# Food Labelling: Impact of Socio-Demographic Factors.

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## Introduction

The first thing to look for on a food label is the serving size. This information tells you the recommended portion size for the product. It is important to note that the nutritional values listed on the label are based on this serving size. The servings per container indicate the number of servings in the entire package. Be mindful of portion sizes and adjust the nutritional information accordingly if you consume more or less than the serving size [1].

Calories: Next, pay attention to the calorie content. Calories are a measure of the energy provided by the food. The number of calories listed is per serving, so if you consume multiple servings, you need to multiply the calories accordingly. This information can help you manage your calorie intake and maintain a balanced diet.

Nutrients: The nutrient section of the food label provides valuable information about the specific nutrients present in the product. It typically includes information on total fat, saturated fat, trans fat, cholesterol, sodium, total carbohydrates, dietary fiber, sugars, and protein. These values are listed in grams or milligrams and are often accompanied by a percentage of the daily value (DV). The DV is based on a 2,000-calorie diet and serves as a general guide to help you assess the nutrient content of the product. For example, if a food item contains 5% DV of saturated fat, it means that one serving provides 5% of the recommended daily intake of saturated fat for a 2,000-calorie diet. Aim to consume less than 100% of the DV for total fat, saturated fat, cholesterol, and sodium, and strive to meet at least 100% of the DV for dietary fiber, vitamins, and minerals [2,3].

Fat: Fat is an essential nutrient, but it's important to differentiate between different types of fat. Pay attention to the amounts of saturated and trans fats, as these are associated with increased risk of heart disease. Try to limit your consumption of saturated and trans fats and opt for products with healthier fats like monounsaturated and polyunsaturated fats.

Sodium: Excessive sodium intake is linked to high blood pressure and other health issues. The recommended daily intake of sodium for adults is generally around 2,300 milligrams. Be mindful of the sodium content in packaged foods, as they can be significant contributors to your daily intake.

Carbohydrates and Fiber: Carbohydrates are an important source of energy, but not all carbohydrates are created equal. Look for products with a higher dietary fiber content, as fiber aids digestion, helps you feel full, and can have positive effects on blood sugar levels. Aim to consume more dietary fibre and limit your intake of added sugars [4].

Added Sugars: The inclusion of added sugars on food labels is a recent addition, and it's an important one. Added sugars contribute to empty calories and can increase the risk of obesity and chronic diseases. Try to choose products with lower amounts of added sugars or opt for alternatives like natural sweeteners.

Vitamins and Minerals: Food labels often provide information about the presence of certain vitamins and minerals. These micronutrients play crucial roles in our overall health and well-being. Pay attention to the presence of essential vitamins and minerals like vitamin C, vitamin A, calcium [5].

#### Conclusion

Understanding food labels is essential for making informed decisions about our diet and overall health. By decoding the secrets of nutrition information on food labels, we can gain valuable insights into the nutritional content of the products we consume. Paying attention to serving sizes, calories, nutrients, and ingredients allows us to evaluate the quality and balance of the foods we choose. Armed with this knowledge, we can make healthier choices, manage our calorie intake, and ensure we are meeting our nutritional needs. By becoming savvy label readers, we empower ourselves to make conscious and responsible choices that support our well-being and long-term health.

#### Reference

- 1. Bryant R, Schultz C. Obesity in inflammatory bowel disease: gains in adiposity despite high prevalence of myopenia and osteopenia. Nutrients. 2018; 10:1192.
- 2. Casanova M, Chaparro M. Prevalence of malnutrition and nutritional characteristics of patients with inflammatory bowel disease. J Crohns Colitis. 2017; 11:1430–9.
- 3. Davis A, Smith T, Talbot J, et al. Predicting patient engagement in IAPT services: a statistical analysis of electronic health records. Evid Based Ment Health. 2020; 23:8–14.

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- 4. Yin A, Hachuel D, Pollak J. Digital health apps in the clinical care of inflammatory bowel disease: scoping review. J Med Internet Res. 2019; 21:e14630.
- 5. Taylor L, Eslamparast T. Using patient completed screening tools to predict risk of malnutrition in patients with inflammatory bowel disease. Crohns Colitis 360. 2021; 3:1–7.