cereal, or pasta.

4 Sterols and stanols
Phytosterols and stanols are naturally occurring in some plant foods like soybeans. To get enough, take a supplement or use fortified foods like certain buttery spreads.

Quick Studies

BY BONNIE LIEBMAN

A snapshot of the latest research on diet, exercise, and more.

Galleri cancer screening test fails

The Galleri blood test, which claims that it can detect more than 50 cancers, failed to reach its key goal in a large clinical trial run by England's National Health Service and funded by the test's manufacturer.

Scientists randomly assigned 142,924 adults aged 50 to 79 to have three blood samples taken about a year apart over two years either analyzed with the Galleri test or not. Although the full results have not yet been published, the company reported that the test failed to reduce the incidence of advanced (stage III and IV) cancers—which was the trial's primary goal.

The test did detect more early (stage 1 and II) cancers, but that might not be of much benefit, since many of those cancers might never cause any harm.

WHAT TO DO: Think twice about whether it's worth the cost (about $950) to get the Galleri test. While it hasn't been approved by the FDA, it's available as an LDT (laboratory developed test), which the FDA doesn't regulate.

BMJ 392: s364, 2026. *J. Clin. Oncol.* 2026. doi:10.1200/JCO.2026.44.17_suppl.LBA100.

Online GLP-1 drugs

When researchers ordered GLP-1 meds like semaglutide or tirzepatide from 45 websites, 87% of the prescriptions they received were for compounded (rather than brand-name) formulations. And 69% of the compounded GLP-1 drugs had added supplements like vitamin B-12 or B-6, glycine, or carnitine.

WHAT TO DO: Want a GLP-1? Skip the unnecessary supplements. To play it safe, check out price cuts on brand-name meds at LillyDirect, NovoCare Pharmacy, or Medicare's GLP-1 Bridge Program (see Sept./Oct. 2023, p. 14).

JAMA 2026. doi:10.1001/jama.2026.9131.

Sleep & weight gain

Does too little sleep make you more likely to put on pounds?

Researchers pooled the results of two trials that randomly assigned 95 people aged 20 or older to get either:

- their usual (7 or more) hours of sleep per night, or
- 1½ fewer hours of sleep than usual by delaying their bedtime for 1½ hours.

All participants spent 6 weeks in each group in random order.

On average, they gained 1 pound and 0.2 inches of waist size during the less-sleep period. And they were sedentary for 17 more minutes a day when sleeping less.

WHAT TO DO: Keep in mind that getting too little sleep may lead to weight gain over the long term.

Ann. Intern. Med. 2026. doi:10.7326/ANNALS-25-01660.

Can vitamin K1 from leafy greens help prevent COPD?

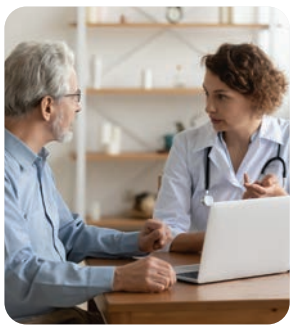
Do leafy greens curb the risk of chronic obstructive pulmonary disease?

Scientists tracked 179,062 people aged 40 to 69 who didn't have COPD. Over the next 10½ years, those who reported consuming the most vitamin K1 from foods (about 250 micrograms a day) had a 16% lower risk of COPD than those who reported eating the least (about 35 mcg a day). The vitamin K1 eaters had no lower risk of asthma. Vitamin K2 (found in meat, eggs, and dairy foods) wasn't linked to COPD.

WHAT TO DO: This study can't prove that vitamin K1 lowers the risk of COPD because something else about greens eaters may have protected their lungs. But collards, kale, spinach, Brussels sprouts, broccoli, and cabbage are rich in K1. So why not enjoy your favorite?

Am. J. Clin. Nutr. 2026. doi:10.1016/j.ajcnut.2026.101324.

Inaccurate Alzheimer's blood tests?



Fujirebio's Lumipulse blood test, which was approved by the FDA to detect two hallmarks of Alzheimer's disease (beta-amyloid and p-tau 217) may report inaccurate results.

Scientists examined Lumipulse test results in 252 patients who had undergone a brain PET scan to look for beta-amyloid or a lower back puncture to look for beta-amyloid and p-tau in their cerebrospinal fluid. (Some of the investigators had received fees or funding from Fujirebio or other drug or device companies.)

The blood test correctly identified all patients who had beta-amyloid in brain scans or lumbar punctures. But it mistakenly reported beta-amyloid in 40% of the participants who didn't have any.

WHAT TO DO: Don't rely solely on a blood test to diagnose Alzheimer's. When the authors told Fujirebio about the results, the company replaced some test chemicals. And the Mayo Clinic and some other institutions may use their own beta-amyloid or p-tau cutoffs to avoid errors. Still, no blood test is sufficient to diagnose Alzheimer's (see Nov./Dec. 2025, p. 4).

JAMA Neurol. 2026. doi:10.1001/jamaneurol.2026.1565.

Sodas & liver cancer

Sugary drinks may boost the risk of liver cancer.

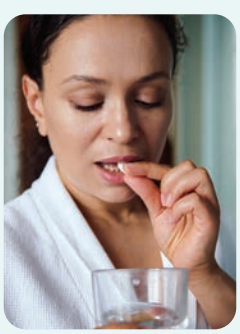
Scientists pooled data from 11 studies that tracked roughly 1.5 million adults, typically for 11 to 31 years.

The risk of hepatocellular carcinoma (the most common type of liver cancer) was 10% higher for each daily serving of a sugar-sweetened beverage that was consumed.

In contrast, diet drinks weren't linked to the risk of hepatocellular carcinoma.

WHAT TO DO: This study can't prove that sugary drinks cause liver cancer because something else about people who drink them might raise their risk. But sugary drinks are empty calories linked to obesity and type 2 diabetes (which the study took into account), so why risk it?

JAMA Network Open 9: e2617754, 2026.



Statins & breast cancer survival

Can statins boost the odds of surviving breast cancer?

Researchers examined the health records of 7,389 women who had been diagnosed with non-metastatic breast cancer between 1995 and 2013.

After roughly 7 years, those who took statins after their diagnosis had a 41% lower risk of dying of breast cancer than those who didn't. And among the statin takers, the risk was lower in those with hormone receptor-positive tumors and some HER2-positive tumors.

WHAT TO DO: If you have breast cancer and high cholesterol, ask your doctor about taking a statin. This study can't prove that they lower the risk of dying of breast cancer because something else about the women who took statins could explain their longer lives. But statins are safe and inexpensive.

JAMA Network Open 2026. doi:10.1001/jamanetworkopen.2026.16375.

Add spice, eat less?

Do people eat less when food is spicy?

Researchers offered 52 adults a lunch of beef chili made with either spicy (hot) paprika or mild (mostly sweet) paprika on different occasions. (The study was partly funded by the research arm of McCormick & Company, which sells spices.)

Participants ate the mild chili meal 11% faster than the spicy chili meal and consumed 13% more of the mild chili (roughly 50 more calories' worth) than the spicy chili.

And the 34 participants who got chicken tikka masala ate it roughly 20% faster when it was made with mostly-sweet paprika than with hot paprika. They consumed 25% more of the less-spicy masala (roughly 100 more calories' worth) than the spicy masala.

WHAT TO DO: Want to eat less? Spicier foods might help, though their impact might fade as you get used to them.

Food Quality Preference 2025. doi:10.1016/j.foodqual.2025.105566.

Fountain of youth?

ANTI-AGING SKINCARE THAT'S MORE THAN A MARKETING PLOY

BY MADDY BENNETT

Tired of expensive skincare products that don't work? To get the most for your money, pare down your routine to the fundamentals. From retinoids to collagen supplements, here's what dermatologists recommend to boost skin health, minimize wrinkles, and spare your wallet.

Retinoids

"Retinoids are compounds derived from vitamin A," explains Michelle Wong, a chemist and author of "The Science of Beauty." "There's abundant evidence that they work for common skin-aging concerns like wrinkles and dark spots."

