NatCen
Social Research that works for society

MRC Elsie Widdowson Laboratory

«Topline»
«AddLine1»
«AddLine2»
«AddLine3»
«AddLine4»
«PostCode»

Ref: «Ref»
Recording period: «MinOfDiaryDate» to «MaxOfDiaryDate»

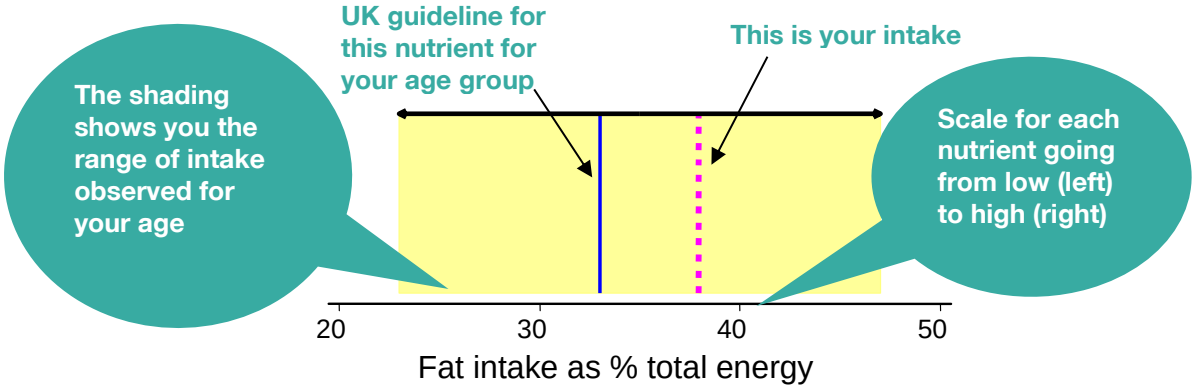
25 March 2020

Results from your diet record

NATIONAL DIET AND NUTRITION SURVEY

As part of the National Diet and Nutrition Survey, you very kindly completed a diet record. We have now analysed your diet record and have calculated your intake of energy (calories) and nutrients. The figures given are for your sex and age group and are for food and drinks, including alcohol, but do not include dietary supplements. You said you would like to receive feedback from this record. This document provides you with information about your nutrient intake based on the food consumption you recorded from «MinOfDiaryDate» to «MaxOfDiaryDate». If this was typical of your usual diet, the results will tell you how your intake of nutrients fits with UK guidelines for a healthy diet. **We have also provided some useful resources for finding out more about eating a healthy diet.**

Understanding the graphs: First an explanation on how to read the graphs provided.

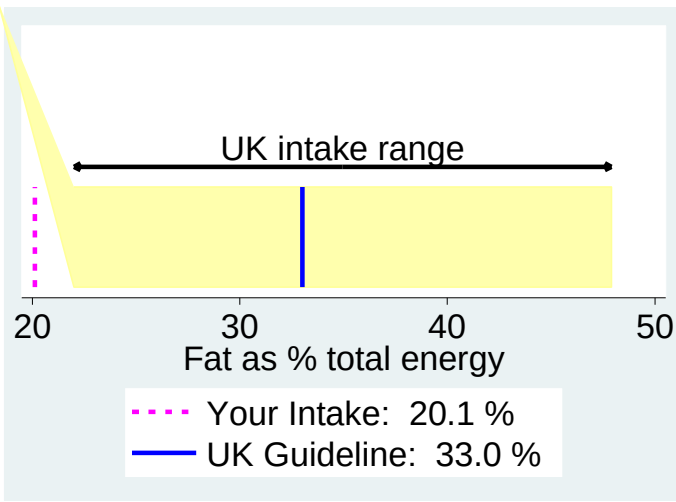


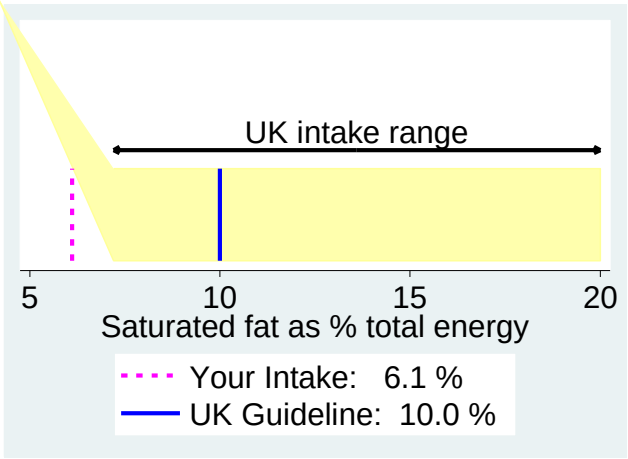
What it means: **If your intake is to the right of the solid blue line you consume more than the guideline; if it is to the left, you consume less**. Eating more than the guideline is good for some nutrients, for example, fibre and folate, but not for others, such as saturated fat, where intake should be limited.

