

PERSPECTIVE

The 2025-2030 Dietary Guidelines for Americans

Dariush Mozaffarian, MD, DrPH

On January 7, 2026, the US Department of Health and Human Services and the US Department of Agriculture (USDA) released the 2025-2030 Dietary Guidelines for Americans (DGAs),¹ which by law are revised every 5 years. Interest in this update has been heightened by the Trump administration's focus on food and health, prior provocative statements on nutrition, departures from usual administrative and scientific processes in other areas (eg, vaccines), and the Make America Healthy Again movement.

The DGAs serve as the nation's nutritional recommendations for the general population and directly inform procurement standards in schools and day-care facilities, other federal nutrition programs, military nutrition, and federal cafeterias. The DGAs also influence industry formulations and marketing. A clear understanding of the contents of the DGAs, their implications, and unanswered questions is critical for those interested in patient care, public health, scientific research, and policy.

First-Ever Limits on Processed Foods

Several updates to the DGAs¹ are salient (Table). The most notable is a major emphasis on limiting or avoiding foods that are highly processed, packaged, or ready to eat; sugar-sweetened beverages; other foods high in added sugars or sodium; and refined, highly processed carbohydrates. These foods are consistently associated with adverse health outcomes and are widely overconsumed; refined grains, for example, are the most problematic of this group and are overconsumed by more than 95% of individuals in the US.² Yet, even though groups such as the American Heart Association and prior independent Dietary Guidelines Advisory Committees have advised against such foods, no prior DGAs carried forward such recommendations. Previously, the government appeared unwilling or unable to make statements that might threaten sales of any particular food sector.

Instead, prior DGAs generally presented all food choices as acceptable within certain daily nutrient targets, such as for salt or sugar. This implicitly permitted foods like soda and processed meats within a healthful pattern, provided that overall nutrient targets were met—an approach inconsistent with evidence for harms of certain products. In school meals, for example, highly processed items such as flavored milks, refined-grain entrées, processed meats, and packaged snack foods are permitted even though these do not promote optimal health. With this approach, there are no “bad foods”—a strategy for nourishment of “everything in moderation” that defers to industry interests.

Given this history, the wide range of foods to be avoided or limited in the new DGAs is remarkable. It includes not only sugary drinks, but also chips, cookies, candy, white bread, packaged breakfast cereals, crackers, meats with chemical additives (like nitrites), and more. The update further advises, for the first time, limiting products with

artificial flavors, petroleum-based dyes, artificial preservatives, or nonnutritive sweeteners. Limits on added sugar are also strengthened per product, per meal, and by age group, including new guidance for zero intake of added sugar from birth through 10 years of age. In sum, the DGAs advise against 60% to 70% of the current food supply,³ a landmark change from prior iterations and an unmistakable signal to the food industry.

Encouraging More Whole Foods

A second positive update is the major focus on whole or minimally processed foods, fiber-rich whole grains, and healthy fats. Prior DGAs have included similar points, but not with the same emphasis. Deficiencies in these foods contribute to much of the chronic disease burden in the US. A related major change is that whole-fat dairy foods with no added sugars can be included, which is consistent with the accumulated evidence of no meaningful benefit in choosing low-fat dairy over whole-fat dairy.^{2,4} When combined with new guidance on highly processed foods, added sugars, artificial sweeteners, and other additives—encapsulated in a new tagline, “eat real food”—these changes could transform meals and snacks for children (eg, away from flavored, low-fat milks or yogurts toward plain whole-fat options and away from sweetened refined grain snacks toward healthy oils and whole grains).

A shortcoming is insufficient nuance on the hierarchy of fat sources. Plant, dairy, and animal sources are grouped together, belying the evidence that plant and seafood sources provide the greatest benefits, followed by dairy (especially fermented options like yogurt or cheese), and that red and processed meats are less salubrious, less due to their fat than other carcinogenic and proinflammatory compounds.⁵ The DGAs mention butter and beef tallow as options, but on a positive note recommend prioritizing “oils with essential fatty acids, such as olive oil”¹ and do not advise against omega-6 fats or seed oils, which are oils that have been disparaged in social media campaigns despite their well-established health benefits.⁵

A Boost to Protein

A third major change is that the DGAs recommended higher dietary protein from the existing Dietary Reference Intake of 0.8 g/kg of body weight per day to a target of 1.2 to 1.6 g/kg of body weight per day. For an average adult, this change translates to approximately 16% to 21% of calories from protein, which is higher than the current national average intake of 16%.⁶ Although dietary protein can increase muscle mass and strength when combined with regular strength or resistance training, there is little evidence that, absent sustained training, higher protein builds muscle or provides other health benefits.^{7,8} In fact, excess dietary protein can be converted to fat by the liver, increasing visceral adiposity and diabetes risk.^{8,9}

Table. Major Updates in the 2025-2030 Dietary Guidelines for Americans (DGAs)

