ALTERNATIVE SUGARS

Coconut sugar





Elaine Gardner, British Dietetic Association (BDA) Spokesperson, discusses the sugar content in coconut sugar and provides related oral health advice.



Name: Coconut (palm) sugar.

What is it? It is made from the sap of the coconut palm tree and looks like brown, granulated sugar. Palm sugar is similar but made from a different type of palm tree. Jaggery is a concentrate of date, sugar cane juice and/or palm sap without separation of the molasses. It has a fudge-like consistency and is used extensively by the Asian population (particularly those from India) to sweeten foods, breads and sweets.

All these products are similar and are mainly composed of sucrose (table sugar) with smaller quantities of glucose and fructose. Coconut sugar can contain 70-80% sucrose and jaggery about 50% sucrose.

Found in? Available from shops, health food stores and online.

Effect on general health: Coconut palm sugar (and palm sugar and jaggery) is essentially a fairly pure form of sugar and like ordinary sugar it can contribute to obesity, diabetes and heart disease.

Coconut sugar undergoes little processing so it retains some of the natural vitamins, minerals (notably iron, zinc, calcium and potassium), fibre (inulin) and antioxidants. The nutrients in coconut sugar are likely to have a minimal effect unless you eat large amounts, when any benefit will be outweighed by all the sugar you're eating. Coconut sugar has the same number of calories as table sugar (16 calories per teaspoon).

Oral health impact: All these products contain high levels of fermentable carbohydrates so are cariogenic.

Advice for patients: Treat these products in the same way as table sugar and use sparingly. Oral hygiene needs to be maintained as they are harmful to teeth.



Find out more about the British Dietetic Association at: www.bda.uk.com.

Coming up: Lactose (milk sugar)

Greater Manchester schools and nurseries set to improve dental care

A £1.5 million pound action plan to improve children's oral health in Oldham, Rochdale, Salford and Bolton has been launched.

The investment aims to reduce both the number of children aged five and under affected by tooth decay and those needing a general anaesthetic to have their teeth taken out due to decay.

Nearly all the cash will be spent on prevention work such as supervised tooth-brushing programmes, toothbrush and toothpaste packs distributed via health visitors and dental practices and increased prevention messages.

The announcement is being made by Greater Manchester Health and Social Care Partnership, the body overseeing the devolution of the £6 billion health and care budget in the city region.

The wide-ranging three-year programme aims to:

- Increase the number of children under the age of five accessing dental care, with a focus on high-risk groups and under ones
- Expand supervised tooth brushing in nurseries, schools and other earlyyears settings
- Extend the provision of preventative advice to families including through training those working with children to share these messages.

In Greater Manchester, approximately 36% of children aged five have tooth decay compared with 25% across England.

In 2015/6 treatment of preventable tooth decay in children cost Greater Manchester circa £20 million.

Death Notice

It is with great sadness that we report the death of Professor Jimmy Steele. A full obituary will follow in a subsequent issue.