Please refer to the last page for additional resources if you wish to read more about eating a healthy diet.

Fat intake is expressed as a % of total energy consumed. Some fat is essential in the diet but we tend to eat too much in the UK.

To assist with the maintenance of a healthy body weight and reduce the risk of chronic diseases such as heart disease, fat should only make up **33%** or less of total energy.



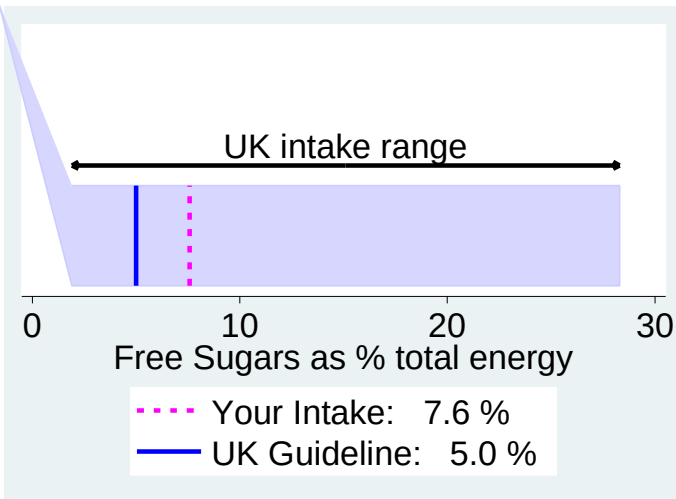


People in the UK also tend to eat too much **saturated fat**. Saturated fat is associated with an increased risk of heart disease. The guideline is to consume no more than **10%** total energy intake from saturated fat.

Major contributors to saturated fats in the UK diet should be consumed in moderation. These include processed meats, biscuits, cakes, full fat dairy desserts, butter and cheese.

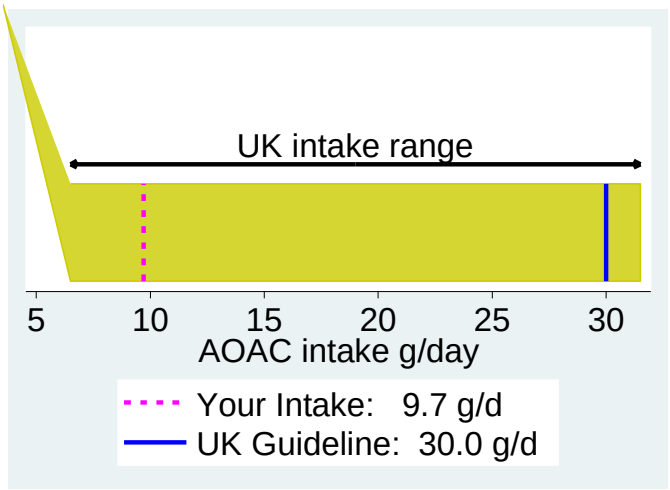
Free Sugars are added to foods during manufacture and preparation and also include naturally occurring sugars in foods such as honey, syrups and unsweetened fruit juices and smoothies. **Major sources** of free sugars include sweets, biscuits, soft drinks, and sweetened yoghurts and breakfast cereals.