How do retinoids work?

"They stimulate collagen production and increase cell turnover," says Debra Jaliman, a clinical assistant professor of dermatology at the Icahn School of Medicine at Mount Sinai. "That improves skin texture, softens lines, and fades discoloration."

Skin aging isn't a disease that needs to be treated, but if you want to try a retinoid, you have a wide array at your disposal. They fall into one of two main camps—prescription or cosmetic.

Prescription retinoids. "They are more regulated and reliable than cosmetic retinoids," says Wong. That's because randomized trials have to show that they actually work.

Tretinoin (Retin-A) and tazarotene are FDA-approved prescription drugs for wrinkles.

"Tretinoin is the most studied and generally the most potent retinoid because it's already in an active form," says Jaliman. (Unlike other retinoids, skin cells can use tretinoin without first converting it to active vitamin A.)

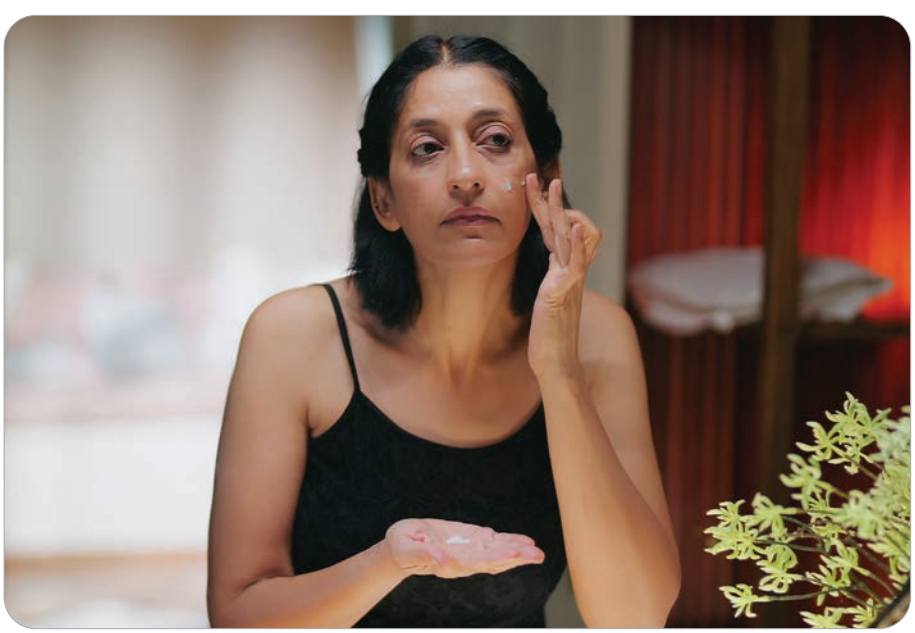
"If you have significant sun damage or deeper wrinkles, prescription retinoids like tretinoin often provide more dramatic results," says Wong.

But "dramatic" doesn't mean "miraculous." While tretinoin is the best topical on the market for reducing signs of visible aging, it's no fountain of youth. (A "topical" is a product that you apply to your skin.)

In an analysis of eight randomized trials in 1,361 adults, those using tretinoin for up to two years saw only modest reductions in fine and coarse wrinkles compared to those using a placebo.[1] (Some of the trials were funded by pharmaceutical companies.)

What's the downside of retinoids? They're notoriously irritating, though that lessens with time. To minimize irritation, "start by applying a retinoid just two to three nights per week, then increase the frequency as tolerated," says Jaliman. Going overboard risks peeling, redness, burning, itchiness, or dryness.

Got severe eczema, rosacea, or sensitive skin? Prescription retinoids may not be a fit for you, says Jaliman.



Retinoids, the "gold standard" among topical anti-aging ingredients, should be applied at night because most aren't stable in sunlight.

Photos: stock.adobe.com - Alessandro Grandini (top), Raushan_films (bottom).

Cosmetic retinoids. If your skin is sensitive, consider gentler retinoids like retinol, retinaldehyde (aka retinal), and retinyl esters. They're regulated as cosmetics (not drugs), so you can find them in over-the-counter lotions, creams, and serums.

"Retinal and retinol are potentially the most effective, though they tend to be less stable and are the most irritating of the cosmetic bunch," says Wong.

If your skin is especially sensitive, or if you're already using other irritating skincare ingredients (like alpha hydroxy acids or vitamin C), consider an ester: Look for retinyl retinoate, retinyl palmitate, or retinyl acetate among the ingredients.

"There's a lot less evidence for them," says Wong, "but they seem to be a lot gentler."

One challenge with cosmetic retinoids: finding a stable, potent product. Some are carefully tested and some aren't, Wong notes. Her advice: "Go for a brand that invests a lot in research and development."

Neutrogena, RoC, L'Oréal, Olay, and other multinational brands are typically safe bets, she adds.

A few words of caution for cosmetic (or prescription) topical retinoids:

- **Apply them at night.** Most retinoids break down in the sun.
- **Wear sunscreen during the day.** Retinoids can make your skin burn more easily.
- **Don't use during pregnancy.** Retinoid pills can cause birth defects like cleft lip and heart deformities. While it's not clear if topical retinoids can, too, it's safest to avoid both.

Alpha hydroxy acids

As we age, our skin cells turn over (i.e., replenish themselves) at a slower pace. Enter chemical exfoliants like alpha hydroxy acids.

"They help remove dead skin cells, which increases turnover," says Jaliman. "That can brighten dull skin, even out dark spots, smooth roughness, and stimulate some collagen production."

If your skin could use that kind of pick-me-up, consider an alpha hydroxy acid. Look for a serum, cleanser, lotion, or at-home peel with ingredients like glycolic acid, lactic acid, or mandelic acid.

"Glycolic acid penetrates best because it has the smallest molecular size," says Jaliman. But that can make it more irritating.

"Lactic acid is often gentler and also hydrates skin," she adds. Both seem to work equally well.

In one trial (funded by a skincare company), researchers randomly assigned 67 middle-aged and older women to apply an 8% glycolic acid cream, an 8% lactic acid cream, or a cream without either acid twice a day to their faces and outer forearms.[2]

After 22 weeks, more than 70% of those using either acid-containing cream showed modest improvements (determined by the researchers) in signs of visible aging like skin yellowing and roughness, while just 41% of those using the placebo cream showed improvement.

Got acne-prone or sensitive skin? Mandelic acid could be easier to tolerate, Jaliman notes.

The downside of chemical exfoliants: with overuse, "they can cause irritation, redness, dryness, and increased sensitivity to sunlight," Jaliman cautions. And that can be a particular problem for people with darker skin.

"Too much irritation can trigger post-inflammatory hyperpigmentation—discoloration that's more visible in deeper shades of skin and that can take months to years to fade," she notes.

Most people can tolerate using a leave-on chemical exfoliant every day (as opposed to a more potent at-home peel that you wash off) if the concentration is 20% or lower. Just make sure to wear sunscreen outdoors, since sunlight can worsen irritation and hyperpigmentation.

If you have rosacea or sensitive skin, Jaliman suggests picking a product with a lower concentration or skipping exfoliants altogether.

Serums are popular formulations for alpha-hydroxy acids and topical vitamin C.

Topical vitamin C

"Vitamin C is an antioxidant, so it can soak up free radicals that damage skin," says Wong.

Free radicals? They're compounds that, in high amounts, drive harmful inflammation and speed up aging. Our bodies make them every day, but that can kick into overdrive in response to ultraviolet light from the sun. Air pollution and cigarette smoke are other common sources.

"In the short term, a vitamin C product can reduce skin redness and burns caused by sunlight," says Wong. Long term, "it may lessen the damage that leads to signs of aging, like dark spots, fine lines, and wrinkles." It's also essential for building collagen and it helps even out skin tone, Jaliman adds.

Vitamin C comes in many forms. L-ascorbic acid is the most studied and may be the most potent, says Wong. (We'd need more research on the other forms to know for sure.)

