

Food News

Volume 11, issue 6

December 2025

Welcome to Food News. In this quarter's edition we explore some of the topical issues in health and nutrition, including how to stay healthy when using GLP-1 medications, which food choices can support heart health in women over 40, and recommended diet and lifestyle choices for osteoporosis prevention. We are also going to introduce some strategies for helping autistic children with restricted diet accepting new foods.

We then have a round up of activities from Warwickshire County Council Kind Communities-Kind Food for the year 2025-26; and lastly, we will look at what is in season with a healthy seasonal recipe for you to try.

Inside this issue:	Page
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GLP-1 Receptor Agonists and Healthy Eating: How to Support Your Health	2-5
--	-----

Hyperlipidaemia in Women Over 40: Hormonal Changes and Heart Health	6-8
---	-----

Osteoporosis: the Silent Disease	9-11
----------------------------------	------

Helping Autistic Children with Restricted Diet, Navigate the Challenges of New Food: Advice for Parents and Carers	12-14
--	-------

WCC—Kind Communities, Kind Food Round up for 2025-2026	15
--	----

What's in Season	16
------------------	----

References and further reading	17-21
--------------------------------	-------



Food News is produced by the education & choice sub-group of Warwickshire Food forum.

The forum is a multi-agency partnership aiming to improve food choices for people in Warwickshire.

The focus is on making food affordable, sustainable and providing information to help people make healthy choices. The group will also ensure that there is Warwickshire wide help for people who have difficulty affording food.

GLP-1 Receptor Agonists and Healthy Eating: How to Support Your Health

The use of GLP-1 receptor agonists, such as semaglutide and liraglutide, has grown rapidly in recent years. These medications, originally developed to treat type 2 diabetes, can also support weight management by helping people feel fuller sooner and reducing appetite (Andreasen et al., 2021).



However, many people access these medications through private clinics or online pharmacies, often without accompanying dietary or lifestyle advice (Rickwood & Bayley, 2025). Without proper guidance, users risk side effects, poor nutrition, or muscle loss. This article provides evidence-based, practical tips on eating, movement, and staying well while using GLP-1 medications safely.

Why Lifestyle Still Matters:

While GLP-1 receptor agonists can help you eat less and lose weight, the medication works best when combined with a **balanced diet, regular physical activity, and mindful eating**. These habits are essential to maintain muscle mass, prevent nutritional deficiencies, and support long-term health.

Think of your approach as three key pillars:

- Healthy diet and hydration
- Movement and exercise
- Awareness and mindfulness



Preventing Malnutrition and Muscle Loss :

Because GLP-1 receptor agonists reduce appetite, it is easy to eat too little, especially protein. Over time, this can lead to sarcopenia (muscle loss), fatigue, and slower metabolism.

To prevent this:

- Include a source of **protein with every meal**, such as eggs, lean meat, fish, beans, lentils, tofu, or natural or Greek yoghurt.
- Aim for 0.7–1.7 g of protein per kilogram of body weight per day (around **80–120 g** for most adults) (Mozaffarian, 2025).
- If you find it difficult to meet this target, try protein-rich snacks like boiled eggs, nuts, or protein yoghurt.



GLP-1 Receptor Agonists and Healthy Eating: How to Support Your Health

Understanding Fullness and Appetite Changes:

GLP-1 medications slow down digestion, meaning you will feel fuller faster and stay satisfied for longer (Andreasen et al., 2021). This can help reduce overeating, but it also means that your old eating habits might no longer suit your body. Try to:

- Eat slowly and mindfully. It takes around **20 minutes** for your brain to register that you are full.
- **Avoid distractions** like screens or work while eating.
- Stop eating when you feel **comfortably full**, not stuffed.



Learning to recognise and respect your body's new fullness cues can also help minimise nausea, bloating, and abdominal discomfort.

For more guidance, explore resources on mindful eating from the British Dietetic Association <https://www.bda.uk.com/resource/mindful-eating.html>

Portion Control and Meal Timing:





Smaller, more frequent meals can be easier to tolerate and help you meet your nutritional needs without discomfort.

