

PARENTS' GUIDE TO BEHAVIOR PROBLEMS

A commonsense approach to sweets

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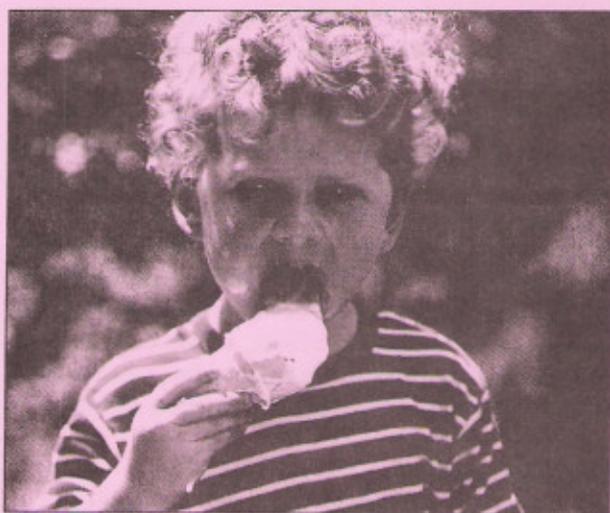
THE PROBLEM

A popular misconception suggests that eating sugar is harmful or, at least, a weakness. Many parents worry needlessly about candy, desserts, and other sweets. For purposes of discussion, sweets can be defined as any food for which sucrose, fructose, glucose, corn syrup, honey, or other sugars are listed as the first ingredient on the package.

Sweets are not bad. The body needs sugar to function. The brain needs glucose to think. Sweets can be eaten, but moderation is the key. If you want to protect your child's health, go after the Cholesterol Monster, not the Sugar Monster.

Soon after birth, infants show a preference for sweet fluids (such as breast milk) over unsweetened fluids. Most adults also naturally seek out and enjoy sweets. Giving candy as a gift for holidays or birthdays is a common gesture of affection. Many people have a "sweet tooth," which is probably hereditary. Many animals also show a craving for sweets.

We sometimes forget that the recommended daily allowance of calories from carbohydrates (sugar and starches) is fairly high—55% of total intake. The amount from refined sugars (sucrose) should not exceed 10% of the daily total. Sugar is present naturally in most foods except the meat group. Lactose is the sugar in milk, fructose in fruits, and maltose in grain products. Sucrose, found in sugarcane and sugar beets, is used in candy, soft drinks, ice cream, and many other sweetened foods. It has no greater adverse effect on body functioning than any of the other sugars.



The main risk associated with sugar, and the only permanent harm from consuming too much, is tooth decay. The risk can be greatly reduced by drinking fluoridated water and brushing the teeth after eating sugar-containing foods. Foods that cause the most dental cavities (caries) are those that stick to the teeth—gooey candy and raisins, for example. The factor most likely to lead to severe tooth decay in babies and young children is falling asleep or walking around with a bottle of fruit juice, milk, or other sugar-containing fluid in the mouth. This type of tooth decay is called "baby-bottle caries."

A temporary side effect of sugar may occur two to four hours after excessive consumption of sweets. This reaction probably results from a rapid fall in the level of sugar in the blood and consists of sweating, hunger, dizziness, tiredness, and sleepiness. These episodes are generally brief, harmless, and can be relieved by eating a food containing some

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EATING SWEETS

sugar, such as fruit or fruit juice. These symptoms do not occur after eating a normal amount of sweets, nor do they occur in everyone.

Despite these possible side effects, eating sugar is basically not harmful. Candy does not cause cancer, heart disease, or diabetes mellitus. Here are some common exaggerated concerns:

■ **Obesity.** Obesity results from overeating in general, not from eating sugars specifically. Fatty foods have twice as many calories as equal amounts of sugary foods. Recent studies show that lean people tend to eat more sugar than overweight people.

■ **Hyperactivity.** Extensive research has shown that sugar does not cause or worsen hyperactivity. On the contrary, sugar intake on the order of a 12-oz soft drink (containing ten teaspoons of refined sugar), may cause a relaxed state or even drowsiness.