In one small study, 19 middle-aged

women applied a 5% L-ascorbic acid cream to one side of their upper chest and a placebo cream to the other side every day.[3] After six months, skin treated with L-ascorbic acid had improved in wrinkling and hydration compared to skin treated with the placebo. (One of the study's coauthors was employed by La Roche Posay, the maker of the L-ascorbic acid product used in the study.)

One drawback to L-ascorbic acid: it degrades easily. So look for products that contain stabilizers like vitamin E and ferulic acid, says Wong.

Those formulations can be more irritating, though. If that's a deal-breaker, opt for a gentler, more stable form of vitamin C like tetrahexyldecyl ascorbate, ascorbyl glucoside, or magnesium ascorbyl phosphate, says Jaliman. Just know that they haven't been as well studied.

Concentrations between 10% and 20% are optimal for any vitamin C formulation, says Jaliman. And whatever one you choose, "look for opaque, airtight packaging, because vitamin C degrades with exposure to light and air." Containers with pumps are more airtight than those with lids or droppers.

If your product is orange or brown, says Jaliman, "it's likely oxidized and may no longer be effective."

Topical estrogen

"Estrogen is thought to play a role in maintaining skin's collagen, thickness, hydration, and elasticity," says Shoshana Marmon, an assistant professor of dermatology at New York Medical College. That's why the sharp decline in estrogen during menopause can help drive facial aging.

Prescription estrogen gels are FDA approved for hot flashes, and estrogen creams are approved for vaginal symptoms like dryness. Though they haven't been approved for skin aging, both are sometimes prescribed "off label" to women for that purpose.

Can topical estrogen turn back the clock on our skin's appearance?

Daily routine

"You don't need a complicated routine or expensive products to see results," says Jaliman. Here's what she recommends.

IN THE MORNING

- Gently cleanse your face to remove sweat, oil, and dead skin cells that have accumulated overnight. Use a product intended for the face rather than a harsh soap (like one made for hand-washing). Got dry skin? Simply rinse your face with lukewarm water.
- Apply a vitamin C or alpha hydroxy acid serum.
- Apply a moisturizer with ingredients like ceramides, hyaluronic acid, glycerin, or niacinamide, which improve skin hydration and strengthen the skin's barrier.
- Slather on a broad-spectrum sunscreen with SPF 30 or higher (or use a moisturizer with SPF).

IN THE EVENING

- Cleanse your face. (You can use the same cleanser you used in the morning.)
- Dry your skin, then apply a pea-sized amount of your preferred retinoid. (Retinoids penetrate deeper if your skin is wet, but that also increases the risk for irritation.) Use the retinoid every night (or less often if you don't tolerate it nightly).
- Moisturize again. You can use the same moisturizer for morning and nighttime, or a thicker cream at night if you have dry skin.

"Some studies suggest that topical estrogens—namely estriol and estradiol—may boost skin thickness and improve hydration, elasticity, and fine wrinkling," says Jaliman.

Estriol is a weaker form of estrogen than estradiol, but both worked equally well for skin aging when they were pitted head-to-head, says Marmon.

In the one randomized trial that tested both, 58 middle-aged and older women applied either a 0.01% estradiol cream or a 0.3% estriol cream to their faces every day.[4] After six months, those in both groups showed marked improvements in skin wrinkling, hydration, firmness, and collagen density. But the estrogens weren't tested against a placebo.

Estriol and estradiol also haven't been tested against the gold standard (retinoids), but one six-month trial pitting a 0.01% estradiol cream against a 15% glycolic acid alpha hydroxy acid cream in 30 postmenopausal women found similar anti-aging benefits.[5]

Evidence remains scarce for other estrogens, like estrone and the conjugated equine estrogen Premarin.

If your primary skin concern is dark marks, topical estrogens may not help. Loss of estrogen is mainly linked with skin dryness and thinness, not discoloration, says Marmon. Discoloration was even reported as a side effect in some topical estrogen trials.

And be wary of estrogen creams that you can get without a prescription. They often have even less data behind them, Marmon cautions.

Are topical estrogens safe?

Taking estrogen systemically for symptoms of menopause appears to be more beneficial than harmful for women under 60 or those who've been in menopause for less than 10 years.[6]

That said, too much estrogen can increase the risk of breast cancer, uterine cancer, and blood clots. (Age, years of use, health history, and other factors matter to your risk level.)

Topical estrogen creams applied vaginally appear to be safe because systemic absorption is minimal. Does that mean topical estrogens for skin aging are also safe?

"The studies we have are small and not designed to assess long-term safety," Marmon cautions. Safety likely boils down to the product, dose, size of the area you're treating, and how long you use it for, she adds.

Though most studies haven't shown concerning changes in hormone levels in the blood, at least one study flagged an increase in blood estrogen levels in those using 0.2% topical estrogen for skin aging.[7]

Some participants in other studies have reported breast tenderness, a possible sign of too much estrogen exposure, Jaliman adds.

Her take: If you have a history of estrogen-sensitive cancers (like most uterine and breast cancers) or blood clotting disorders, topical estrogen for skin aging isn't worth the risk.

The bottom line: Topical estrogens come with safety concerns and may not be more effective than mainstays like retinoids, vitamin C, and alpha hydroxy acids.

[1] *Dermatol. Pract. Concept.* 15: 5172, 2025.
[2] *Arch. Dermatol.* 132: 631, 1996.
[3] *Exp. Dermatol.* 12: 237, 2003.
[4] *Int. J. Dermatol.* 35: 669, 1996.
[5] *Cutis* 71: 481, 2003.
[6] *JAMA Intern. Med.* 185: 1330, 2025.
[7] *Arch. Dermatol.* 144: 1129, 2008.

Do collagen supplements improve wrinkles?

WHAT IS COLLAGEN?

It's one of the most abundant proteins in our bodies, and it "adds bulk and plumpness to skin," says Wong.

Collagen production declines with age, especially after menopause, says Jaliman. That leads to fine lines, wrinkles, and sagging.

Gone are the days of collagen injections (they're no longer en vogue due in part to allergy risks). Now, collagen supplements like powders and pills are all the rage. But can they firm aging skin?

Maybe.

Like all proteins, collagen is made up of amino acids, but it has one called hydroxyproline that most other proteins lack, says Wong.

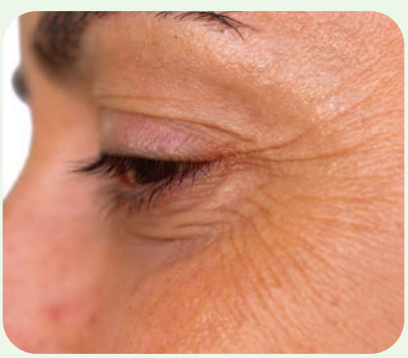
In fact, more than 99% of the hydroxyproline in the body is in collagen.[1] And that may matter.

HOW MIGHT COLLAGEN SUPPLEMENTS WORK?

When you take a collagen supplement, small fragments (known as collagen peptides, hydrolyzed collagen, or collagen hydrolysate) pass into your bloodstream intact.[2]

While those fragments don't provide the building blocks for your body to make more collagen (a common misconception), they may act as a *signal* to build new collagen.

That's where hydroxyproline comes in. "Your body may detect the hydroxyproline-rich fragments from the supplement and think your own collagen is breaking down, prompting your body to build more," Wong explains.



Don't expect an anti-aging miracle from collagen supplements.

So why not just eat your way to fewer wrinkles by consuming collagen-rich foods like brisket, skin-on fish, or tripe?

If only it were that easy.

Collagen supplements are typically hydrolyzed, which means that the collagen protein has been broken into fragments that are easy to absorb. That's not the case with the collagen in food.

SHOULD YOU TRY COLLAGEN?

The evidence for collagen's skin benefits is mixed, says Jaliman.