Try the following:

- Eat **every 4–5 hours**, aiming for three main meals and one or two small snacks.
- Use **smaller plates** to visually guide portion size.

Save leftovers for later if you feel full early, don't force yourself to finish.

A simple portion guide:

	Vegetables
	Starchy carbohydrates and fruit
	Protein foods
	Fats

Choosing Foods That Are Gentle on the Stomach:

Fatty or spicy meals can be harder to digest and may increase nausea.

To reduce this:

- Choose **lean cuts of meat** and trim visible fat.
- Limit fried, creamy, or greasy foods.

Eating in this way can support digestion and reduce uncomfortable side effects.

GLP-1 Receptor Agonists and Healthy Eating: How to Support Your Health

Staying Hydrated

- Hydration is essential, especially when appetite is low.
- Aim for **6–8 glasses** of water per day.
- This can help with symptoms of constipation
- Sip throughout the day, rather than drinking large amounts at once (which can increase nausea or bloating).



Limit fizzy or sugary drinks, which can worsen fullness and digestive discomfort.

Balanced Nutrition and Variety:

Even with a smaller appetite, strive for balance and colour on your plate:

- Follow the Eatwell Guide: plenty of vegetables and fruit, some whole grains, lean protein, and small amounts of healthy fats.
- Aim to **“eat a rainbow”** the more colourful your meals, the broader the range of vitamins and minerals you’ll consume.
- If your intake is very low or varied meals are difficult, a daily multivitamin may help prevent nutrient deficiencies.



Keeping Active and Strong

Exercise is important to help preserve muscle mass, improve energy, and support mood and blood sugar control.

Recommended goals by the Department of Health (2019):

- **150 minutes** of moderate activity per week, such as brisk walking, cycling, or swimming.
- Strength training **twice a week**, including bodyweight exercises, yoga, Pilates, or gym workouts.



Add more movement into your day by counting steps or using short, active breaks.

Try the “5 Ways to Move” series from Diabetes UK on YouTube for practical ideas: https://www.youtube.com/playlist?list=PLQDITVSOXD9G7Iclj3KJC2SH5WAT_bPmO

GLP-1 Receptor Agonists and Healthy Eating: How to Support Your Health

Safety and Sourcing Your Medication:

With rising media attention, unlicensed sellers have entered the market. Purchasing GLP-1 RAs from non-reputable sources can be dangerous.

These products may:

- Contain incorrect or unsafe doses
- Lack sterile preparation, increasing infection risk
- Contain counterfeit or harmful ingredients



Always obtain medication through a registered pharmacy or your healthcare provider. Check the general pharmaceutical council to confirm the pharmacy you are getting your medication from is registered and legitimate. This can be found here: <https://www.pharmacyregulation.org/register>

Key Takeaways:

GLP-1 receptor agonists can be powerful tools for weight management, but medication is only part of the journey. To achieve lasting health benefits:

- Eat smaller, protein-rich meals regularly.
- Stay hydrated and choose gentle, balanced foods.
- Move daily and maintain muscle through strength exercises.
- Be mindful of appetite and fullness.
- Always source your medication safely and seek professional guidance if you're unsure.

If you are struggling with side effects, appetite changes, or nutrition while on GLP-1 treatment, speak with a registered dietitian, pharmacist, or GP. Safe, informed care will help you get the best results while protecting your health.

