

Rediscover an Old Ingredient with Modern Health Benefits:

Hi-maize[®] Resistant Starch

February 25, 2010





Resistant Starch Summary

Rediscover An Old Ingredient With Modern Health Benefits

Resistant starch has been consumed for thousands of years and has recently been rediscovered as an important ingredient for maintaining health & wellness. However, as foods have become more processed and convenient, the amount of resistant starch in our diets has decreased. Individuals in developed countries such as the U.S., where processed foods are prevalent, are at a disadvantage as Americans consume approximately 5 grams of resistant starch per day.¹ Individuals in less developed countries who eat *fewer* processed foods consume 15 to 20 grams per day², the amount health experts recommend eating to obtain full physiological benefits. Health care professionals can help consumers meet these consumption targets by encouraging consumers to eat a healthy mix of whole foods and natural resistant starch-enhanced processed foods.

What is Resistant Starch?

Most starches are digested and absorbed into the body through the small intestine, but some resist digestion and pass through to the large intestine where, through fermentation, they act like dietary fiber. This type of starch is called "resistant starch." The formal definition of resistant starch is the total amount of starch, and the products of starch degradation that resists digestion in the small intestine of healthy people.³

Re-Discovering Resistant Starch in Foods

Resistant starch is naturally found in common foods such as legumes (beans and peas), whole grains, and even bananas (especially under-ripe bananas). When cooked and served cold as in salads, certain starchy foods (*i.e.* potatoes, pasta and rice, corn cereal) also contain resistant starch. Natural resistant starch is available as an ingredient with the brand name Hi-maize[®] resistant starch. It can be found in a growing group of commercial products such as bread, pasta and snacks. (For information on how to find foods with natural resistant starch, please visit <u>www.resistantstarch.com</u>.)

Benefits

Research from more than 300 peer-reviewed studies, conducted over the last 20 years, demonstrates that consuming Hi-maize natural resistant starch as part of a healthy eating plan provides **multiple benefits**:

- 1. Natural resistant starch helps individuals increase their dietary fiber intake. Hi-maize tests and labels as insoluble dietary fiber (measured by approved AOAC methods), and removes the barriers that have previously hindered people from eating sufficient fiber:
 - Hi-maize is a fine, white starch with a small particle size from a natural variety of non-GMO corn. Food containing Hi-maize retains its taste and texture and do not require people to change their dietary preferences. Hi-maize has been formulated into bread, crackers, cookies and other baked goods as well as cereal, pasta and snacks.
 - High levels can be consumed (even those exceeding the recommended intake of dietary fiber) with modest or no digestive side effects.⁴⁻⁶
 - It is available for home-use and can be added to foods like smoothies or oatmeal for an easy fiber boost. One tablespoon of Hi-maize 260 delivers 6.5 grams of dietary fiber, (more than the fiber in a bowl of oatmeal).

- **2.** Natural resistant starch increases satiety and may help with weight control. With twothirds of American adults overweight or obese⁷, weight loss and maintenance as well as preventing initial or additional weight gain are concerns. Hi-maize can help in several ways:
 - Hi-maize contains fewer calories ^{8,9} (2-3 kcal/g) than flour (4 kcal/g). When Hi-maize replaces flour in foods, the calories in the product will be lower.
 - The consumption of products with Hi-maize can help individuals feel fuller in the hours after a meal¹⁰ and even the next day.¹¹ It also has been shown to help people eat less after 2 hours¹² as well as over the proceeding 24 hours.¹³
 - Hi-maize may impact body composition by increasing fat oxidation and reducing fat storage after a meal.¹⁴
- **3. Natural resistant starch helps with glycemic management.** Reducing the glycemic response of foods helps to smooth out the energy fluctuations experienced by individuals but also can have broad health implications, even in people with healthy glucose levels:
 - Hi-maize reduces the glycemic and insulin response of foods when it replaces flour or other rapidly digestible carbohydrates.¹⁵
 - Hi-maize consumption has been shown to reduce the glycemic response of a subsequent meal, independent of its postprandial glycemic impact.¹⁶
 - Hi-maize reduces the insulin response, even when the control food contained the same amount of glycemic carbohydrates.¹⁷
 - Hi-maize consumption has been shown to increase insulin sensitivity in healthy people,^{18,19} in people with type 2 diabetes,²⁰ and in individuals with insulin resistance.²¹