In an analysis of 14 randomized trials that included 967 adults (mostly women), participants who took 1 to 10 grams a day of hydrolyzed collagen saw moderate improvements in skin hydration and elasticity and slight improvements in wrinkles after 4 to 12 weeks compared to those who took a placebo.[3]

But overall, the benefits seen in collagen trials—many are low quality and/or industry funded—appear modest, at best (especially for something that's going to set you back a couple of dollars for each daily dose). What's more, there is no long-term safety data.

If you want to try a collagen supplement, though, look for brands with low-molecular-weight varieties like Verisol. That means the collagen fragments are smaller and may be more likely to work. And check for a quality assurance seal from NSF, ConsumerLab, or USP.

Just be alert for possible side effects like allergic reactions, bloating, or nausea. If you have a fish or shellfish allergy, avoid fish-based (marine) collagen. And people with alpha-gal syndrome should stay away from beef (bovine) or pork (porcine) sources of collagen.

Jaliman's bottom line: "Collagen supplements are not a miracle anti-aging treatment," but may offer subtle anti-aging benefits.

[1] *J. Nutr.* 147: 2011, 2017.
[2] *J. Agric. Food Chem.* 53: 6531, 2005.
[3] *Cureus* 15: e50231, 2023.

Nicotine is back

BUT IS IT REALLY A WELLNESS HACK?

BY JESSIE SEILER

First came the Marlboro Man and Joe Camel. Today, companies recycle Big Tobacco's old tricks to sell nicotine pouches, mints, gums, and more, promising sharper focus or even an athletic edge. Spoiler: Nicotine isn't harmless and most of its health claims crumble under scrutiny.

Nicotine's health risks

"Most people hear nicotine and picture lung cancer," writes biohacker Dave Asprey. "Wrong target. Cigarettes contain 7,000 chemicals. Pure nicotine in low doses works completely differently."

It's true that smoking a cigarette is far worse for your health than, say, sticking a nicotine patch on your skin. But that doesn't mean that the patch (or gum or mint) is risk-free.

We've known for decades that nicotine is addictive. "Nicotine addiction is very similar to addiction to other stimulants," says Pamela Ling, a professor at the University of California, San Francisco School of Medicine.

"Initially you might experience a little bit of a buzz from nicotine, but fairly quickly you need nicotine to feel normal. And you end up just trying not to feel terrible, using nicotine to avoid withdrawal symptoms."

Another concern: People who use nicotine may eventually switch to cigarettes, which are far more dangerous. (More research is needed to illuminate how likely that is.)

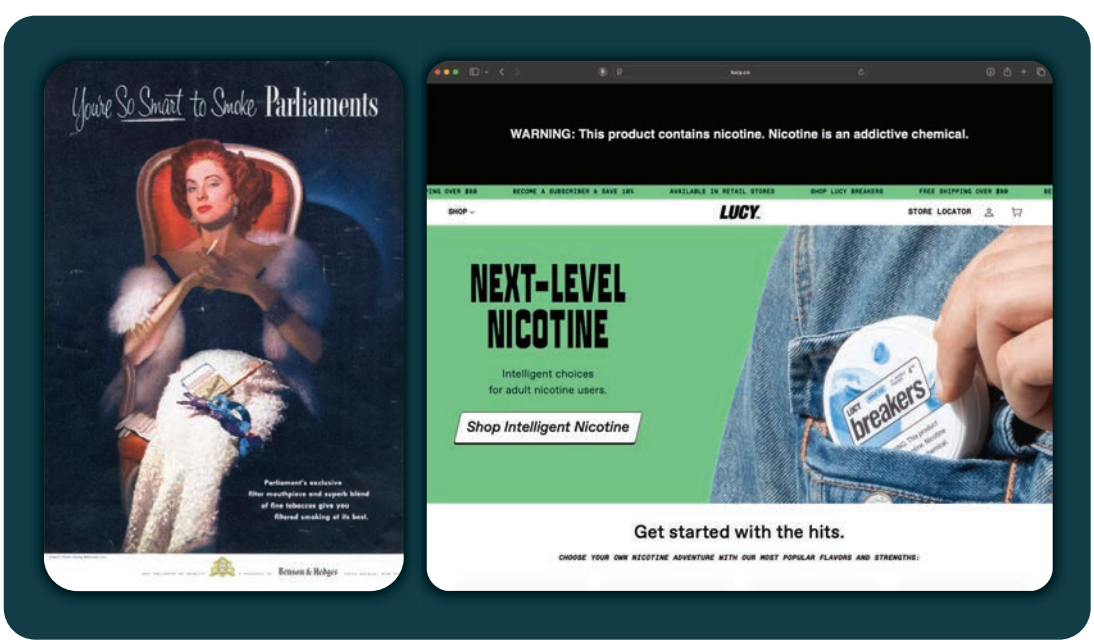
"The major cause of harm from cigarettes is the combustion products," says Neal Benowitz, a professor emeritus at the University of California, San Francisco School of Medicine.

"Cigarette smoke is very, very rich in carcinogens and other toxins. There's no question that inhaling it is extremely harmful for your health."

As for nicotine itself, there's limited evidence on its long-term health effects, and not all the evidence points in the same direction.

That's because the wide variety of products (e-cigarettes, patches, pouches, gums, lozenges, and more) and the wide range of doses that people consume make nicotine difficult to study.

According to Benowitz, some of nicotine's potential for harm comes from the fact that it releases epinephrine and norepinephrine, two hormones that constrict your blood vessels and increase your heart rate.



Nicotine sellers have taken a page out of Big Tobacco's advertising playbook, trying to convince you that choosing their products is a smart move.

Photos: stock.adobe.com (top) – Andrii (snus), Ulf (cigarettes); tobacco.stanford.edu (bottom left), lucy.co (bottom right).

That can cause irregular heartbeats in some people.

"The best data we have on the effects of long-term nicotine use are based on a smokeless tobacco product called snus, which is used by roughly 20% of Swedish men," says Benowitz. (Smokeless nicotine products include pouches, gum, mints, and lozenges, but exclude vapes.)

Because so many more people use smokeless nicotine in Sweden than in the United States (where less than 3% use it), it's easier to collect reliable data on the health effects there.

In most of the Swedish studies of snus, people who use it are not more likely to develop cardiovascular disease than people who don't use any kind of tobacco.[1]

For example, when researchers followed more than 130,000 Swedish men who had never smoked for up to 29 years, those who used snus (roughly 25%) were no more likely to have a stroke than those who had never used snus, regardless of how long the snus users had been using it or how much they used.[2]

But other studies looking at the link between nicotine use and cardiovascular disease have produced inconsistent results, possibly because researchers didn't always control for factors like how much nicotine each person in the study used.[1]

So the jury is still out on what nicotine can do to your cardiovascular system. But that hasn't stopped tobacco companies from cashing in.

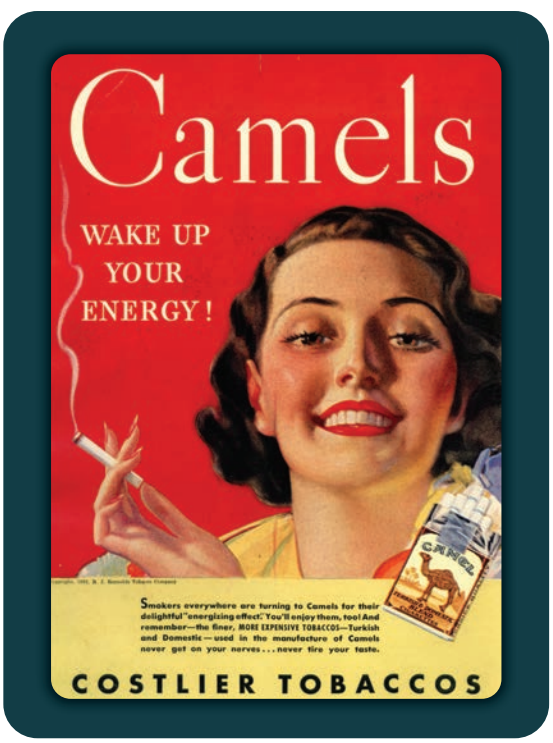
"In 1988, a Surgeon General Report recognized that nicotine is addictive," says Ling. "The tobacco companies hated that conclusion, so they started coordinated campaigns to fund science and public relations campaigns that would make nicotine seem like it had some therapeutic use."[3]

Photo: tobacco.stanford.edu.