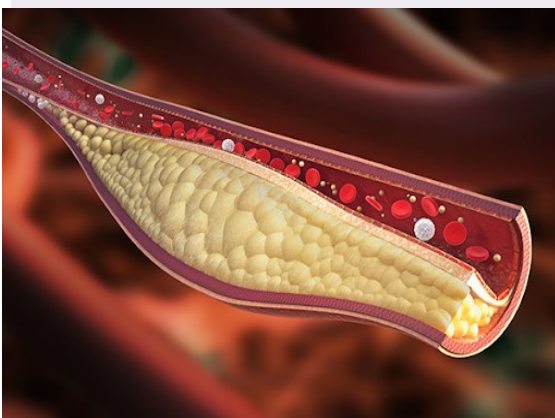


Hyperlipidaemia in Women Over 40: Hormonal Changes and Heart Health



What Happens When You Go Through Menopause

Women undergo significant changes in their bodies during their 40s and 50s. An increase in cholesterol, indicating excessive fat in the blood, is a common change (Heart UK, 2024). This often happens because the female hormone **oestrogen** becomes lower around the time of menopause. Oestrogen usually helps protect the heart by maintaining balanced cholesterol levels (BDA, 2024). A decline in oestrogen can result in an increase in "bad" cholesterol (LDL), as well as a decrease in "good" cholesterol (HDL) (Women's Health Concern, 2025).



Why This Matters

As a result of high cholesterol levels, blood vessels can become blocked, increasing the risk of stroke and heart disease (British Heart Foundation [BHF], 2023).

It is also possible for women in midlife to gain extra weight around the abdomen, which increases the risk of heart disease (ESC Press Office, 2022).

Women's Health Concerns Report (2025) states that heart disease is now the leading cause of death among women in the UK.

How Food Choices Help

It is recommended by both the British Dietetic Association (BDA) and the National Institute for Health and Care Excellence (NICE) that simple dietary changes can lower cholesterol and protect the heart (BDA, 2023; NICE, 2014).

Reduce your intake of saturated fats

You should limit your intake of butter, ghee, cakes, pastries, and fatty meats.

Make healthy fat choices such as olive oil, rapeseed oil, nuts, seeds, and avocados (SACN, 2019).

Increase your intake of soluble fibre

Oats, beans, lentils, peas, and barley are all sources of soluble fibre.

Research shows that consuming just 3 grams of soluble Fibre

each day can help reduce LDL cholesterol levels by about 5 to 10%. This is based on findings from studies conducted by Brown et al. in 1999 and the SACN in 2019. It's a simple dietary change that can make a meaningful difference in heart health!



Hyperlipidaemia in Women Over 40: Hormonal Changes and Heart Health



How Food Choices Help

Include Plant Sterols or Stanols

Adding plant sterols or stanols to your meals is an easy way to help manage cholesterol. These natural substances stop some of the cholesterol from being absorbed into your blood. Studies show that having about 2 grams a day can lower “bad” LDL cholesterol by roughly 7–10% (Ras et al., 2014; BDA, 2023).

Hitting that 2-gram goal does not take much effort. You could enjoy one small fortified yoghurt drink or a yoghurt pot each day to get the full amount.

If you would rather mix things up, try adding



- * Two teaspoons (10 g) of a fortified spread
- * One fortified yoghurt
- * One glass (250 ml) of fortified milk

These are easy swaps that fit right into your day — and they taste good too. Making small, steady changes like this can go a long way toward supporting your heart health (BDA, 2023; Heart UK, 2024).

Consume lean or plant proteins

Choose lean proteins or plant-based sources such as beans, lentils, tofu, chicken, or fishlike salmon and mackerel instead of red or processed meats. These options are healthier and add variety to your meals (NICE, 2014).



Make sensible choices when you snack

A small handful of nuts like almonds, walnuts, or pistachios (about 30–60 grams) can be a great way to help lower cholesterol and keep your heart healthy. Plus, they're convenient and tasty (Nishi et al., 2025).

Try to move more throughout the day

Find something active you enjoy doing because you are more likely to stick with it. Try to get at least 30 minutes of movement five days a week, such as walking, swimming, or biking (BHF, 2023). Ways to increase activity also include standing rather than sitting when you can, walking instead of driving, parking a little farther away, and taking the stairs more often.



Hyperlipidaemia in Women Over 40: Hormonal Changes and Heart Health

Summary

When women reach menopause, the body starts to change in lots of small but important ways. One of these changes is a drop in oestrogen, which can sometimes cause cholesterol levels to rise and, over time, increase the chance of heart problems (El Khoudary et al., 2020). It is important to take care of our heart health, especially during this time. Simple lifestyle changes can go a long way—things such as incorporating more healthy fats, such as olive oil, adding beans and lentils to your meals, or nibbling on nuts can really help. Making these small adjustments can have a positive impact on your overall heart health.