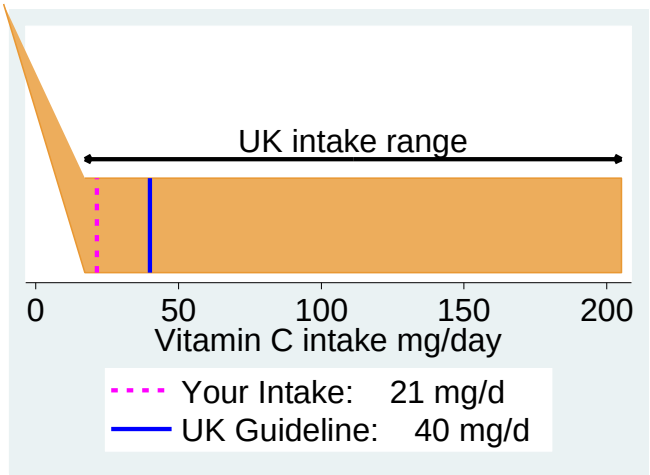
The guideline is to consume no more than 5% of total energy from free sugars. This is to reduce the risk of tooth decay and avoid excess calories which can lead to weigh



Dietary Fibre is expressed in the UK as **AOAC fibre**. It is recommended to aim at an average intake of **30 grams per day**. Fibre helps to maintain a **healthy digestive system** and may also reduce the risk of chronic disorders and diseases, like heart disease and some cancers.

Major sources of fibre in UK diets are wholemeal and whole grain cereal & cereal products (especially bread and breakfast cereals), vegetables and potatoes.

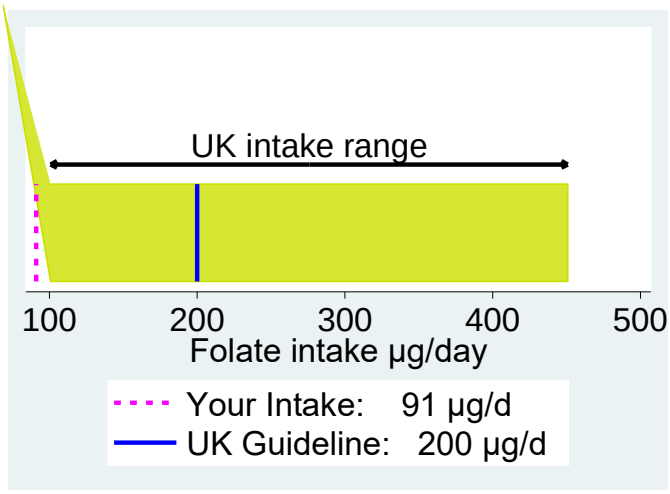


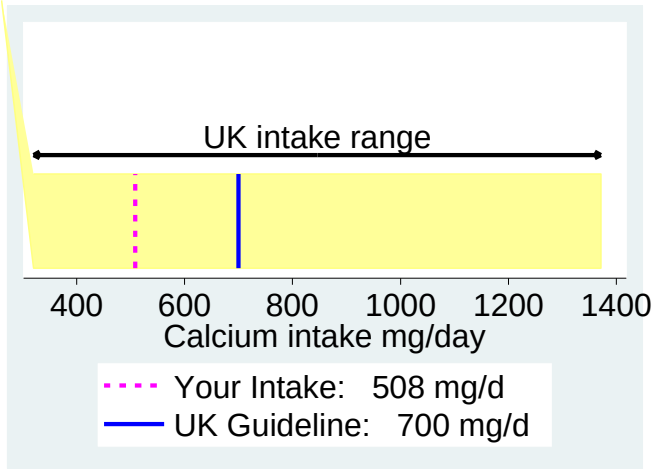


Vitamin C is important for many functions in the body. Most people who consume some fruits and vegetables each day achieve the recommendation for Vitamin C of 40 mg/day. **Good sources** of Vitamin C include peppers, broccoli, cabbage, white and sweet potatoes, oranges, kiwi and blackcurrants.

Folate (including folic acid) is one of the **B vitamins** and helps the body form healthy red blood cells. In women of child bearing age folate reduces the risk of delivering a baby with birth defects such as spina bifida.

Good sources of folate are green leafy vegetables as well as pulses and legumes, such as chickpeas and beans, and fortified breakfast cereals.



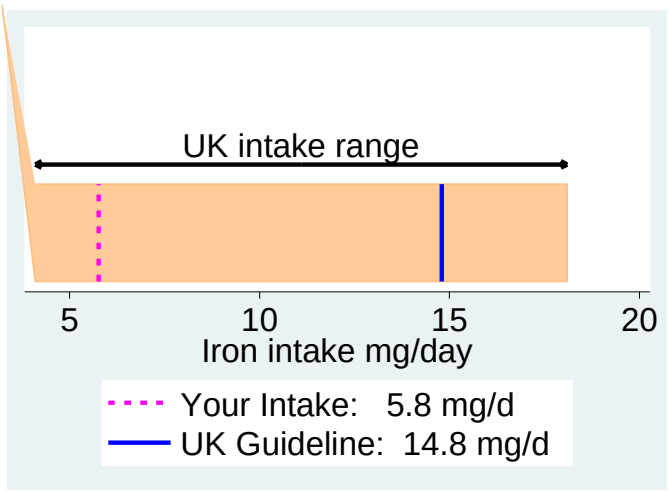


Calcium is important for many functions in the body, including building strong bones and teeth, helping muscles to contract and blood to clot properly.