Cognitive effects of nicotine

"Welcome to Lucy, where no one is going to shame you for your love of nicotine (we get it, it's super annoying)," says the lucy.co website. For sale: "next-level nicotine" capsules and gum.

"Whether you use nicotine to enhance focus, boost your energy, or relax - there's a Lucy perfect for you." Sounds remarkably similar to "old-level" cigarette ads (see photo).



Today, marketing for nicotine products sounds a lot like decades-old cigarette ads. But neither is a healthy pick-me-up.

It's true that specialized receptors in our nervous system become more active when nicotine molecules bind to them. And for some people, memory and other cognitive abilities might be enhanced when those receptors are more active.

"Nicotine may enhance cognitive functioning for some people under some circumstances, but it is not a general tonic," says Paul Newhouse, a professor of psychiatry and pharmacology at Vanderbilt University School of Medicine.

In a not-yet-published trial, Newhouse randomly assigned 300 adults with mild cognitive impairment to wear either a placebo patch or a patch delivering up to 21 milligrams a day of nicotine. After two years, cognitive function was no different between the nicotine and placebo groups.[4]

(Newhouse's study also found that none of the participants had become addicted to the nicotine patches after two years, which suggests that the risk of nicotine addiction may depend on the route of administration.)

What about nicotine as a way of dealing with anxiety spikes?

"If you're very anxious, nicotine might calm you down," says Newhouse. But the relief is temporary, and the anxiety will return once the nicotine levels in your body drop, which happens within a couple of hours.

Nicotine for athletes?

"Are you ready to try the power-packed performance pouches you've seen and heard about across podcasts, social media, sports, and beyond?" asks Athletic Nicotine's website.

Nicotine for athletes? You bet.

With a website packed with images of people sprinting up stairs, lifting weights, and skiing, Athletic Nicotine invites you to "join the movement of winners balancing mind and body while crushing the challenges of the day."

Nothing new there. Long before today's nicotine purveyors and their promises, baseball legend Babe Ruth was pitching cigarettes. (Ruth died at 53 of throat cancer.)

So does nicotine improve athletic performance? Not likely.

"There's no good evidence that nicotine can enhance endurance," says Benowitz. It may temporarily help some people with focus on the field or in the gym, he adds. But that's

no guarantee of another home run or a better workout.

Actually, it may mean a worse one.

A study of 10 well-trained cyclists found that using a patch containing 7 mg of nicotine (roughly the amount you'd get in the highest-dose Athletic Nicotine pouch) 10 hours before exercise didn't help them ride any faster compared to when they used a placebo patch.

In fact, during their workouts, riders had higher body temperatures after using the nicotine patches than after using the placebo patches. That put them at increased risk of heat exhaustion.[5]

Smoking cessation

One no-argument benefit of some nicotine products: they can help some smokers quit.

And quitting matters.

"People can reduce their risk of disease if they switch to something that's not combusted," says Benowitz.

The FDA has approved some nicotine replacement therapies, like nicotine patches, gums, and lozenges, to help people quit smoking.

E-cigarettes (vapes) may also help. A 2025 review of 104 studies (61 were randomized controlled trials) found that e-cigarettes might be even better at helping people quit than FDA-approved nicotine replacement therapies.[6]

But the authors highlighted that, no matter what approach you take, quitting smoking is tough. They estimated that for every 100 people using nicotine e-cigarettes to quit, between 8 and 11 might succeed, compared with only 6 out of 100 who use nicotine replacement therapies.[6]

(Of course, even if e-cigarettes work for some people, there's no justification for pushing them—or other nicotine products—to those who don't already smoke, especially children, who may be drawn to them because of their flavors and over-the-top marketing.)

Wait...is this even legal?

In short, no. To legally sell over-the-counter nicotine products, companies must go through an FDA-required review and authorization process.

Nicotine isn't a game-changer for athletes, but Big Tobacco has been an advertising all-star for a long time.

Take Athletic Nicotine. In 2025, the FDA sent the company a letter warning that it was selling illegal products because they hadn't been through that review.

(We asked Athletic Nicotine whether it had responded to the FDA letter or submitted an application for its products to be reviewed. The company hadn't gotten back to us by our deadline.)

So while brands like Nicorette sell approved over-the-counter smoking cessation products, many other products haven't been approved for that—or any other—use.

It's important to keep in mind, says Ling, that for the nicotine companies, it's all about sales.

"They're using the language of harm reduction to secure their profits and promote new products. And they really want people to ignore the time-tested things that we know work for tobacco control."

In the end, unapproved nicotine products aren't the best tool for quitting smoking.

Bottom line

Nicotine isn't as bad for you as smoking cigarettes, but the potential for addiction is real. And the wellness claims for trendy nicotine products, which are often sold illegally, aren't matched by the evidence.

[1] *Circulation* 151: e1, 2025.
[2] *J. Intern. Med.* 276: 87, 2014.
[3] *Tob. Control* 28: 289, 2019.
[4] mindstudy.org/study-results.
[5] *J. Appl. Physiol.* 137: 421, 2024.
[6] *Cochrane Database Sys. Rev.* 1: CD010216, 2025.

Photos: tobacco.stanford.edu (top), athleticnicotine.com (bottom).

Wellness sells

9 food & supplement buzzwords

BY LINDSAY MOYER

It's no secret that marketers use wellness trends to dream up new ways to promote whatever they're trying to get you to buy. Before you empty your wallet, here are nine examples of products that sound better than they are.

Pitaya

First came deep purple açaí bowls piled high with toppings. Next up: bright magenta pitaya (aka dragon fruit).

Both fruits "are nutrient-dense superfoods, rich in antioxidants and vitamins," gushed Smoothie King when the bowls launched in 2023.

True enough. Like pretty much all fruits and vegetables, pitaya (like açaí) supplies vitamins, minerals, fiber, and antioxidants. If only that was all you were getting in the bowls.

Smoothie shops typically sweeten their slushy tropical smoothie-bowl bases with honey, agave, cane sugar, or fruit juice.

Take Smoothie King's Bee Berry Sting pitaya bowl. The "dragon fruit sorbet" base has just 7 grams of naturally occurring sugars...but a whopping 44 grams of added sugars. Add honey (7 grams) and granola (4 grams), and the added sugars grand total comes to 55 grams—more than a full day's daily recommended max for adults!

And it's not just about sugar. Like many chains' pitaya bowls, the Bee Berry Sting has a meal's worth of calories (510) but nowhere near a meal's worth of protein (just 5 grams). On the upside, its pitaya, blueberries, strawberries, mango, and granola supply a decent 6 grams of fiber.

BOTTOM LINE: Think of that pitaya (or açaí) bowl as a healthyish—and a hefty—treat, not a complete meal.

'GLP-1 support'

Products marketed for people who take GLP-1 weight-loss drugs can be helpful or not. And it's not always easy to tell the difference.

For example, Vitafusion Vitamin & Mineral Blend gummies ("GLP-1 support." "Helps fill gaps from reducing calories.") and Centrum Nutrient Replenish Complete Multivitamin tablets ("Nutrition support for GLP-1 users.") sound pretty much the same. They're not.

People taking GLP-1 drugs eat roughly 15 to 40 percent fewer calories, and some have nausea or other side effects that make it tricky to eat a balanced, varied diet. It makes sense for GLP-1 takers to consider a multivitamin-mineral supplement that "helps fill gaps" from eating less food.

But not all multis are created equal. Gummies are almost always less complete than tablets. That leaves some, um, gaps. For example, even though Vitafusion gummies have "15 key nutrients," they supply less than 100% of the Daily Value (DV) for 13 of them.