Healthy Swaps for Healthier Heart: Reducing Cholesterol



Scan me



Choose Healthy Fats

Use olive oil, rapeseed or sunflower oil, nuts, seeds, avocado instead of butter, lard or ghee.



Eat More beans and lentils and wholegrains

Add beans, lentils, or chickpeas to soups, stews or curries. Incorporate oats, barley, quinoa.



Choose Lean Proteins

Chicken, Turkey, Fish, Lean Beef. Incorporate plant proteins.



Use plant sterol/sterol-fortified foods

Plant sterols/stanols at 2 g/day lower LDL -C by 7–10%

Use fortified spreads, yoghurts or yoghurt drinks

Understanding Cholesterol and Heart Health

Links between Diet, LDL and Atherosclerosis

Recommended Targets (5mmol/L total Cholesterol)

- Be active: Aim for 150 minutes per week (walking, swimming, cycling) — supports cholesterol control and heart health (BHF, 2023)

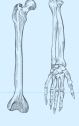
Sustainable Eating Habits

Read labels, choose healthier takeout and restaurant options





Osteoporosis: the Silent Disease



Osteoporosis is a growing public health crisis, affecting over 3.5 million people in the UK. Each year, over half a million people suffer fragility fractures caused by weakened bones. This number is predicted to increase 26% by 2030 due to the ageing population (International Osteoporosis Foundation, 2018; Willers et al., 2022).

Osteoporosis is a common disease

3.5 million people in UK

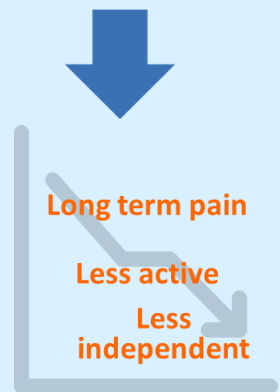
Bones become weak, fragile & more likely to break (fracture)

500,000 people have new fractures each year

Why is osteoporosis a silent disease?

Osteoporosis can take years to develop, silently weakening bones without any obvious signs or symptoms until the first bone breaks. Although the condition is treatable, many people are unaware they have osteoporosis until after their first fracture.

The most common fractures occur in the hip, spine and wrist, often following a fall. These can lead to long term pain, disability and loss of independence (Borgström et al., 2020; National Institute for Health & Care Excellence [NICE], 2025).



Who is most at risk?

Everyone starts losing bone gradually after the age of about 35 years, however people with osteoporosis lose bone at a much faster rate than normal ageing.

Post-menopausal women are at greatest risk of osteoporosis, with one in two women over the age of 50 years suffering a fragility fracture (Royal Osteoporosis Society [ROS], 2022). After the menopause, women lose bone strength more quickly due to drops in their levels of oestrogen hormone.

Men over the age of 50 years are also at risk, with one in five breaking a bone due to osteoporosis.

Other risk factors that can cause bones to lose strength include:

- Family history of osteoporosis
- Previous fragility fracture
- History of falls
- Being underweight (body mass index of less than 18.5 kg/m²)
- Long-term use of some medications including oral steroids and proton pump inhibitors
- Certain diseases including rheumatoid arthritis, diabetes, coeliac disease & Crohn's disease
- Prolonged periods of inactivity, smoking and excessive alcohol drinking (NICE, 2025).

Osteoporosis affects more women than men



1 in 2 women and 1 in 5 men aged 50+ break a bone due to osteoporosis

Good news!

Osteoporosis is **treatable** and in many cases **fragility fractures** can be **prevented** through lifestyle and dietary changes that help keep bones and muscles strong (National Osteoporosis Guidelines Group UK [NOGG], 2021). Bones are made of protein fibres (mainly collagen) which provide flexibility, along with calcium and other minerals that provide strength (Gandy, 2019).

- **During childhood** - bones grow and gain strength by absorbing calcium and other minerals to form a hard structure. A calcium-rich diet during these early years can help build a strong foundation for lifelong bone health.
- **From our mid-30s onwards** - bones gradually lose calcium, becoming thinner and weaker. However, it is never too late to take action to protect your bones. Whatever your age, making diet and lifestyle choices can help slow bone loss, build strength and reduce the risk of fractures.