4. Natural resistant starch promotes digestive health.

- Hi-maize selectively increases beneficial bacteria, while suppressing harmful bacteria what's called a 'prebiotic' fiber.²²
- The fermentation of Hi-maize increases SCFA production (butyrate is particularly important for colon health), which reduces intestinal pH and reduces the production of potentially harmful ammonia and phenols.²³
- Hi-maize promotes regularity with a mild laxative effect.²⁴
- Hi-maize assists in restoring normal intestinal function in individuals with diarrhea.²⁵⁻²⁸
- **5.** Corn-based resistant starch replaces wheat in gluten-free foods. Hi-maize is made from corn and can replace wheat in foods that are required to be gluten-free. This is especially important for those individuals who have Celiac disease.
 - The fermentation of natural resistant starch produces more of the SCFA butyrate than other sources of fiber.²⁹ Butyrate has been shown to have anti-inflammatory properties and appears to be important in maintaining healthy colonic mucosal structure and function.³⁰

To help people increase their intake of natural resistant starch, encourage them to eat foods with naturally occurring resistant starch and to purchase and consume products with natural Hi-maize resistant starch. *For more information, please visit <u>www.resistantstarch.com</u>.*

[®] Hi-maize resistant starch is a registered trademark of National Starch Food Innovation. February 10, 2010



Rediscover An Old Ingredient With Modern Health Benefits References

¹ Murphy, M.M., Douglass, J.S., Birkett, A. Resistant starch intakes in the United States. *Journal of the American Dietetic Association*, (2008), 108, 67-78.

² Baghurst PA, Baghurst, KI, Record SJ. Dietary fibre, non-starch polysaccharides and resistant starch. A review. *Food Australia* (1996) 48(3)suppl:1-36.

³ Asp NG. Resistant starch. Proceedings from the second plenary meeting of EURESTA: European FLAIR Concerted Action No. 11 on physiological implications of the consumption of resistant starch in man. *European Journal of Clinical Nutrition* (1992) 46 (Suppl 2):S1.

⁴ Giacco R, Clemente G, Brighenti F, Mancini M, D'Avanzo A, Coppola S, Ruffa G, La sorella G, Rivieccio AM, Rivellese AA, Riccardi G. Metabolic effects of resistant starch in patients with Type 2 diabetes. *Diabetes, Nutrition & Metabolism* (1998) 11:330-5.

⁵ Robertson MD, Bickerton AS, Dennis AL, Vidal H, Frayn KN. Insulin-sensitizing effects of dietary resistant starch and effects on skeletal muscle and adipose tissue metabolism. *American Journal of Clinical Nutrition* (2005) 82:559-67.

⁶ Kendall, CWC, Jenkins DJA, Emam A. Assessment of resistant starch tolerance: a dose response study. Abstract presented at 9th European Nutrition Conference, October 1-4, 2003, Rome, Italy.

⁷ NHANES (2003-2006) as quoted in Heart Disease and Stroke Statistics – 2010 Update, American Heart Association.

⁸ Aust L, Dongowski G, Frenz U, Taufel A, Noack R. Estimation of available energy of dietary fibres by indirect calorimetry in rats. *European Journal of Nutrition* (2001)40(1):23-9.

⁹ Behall, KM, Howe JC. Resistant starch as energy. *The Journal of the American College of Nutrition* (1996) 15(3):248-54.

¹⁰ Willis HJ, Eldridge AL, Beiseigel J, Thomas W, Slavin JL. Greater satiety response with resistant starch and corn bran in human subjects. *Nutrition Research*. (February 2009) 29(2):100-105.

¹¹ Nilsson A.C., Ostman E.M., Holst J.J., Bjorck I.M.E. Including indigestible carbohydrates in the evening meal of healthy subjects improves glucose tolerance, lowers inflammatory markers, and increases satiety after a subsequent standardized breakfast. *Journal of Nutrition* (2008) 138:732-739.

¹² Anderson GH, Cho CE, Akhavan T, Mollard RC, Lohovyy BL, Finocchiaro ET. Relation between estimates of cornstarch digestibility by the Englyst in vitro method and glycemic response, subjective appetite, and short-term food intake in young men. American Journal of Clinical Nutrition. Epub ahead of print February 17, 2010. doi: 10.3945/ajcn.2009.28443.

¹³ Bodinham CL, Frost GS, Robertson MD. Acute ingestion of resistant starch reduces food intake in healthy adults. *British Journal of Nutrition*. Epub ahead of print October 27, 2009. doi:10.1017/S0007114509992534.

¹⁴ Higgins JA, Higbee DR, Donahoo WT, Brown IL, Bell ML, Bessesen DH. Resistant starch consumption promotes lipid oxidation. *Nutrition & Metabolism* (2004) 1:8.