Dairy products are an important source of calcium. Choose **low fat dairy versions** where possible including cottage cheese, yoghurt and fromage frais. Good **non-dairy sources** of calcium are broccoli, kale, soya products with added calcium and fish with bones such as sardines/pilchards.

Iron is required for healthy blood and to help carry oxygen around our body. Lack of iron leads to anaemia, which causes tiredness, and can affect work capacity, intellectual performance, behaviour and resistance to infection.

Iron is derived from many foods including wholegrains, pulses and fortified breakfast cereals but the iron in meat, called haem iron, is much better absorbed into the body than iron from other sources.



Our bodies need energy to keep us alive and our organs functioning normally. When we eat and drink, we put energy into our bodies and our bodies use this up through everyday movement. An important part of a healthy diet and maintaining a stable weight is balancing the energy we put into your bodies with the energy we use through normal bodily functions and physical activity.

Individual calorie requirements will vary according to body size and activity level. Although your calorie intake may be less than the guideline, if your weight is stable you are likely to be getting enough calories to meet your requirements.

Guideline energy intake calculated for a moderate level of activity:

«KcalRec» kcal/day

Your calorie intake:

«KcalRec» kcal/day

The current intake figures in these charts are taken from Years 1 to 4 of the *National Diet and Nutrition Survey Rolling Programme* (www.gov.uk/government/statistics/national-diet-and-nutrition-survey-results-from-years-1-to-4-combined-of-the-rolling-programme-for-2008-and-2009-to-2011-and-2012). Ranges shown exclude 2.5% of individuals at each end of the spectrum as these are considered extremes of intake. The dietary guidelines shown come from the following reports: Committee of Medical Aspects of Food Policy *Dietary Reference Intakes for Food Energy and Nutrients in the UK* 1991 and Scientific Advisory Committee on Nutrition *Dietary Reference Values for Energy* 2011 and *Carbohydrates and Health* 2015.

Healthy Eating

If you wish to obtain more information about a healthy diet and tips for achieving this, there are a number of organisations that can help. It is best to look at websites from registered health professional and Government organisations where you can trust the information and know that it is supported by good scientific evidence. There is a lot of information about nutrition on the web that is not supported by evidence coming from research. If you do not have access to the Internet, these organisations have other resources to help you. You should be able to find these in your GP's surgery.

www.nhs.uk/LiveWell/Goodfood/Pages/goodfoodhome.aspx
This is the healthy eating part of the NHS Choices website and it has many tips on following a healthy diet. This includes the Eatwell Guide (shown on the next page) which shows how much of what we eat overall should come from each food group to achieve as healthy, balanced diet.

If you live in Scotland then the following website has lots of healthy eating advice
www.takelifeon.co.uk

If you live in Northern Ireland then the following website has lots of healthy eating advice
www.food.gov.uk/northern-ireland/nutritionni/eatwell-guide

