ISSN: 2380-5439 Open Access

# Adults in the US consume a lot of added sugars: Eating Habits, Characteristics and Primary Sources

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#### **Abstract**

According to the Dietary Guidelines for Americans added sugars should account for no more than 10% of total daily calories. However, many adults consume too many added sugars, putting their health at risk. Using data from the National Health and Nutrition Examination Survey we looked at the characteristics of adults under 20 in the United States who consume a lot of added sugar and listed the top ten places they get it. We said that high consumers consumed more than 15% of their daily calories from added sugars, which is 1.5 times more than the we estimated our typical energy intake and the percentage of calories from added sugars using the National Cancer Institute method. The top ten sources were chosen based on how much they contributed to the total amount of added sugar consumed on a given day. Differences by age, sex, race/ethnicity, education, income, marital status, and weight status were examined using T-tests. The average daily intake of added sugars and total energy was and, respectively, and 30% of adults were considered to be high consumers. The proportion of who consume a lot of added sugars was significantly higher than that of those younger than non-Hispanic Black adults and non-Hispanic White adults with a high school diploma some college, compared to adults with a college degree or higher adults living in lower-income households than high-income households for a federal poverty income.

Keywords: Added sugars • Adults • Dietary intake

## Introduction

Foods and beverages with added sugars increase the risk of chronic diseases like obesity, hypertension dyslipidaemia and cardiovascular disease mortality These added sugars also provide a lot of calories without much nutritional value. Sugars added during food processing, foods packaged as sweeteners syrups and honey, and concentrated fruit or vegetable juices are all examples of added sugars According to the Dietary Guidelines for Americans for added sugars should make up less than of one's daily calorie intake According to the National Health and Nutrition Examination Survey adults in the United States consumed of their daily calories from added sugars.

A previous study found that adults in the United States consume a lot of added sugar. The average daily intake of added sugars among adults in the United States over the age of 20 was teaspoons , with men consuming and women consuming exceeding the American Heart Association's recommendations of less than for men and women, respectively of calories in came from added sugars among adults who eat more added sugars than the Healthy People Objectives of the US Department of Health and Human Services is to "Reduce consumption of added sugars by people aged 2 years and over" in order to address the high level of added sugar consumption among Americans. Although some studies have shown the patterns and sources of added sugar consumption among all adults in the United States little is known about the characteristics of high added sugar consumers among adults in the United States. These consumers may be the most likely to benefit from interventions to reduce added sugars due to the increased health risk associated with higher consumption. Consequently, we described the eating

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**Received:** 02 October, 2022, Manuscript No. jbhe-23-85654; **Editor Assigned:** 04 October, 2022, PreQC No. P-85654; **Reviewed:** 18 October, 2022, QC No. Q-85654; **Revised:** 23 October, 2022, Manuscript No.R-85654; **Published:** 30 October, 2022, DOI: 10.37421/2380-5439.2022.10.100047

times and the top ten sources of added sugars intake, examined characteristics of high added sugars consumers of their calories from added sugars, 1.5 times higher than the , and examined a nationally representative sample of adults in the United States.

#### Literature Review

Descriptive analyses were presented as weighted means and standard errors weighted percentage and SE for sociodemographic characteristics and weight status. T-tests were used to compare mean differences of usual total energy intake or % calories from added sugars between groups. All tests were two sided, and p-values using combined dietary sample weights from two survey cycles to account for complex sampling design and non-response. Balanced repeated replication was used to calculate standard errors and 95% confidence intervals. Sensitivity analyses were conducted for the eating occasions and top sources of added sugars analyses to detect any meaningful differences by age, sex, and ethnicity.

Age, race/ethnicity, education, marital status, and income status all had an impact on the proportion of consumers who consume a lot of added sugars. In for instance, we discovered that Black adults were significantly more likely to consume foods high in added sugars than adults older than, had lower incomes opposed to had lower levels of education , and were younger. However, our finding that White adults had a higher prevalence of high added sugars consumers compared to Hispanic counterparts is inconsistent with some other studies our findings are consistent with previous findings that showed the intake of added sugars was inversely related to age, educational status, and family income. We may have focused on high consumers rather than all adults in the United States and different data collection methods between h recall and Dietary Screening Questionnaire In addition, a previous study found no gender differences in meeting the recommendation to limit added sugars which is similar to our findings that showed no differences in the prevalence of high consumers between men and women.

#### **Discussion**

We found that snacking, which contributed of calories from added sugars to high-added-sugar consumers' mean calorie intake, was the most common

eating occasion. This is about the same as two and a half inches of brownie, or grams, or ounces of soda The findings from other nations, such as Australia and Canada are comparable to this pattern. According to the adults between the ages of and consumed snacks and adults under the age of per majority of the energy consumed from snacks came from foods that are generally regarded as being less healthy, such as desserts and sweets, salty snacks, and beverages that contain sugar A previous study found that nearly one third of meals were eaten in non-designated locations like a couch in front of a television or a workspace Snacking was more common at work than at home in another study but more calories from added sugars were consumed at home than away from home. Although we were unable to determine whether various snack types are consumed at specific locations, knowing whether various snack types are consumed at various eating occasions and the reasons for this may assist in the development of individualized messaging and intervention strategies to reduce the consumption of added sugars.

In this study, sweetened beverages were the top two sources of added sugars. The same primary sources were found in a previous report from ; Men consumed a total of of added sugars among adults who exceeded the recommendation for limiting added sugars f those added sugars were consumed from sweetened beverages and tea, respectively; Women, on the other hand, consumed approximately and of added sugars from sweetened beverages and tea, respectively, for a total of 88 g of added sugars Identifying which foods or beverages to target in intervention efforts may be made easier by investigating the top sources of added sugars, particularly among consumers. In many workplaces and communities, population-based nutrition standards can be layered on top of a tailored approach the amount of added sugars in packaged tea products and sweet bakery products could be reduced through product reformulation. In addition, among high-consumers, educating them to consider consuming fewer foods and beverages with added sugars may help reduce the total amount of added sugars consumed [1-5].

#### Conclusion

There are benefits and drawbacks to this study. The use of the methods for calculating usual intake to identify the prevalence of high consumers of added sugars is strength of this study. Estimates are based on two dietary recalls that account for individual variances and reflect the typical amount of added sugar consumed by Adults The use of a large, nationally representative sample of adults in the United States is another strength. Due to day-to-day variation in dietary intake, the fact that we used data from a single hour dietary recall to identify eating times and top sources of added sugars among high consumers may not represent the typical consumption pattern among high

consumers, which is a limitation of this study. Additionally, recall-based dietary intake estimates may under or overestimate actual intake.

In conclusion, from approximately adults in the United States were considered to be high consumers of added sugars. This indicates that they consumed or more of their daily calories from added sugars, which have little to no nutritional value. By identifying specific populations, eating times, and food/beverage sources that may require additional attention, these findings can inform future health communication and intervention strategies to reduce added sugar consumption.

# **Acknowledgement**

None

### **Conflict of Interest**

There are no conflicts of interest by author.

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**How to cite this article:** Tian, Lixia. "Adults in the US consume a lot of added sugars: Eating Habits, Characteristics and Primary Sources." J Health Edu Res Dev 10 (2022): 100047.