¹⁵ Witwer, R.W. Natural resistant starch in glycemic management: from physiological mechanisms to consumer communications. In "*Nutraceuticals, Glycemic Health & Type II Diabetes*" Edited by Vijai K. Pasupuleti and James W. Anderson. IFT Press, Wiley-Blackwell Publishers, (August, 2008) pp 401-438.

¹⁶ Brighenti F, Benini L, Del Rio D, Casiraghi C, Pellegrini N, Scazzina F, Jenkins DJA, Vantini I. Colonic fermentation of indigestible carbohdyrates contributes to the second-meal effect. *American Journal of Clinical Nutrition* (2006) 83:817-22.

¹⁷ Bodinham CL, Frost GS, Robertson MD. Acute ingestion of resistant starch reduces food intake in healthy adults. *British Journal of Nutrition*. Epub ahead of print October 27, 2009. doi:10.1017/S0007114509992534.

¹⁸ Robertson DM, Currie JM, Morgan LM, Jewell DP, Frayn KN. Prior short-term consumption of resistant starch enhances postprandial insulin sensitivity in healthy subjects. *Diabetologia* (2003) 46(5):659-65.

¹⁹ Robertson DM, Bickerton AS, Dennis AL, Vidal H and Frayn KN: Insulin-sensitizing effects of dietary resistant starch and effects on skeletal muscle and adipose tissue metabolism. *The American Journal of Clinical Nutrition* (2005) 82:559–67.

²⁰ Zhang WQ, Wang HW, and Zhang YM. Effects of resistant starch on insulin resistance of type 2 diabetes mellitus patients. *Chinese Journal of Preventive Medicine*, (2007) 41, 101-104.

²¹ Robertson MD, Wright JW, Batt J, Russell-Jones D, Umpleby AM. Dietary resistant starch is an insulin sensitizer A37(P37). Diabetic Medicine. (March 2009) 26(1)(Suppl. 1):14.

²² Brown I, Warhurst M, Arcot J, Playne M, Illman RJ, Topping DL. Fecal numbers of bifidobacteria are higher in pigs fed Bifidobacterium longum with a high amylose cornstarch than with a low amylose cornstarch. *The Journal of Nutrition* (1997) 127:1822-1827.

²³ Birkett, A., Muir, J.G., Phillips, J., Jones, G., O'Dea, K. Resistant starch lowers fecal concentrations of ammonia and phenols in humans. *American Journal of Clinical Nutrition* (1996), 63, 766-772.

²⁴ Phillips, J., Muir, J.G., Birkett, A., Lu, Z.X., Jones, G.P., O'Dea, K. Effect of resistant starch on fecal bulk and fermentation-dependent events in humans. *American Journal of Clinical Nutrition* (1995) 62, 121-130.

²⁵ Ramakrishna BS, Venkataraman, S, Srinivasan P, Dash P, Young, GP, Binder HJ. Amylase-resistant starch plus oral rehydration solution for cholera. *New England Journal of Medicine* (2000) 342:308-13.

²⁶ Raghupathy P, Ramakrishna BS, Oommen SP, Ahmed MS, Priyaa G, Dziura J, Young GP, Binder HJ. Amylase-resistant starch as adjunct to oral rehydration therapy in children with diarrhea. *Journal of Pediatric Gastroenterology and Nutrition* (2006) 42:362-368.

²⁷ Monira S, Alam NH, Suau A, Magne F, Nair GB, Karmakar PC, Rahman M, Pochart P, Desieux JF. Time course of bacterial diversity in stool samples of malnourished children with cholera receiving treatment. *Journal of Pediatric Gastroenterology & Nutrition* 2009 Feb 25 (Epub ahead of print).

²⁸ Ramakrishna, B.S., Subramanian V., Mohan V., Sebastian B.K., Young G.P., Farthing M.J., Binder H.J. A randomized controlled trial of glucose versus amylase resistant starch hypo-osmolar oral rehydration solution for adult acute dehydrating diarrhea. *PLoS ONE* (February 13, 2008) 3(2): e1587. doi:10.1371/journal.pone.0001587.

²⁹ Cummings JH, Macfarlane GT, Englyst HN. Prebiotic digestion and fermentation. *The American Journal of Clinical Nutrition* (2001) 73(2 Suppl):415S-20S.

³⁰ Andoh A, Tsujikawa T, Fujiyama Y. Role of dietary fiber and short-chain fatty acids in the colon. *Current Pharmaceutical Design* (2003) 9:347-358.