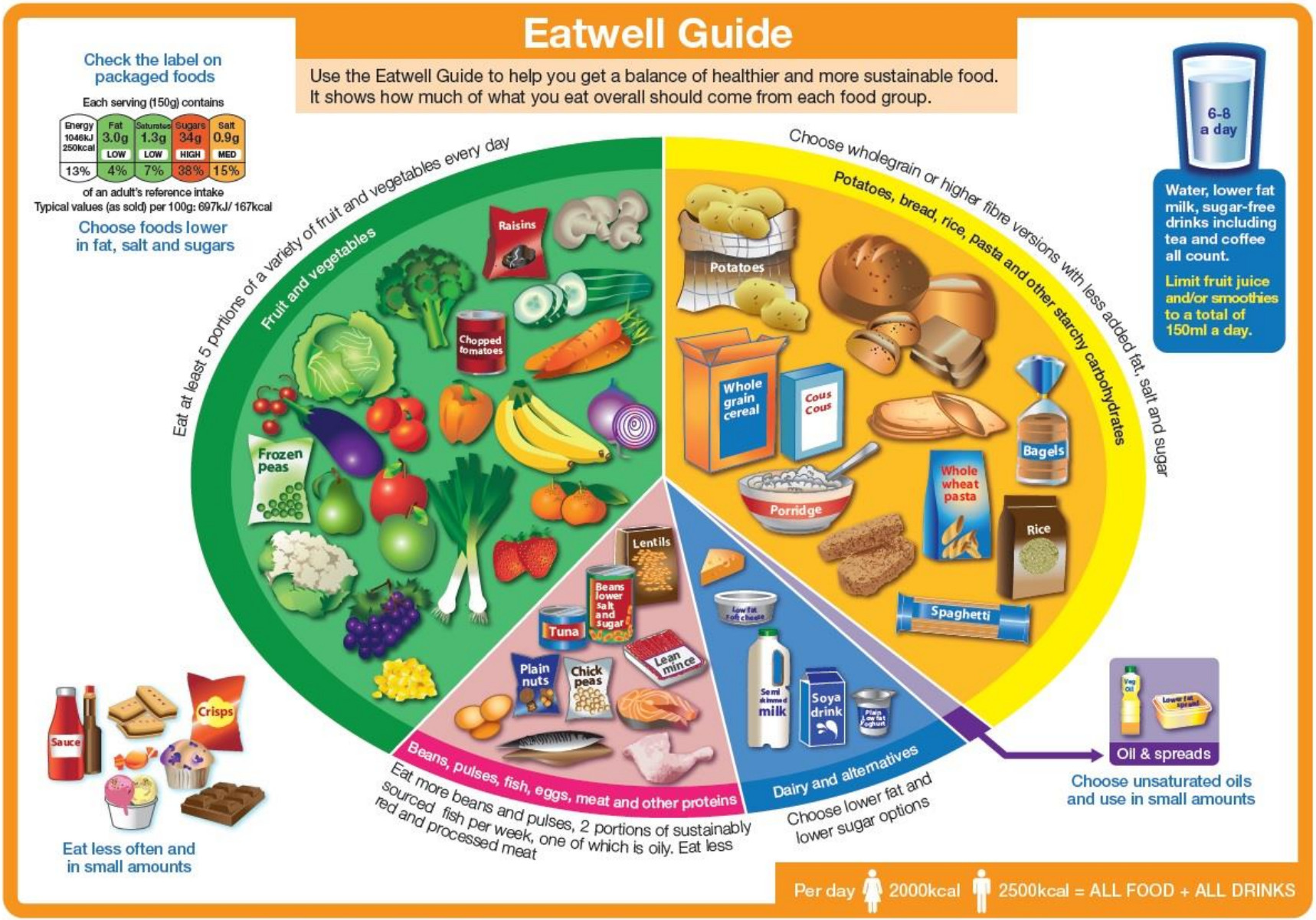
Increasing fruit and vegetable intake is one of the positive steps you can take to improve your diet. The 5 a day programme is intended to help people increase their intake of fruit and vegetables. Visit www.nhs.uk/Livewell/5ADAY/Pages/5ADAYhome.aspx

www.bda.uk.com This is the website of the British Dietetic Association (BDA). Dietitians are health professionals trained to give individual dietary advice. If seeking individual help or counselling, a qualified dietitian gives you confidence that the advice is supported by scientific evidence.

www.nutrition.org.uk This is the website of the British Nutrition Foundation, a charitable organisation funded by the food industry, government and other sources. The Healthy Eating section of this site provides useful information about nutrition and health, food labels and dietary modifications for age at various stages of life

Who we are:

The National Diet and Nutrition Survey (http://natcen.ac.uk/taking-part/studies-in-field/national-diet-and-nutrition-survey/) collects information on the eating habits and nutritional status of people in the United Kingdom. NatCen Social Research is Britain's largest independent research organisation studying social policy. Public Health England has asked NatCen with the NIHR BRC Diet, Anthropometry and Physical Activity Group and Nutritional Biomarker Laboratory at the University of Cambridge to carry out the survey. If you have any questions about your feedback, please call the NDNS nutrition team on 01223 746885.



Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

Public Health England | Food Standards Agency food.gov.uk | NatCen Social Research | MRC Epidemiology Unit | University of Cambridge

Our ref: P12229.01/GPa1M/«Serial_Num»«CKL»«P_Num»
«OurLetterDate»

«DrName»
«Pracname»
«Pracadd1»
«Pracadd2»
«Pracadd3»
«PracAdd4»
«PracPC»

Re: «KasAll» («FancyDob») of «longraddr», «rpostcode»

The above patient of yours recently took part in the National Diet and Nutrition Survey (NDNS). A blood sample was obtained to enable analysis of a number of health and nutritional status indicators for research purposes. «infillo» gave us written permission to send you the following potentially clinically relevant examination results from a nurse visit on «Vizdate».

Test	Analyte	Results[1]	Reference Range[2]	Units
Blood count	Haemoglobin	«gHaemgp»«g Haemtx»	M 15+ yrs: 130-166 F 15+ yrs: 120-154 M 18+ yrs: 135-172 F 18+ yrs: 120-156 M 65+ yrs: 125-172 F 65+ yrs: 118-158	g/L
	Haematocrit	«gHcritGP»«g HcritTx»	M 15+ yrs: 0.380-0.490 F 15+ yrs: 0.355-0.450 M 18+ yrs: 0.395-0.505 F 18+ yrs: 0.355-0.455 M 65+ yrs: 0.370-0.490 F 65+ yrs: 0.350-0.455	L/L
	Mean Cell Volume	«gMCVgp»«g MCVtx»	M&F 15+ yrs: 79-96 M&F 18+ yrs:80-99 M&F 65+ yrs:80-101	fL
	Mean Cell Haemoglobin	«gMchaegp»« gMchaetx»	M&F 15+ yrs: 26.5-33 M&F 18+ yrs: 27-33.5 M&F 65+ yrs: 27-34	pg/cell
	Red blood cell count	«gRCCgp»«g RCCtx»	M 15+ yrs: 4.2-5.65 F 15+ yrs: 3.9-5.15 M 18+ yrs: 4.3-5.75 F 18+ yrs: 3.9-5.2 M 65+ yrs: 4.0-5.65 F 65+ yrs: 3.85-5.2	10^12/L

	Platelet Count	«gPlatgp»«gPlattx»	M&F 15+ yrs: 160-385 M&F 18+ yrs: 150-370 M&F 65+ yrs: 160-370	10^9/L
	White blood cell count	«gWBCgp»«gWBCtx»	M&F 15+ yrs: 4.2-10.8 M&F 18+ yrs: 3.9-10.2 M&F 65+ yrs: 3.6-10.5	10^9/L
	Neutrophils	«gNeutgp»«gNeuttx»	M&F 12+ yrs: 1.7-7.9 M&F 18+ yrs: 1.5-7.7	10^9/L
	Lymphocytes	«gLymphgp»«gLymphtx»	M&F 12+ yrs: 1.2-5.0 M&F 18+ yrs: 1.1-4.5 M&F 65+ yrs: 1.1-4.0	10^9/L
	Monocytes	«gMonogp»«gMonotx»	M&F 15+ yrs: 0.1-0.9	10^9/L

[1] Results that fall outside the reference range are marked with an *
[2] Results apply to men and women of all ages, except where specified

NA = not applicable, NM = not measured, NR = for technical reasons it was not possible to carry out this analysis

Note: The results in this letter have been reviewed by a clinician in a secure database format prior to this letter subsequently being generated electronically.

This patient «wished to have/did not wish to receive» «hisher» «results and these are being sent at the same time as this notification to you/results»

We are notifying you of the above clinically reportable results as per the terms of ethical approval for the NDNS. Based on the above results, we would be grateful if you would kindly follow up with the patient as needed and at your clinical discretion. NDNS does not have access to the healthcare records or treatment history of your patient. If you wish to discuss any of the results, please contact me at MRC Epidemiology Unit, University of Cambridge on 01223 746885.

All other outstanding results from additional analytes (blood lipids, plasma ferritin, 25-hydroxyvitamin D, vitamin B12) will be sent to you in a few months' time when analysis is complete.

Yours sincerely,

Steph Moore
NDNS Survey Co-ordinator
MRC Epidemiology Unit, University of Cambridge
School of Clinical Medicine
Box 285, Institute of Metabolic Science,
Cambridge Biomedical Campus,
Hills Road, Cambridge, CB2 0QQ