Healthier beverage choices are becoming more popular among the U.S. population, a new study found.

Between 2003 to 2014, per capita consumption of sugar-sweetened beverages significantly dropped among adults (190.4 calories versus 137.6, $P<0.001$) and children (224.6 calories versus 132.5, $P<0.001$), according to Sara N. Bleich, PhD, of Harvard T.H., Chan School of Public Health at Harvard College in Boston, and colleagues.

These findings weren’t limited just to sugar-sweetened beverages, either. During this time, per capita consumption of all beverages dropped among adults (425.0 calories versus 341.1, $P<0.001$) and children (473.8 calories versus 312.6, $P<0.001$), they wrote in *Obesity*.

The proportion of daily consumption of sugar-sweetened beverages (SSBs) also significantly changed during this time. The percentage of adults who reported daily sugar-sweetened beverage intake dropped from 61.5% to 50.0%, and similarly dropped from 79.7% to 60.7% among children.

"SSBs are a leading source of added sugar to the diet for adults and children in the U.S. and their consumption is strongly linked to obesity," Bleich said in a statement. "Understanding which groups are most likely to consume SSBs is critical for the development of effective approaches to reduce SSB consumption."

Data of beverage consumption was drawn from the National Health and Nutrition Examination Survey. Self-reported, 24-hour -- midnight to midnight -- dietary recall on
beverage intake was analyzed from 18,600 children and 27,652 adults.

A guardian provided responses for children between the ages of 2 to 5 years, and those between 6 to 11 years were provided adult assistance. Some responses were excluded from the analysis if the dietary recall was unreliable or incomplete.

Sugar-sweetened beverages included soda, fruit drinks, fruit punches, low-calorie drinks, sports drinks, as well as other sweetened beverages. Six other beverages categories were included in the analysis, which included 100% juice drinks, diet beverages, mild, unsweetened coffee or tea, alcohol, and water.

Interestingly, water intake increased between 2005 -- when data collection on water began -- through 2014. This held significant across all age groups assessed, from ages 2 years through the ages ≥60 group (P<0.001 for linear trend for all).

Among younger children, between the ages of 2 to 11, milk was the largest source of calories from beverages, while sugar-sweetened beverage was the largest source of calories for adolescents and adults, ages 12 to 39.

In a multivariate regression analysis, the group found that sugar-sweetened beverage consumption dropped significantly among white and black children ages 12-19 (63.7% to 44.0%, P=0.004 and 89.6% to 78.3%, P<0.001, respectively). Similar findings were reported for young Mexican-American respondents ages 2-5 (80.4% to 53.6%, P=0.003) and the 12-19-age group (86.3% to 71.6%, P<0.001).

However, sugar-sweetened beverage intake consistently remained the highest among children, adolescents, and young adults of ethnic minorities across all years.

"Although our results suggested that SSB consumption is declining overall, they also highlighted the need for reducing disparities in SSB consumption by race and ethnicity," the authors wrote, citing the need for added public health interventions. They suggested sugar-sweetened beverage taxes, as seen in Mexico, Philadelphia, Berkeley, California and more, noting "the data suggests that the taxes have a larger impact among low-income households or neighborhoods."

"Another way to encourage greater consumption of healthier beverages (such as water) could be through procurement policies, which place restrictions on the types of beverages that can be made available for purchase in places such as schools, worksites, or government institutions," they added. "These healthy beverage procurement policies may have the added benefit of catalyzing the beverage industry to reformulate beverages to meet a healthier profile (such as flavored water rather than soda)."

Click here for the American Association of Clinical Endocrinologists' clinical practice
guidelines for healthy eating for the prevention and treatment of metabolic and endocrine diseases.

Bleich and co-authors disclosed no relevant relationships with industry.

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