

Table 1—The average GI of 62 common foods derived from multiple studies by different laboratories

High-carbohydrate foods		Breakfast cereals		Fruit and fruit products		Vegetables	
White wheat bread*	75 ± 2	Cornflakes	81 ± 6	Apple, raw†	36 ± 2	Potato, boiled	78 ± 4
Whole wheat/whole meal bread	74 ± 2	Wheat flake biscuits	69 ± 2	Orange, raw†	43 ± 3	Potato, instant mash	87 ± 3
Specialty grain bread	53 ± 2	Porridge, rolled oats	55 ± 2	Banana, raw†	51 ± 3	Potato, french fries	63 ± 5
Unleavened wheat bread	70 ± 5	Instant oat porridge	79 ± 3	Pineapple, raw	59 ± 8	Carrots, boiled	39 ± 4
Wheat roti	62 ± 3	Rice porridge/congee	78 ± 9	Mango, raw†	51 ± 5	Sweet potato, boiled	63 ± 6
Chapatti	52 ± 4	Millet porridge	67 ± 5	Watermelon, raw	76 ± 4	Pumpkin, boiled	64 ± 7
Corn tortilla	46 ± 4	Muesli	57 ± 2	Dates, raw	42 ± 4	Plantain/green banana	55 ± 6
White rice, boiled*	73 ± 4			Peaches, canned†	43 ± 5	Taro, boiled	53 ± 2
Brown rice, boiled	68 ± 4			Strawberry jam/jelly	49 ± 3	Vegetable soup	48 ± 5
Barley	28 ± 2			Apple juice	41 ± 2		
Sweet corn	52 ± 5			Orange juice	50 ± 2		
Spaghetti, white	49 ± 2						
Spaghetti, whole meal	48 ± 5						
Rice noodles†	53 ± 7						
Udon noodles	55 ± 7						
Couscous†	65 ± 4						
Dairy products and alternatives		Legumes		Snack products		Sugars	
Milk, full fat	39 ± 3	Chickpeas	28 ± 9	Chocolate	40 ± 3	Fructose	15 ± 4
Milk, skim	37 ± 4	Kidney beans	24 ± 4	Popcorn	65 ± 5	Sucrose	65 ± 4
Ice cream	51 ± 3	Lentils	32 ± 5	Potato crisps	56 ± 3	Glucose	103 ± 3
Yogurt, fruit	41 ± 2	Soya beans	16 ± 1	Soft drink/soda	59 ± 3	Honey	61 ± 3
Soy milk	34 ± 4			Rice crackers/crisps	87 ± 2		
Rice milk	86 ± 7						

Data are means ± SEM. *Low-GI varieties were also identified. †Average of all available data.

still classified as low-GI foods (55 or less on the glucose reference scale). Breads, breakfast cereals, rice, and snack products, including whole-grain versions, are available in both high- (70 or greater) and low-GI forms. Most varieties of potato and rice are high GI, but lower GI cultivars were identified. Many confectionary items, such as chocolate, have a low GI, but their high saturated fat content reduces their nutritional value. The GI should not be used in isolation; the energy density and macronutrient profile of foods should also be considered (1). The high correlation coefficient ($r = 0.94$) between values derived from testing the same foods in normal and diabetic subjects indicates that GI values in Table A1 are relevant to dietary interventions in people with diabetes.

Although data quality has been improved, many foods have been tested only once in 10 or fewer subjects, and caution is needed. Repeated testing of certain products indicates that white and whole-meal bread have remained remarkably consistent over the past 25 years, but other products appear to be increasing in GI. This secular change may arise because of efforts on the part of the food industry to make food preparation more convenient and faster cooking. Some foods, such as porridge oats, show variable results, which may reflect true differences in refining and processing that affect the degree of starch gelatinization (9). Users should note that manufacturers sometimes give the same product different names in different countries, and in some cases, the same name for different items. Kellogg's Special K and All-Bran, for example, are different formulations in North America, Europe, and Australia.

Assignment of GI values to foods requires knowledge of local foods. Ideally, branded product information is available because manufacturers prepare and process foods, particularly cereal products, in different ways. This variability is not unique to the GI but true of many nutrients, including saturated fat and fiber. In the absence of specific product GI information, these tables provide the basis for extrapolation. In the case of low-carbohydrate products, a GI value of 40 for vegetables, 70 for flour products, and 30 for dairy foods could be assigned.

In summary, the 2008 edition of the international tables of GI improves the quality and quantity of reliable data available for research and clinical practice. The data in Table A1 should be preferred for research and coding of food databases.