Recommendations ^a	Implications
<ul style="list-style-type: none"> Avoid foods that are highly processed, packaged, or ready to eat Avoid other foods that are salty or sweet 	<ul style="list-style-type: none"> Prior DGAs generally presented all food choices as acceptable within overall daily nutrient limits; an approach that was inconsistent with the evidence for harms of certain types of products No prior DGA has emphasized the dimension of processing separately from nutrients or food groups This update directly challenges widespread industry products and practices
<ul style="list-style-type: none"> Avoid sugar-sweetened beverages Limit added sugars to no more than 10 g per meal and, in foods, to the US Food and Drug Administration healthy rule (eg, 5 g in grains, 2.5 g in dairy) No added sugars from birth through 10 y of age Limit foods and beverages that include artificial flavors, petroleum-based dyes, artificial preservatives, and low-calorie nonnutritive sweeteners 	<ul style="list-style-type: none"> The 2010 DGA advised against sugar-sweetened beverages, but this recommendation was dropped in subsequent updates The new recommendations for sugar-sweetened beverages and added sugars are much stronger than in prior editions Although evidence on these additives remains limited and conflicting, emerging studies suggest potential adverse effects on glucose control, microbiome composition, child behavior, and other outcomes No prior DGAs have recommended their avoidance; indeed, some prior DGA educational materials have promoted nonnutritive sweeteners as a sugar-reduction strategy The impact will greatly depend on how this is communicated to the public and implemented in agency policy (eg, school meals, early childcare, military nutrition, federal cafeterias)
<ul style="list-style-type: none"> Prioritize fiber-rich whole grains Significantly reduce highly processed, refined carbohydrates 	<ul style="list-style-type: none"> No prior DGAs have recommended reducing processed or refined carbohydrates (eg, refined wheat, rice, or corn flour); prior DGAs only recommended to partly replace refined grains with whole grains The new recommendation to significantly reduce refined carbohydrates (roughly 1 in 4 calories in the food supply) is a major change
<ul style="list-style-type: none"> Incorporate healthy fats from whole foods such as meats, poultry, eggs, seafood, nuts, seeds, full-fat dairy, olives, and avocados When consuming dairy, include full-fat dairy with no added sugars Saturated fat consumption should not exceed 10% of calories 	<ul style="list-style-type: none"> An emphasis on healthful fats from whole foods could be beneficial, especially if replacing highly processed foods rich in refined carbohydrates, salt, and other additives Health gains will be greatest if this is translated into foods most strongly linked to health benefits and currently underconsumed by individuals in the US, such as plant and seafood sources It is unclear how the contradiction will be handled between encouraging full-fat dairy, which is not linked to cardiometabolic harms, and retaining the saturated fat limit (eg, dairy fat could be excluded from the limit as was done for whole milk when it was allowed back into schools as part of the Whole Milk for Healthy Kids Act of 2025)
<ul style="list-style-type: none"> Prioritize protein foods at every meal Consume a variety of protein foods from animal sources, including eggs, poultry, seafood, and red meat, and a variety of plant-sourced protein foods, including beans, peas, lentils, legumes, nuts, seeds, and soy Aim for protein consumption of 1.2 to 1.6 g/kg of body weight per day 	<ul style="list-style-type: none"> At a time when most individuals already consume enough protein, this represents a 50% to 100% increase from the current Dietary Reference Intake If combined with regular strength or resistance training, protein can help build muscle; however, without such training, excess protein can be converted to fat by the liver, increasing visceral adiposity and diabetes risk Although the DGAs recommend both plant and animal whole foods as protein sources, the higher protein target may result in increased consumption of red meat rather than other more healthful protein sources or consumption of more highly processed foods fortified with protein, which are already rapidly gaining market share The lack of guidance to limit processed meats, which have been linked to cancer, diabetes, heart disease, and stroke, is an important continuing omission from prior DGAs
<ul style="list-style-type: none"> Provides new food pyramid graphic 	<ul style="list-style-type: none"> A new triangular graphic depicts an abundance of minimally processed foods, including frozen and canned options, organized around 3 points: protein, dairy, and healthy fats; vegetables and fruits; and whole grains This signals a visual shift from MyPlate, which was a circular graphic without food images and sections representing fruits, vegetables, grains, protein foods, and dairy The depicted foods in the new graphic and their relative amounts are quite similar to prior MyPlate expanded graphics that included food images, except for more refined grains and flavored low-fat dairy in the MyPlate graphics

^a Other changes include (1) new guidance that individuals with certain chronic diseases may experience improved health outcomes when they follow a lower carbohydrate diet and are recommended to work with a health care professional to identify and adopt a diet that is appropriate and (2) the specific

limits for alcohol use (≤ 2 drinks/d for men and 1 drink/d for women) were replaced by a more general statement to "consume less alcohol for better overall health."¹

Some in the public health community have raised concerns that this focus on protein will encourage meat consumption. Just like prior DGAs, this new edition continues the precedent of advising US individuals to consume both animal and plant sources of protein, without differentiating between the options. The accompanying new food pyramid may offer some reassurance that the administration recognizes the need for balance because it includes some red meat (but not processed meat) and also poultry, eggs, cheese, milk, yogurt, fish, shellfish, nuts, beans, legumes, whole grains, and a multitude of fruits and vegetables.