Notably, they fall short on zinc, iodine, folate, and vitamins A, C, B-3, and B-6. And they have no selenium or vitamins B-1, B-2, or K. In contrast, Centrum Nutrient Replenish tablets supply at least 100% of the DV for all those vitamins and minerals. Much better. (Both brands do pretty well on vitamins D, E, and B-12.)

Just don't rely on any multi—gummy or tablet—to fill a calcium gap. Most multis have no more than 15% of the DV. Why? Calcium is bulky, so a day's worth wouldn't fit in a one- or two-tablet daily multi.

BOTTOM LINE: Ignore GLP-1 claims on multis. Instead, check the label to see what they have (see Sept./Oct. 2024, p. 3).

Photos: Mark Poprocki (money), Marlena Koch - CSPI (all others)

No seed oils

"No seed oils," says the bottle of Primal Kitchen Caesar Dressing & Marinade. "Good fats from avocado oil."

True and true. All of Primal Kitchen's dressings are made without the soybean, canola, grapeseed, or sunflower oil that you'll find in most bottled dressings from other brands.

But despite what you may have heard, those "seed oils" are all sources of unsaturated (good) fats. And claims that the oils are inflammatory don't stand up to scrutiny (see Sept./Oct. 2025, p. 7).

Don't get us wrong. Avocado oil also has heart-friendly fats. But you're going to pay for them. At our local Whole Foods, an 8 oz. bottle of Primal Kitchen Caesar cost $8, while a 16 oz. bottle of store-brand 365 Organic Caesar (made with soybean oil) was $4. The two dressings' sodium, added sugars, and saturated fat were virtually identical, but Primal's price per ounce was four times higher than 365 Organic's.

BOTTOM LINE: Don't let fears about seed oils stop you from buying healthy foods. When companies replace seed oils with avocado or olive oil, you're still getting healthy fats, just paying more for them. But when seed oils are replaced with coconut oil, tallow (see below), lard, or butter, it's your arteries that will eventually pay the price.

Tallow

"In beef tallow, we trust," says the frozen bag of Jesse & Ben's Tallow & Sea Salt House-Cut Fries.

A modest serving of Jesse & Ben's (about 24 fries) has 3.5 grams of saturated fat. Fries made with a vegetable oil like soy or canola typically have 1 gram or less.

That means the tallow fries come in just under 20% of a day's recommended max for saturated fat. We're not saying that frying in beef fat will turn your potatoes into double cheeseburgers. But why add any extra sat fat, when there's no good evidence that tallow has health benefits? (See Jan./Feb. 2026, p. 10.) Give your heart a break.

BOTTOM LINE: Liquid vegetable oils are healthier than tallow, but no fried foods are health foods.

Photos: Marlena Koch - CSPI.

Prebiotic

A Protein + Prebiotics Peanut Butter Chocolate Crunch Perfect Bar has "3g of prebiotic fiber" to go with its 20 grams of protein.

Unlike a classic Perfect Bar, Protein + Prebiotics adds fiber from chicory root. Is that worth a health halo? Not likely.

Whether we're talking about a protein bar or a low-sugar soda, it's easy to spike a food with a sprinkling of a processed prebiotic fiber like chicory root. ("Prebiotic" simply means that the fiber "feeds" your gut bacteria when they ferment it.) Does eating a couple of grams of an added prebiotic lead to substantial benefits? The jury's still out.

A chicory caution: When your gut bacteria ferment the fiber, that releases gas, which can cause flatulence if you overdo it. Because chicory root fiber—which is also called inulin—is sweet, it's added to many lower-sugar bars, treats, and cereals, so you may already be eating more than you think.

BOTTOM LINE: A variety of prebiotic fibers occur naturally in apples, onions, garlic, beans, and many other plants. If you're eating a mix of fruits, vegetables, legumes, and whole grains, you're already feeding your microbiome well. "Prebiotic" claims are good for selling processed foods...or for making a product stand out in a sea of protein bars.

'3g sugar'

Shameless Snacks Super Sour Gummy Candy has only "3g sugar" per serving. It's hard to walk through the grocery store without passing an eye-catching display of low-sugar candies. But most of them come with caveats.

Take Shameless. We rate one of its low-calorie sugar replacements (sucralose) as "avoid" (see chemicalcuisine.org). And Shameless partly replaces sugar's bulk with processed fibers like polydextrose, which can lead to GI discomfort if you eat more than you can tolerate.

What about calories? A 50-gram serving of Super Sour Gummy Candy has 70. That may be less than half the calories of, say, Sour Patch Kids, but it's not zero. For a sweet-tart snack, what about 70 calories' worth of grapes or pineapple (about ¾ cup) or a couple of clementines?

BOTTOM LINE: Whether candy is high or low in sugar, think of it as an occasional treat, not a healthy snacking staple.

Toning

Lemme Creatine Body Toning Gummies support "strength & recovery," promote "body toning," and help "build lean muscle, without the bulk," says the company's Instagram post.

Crafty marketers have a new spin: creatine for women. Naturally, it's sold in pink and purple packages with buzzwords like "lean muscle" (Bloom Creatine Gummies) or "midlife strength & tone" (Midi Creatine+ Gummies).

Creatine isn't a scam, but it's often misunderstood...and "body toning" gimmicks don't help. Sigh.

What can creatine do? Load up your muscles' reserves for short bursts of energy like lifting weights. That can help you lift a bit more or eke out a few extra reps, which can lead to slightly bigger and stronger muscles over the long term (see Nov./Dec. 2025, p. 13).

But taking creatine without strength training doesn't lead to "body toning." Cue Lemme's fine print: "Supports lean body mass and muscle strength in combination with healthy diet, exercise and resistance training."

BOTTOM LINE: "Toning" means losing excess body fat (creatine can't help) and building muscle (creatine can help, but only when combined with strength training).

Matcha

Matcha is green tea leaves that have been ground into a fine powder and whisked into water. Add milk or plant milk, and you've got yourself a matcha latte.

Alas, Starbucks has a dozen or so ways to turn that modest cup of milky green tea into a sugary green milkshake.

We're talking about the Iced Dubai Chocolate, Blue Coconut, Mango Cream, Banana Bread, Double Berry, or other "specialty matchas." The damage from a (16 oz.) grande: 31 to 45 grams of total sugars and 270 to 400 calories.

What propels a beverage into trending territory? A photo-worthy color palette can't hurt. Enter the Iced Lavender Cream Matcha. Its vibrant green base is sweetened with sugary syrup and topped with purple lavender-flavored cold foam (with cream, milk, and more syrup).

All told, those syrups help spike its total sugars to 38 grams—almost as high as a McDonald's hot fudge sundae (44 grams). And the matcha has more saturated fat (11 vs. 7 grams) and calories (350 vs. 330).

BOTTOM LINE: For less added sugars at Starbucks, order a "classic" matcha latte in the app, where it's easy to customize with fewer pumps of sugary syrup (or none). Each pump of "classic syrup" adds roughly 5 grams of sugars.

Honey

"No refined sugar," says the box of Honey Moo Coffee Ice Cream Bars. "Naturally sweetened with only real honey."

Why does that matter? Regular sugar has been "processed until there's nothing left but sweetness. No nutrients. No complexity. Just impact," says Honey Moo on its website.

If you prefer the taste of honey-sweetened treats—and you don't mind paying $9 for a box of just three bars—be our guest. Choose Honey Moo for its "complexity." But don't do it for your health.

Whether an ice cream bar has 10 grams of cane sugar or 10 grams of sugar from honey (like Honey Moo), it still supplies 20% of an adult's daily recommended maximum for added sugars. To your body, those sweeteners are essentially the same thing.

And as for "nutrients," don't get carried away with honey's low levels per serving. A Honey Moo bar has roughly two teaspoons' worth of honey. That's not enough to supply a good source of any vitamins or minerals, according to data from the US Department of Agriculture.