■ **Junk food.** The term "junk food" causes considerable confusion. Some people define any sweet or dessert as a junk food. Others define fast foods as junk food. Let's junk this term, which implies that any food that is sweet or purchased from a fast-food chain is bad for your health. It's not that simple.

THE SOLUTION

The following guidelines can help you establish a sensible policy about sweets for your child. Note: These guidelines may *not* apply to children with diabetes mellitus. If your child has diabetes, you should discuss her sugar intake with a physician.

Don't try to forbid sweets. Some parents do this in hopes of preventing their child from developing a preference for sweet foods. Since this preference is present at birth, we have little influence over it. If you ban sweets entirely, your child may become fascinated with them. With candy and other sweets so readily available in stores and vending machines, a sugar embargo cannot be monitored and becomes unenforceable as a child grows up. If we try to make an issue of sugar, it becomes an unnecessary battleground.

One precaution: Avoid giving your child sweets if possible in the first year of life. If sweets are introduced too early, they may interfere with your child's willingness to try new, unsweetened foods.

Limit the amount of sweets your child eats. Eating any food in excess is unhealthy. While one candy bar is fine, eating an entire bag is unacceptable. Try to eliminate bingeing on sweets. You can do this mainly by setting a good example. You can safely allow your child some extra candy or other sweets on holidays such as Halloween, birthdays, and other special occasions. At worst, your child might become extra sleepy or have a mild stomachache.

Limit the amount of sweets you buy. The more sweets are in the house, the more your child will eat. Try to buy breakfast cereals and cookies in which sugar is not the dominant ingredient.

Allow sweets for desserts. A well-balanced meal comes first. If sweets follow a well-balanced meal and are not eaten in excess, they cause no side effects. An acceptable dessert, therefore, can be just about anything, including candy.

Discourage sweets for snacks. Candy, soft drinks, or other sweets are not a good choice for a snack. They consist of very little else than refined sugar and may cause some symptoms several hours later. Teach your child that if he does include a sugar-sweetened drink in his snack, he should eat something from the grain or fruit food groups along with it. An occasional drink sweetened with a sugar substitute is fine. But it's more important to stock up on nutritious snacks such as fruit juices, yogurt, graham crackers, popcorn, and oatmeal cookies (most cookies are not considered sweets because the main ingredient is flour rather than sugar). Also, set a good example with your own snacks.

Insist that your child brush her teeth after eating sweets. When she's away from home, encourage her to rinse her mouth with water after meals or snacks. Unless you encourage these good habits, a sweet tooth can become a decayed tooth.

Some benefits of sugar. Using candy occasionally as a reward is not habit-forming and won't increase your child's natural preference for sweets. Candy and other sweets are a powerful incentive. Whether

we like it or not, the best motivators are items that children crave. Candy is inexpensive, easy to buy, and comes in many varieties, giving the child a number of choices. Candy may bring about a behavioral breakthrough with a negative child who has not responded to other approaches. Use star charts and praise simultaneously to improve behavior, and continue them after you phase out the candy.

Sugar can also help a finicky eater try an essential new food. Some children who have been breast-fed until almost 1 year of age will not accept any milk products. One way to help children between 12 and 24 months of age make the transition is to sweeten cow's milk temporarily with honey or other flavorings. Caution: Do not give honey before 1 year of age because there is a small risk that it can cause botulism in this age group. After the child is drinking adequate amounts of milk, gradually phase out the sweetener. Some children will take bitter medi-

cine more readily if it is mixed with a powdered instant drink or chocolate pudding.

Let's be candid. Most adults and children enjoy sweets. Most children spend part of their allowance on sweets. Eating sweets in moderation is fine. A well-balanced diet can include some daily sweets.

Call our office during regular hours if:

- You think your child has a problem with sugar.
- Your child binges frequently on sweets.
- You find yourself repeatedly nagging your child about sweets.
- You have other questions or concerns.

Adapted from Schmitt BD: *Your Child's Health*, ed 2. New York, Bantam Books, Inc., 1991.

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