DOI: 10.1017/BJN20061857

British Journal of Nutrition (2006), **96**, Suppl. 2, S1–S2 © The Authors 2006

Preface

Nuts: nutrition and health outcomes

Joan Sabaté, Emilio Ros and Jordi Salas-Salvadó

In this supplement, we present a cluster of articles on nut consumption, its nutritional attributes and health outcomes. Extensive research has been carried out in this field during the last decade following the seminal publications by one of us relating nut consumption to lower risk of heart disease and improvement of serum lipid levels (Fraser *et al.* 1992; Sabaté *et al.* 1993), and this volume attempts to summarise the current knowledge on the subject.

Nuts have constituted a part of mankind's diet since preagricultural times (Eaton & Konner, 1985). While the amount of nuts in the human diet in the distant past is unknown, consumption data from industrialised nations indicates a downward trend for most of the 20th century, although nut consumption in countries following a more Mediterranean diet is twice that of the American diet (Sabaté, 1993; Dreher et al. 1996). Vegetarians and other health-conscious populations, such as Seventh Day Adventist, tend to consume nuts more often than their counterparts (Sabaté, 1999). Whether for custom, economy, apprehension or simple lack of knowledge, large segments of the world population do not consume nuts on a regular basis, and for those who do, nuts contribute a small proportion of their total caloric intake. Nuts are consumed either as snacks or part of a meal. Nuts are eaten whole (fresh or roasted), in spreads (peanut butter, almond paste) or hidden (e.g. commercial products, mixed dishes, sauces, baked goods, and oils).

Nuts are nutrient dense foods. They contain high amounts of protein and fat, mostly unsaturated fatty acids. Nuts are also dense in a variety of other nutrients and provide dietary fibre, vitamins (e.g. folic acid, niacin, vitamin E, vitamin B6), minerals (e.g. copper, magnesium, potassium, zinc) and many bio-active constituents such as antioxidants, phytosterols and other phytochemicals (Dreher et al. 1996; USDA, 2006). Botanically, tree nuts are dry fruits with one seed in which the ovary wall becomes hard at maturity. The most popular edible tree nuts include almonds, Brazil nuts, cashews, hazelnuts, macadamias, pecans, pine nuts, pistachios and walnuts. Ground nuts, commonly known as peanuts, are actually legumes but are identified by consumers as part of the nuts food group. Peanuts share a similar nutrient profile with tree nuts. Although chestnuts are botanically tree nuts, they differ from other nuts because they are starchy and have a different micronutrient profile.

In the last 10 years, extensive research has been carried out on the potential health effects of nuts. Scores of human feeding trials have investigated the effect of nut consumption on blood lipids and other biological indexes of heart diseases (Kris-Etherton *et al.* 1999; Mukuddem-Petersen *et al.* 2005). Epidemiological studies have associated the frequency of nut intake with reduced risk of some chronic diseases, such as coronary heart diseases (Hu & Stampfer, 1999; Sabaté *et al.* 2001), diabetes (Jiang *et al.* 2002) and cancers of the prostate (Mills *et al.* 1989; Jain *et al.* 1999) and colorectum (Jenab *et al.* 2004; Yeh *et al.* 2006). Nuts are complex food matrices containing diverse nutrients and other chemical constituents that may favourably influence human physiology, a reason why these benefits may reasonably be attributed to the whole rather than the parts.

Nuts are now considered an important component of a healthy diet. Nuts are fatty foods and presumably for this reason, until recently, were ignored or treated with a great deal of caution on most dietary recommendations (American Heart Association, 1991). Due to the increasingly demonstrated health benefits, nuts are currently considered fundamental to several dietary guidelines worldwide (Haddad et al. 1999; Johnson & Kennedy, 2000; Krauss et al. 2000; Canada, 2005; USDA, 2006; Salas-Salvadó et al. 2001). Nuts have been proposed as a component of optimal diets for the prevention of coronary heart disease by leading experts in the field (Hu & Willett, 2002) and, in the summer of 2004, the Food and Drug Administration of the United States issued a health claim for nuts and nut-containing products because of the link of nut consumption with reduced risk of heart disease (USFDA, 2003).

We appreciate the contributions made by the authors of the articles presented in this supplement to the *British Journal of Nutrition* and thank the Nucis Foundation for sponsoring the publication of this volume. We hope that the information shared in this supplement will stimulate interest and new ideas for future research. Also, the contents of this volume may be useful in devising health policy strategies based on the intake of this food group.

References

American Heart Association (1991) American Heart Association Cookbook, 5th edition. New York: Times Books.

Canada H (2005) Canada's Food Guide to Healthy Eating [O Public Works and Government Services Canada, Canada, editor].

Dreher ML, Maher CV & Kearney P (1996) The traditional and emerging role of nuts in healthful diets. *Nutr Rev* **54**, 241–245.

Eaton SB & Konner M (1985) Paleolithic nutrition. A consideration of its nature and current implications. N Engl J Med 312, 283–289.

S2 Preface

Fraser GE, Sabaté J, Beeson WL & Strahan TM (1992) A possible protective effect of nut consumption on risk of coronary heart disease. The Adventist Health Study. Arch Intern Med 152, 1416–1424.