3 Steps to protect YOUR FUTURE bone health

STEP 1. EAT A BONE-FRIENDLY DIET

Eat calcium-rich foods - to keep your bones strong

- Adults need 700mg of calcium daily. This increases up to 1000mg if you have osteoporosis or conditions including coeliac disease or Crohn's disease (British Dietetic Association, 2021, 2023; Coronado-Zarco et al., 2019).
- **Foods rich in calcium** - milk, cheese, yoghurt, salmon, tinned sardines and pilchards, tofu, curly kale, okra, broccoli, kale, chickpeas, sesame seeds, almonds, hazelnuts, oranges, dried fruit, fortified bread, cereals, milk alternatives (e.g soy, almond & oat milk) and some fruit juices (ROS, 2025a).



Get enough vitamin D every day - to help your body absorb calcium from food

- Adults need 10µg (40IU) of vitamin D daily. Your skin can make enough vitamin D from sunlight, but only between April and September in the UK (Coronado-Zarco et al., 2019; ROS, 2025b).
- **Some foods contain vitamin D**, but only in small amounts. These include oily fish (e.g. salmon, herring, mackerel), egg yolks, red meat and fortified foods (e.g. breakfast cereals, fat spreads, mushrooms).
- Consider taking a daily supplement to get all the vitamin D your body needs.



STEP 2. MOVE YOUR BONES

Stay active and exercise regularly

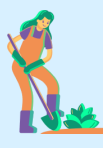


To help prevent osteoporosis, aim for at least 150 minutes of moderate-intensity activity each week (National Health Service, 2022).

These activities should raise your heart rate and increase your breathing, while still allowing you to talk. Examples include brisk walking, swimming and cycling (DoH, 2019).



- **Weight-bearing, muscle-strengthening and balance exercises** are especially important for keeping bones and muscles strong, improving balance and reducing falls (NOGG, 2021). Good options include brisk walking, keep fit classes and lifting weights. Try to do these on at least 2 days a week.
- **Choose activities that you enjoy** and are suitable for your needs and ability levels. A variety of activities is beneficial for bone health.
- **Everyday, unstructured activities** such as walking, gardening and climbing stairs are easy to build into your daily routine and are free.



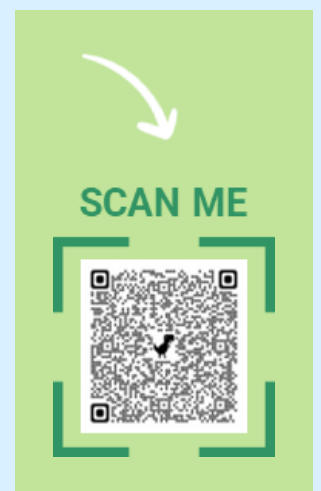
STEP 3. KNOW YOUR RISK

Complete the osteoporosis risk checker - to take control of your future bone health



One of the biggest barriers to preventing osteoporosis is low public awareness. Research by the Royal Osteoporosis Society (2022) shows that 75% of adults do not know about osteoporosis and 43% never consider their bone health.

- **The osteoporosis checker** is free online tool designed for adults over 18 years. It takes less than 5 minutes to complete (ROS, n.d.).
- It will help you understand more about your chance of developing osteoporosis, and provide practical tips on how to make positive lifestyle choices to improve your bone health.



Further information and support

- Contact the **Royal Osteoporosis Society** to learn more about osteoporosis prevention, bone health or talk to a specialist nurse. Visit theros.org.uk or phone 0808 800 0035 (free helpline).
- **Talk to your GP**, nurse or other healthcare professional. Ask for a bone health check if you are worried or think you are at risk of osteoporosis.

Helping Autistic Children with Restricted Diet, Navigate the Challenges of New Food: Advice for Parents and Carers



Feeding challenges such as restricted diet, food avoidance, picky eating is common among children with autism spectrum disorder (ASD) with an occurrence of about 70% to 90% compared to 5% for the general population (Baraskewich et al., 2021).