Buzzy honey-sweetened treats don't end with Honey Moo. Evidently, honey has a health halo that just won't quit. We also spotted $8 pints of French ice cream "sweetened with raw honey" (Ice Cream for Bears), $6 pints of dairy-free ice cream "sweetened with honey" (Frönen), and $5 fudgy chocolate bars with "no refined sugar" (Honey Mama's), among others.

BOTTOM LINE: Whether foods are sweetened with honey, maple syrup, agave, or white sugar, their sugars all count as "added" and they don't pile up the vitamins or minerals. It's not worth paying a premium for a slick honey-sweetened treat unless you enjoy it more.

Photos: Marlena Koch - CSPI.

The Healthy Cook

Use your noodle

My secrets for a healthy, add-to-your-regular-rotation pasta dish: Start with whole wheat pasta, pile on the vegetables, and don't skimp on the savory flavors (like walnuts, parmesan, peanut butter, or sun-dried tomatoes). Mangia!

CHICKEN & SUN-DRIED TOMATO PASTA SALAD

I prefer sun-dried tomatoes that are packed in extra-virgin olive oil with herbs. Not a mayo fan? Use the herb-infused oil plus a three-finger pinch of salt instead.

- ½ lb. whole wheat rotini
- ¼ cup drained oil-packed sun-dried tomatoes
- ¼ cup mayonnaise
- 2 tsp. red wine vinegar
- ¼ tsp. + ¼ tsp. kosher salt
- ½ tsp. freshly ground black pepper
- ½ tsp. dried oregano
- ½ tsp. red pepper flakes
- 1 lb. chicken tenderloins
- 1 Tbs. extra-virgin olive oil
- 12 oz. cherry tomatoes, chopped
- a few fresh basil leaves

1. Cook the rotini according to the package instructions until al dente. Drain, then rinse under cold water until cool. Transfer to a large bowl.
2. In a glass measuring cup, use an immersion blender to purée the sun-dried tomatoes, mayonnaise, vinegar, and ¼ tsp. salt.
3. In a small bowl, mix together the remaining ¼ tsp. salt with the black pepper, oregano, and red pepper flakes. Season the chicken with the mixture.
4. In a large nonstick pan over medium-high heat, heat the oil until shimmering. Sauté the chicken until browned, 3–4 minutes. Remove from the pan and chop on a cutting board.
5. Toss the mayonnaise mixture with the pasta and top with the chicken, cherry tomatoes, and basil.

TIME: 30 MINUTES | SERVES 4

PER SERVING (2½ cups): calories 490 | total fat 20 g | sat fat 3 g | carbs 47 g | fiber 7 g | total sugars 4 g
added sugars 0 g | protein 35 g | sodium 410 mg

Photo: Kate Sherwood - CSPI.

COLD SESAME NOODLES

I love sesame noodles warm or cold. My cold version is great for a packed lunch or a simple dinner on a warm night. A drizzle of chili crisp adds a tingly dose of spice.

- ½ lb. whole wheat spaghetti
- 1 Tbs. toasted sesame oil
- ¼ cup peanut butter
- 2½ Tbs. reduced-sodium soy sauce
- 2 tsp. rice vinegar
- 2 tsp. brown sugar
- 1 Tbs. minced ginger
- 4 cups shredded crisp lettuce
- 1 mini cucumber, sliced
- 1 scallion, sliced
- 1 Tbs. toasted sesame seeds
- 4 tsp. chili crisp (optional)

TIME: 20 MINUTES | SERVES 4

PER SERVING (2 cups): calories 440 | total fat 19 g
sat fat 2.5 g | carbs 58 g | fiber 8 g | total sugars 7 g | added sugars 3 g
protein 15 g | sodium 520 mg

1. Cook the spaghetti according to the package instructions. Drain, then rinse under cold water until cool. Transfer to a large bowl and toss with the sesame oil.
2. In another large bowl, whisk together the peanut butter, soy sauce, vinegar, sugar, and ginger with 2 Tbs. water until smooth. Toss the noodles in the mixture until well combined.
3. Arrange the lettuce in 4 bowls. Top with the dressed noodles. Garnish with the cucumber, scallions, and sesame seeds. Serve with the chili crisp (if using).

NUTTY BROCCOLI PESTO PASTA

Don't eat dairy? No problem. I've left the cheese out of this dish's nutty vegan pesto. Instead, I sprinkle it on top at the end. That way, you can leave it out if you need to.

- ¼ cup extra-virgin olive oil
- ½ cup chopped walnuts or pecans
- 3 cups chopped broccoli
- 1 clove garlic, finely grated
- 1 Tbs. fresh lemon juice, more to taste
- ¾ tsp. kosher salt
- freshly ground black pepper, to taste
- ½ lb. whole wheat farfalle
- ¼ cup shaved parmesan cheese

TIME: 25 MINUTES | SERVES 4

PER SERVING (2½ cups): calories 480 | total fat 27 g
sat fat 4 g | carbs 54 g | fiber 9 g | total sugars 3 g | added sugars 0 g
protein 15 g | sodium 490 mg

1. In a small pan over medium heat, heat the oil and the walnuts until browned, 2–3 minutes. Pour the oil through a sieve into a bowl and reserve both the nuts and the oil. Allow to cool.
2. Bring a large pot of water to a boil. Boil the broccoli until bright green, 60–90 seconds. Remove from the water with a sieve, dunk in ice water, and drain well. Reserve a little broccoli to use as a garnish. Cook the pasta in the broccoli water according to the package instructions. Drain, reserving a few tablespoons of pasta water, then return the pasta to the pot.
3. Make the pesto: In a small food processor, combine the remaining broccoli with half the walnuts and the olive oil, garlic, lemon juice, salt, and pepper. Pulse until roughly chopped and some paste has formed. Stir in 2 Tbs. pasta water to loosen. Toss with the pasta.
4. Divide the pasta into 4 bowls. Garnish with the reserved broccoli, the remaining walnuts, and the parmesan.

Photos: Kate Sherwood - CSPI.

Easy does it

8 WAYS TO SAVE TIME IN THE KITCHEN

BY LINDSAY MOYER

Want to make your life easier? Stocking your pantry, fridge, or freezer is a smart place to start. When life gets hectic, you can still whip up a healthy meal in minutes. Just pick a protein (here are four ideas), pick a carb (see the next page), add a vegetable, and you're in business.

Pre-seasoned tofu

Tofu doesn't need to be cooked, so pre-seasoned tofu can leap straight from package to plate if you like it cold. (Chilled noodle salad, anyone?) And even if you're heating up seasoned tofu for a warm dish, it only takes a minute or two.

As for flavor, it's hard to find a brand that seasons its tofu better than Hodo. For many Asian-inspired dishes, you can't go wrong with Hodo Organic Miso Tofu (red miso paste, tamari, garlic, ginger purée). A 3 oz. serving delivers 13 grams of protein without going overboard on sodium (370 milligrams) or added sugars (less than 1 gram).

If your supermarket doesn't stock Hodo, try Nasoya Sesame Ginger TofuBaked. And if you're looking for some heat, try Trader Joe's Sriracha Flavored Baked Tofu.

Chicken tenderloins

If you've ever plopped a chicken breast into a skillet, you probably had more than a little time on your hands until it finished cooking through. Cutting the raw breast into strips or bite-size pieces saves cooking time but adds prep time.

Solution: Buy raw chicken breast tenderloins. The thinner, more tender, and more delicate cut comes attached to the chicken breast but is often removed and sold separately. And starting with those smaller (boneless and skinless) tenderloins cuts down on the time it takes to sauté or stir-fry chicken breast.

Canned salmon

With no defrosting or cooking, canned salmon is low maintenance…but that's not all. Compared to canned tuna, salmon is also lower in mercury and higher in healthy omega-3s.

The easy part: You can treat your canned salmon just like canned tuna. Three ideas:

- **Salmon salad:** Jazz up canned salmon with some mayo or yogurt, celery, pickles, etc., then eat on bread or crackers.
- **Bean salad:** Toss canned salmon with scallions, white beans, extra-virgin olive oil, a squeeze of lemon, freshly cracked pepper, and fresh herbs.
- **Rice bowl:** Mix canned salmon with sriracha mayo and pile it atop a bowl of brown rice and vegetables (try carrots, cucumbers, and edamame).

