

British Dietetic Association Response to



SACN Draft Report: Vitamin D and Health

September 2015

The British Dietetic Association (BDA) welcomes the opportunity to respond to the Scientific Advisory Committee on Nutrition (SACN) draft consultation report: Vitamin D and Health.

The BDA, founded in 1936, is the professional association for dietitians in Great Britain and Northern Ireland. It's the nation's largest organisation of food and nutrition professionals with over 8,000 members. The BDA is also the trade union for the dietetic profession.

Dietitians are the only qualified health professionals that assess, diagnose and treat diet and nutrition needs at an individual and wider public health level. Uniquely, dietitians use the most up to date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices.

Dietitians are the only nutrition professionals to be statutorily regulated, and governed by an ethical code, to ensure that they always work to the highest standard. Dietitians work in the NHS, private practice, industry, education, research, sport, media, public relations, publishing, Non-Government Organisations and government. Their advice influences food and health policy across the spectrum from government, local communities to individuals.

Having studied the consultation paper, we submit the following:

This is a very detailed and comprehensive review of vitamin D and health and we see this as a valuable opportunity to update the 1991 Department of Health's dietary reference values on vitamin D. Such a step to address the problem of vitamin D deficiency in the UK population has been long awaited and the BDA congratulates SACN on such a clear and thorough review of the subject.

It is noted that the committee has chosen to retain the very conservative plasma threshold of >25nmol/L to define "population protective level" for musculoskeletal health in 97.5% of the population. The previous SACN report on vitamin D in 2007 had already observed that this low level had been questioned as inadequate (page

8, section 23) and stands in strong contrast with plasma thresholds defined by the United States Institute of Medicine report on vitamin D requirements for the US population (2011) for 97.5%tile figure of 50nmol/L (which was even described as conservative) i.e. double the proposed SACN figure.

The need for further research with regards to understanding the influence of body weight/composition on the response of serum concentration to vitamin D intake/exposure could be given greater emphasis within the report.

With respect to maternal obesity, the recent publication of the RCOG (2014) scientific impact paper on vitamin D makes specific recommendations for supplementation for cohorts of pregnant women (those with increased skin pigmentation, reduced exposure to sunlight, or those who are socially excluded or obese – should take 25µg/d vitamin D and women at high risk of pre-eclampsia are advised to take 20µg/d vitamin D combined with calcium). We would be interested to know the views of the committee on these recommendations.

Regarding the advice for breastfed infants, we would welcome clarity here, it suggests that all exclusively breastfed infants will need supplementing with vitamin D from birth. It is important to consider the fit with current public health recommendations and the impact of this message for women choosing to breastfeed exclusively i.e. we do not want women to perceive breast milk is inferior to infant formula. We already find some mothers are reluctant to accept that breast-fed infants need supplements.

Public health messages highlight currently that children under 4-5 years of age and pregnant/ breastfeeding women are also at risk of vitamin D deficiency, and in view of the supporting evidence these populations groups could be considered at risk of low vitamin D status. We would like to request that the committee consider incorporating a statement advocating the need to prioritise work with these important population groups.

Regarding the amount of sunlight exposure, as sunlight on skin is the most effective way of producing vitamin D a suggested safe time for exposure to sunlight would be a sensible population approach. Benefits of outdoor activity for all ages, especially during summer, need to be part of public health policy. One proposal would be to promote physical activity outdoors promoting recreational physical activity, community gardens, orchards and allotments and continued inclusion in early years, school, workplace and community healthy lifestyle programmes. Those with outdoor occupations may consider they do not need to take a supplement.

The recommendation to support dietary intake of 10ug vitamin D in the UK population over the age of one year is a bold and very welcomed conclusion from the review of the data now available.

Dietitians will be central and pivotal in the intense communication that will be required to support the public's understanding and motivation for this recommendation. A particular issue will be the clear support for vitamin D supplementation as a routine health action by the entire population beyond

previously defined risk groups, as levels of 10ug are well beyond the food-only intake of 97.5%tile intakes. Dietitians will also need to work with the UK food industry advising on issues around vitamin D fortification practices.

Please accept this feedback as the formal consultation response from the British Dietetic Association.

Compiled by the External Affairs Department at the British Dietetic Association

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