- Haddad E, Sabaté J & Whitten CG (1999) Vegetarian food guide pyramid: a conceptual framework. American Journal of Clinical Nutrition 70, 615S-619S.
- Hu FB & Stampfer MJ (1999) Nut consumption and risk of coronary heart disease: a review of epidemiologic evidence. Curr Atheroscler Rep 1, 204–209.
- Hu FB & Willett WC (2002) Optimal diets for prevention of coronary heart disease. JAMA 288, 2569–2578.
- Jain MG, Hislop GT, Howe GR & Ghadirian P (1999) Plant foods, antioxidants, and prostate cancer risk: findings from case-control studies in Canada. Nutr Cancer 34, 173–184.
- Jenab M, Ferrari P, Slimani N, Norat T, Casagrande C, Overad K, Olsen A, Stripp C, Tjonneland A, Boutron-Ruault MC, Clavel-Chapelon F, Kesse E, Nieters A, Bergmann M, Boeing H, Naska A, Trichopoulou A, Palli D, Krogh V, Celentano E, Tumino R, Sacerdote C, Bueno-de-Mesquita HB, Ocke MC, Peeters PH, Engeset D, Quiros JR, Gonzalez CA, Martinez C, Chirlaque MD, Ardanaz E, Dorronsoro M, Wallstrom P, Palmqvist R, Van Guelpen B, Bingham S, San Joaquin MA, Saracci R, Kaaks R & Riboli E (2004) Association of nut and seed intake with colorectal cancer risk in the European Prospective Investigation into Cancer and Nutrition. Cancer Epidemiol Biomarkers Prev 13, 1595–1603.
- Jiang R, Manson JE, Stampfer MJ, Liu S, Willett WC & Hu FB (2002) Nut and peanut butter consumption and risk of type 2 diabetes in women. JAMA 288, 2554–2560.
- Johnson RK & Kennedy E (2000) The 2000 Dietary Guidelines for Americans: what are the changes and why were they made? The Dietary Guidelines Advisory Committee. *Journal of the American Dietetic Association* 100, 769–774.
- Krauss RM, Eckel RH, Howard B, Appel LJ, Daniels SR, Deckelbaum RJ, Erdman JW Jr, Kris-Etherton P, Goldberg IJ, Kotchen TA, Lichtenstein AH, Mitch WE, Mullis R, Robinson K, Wylie-Rosett J, St Jeor S, Suttie J, Tribble DL & Bazzarre TL (2000) AHA Dietary Guidelines: revision 2000: A statement for healthcare professionals from the Nutrition Committee of the American Heart Association. *Circulation* 102, 2284–2299.

- Kris-Etherton PM, Yu-Poth S, Sabaté J, Ratcliffe HE, Zhao G & Etherton TD (1999) Nuts and their bioactive constituents: effects on serum lipids and other factors that affect disease risk. *Am J Clin Nutr* **70**, 504S–511S.
- Mills PK, Beeson WL, Phillips RL & Fraser GE (1989) Cohort study of diet, lifestyle, and prostate cancer in Adventist men. *Cancer* **64**, 598–604
- Mukuddem-Petersen J, Oosthuizen W & Jerling J (2005) A systematic review of the effects of nuts on blood lipid profiles in humans. *J Nutr* **135**, 2082–2089.
- Sabaté J (1993) Does nut consumption protect against ischaemic heart disease? Eur J Clin Nutr 47, Suppl. 1, S71–S75.
- Sabaté J (1999) Nut consumption, vegetarian diets, ischemic heart disease risk, and all-cause mortality: evidence from epidemiologic studies. *Am J Clin Nutr* **70**, 500S–503S.
- Sabaté J, Fraser GE, Burke K, Knutsen SF, Bennett H & Lindsted KD (1993) Effects of walnuts on serum lipid levels and blood pressure in normal men. N Engl J Med 328, 603-607.
- Sabaté J, Radak T & Brown J Jr (2001) The role of nuts in cardiovascular disease prevention. In *Handbook of Nutraceuticals and Functional Foods*, pp. 486–491 [R Wildman, editor]. Boca Raton: CRC Press.
- Salas Salvadó J, Megías Rangil I, Arija Val V, et al. (2001) Frutos secos. In Sociedad Española de Nutrición Comunitaria (SENC). Guías alimentarias para la población española. Recomendaciones para una dieta saludable, pp. 87–94. IMC & SENC: Madrid.
- USDA "Steps to a healthier you" < http://www.mypyramid.gov/> 17 April 2006.
- USDA "What's in the foods you eat" < http://199.133.10.140/code-searchwebapp/(u3ziamzte0kcklnfhfhczfr5)/codesearch.aspx) > 17 April 2006.
- US Food and Drug Administration (2003) *Qualified Health Claims: Letter of Enforcement Discretion Nuts and Coronary Heart Disease*, pp. 1–4. Rockville, MD: US Food & Drug Administration, 14, July 2003.
- Yeh C, You S, Chen C & Sung F (2006) Peanut consumption and reduced risk of colorectal cancer in women: A prospective study in Taiwan. World J Gastroenterol 12, 222–227.