



## **Q&A on 'Towards a Healthier Britain: The Potential Role of Food Supplements in Government Policy'**

### **What is the cost of poor diet in the UK?**

The government estimates that 70,000 premature deaths could be prevented each year if diets matched nutritional guidelines. This is more than 10 per cent of current mortality and the health benefits of meeting nutritional guidelines have been estimated to be as high as £20 billion each year.<sup>i</sup>

### **What quantity of fresh produce is thrown away uneaten?**

Overall, 26.3 per cent (by weight) of purchased fruit, 45.4 per cent of salad, and 19.1 per cent of vegetables is thrown away. In households with children, these figures are higher with 37.1 per cent of the fruit, 57.4 per cent of the salad and 24.7 per cent of the vegetables purchased in family households thrown away.<sup>ii</sup> Consumption of fruit and vegetables is therefore considerably less than the amount purchased.

### **Why hasn't 'Food Matters' included food supplementation?**

'Food Matters' set out the case for a concerted and integrated effort to deliver a more sustainable food system built on healthier diets, safer food, lower environmental impacts and a thriving food economy. Food supplementation was not included in this report as the issue of where people get their nutrients from was not covered; therefore it was an inappropriate forum to address this.

### **Does the government currently include food supplements in its policies?**

The government already recognises the need for supplementation in certain population groups. Children between the ages of 6 months and 5 years are recommended to take a supplement containing vitamins A and D.<sup>iii</sup> Iron supplementation is recommended in women with heavy periods, and women who are pregnant or planning to become pregnant are advised to take 400µg/day of folic acid each day. Older people, people who cover their skins when outside, people who rarely get outdoors and people of Asian origin are advised to consider taking a supplement containing 10 µg/day of vitamin D.<sup>iv</sup> In addition, the "Healthy Start" program provides free supplements for children and women in disadvantaged groups. Moreover, the National Institute for Health and Clinical Excellence (NICE) recommends 1g daily of omega-3

fatty acids (either from 2-4 portions of oily fish each week or 1g daily of omega 3 fatty acids from a supplement) in the secondary prevention of heart attack.

However, it is clear that the population groups targeted by government for dietary supplementation are not the only ones with low intakes of micronutrients.

### **How many people in the UK currently take food supplements?**

Less than a third of the population regularly takes a dietary supplement.

### **Shouldn't people try and get all the nutrients they need from food rather than by taking food supplements?**

Encouragement to eat a healthier diet must continue, but dietary transition is a long-term process of cultural and behavioural change. Moreover, recent increases in the price of foods such as meat, milk, fruit and vegetables make it more difficult for some people to buy these foods. This may mean that vitamin and mineral intakes do not improve as rapidly as might be hoped. Consideration should therefore be given to the potential for food supplements in government policy to help close this nutritional gap.

Even those who eat a well-balanced diet may struggle to achieve the recommended intakes of certain nutrients. For example, vitamin D, as exposure to sunlight in the UK is minimal. Supplements can therefore act as a 'health insurance policy'.

### **Is it just fruit and vegetables that people aren't eating enough of?**

Approximately one third of adults failed to consume wholegrains on a daily basis and more than 90 per cent of the study population consumed less than the recommended three servings a day.<sup>v</sup>

Wholegrains (e.g. rolled oats, porridge, whole barley, whole rye, rye bread and rye crackers, wholewheat, spelt, whole rice and brown rice) are an excellent source of carbohydrate, protein and dietary fibre and also high in vitamins, notably B and E, minerals such as iron, zinc and magnesium and they have high levels of antioxidants.

Epidemiological evidence suggests that higher consumption of wholegrain foods can significantly reduce the risk of chronic diseases such as CVD, type 2 diabetes and some cancers.<sup>vi</sup>

Oily fish consumption is also well under the recommended intake of 140g a week.<sup>vii</sup> The Food Standards Agency (FSA) recommends two portions of fish each week, one of which should be oily (equivalent to 450mg of omega 3 long chain polyunsaturated acids each day) but oily fish is only being consumed by 27 per cent of the population.

### **Which groups of the population are particularly at risk from vitamin deficiency?**

The report highlights sub-groups including:

- **Women of childbearing age**

The Department of Health recommends that women who could become pregnant take a supplement of 400µg per day of folic acid before conception and until the 12<sup>th</sup> week of pregnancy in order to minimize the risk of neural tube defects.<sup>viii</sup> Only 2.2 per cent of women aged 18-35 years and 35-60 years achieved the recommended folate intake of 600µg/day for the prevention of neural tube defects.

- **Children**

In the NDNS in pre-school children, about half of the children had average daily intakes of vitamin A which fell below the RNI. For children under 4 years, 16 per cent had intakes of iron below the LRNI, which increased to 24 per cent in those aged 1 ½ to 2 ½ years. Zinc intakes were also generally below reference intakes.

- **Older people**

Almost all participants living in institutions (99 per cent) had intakes below the RNI for vitamin D. Forty-three per cent of free-living and 57 per cent of institutionalized men and women overall had iron intakes below the RNI.

- **Others**

Evidence suggests that other population sub-groups such as prisoners,<sup>ix</sup> hospital patients,<sup>x</sup> and patients in mental care establishments<sup>xi</sup> have poor vitamin status.

### **Are there any deficiencies that affect the whole UK population?**

Poor vitamin D status is a cause of significant concern in the UK. Poor vitamin D status is associated in the literature with conditions such as cardiovascular disease, osteoporosis, diabetes mellitus and cancer.

### **What is meant by the Lower Reference Nutrient Intake (LRNI)?**

The amount of a vitamin or mineral or protein considered to be sufficient for the few people in a group who have low needs. Most people will need more than the LRNI and if people consistently consume less they may be at risk of deficiency of that nutrient.

### **What is meant by the Reference Nutrient Intake (RNI)?**

The amount of a vitamin or mineral or protein sufficient to meet the dietary needs of about 97% of the UK population.

**National Diet and Nutrition Survey (NDNS)** This is a programme of dietary surveys aiming to provide detailed information on the diet and nutritional status of the British population. The programme is split into four surveys of different population age groups conducted at approximately three-yearly intervals. Food consumption is assessed using a 7-day weighed-intake dietary record. Nutritional status is assessed by analyzing various levels of nutrients and nutrient related indicators in blood and urine and by measurement of height, weight, waist and hip circumference.

### **What is meant by the RDA (EC)?**

This is an abbreviation for recommended daily amount (or allowance). This is the daily amount of vitamin or mineral that the average healthy person needs to prevent deficiency. EC is an abbreviation for European Community, which refers to the RDA levels established under Directive 90/496/EEC for labelling purposes.

**-ENDS-**

### **Notes to editors**

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<sup>i</sup> The Cabinet Office. Food Matters. Towards a Strategy for the 21st Century. [http://www.cabinetoffice.gov.uk/strategy/work\\_areas/food\\_policy.aspx](http://www.cabinetoffice.gov.uk/strategy/work_areas/food_policy.aspx). 2008.

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<sup>iii</sup> Department of Health. *Weaning and the weaning diet. Report of the Working Group on the Weaning Diet of the Committee on Medical Aspects of Food Policy*. Report on Health and Social Subjects No 45. London: HMSO, 1994.

<sup>iv</sup> Food Standards Agency (FSA). Vitamins and minerals. <http://www.eatwell.gov.uk/asksam/healthydiet/vitandming/?lang=en#A221080>.

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