## Sugar rush myth debunked again

Parents who limit the sugar intake for their children to control behavior may have to rethink their strategy. The New York Times recently <u>published an article debunking sugar rush myth</u> and parents can't believe it. However, the 1994 scientific data on the subject is fairly antiquated and relies on a smallish study of 25 children — called <u>Effects of diets high in sucrose or aspartame on the behavior and cognitive performance of children</u>.

Sugar impact different children in different ways. Sugar is just as likely to cause problems for your child as any high-carbohydrate food – such as wheat gluten.

Sugar and children's behavior seems also to be missing the point of basic calorie consumption, given that calories beget energy and zero-calorie sugar substitutes (i.e., aspertame, etc) have none. Here's what one parent had to say in response to the *New York Times* article claiming sugar has no significant impact on a child's behavior:

"I can't believe what I'm reading! I'm diagnosed with hyperactivity, and maybe that is part of the problem, but I challenge everyone to test it on themselves if sugar (or even any other dose of simple carbohydrates) doesn't affect eg their ability to concentrate. When I rehearsed for a play in college I knew that I had to avoid fries, if I wanted to get something done after lunch, otherwise I would just waste my time onstage. Sugar is pure energy for your body, there has to be a reaction! It's like saying more coals won't change the heat of a stove! To conflate bad behavior with hyperactivity is just the cherry on top of this dishonest article"

-Tomas Sayder

There are few studies on the basic caloric differences in how kids are processing calories, and any diabetic will tell you that the physical reaction to high-carbohydrate foods is fundamentally different in the way the body metabolizes those calories. Gluten, for instance, is well known to be a trigger for effecting the digestive system and body in those who are sensitive to its chemical structure. The association between celiac disease, for instance, repeatedly demonstrates a higher rate of attention-deficit/hyperactivity (ADHD) disorder, according to the NCBI's <u>Association of Attention-Deficit/Hyperactivity Disorder and Celiac Disease: A Brief Report</u> article.

In conclusion, we believe parents should rely on their own observations and use their own judgement based on individual experiences with children. Time and again the blanket statements that what is bad for one child is bad for another should be taken as cautionary advice rather than rule of law.

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