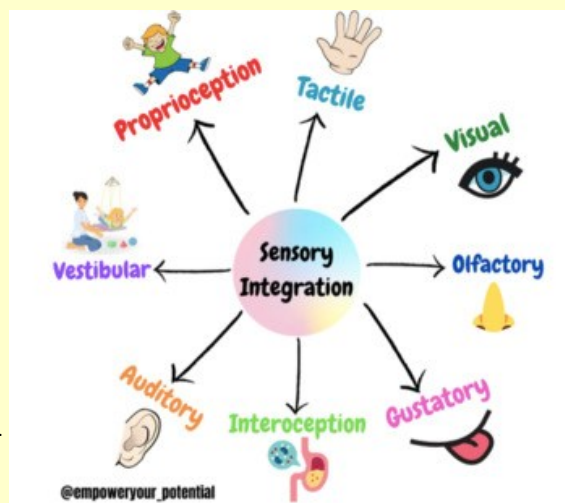
Those challenging eating behaviour impact the all family, with stress for the child and parents around mealtime, a potential accidental food preparation for the child, worries for the parents/carers about potential nutritional deficiency (Cunliffe et al., 2022).

NICE guidance CG170 recommends that feeding problems should be assessed, recognised and supported by dietitians and a possibly multidisciplinary team (MDT) (NICE, 2021). The dietitian will play a role in supporting the child(ren) and their family when the nutritional status is impacted, with evidence-based strategies, advice and importantly, with compassion.

Why food restriction or few accepted food?

Children with ASD often experience sensory sensitivity, with either hyper-reactivity or hypo-reactivity to senses that are involved in eating and drinking (Riccio et al., 2025):

- Olfactory: disturbed by food smells, disgusted by food smells or preference for strong scents
- Tactile: dislike the mix of food in mouth or the hot/cold foods, dislike cutlery in mouth, dislike getting messy
- Gustatory: preference for blend food, ability detect tastes that others may not or preference for strong tasting spices, PICA, licking objects
- Visual: preference for bland-coloured foods (white-beige), food separated in 1 or several plates, disturbed by non usual display, distracted by light, movement, colour at mealtimes.
- Auditory: dislike sound of eating (own or others') like crunchy or noisy food, disturbed by noisy background (Shaw, 2020)



Autistic children (and adults) are often more comfortable with routines and find changes stressful and hard to make.

Sometimes some food can trigger stress and anxiety for the child due to a memory of previous negative experience related to the food.

Children with ASD often suffer from gastrointestinal issues with constipation being the most common due to low fibre intake or poor hydration (Smith & Desprez, 2024).

Why it can generate nutritional problems?

Autistic children tend to eat fewer than 20 foods, and sometimes even fewer than 10, often missing a food group (Conti et al., 2025).



Studies show that even if those children do not experience calorie deficit, they tend to have a reduced intake in protein. Children with restricted diet often experience deficiencies in water soluble vitamins such as folate, riboflavin and thiamine; but also in fat soluble vitamins like vitamins A, D and K; finally also showing a reduced intake of calcium, iron, zinc amongst minerals (Conti et al., 2025). Those deficiencies can significantly impact children's behaviour but also their development and most importantly their overall health.

When children are accepting a very limited variety of foods, they are at risk of experiencing growth issues such as losing weight or faltering to thrive. On the other hand, they can gain weight excessively when they are accepting and consuming mostly energy dense food (University Hospitals Birmingham, 2023).

How a dietitian can support the child and their family?

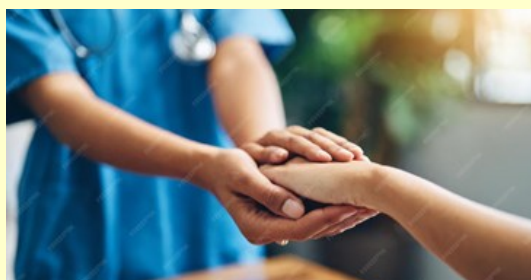
Dietitians first role is to do a complete nutritional assessment with:



- growth trajectory: weight and height, Body Mass Index
- biochemical markers: ferritin, vitamin D, B12 and folate
- medical and gastrointestinal history: constipation, vomiting
- dietary intake: accepted food, dietary pattern, eating routines, food variety, portion size, fibre intake and nutritional adequacy.