Because most individuals in the US do not engage in regular strength training and already consume sufficient dietary protein for physiological needs, the health implications of the higher protein target will depend on several factors. For example, can the government successfully combine this guidance with effective approaches to promote strength training, particularly among women and older adults? Can the public be guided toward consuming more plant, seafood, and dairy sources that have other significant health benefits, consuming red meats in moderation, and avoiding processed meats due to cancer and diabetes risk? And, despite the DGAs

discouraging consumption of highly processed foods, how can the nation guard against food industry actions that distort the new protein targets to market protein-fortified products of dubious nutritional value?

Implementation Uncertainties

These issues highlight the most important, but still unanswered, question: How will the latest DGAs be put into practice? The DGAs are intended to inform consumers and serve as the basis for multiple agency food programs. Prior DGAs have faced limited personnel, resources, and administrative prioritization for dissemination. Most individuals in the US remain unaware of the details of any DGAs, and many believe that the 1992 USDA food pyramid (retired in 2005) remains the nation's guidance.

Operationalizing the DGAs in the agencies (from the USDA to the Department of Defense) requires rulemaking and policy change that can take years or may never be fully realized. Executing changes in schools, childcare, and cafeterias may require new funding and technical support for which political support remains uncertain. Integration of nutrition into clinical care necessitates reforms in medical education and health system payments. Changes to support and create infrastructure for farms and small businesses will be needed to produce healthy food that is widely accessible and affordable.

Accordingly, it will be critical to follow how robustly the DGAs will be communicated to the public, incorporated into agency policy, and implemented in the community—steps that are essential to achieving positive effects.

ARTICLE INFORMATION

Author Affiliations: Food is Medicine Institute, Friedman School of Nutrition Science and Policy, Tufts University, Boston, Massachusetts; Division of Cardiology, Tufts Medical Center, Tufts University School of Medicine, Boston, Massachusetts.

Corresponding Author: Dariush Mozaffarian, MD, DrPH, Tufts University, 150 Harrison Ave, Boston, MA 02111 (dariush.mozaffarian@tufts.edu).

Published Online: January 14, 2026.
doi:10.1001/jama.2026.0283

Conflict of Interest Disclosures: Dr Mozaffarian reported receiving research funding from the National Institutes of Health, the Rockefeller Foundation, the National Association of Chain Drug Stores Foundation, the Kaiser Permanente Fund at East Bay Community Foundation, and Google Health; serving on scientific advisory boards for Brightseed, Calibrate, Elysium Health, Instacart Health, and January Inc; receiving consulting fees from Amazon Health and Google Health; having equity in HumanCo; and receiving chapter royalties from UpToDate.

Funding/Support: This work was supported by grant R01-HL135920 from the National Heart, Lung, and Blood Institute.

Role of the Funder/Sponsor: The National Heart, Lung, and Blood Institute had no role in the preparation, review, or approval of the manuscript or decision to submit the manuscript for publication.

Disclaimer: The content is solely the responsibility of the author and does not necessarily represent the official views of the National Institutes of Health.

REFERENCES

1. US Department of Agriculture. Dietary Guidelines for Americans, 2025-2030. Accessed January 9, 2026. <https://cdn.realfood.gov/DGA.pdf>
2. 2025 Dietary Guidelines Advisory Committee. Scientific Report of the 2025 Dietary Guidelines Advisory Committee. Accessed December 18, 2025. <https://www.dietaryguidelines.gov/2025-advisory-committee-report>
3. US Food and Drug Administration. Ultra-Processed Foods. Published September 18, 2025. Accessed January 9, 2026. <https://www.fda.gov/food/nutrition-food-labeling-and-critical-foods/ultra-processed-foods#>
4. Mozaffarian D. The 2025-2030 dietary guidelines—time for real progress. *JAMA*. 2025;333(13):1111-1112. doi:10.1001/jama.2025.0410
5. Mozaffarian D. Nutrition and cardiovascular disease and metabolic diseases. In: Bonow RO, Mann DL, Tomaselli GF, et al, eds. *Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine*. 13th ed. Elsevier/Saunders; 2025:chap 27.
6. Shan Z, Rehm CD, Rogers G, et al. Trends in dietary carbohydrate, protein, and fat intake and diet quality among US adults, 1999-2016. *JAMA*. 2019;322(12):1178-1187. doi:10.1001/jama.2019.13771
7. Hengeveld LM, de Goede J, Afman LA, et al. Health effects of increasing protein intake above the current population reference intake in older adults: a systematic review of the Health Council of the Netherlands. *Adv Nutr*. 2022;13(4):1083-1117. doi:10.1093/advances/nmab140
8. Lv JL, Wu QJ, Li XY, et al. Dietary protein and multiple health outcomes: an umbrella review of systematic reviews and meta-analyses of observational studies. *Clin Nutr*. 2022;41(8):1759-1769. doi:10.1016/j.clnu.2022.06.005
9. Charidemou E, Ashmore T, Li X, et al. A randomized 3-way crossover study indicates that high-protein feeding induces de novo lipogenesis in healthy humans. *JCI Insight*. 2019;4(12):e124819. doi:10.1172/jci.insight.124819