Tip: If you don't want small bones, opt for boneless salmon that's sold in flat tuna-size cans (like the can in the photo), not tall ones.

Grilled chicken strips

It's hard to imagine how refrigerated grilled chicken strips could get any simpler. Step one: Open package. Step two: Add to your salad, wrap, pasta, or grain bowl. Step three: Eat.

Granted, you'll pay more than you would for raw chicken, but it beats paying a premium for takeout when time is tight.

Just keep in mind that some brands are saltier than others. For example, a 3 oz. serving of Perdue Shortcuts Grilled Chicken Breast Strips (410 milligrams of sodium) or Applegate Naturals Grilled Chicken Breast Strips (400 mg) approaches 20% of a day's max. To shave some salt, look for Target's Good & Gather Grilled Chicken Breast Strips (260 mg), Trader Joe's Grilled Chicken Breast (230 mg), or another brand in the same ballpark.

Pre-cooked whole grains

Quinoa takes at least 15 minutes to cook. Brown rice takes 30 to 45 minutes. But frozen or shelf-stable pre-cooked pouches of those whole grains take just minutes to reheat.

A few tips:

- **Frozen or shelf-stable?** You can microwave shelf-stable grains in 90 seconds or frozen ones in 3 minutes. If you won't use a full pouch at once, a frozen grain is your friend. That way, you can heat up your serving and stow the rest in the freezer.
- **Salted or unsalted?** Some grains have a reasonable 300 milligrams of sodium or less per serving, but others have hundreds of milligrams more, so check labels. Better yet, go with an unsalted one like frozen Trader Joe's Rice Medley.
- **How to heat?** If you don't want to worry about heating any chemicals that might be in the packaging, you can empty the pouch into a microwave-safe ceramic or glass bowl beforehand.

Whole wheat pasta

Whole wheat berries have a nutty, satisfying taste and texture, but they can take up to an hour to cook. Whole wheat pasta offers that same nuttiness but on a tighter timetable.

Once your water is boiling, most pasta shapes hit "al dente" in under 10 minutes. "Thin spaghetti," capellini, or angel hair gets there faster (about 3 to 6 minutes).

More good news: You're getting top-tier whole-grain goodness. A 2 oz. (dry) serving of whole wheat pasta—which makes about 1 cup cooked—is a rich source of fiber (5 grams) and delivers 8 grams of protein and 10% to 15% of a day's iron, magnesium, and zinc.

Can't eat wheat? If you need a fiber-rich gluten-free alternative, try a legume pasta made from chickpeas, lentils, or beans.

While whole wheat pasta is usually a bargain, legume pasta doesn't always come cheap. But it's worth it if you need to avoid gluten or want a vegetarian protein source; most varieties of legume pasta naturally have at least 50% more protein than whole wheat pasta.

Delicata squash

Don't get us wrong. We love digging into a pile of hearty butternut squash. But prepping it can be a labor of love, thanks to the peeling, de-seeding, chopping, and roasting. To keep winter squash simple, do the delicata.

A delicata squash is more, well, delicate. You don't need to peel its thin (edible) skin and you can easily cut it into halves or slices. Most of the time it takes to cook in the oven is hands-off. And, like any winter squash, you can expect a good helping of fiber, potassium, and other nutrients.

To prepare a delicata:

- Cut it in half lengthwise.
- Scoop out the seeds.
- Brush with olive oil and place cut side down (or slice into half-moons and toss with olive oil).
- Roast at 450°F until soft (about 30 minutes).

Tip: Delicata may be a "winter squash," but you can find it as soon as summer winds down. The typical season runs from September to December.

Frozen peas or corn

Peas and corn are vegetables and they're starchy carbs, so they're great replacements for grains or potatoes. They can also bulk up your grains with extra volume, sweetness, and staying power.

And since peas are a legume, they come with a protein bonus: A ½-cup serving packs 4 grams of protein (and 4 grams of fiber) into just 60 calories. If you double the serving size, those numbers jump into bean territory. Corn has roughly half as much fiber and protein as peas (for about the same number of calories).

Frozen peas and corn are almost foolproof, as long as you don't overcook them. For a simple side, sauté sliced mushrooms in olive oil until browned, add sliced scallions and thawed frozen peas and let them heat through, then season with salt. For frozen corn, try using cherry tomatoes instead of mushrooms. Or jazz up your grains, stir-fries, or fried rice with a handful of either vegetable.

For quick, healthy ideas with beans, see **cspi.org/easybeans**

FOOD FIND

Cool beans

Pop quiz: Name a snack that packs as much protein as two eggs, delivers more fiber than a cup of blueberries, and is entirely plant-based.

Answer: **The Only Bean Crunchy Roasted Edamame High Protein Supersnacks**.

Compared to salty snacks like most chips, pretzels, and crackers, calling the mighty little beans "super" isn't a stretch. They're largely dried edamame (young green soybeans) seasoned with soybean oil and spices.

That means every 1 oz. serving packs 14 grams of protein, 5 or 6 grams of fiber, and a smattering of healthy fats, all for just 120 to 140 calories. Nice!

Sodium ranges from 120 to 240 milligrams per serving—5% to 10% of a day's recommended maximum. Not bad at all. (If you're a spice fan, try the Wasabi Soy Sauce variety, which is at the low end.)

And talk about crunch! Snack on the crispy beans as is, toss them with your favorite nuts or seeds for a personal snack mix, or use them as "croutons" on top of your salad. What *can't* plant proteins do?

If you can't get your hands on Only Beans, look for similar roasted edamame snacks from **Biena** or **Seapoint Farms**. (Heads up: With 390 mg of sodium per serving, Biena's Ranch variety is saltier than most.)

Another plus: If you need to eat gluten-free or dairy-free, all three brands fit the bill.

How cool is that?

FOOD FAIL

Salt stack

What's a **Grilled Cheese Cheeseburger**? Just ask **Applebee's**: "Experience a gooey cheese pull with our juicy, all-beef patty, stacked with four slices of American cheese and our tangy bacon sauce on toasted potato bread."

That's not all it's stacked with. The burger and cheese alone supply 2,640 milligrams of sodium—340 more than the recommended max for a full day! Then there's the double dose of salty sides: fries (1,000 mg) and tomato basil soup "for dipping" (590 mg).

All told, you're looking at 4,230 mg of sodium—enough for today...*and* most of tomorrow. The same goes for the 35 grams of saturated fat.

Attention arteries: Incoming!

Most of the dish's 1,610 calories come from white bread, fried potatoes, cheese, and red meat. Applebee's is no stranger to those staples, which also show up in the chain's Classic Bacon Cheeseburger, Quesadilla Burger, and O-M-Cheese Burger.

That last one sound familiar? You've been reading your *Nutrition Actions*. (Refresher: The O-M-Cheese Burger is a bacon cheeseburger and fries, with the burger cut in half and served face down in a pool of melted cheese.)

Applebee's sure knows how to earn its spot on the wrong side of our back cover...for the *second* time this year.

What's next? How about a couple of cheeseburgers stacked on a platter of nachos! With fries, of course.

QUICK DISH

GREEK CONFETTI SLAW

Whisk together 2 Tbs. extra-virgin olive oil, 1 Tbs. red wine vinegar, 1 tsp. lemon juice, and ¼ tsp. kosher salt. Toss with 1½ cups shredded cabbage, 1¼ cups sliced bell pepper, ½ cup matchstick-cut cucumber, ½ cup matchstick-cut carrot, ¼ cup thinly sliced red onion, and 2 Tbs. feta. Top with 1 Tbs. feta and freshly cracked black pepper, to taste. Serves 4.

Photos: Marlena Koch - CSPI (top left), Applebee's (top right), Kate Sherwood - CSPI (bottom).