Dietitians provide children and their families with an individualised care plan to help manage nutritional problems, working closely with MDT.

Finally, dietitians support parents/carers with reassurance, compassion, diet sheets adapted to the child and signposting to appropriate service and therapist.



Strategies for parents

It is essential to keep the accepted food for meal time in a non-pressured environment and to try the new food on a different plate in the middle of the table or outside of the meals depending on your child.

Strategies are given such as:

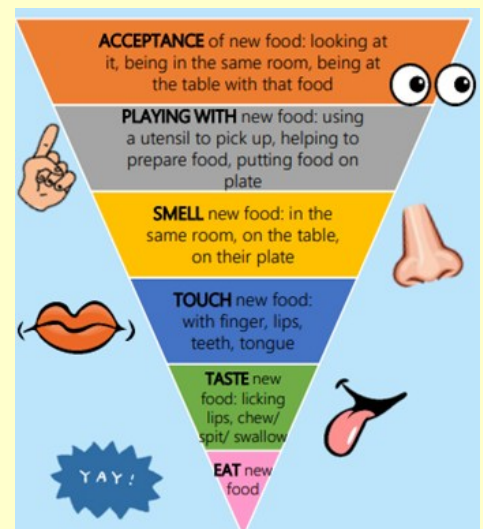
- * messy play: playing with food to explore texture and smell
- * involve your child in cooking to encourage positive association and exploring colours, texture, sounds, and smells.



- * Develop oral-motor skills like sucking, blowing, biting or licking
- * Avoid brand loyalty by taking the food out of the packaging into bowl or plate
- * Trying new food with the food chaining based on similar food characteristic
- * White and beige Eatwell plate
- * Picture book with accepted food to compare past and new accepted food

A step by step approach will be advised such as:

1. Place a new food on the table
2. Together, try to smell the new food
3. Encourage your child to touch the food with their fingers
4. Try to get them hold the food to their lips to “kiss the food”, then their tongue
5. Encourage your child to lick it, then put the food in their mouth (no need to chew or swallow at first), then to bite, chew and then swallow a very small amount of the food
6. Gradually increase the amount eaten (no more than a normal portion)= ACCEPTED FOOD
7. Start the process with another food



Do not be disappointed: it can take time, can need up to 15 tries before accepting a food

Conclusion

- Restricted diet and behaviours around food are not a child’s “bad behaviours” but an effort for them to manage their sensory overload.
- You are not alone, it is a common problem in children with autism and it can be manageable with support, strategies and patience without pressure
- The end goal is to aim for adequate nutrition, supporting adequate growth while reducing any stress around food for the child and their family.
- KEY MESSAGE: **NO PRESSURE ON THE CHILD AND YOURSELF**

Warwickshire County Council Kind Communities-Kind Food

Round up of activities for the year 2025-26

It has been a year of bustling activity for Kind Communities-Kind Food (KC-KF) with some wonderful community engagement taking place around the three core priorities of 1) promoting access to affordable, healthy food 2) improving education and choice about healthy food and 3) promoting sustainable choices.

During the early part of 2025, our partnership with Warwickshire Rural Community Council to deliver 12 slow cooker courses at Warm Hubs throughout the County came to a successful conclusion with around 144 attendees having completed the courses and received their own free slow cooker and ingredients for the duration of the four-week course. Excellent feedback was received from the residents who attended these courses.

Throughout the year, ably supported by Warwickshire Food Champion volunteers – KC-KF has been involved in over 20 events, including the Meon Vale Sustainability Event, Staff Support with Health and Wellbeing event at the George Eliot Hospital, the Rugby Faith and Food Festival and the Kingsbury Water Park 50th Anniversary Fun Day. Two pilot sessions, called Family Food and Fun was held working with St Michaels Children and Family Centre team in Bedworth to encourage young children to prepare, cook and eat their own recipes which turned out to be great fun!

