

Finally, children will not forgo taste for the promise that a food is “good for you.” The authors overlooked this key element in the discussion of optimal dietary intake for children. Consumer insights, especially around hedonic qualities, are imperative if true improvements in dietary quality for children are to be accomplished.

Scientific research has determined that RTEC provides the well-established benefits of increased breakfast consumption, including better nutritional intake, improved cognitive performance, and a healthful body weight. Schwartz and colleagues (1) have provided an unbalanced view of the health implications of RTEC consumption in children.

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Authors’ Response:

In response to our paper addressing the nutritional quality of children’s cereals (1), several people wrote and raised important points. One of the issues raised was the importance of assessing ready-to-eat cereals (RTECs) “dispassionately and objectively in examining decades of scholarly research.” We agree that an objective review of this literature is needed, and it is critical to have a review conducted by researchers *not* funded by the cereal industry (2,3). There is evidence that industry-funded research tends to report findings favorable to that industry [for examples, see reviews on tobacco (4), pharmaceutical (5), and beverage research (6,7)]. RTEC research is at risk of becoming the next field composed of numerous industry-funded studies that produce conclusions favorable to industry and a dearth of studies with no conflict of interest. A quick examination of the funding sources for the articles cited in the three letters commenting on our article (1) reveals funding by the Kellogg Company (8-10), Northeast Dairy Foods Research Center (11), General Mills Inc (12), the Florida Department of Citrus (13), and the UK Sugar Bureau (14).

Second, many of the arguments

presented imply that we are questioning the importance of breakfast or the value of all RTECs. Our paper did not recommend that children refrain from eating all RTECs. Our intent was to evaluate the variation in the nutritional quality of cereals, particularly with regard to calories and sugar content, and we suggested that children should be fed the best of these products. The point that children who eat RTECs do not exhibit a significantly higher intake of sucrose than those who do not eat these particular cereals (8) is irrelevant in light of the fact that on average *all* American children are consuming too much added sugar. As reported in one government-funded study, added sugar makes up 18.6% of the energy intake of 6- to 11-year-olds, which is well beyond recommended limits (15). Some research suggests that the products with added sugar that are marketed to children are not solely responsible for this problem—Crockett and Stelflug state in their letter that “the sugar in cereal is a small fraction of a child’s daily intake”; and a National Dairy Council funded study reports that “inclusion of flavored milk in the diet does not lead to significantly higher added sugars intakes by school-aged children and adolescents” (16). This is a perfect example of the social psychology phenomenon of “diffusion of responsibility” (17). This behavior is analogous to each individual restaurant in the country arguing that it should not be required to ban smoking because it alone contributes only a tiny fraction to Americans’ exposure to secondhand smoke. Our view is that each and every source of added sugar in a child’s diet adds incrementally to the problem; therefore, each should be reduced to solve the problem. We were heartened to read that even though the cereal industry stands by the claim that it does not contribute significantly to sugar intake, it has reformulated and introduced new cereals to lower sugar in its products.

The third argument is in defense of adding sugar to RTECs in that the nutritional cost is outweighed by the benefits from the vitamins and minerals used to fortify RTECs. We disagree. Fortifying RTECs does not cancel out the negative impact of added sugar any more than serving broccoli at a restaurant compensates for re-

fusal to ban smoking. In our view, this argument also illustrates how our society has replaced real food with artificial food-like substances (18) and feels it is appropriate to fortify inherently non-nutritive foods and beverages and market such products to children. Our children deserve better. We urge the field of dietetics to consider this fundamental philosophical question: Should we advise parents to feed their children vitamin supplements hidden in sugar or the foods that are the original source of important vitamins and minerals? Finally, we fully agree with the authors of the letters that there are many remaining questions concerning the contribution of RTECs to overall nutrition and health outcomes. We recommend that future research consider the variability in the nutritional profiles among cereals, as some RTECs may be excellent breakfast choices for children, while others may not.

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