We have embarked upon our autumn/winter signature programme of Kind Communities-Kind Food events, having held three major events at Mancetter Memorial Hall (30 September), Stockingford Community Centre (28 October) and Rugby Methodist Church (15 November) with our fourth coming up which will take place at Lillington Food Pantry this Friday 19 December. During these events we have had excellent support from a wide range of agencies, charities and community groups, have delivered popular affordable, healthy food cooking demonstrations and have provided free slow cookers and air fryers (over 70 appliances) to encourage the take up of healthier, lower cost cooking methods.

This year, working in partnership with Warwickshire Community and Voluntary Action we launched another round of Kind Communities-Kind Food Project funding – offering up to £1,000 funding for community food projects which support our three priorities – with a total of £29,000 available. A range of exciting project applications have been received, and we are aiming to notify our applicants of next steps by the end of this month.

Finally, a word of thanks to our great Warwickshire Food Champions who have been involved in so many of our activities, including cooking demonstrations, providing talks and supporting events. We are very keen to expand the ranks of our Food champions – **anyone wishing to become a Warwickshire Food Champion – please contact Rina Sarna rinasarna@warwickshire.gov.uk**



What's in Season?

Fruit and Vegetables in Season in December in the UK

(British Dietetic Association, 2025)

Fruit:

Apples, Cranberries, Pears

Vegetables: Beetroot, Brussels Sprouts, Carrots, Celeriac, Celery, Chestnuts, Chicory, Jerusalem Artichokes, Kale, Leeks, Mushrooms, Onions, Parsnips, Potatoes, Pumpkin, Red Cabbage, Swede, Swiss Chard, Turnips, Watercress, Winter Squash

Cooking in season You will notice these ingredients are more abundant in supermarkets and market stalls this month, so here is a tasty seasonal recipe to try, from Annie Rigg at BBC Good Food:

Pumpkin soup

Ingredients :

- 1 large onion, chopped
- 2 carrots, peeled and chopped
- 2 garlic cloves
- 1 bay leaf
- 25g/1oz unsalted butter
- 2 tbsp olive oil
- 1 medium pumpkin (prepared weight about 850g/1lb 14oz) deseeded and roughly chopped
- 1 medium-sized floury potato, such as Maris Piper, roughly chopped
- 1 litre/1¾ pint vegetable or chicken stock, a little extra may be needed

Optional:

- 100ml/3½fl oz cream
- 3 tbsp pumpkin seeds
- freshly ground black pepper

Method:

1. Put the onion, carrots, garlic, bay leaf, butter and half the olive oil into a large pan. Cook over a low–medium heat for about 10 minutes until the vegetables are tender but not coloured.
2. Add the pumpkin and potato, mix to combine and cook for a further 2–3 minutes. Pour in the stock, season with salt and pepper and bring to the boil. Reduce the heat to a gentle simmer, half cover the pan with a lid and continue to cook for about 40 minutes until the squash is really tender when tested with the point of a knife.
3. Pick out the bay leaf and blend the soup until smooth using a stick blender.
4. Add the cream and a little more stock if the soup is on the thick side, taste for seasoning, adding more salt and pepper as required.
5. Meanwhile, heat the remaining tablespoon of oil in a frying pan over a medium heat. Add the pumpkin seeds and fry quickly until the seeds start to pop. Remove from the pan.
6. Ladle the soup into bowls and serve with a swirl of cream and the toasted pumpkin seeds.



Editor:

Tamora Lassam-Jones, Specialist Public Health Nutritionist

Student Dietitians:

Saffia McCormick

Agota Juhasz-Ody

Sarah Gray

Marie Maloigne

Contributor: Mike Slemensek, KCKF at WCC

Warwick Hospital, Lakin Road, Warwick, CV34 5BW 5BW

Phone: 01926 495321 x4258

E-mail: dietitians@swft.nhs.uk

If you have an interest in food, hydration and health, and would like to join the Warwickshire Food Forum, please contact the editor.

If you would like more information about any of the articles in this newsletter, please contact the editor who will pass this on to the author of the article.

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