

British Dietetic Association Response to:

The Scientific Advisory Committee on Nutrition Consultation

Draft Report: Carbohydrates and Health

August 2014

The British Dietetic Association (BDA) welcomes the opportunity to respond to The Scientific Advisory Committee on Nutrition (SACN) consultation draft report: Carbohydrates and Health (published 26 June 2014).

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 7,500 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, the BDA submits the following comments under the four headings below:

- i. **(Free) Sugars;**
- ii. **Carbohydrates;**
- iii. **Fibre;**
- iv. **Additional Remarks.**

(Free) Sugars:

- 1. The terminology changes from Non Milk Extrinsic Sugar (NMES) or “Added Sugar” to become “Free Sugars”.**

“Free Sugars” encompasses sugars added to food by the manufacturer, cook or consumer and sugars naturally present in honey, syrups and unsweetened fruit juices.

BDA Comments:

The BDA supports the adoption of the term “Free Sugars”, with some additional comments for consideration:

- i. There is a potential for confusion to arise because although lactose is excluded from the term “Free Sugars”, lactose is ‘free’ i.e. outside of the cell wall.
- ii. Public understanding may be confused as labelling information relates to “Total Sugars”. Example: A natural yoghurt contains no “Free Sugars”, but 7g/100g “Total Sugars”. A fruit yoghurt contains 6g “Free Sugars” and 13g/100g “Total Sugars”.
- iii. While the term “Free Sugars” is helpful for those familiar with carbohydrate structures, the word “Free” to the general public could be interpreted as energy that ‘doesn’t count’ i.e. free from kcal.
- iv. Data on “Free Sugars” should be available in UK food tables, such as inclusion in the 7th edition (and ongoing) of the McCance & Widdowson’s *The Composition of Food* (current edition only has “Total Sugars” and individual sugars). If not, SACN should produce draft guidance about what to use for evaluation and implementation and work with the Royal Society for Chemistry for future editions of *The Composition of Food*.
- v. With the new term “Free Sugars” should come a concerted effort to proactively and effectively promote these changes and their meanings to the general public. This new term comes at a time when many are already confused with a lack of consistent messaging around carbohydrates, such as wholegrain versus refined carbohydrates e.g. bread versus sugars.
- vi. The concept of “Free Sugars” is helpful in explaining why fruit is important in the diet, with the need for extracted fruit juice to be limited.
- vii. We recognise the recommendations are population based and the purpose is to improve the health of the population. However, it is important to state that there are specific groups within the population where their nutritional needs require variation from these population norms. This will include the frail elderly or those with specific health needs.

- 2. Individual maximum intake of free sugars should be no more than 10% total energy (70g per day for men and 50g per day for women), with the**

population average target of “around” 5% total energy (35g per day for men and 25g per day for women).

BDA Comments:

- i. The rationale supporting change from free sugars intake target from (current position of) 10%E to 5%E is weak i.e. latter sections of para 11.10. Evidence presented in Fig 1 (page 202) does not clearly demonstrate reasons for proposed halving of target from 10%E to 5%E. Specifically one of the studies presented (Raben, 2002 – **NOT** 2001 as set out in Fig 1), is a small study (n=20), short-term (10 weeks), where subjects, unsurprisingly gain weight, when given diet supplement of sucrose at levels of 150g/d (nearly 30%E). This is about four times the current intake in the UK diet. Is this study appropriate for inclusion in data for a population-based diet recommendation, especially as Raben, 2002, is the only study in Fig 1 page 202 showing data on free sugars intakes at below 10%E?
- ii. While the change and lowering of maximum intake of free sugars could be used to achieve a lower level of population consumption, this objective could be compromised by current labelling, as EU regulation requires total sugars and will be using 90g/d as a target.

3. The consumption of sugars-sweetened beverages should be minimised by both children and adults.

BDA Comments:

- i. We welcome and support this public statement from SACN, which is simple and clear and one that public health policy can use to reduce availability.
- ii. We were somewhat surprised that only one randomised controlled trial (Ruyter et al, 2012) was cited to evidence the effects of sugar-sweetened beverages on risk of weight gain in children. The two other studies cited (James, 2007; Ebbeling, 2012) report no differences in weight gain in children in relation to sugar-sweetened beverages.

Carbohydrates:

4. Diet should be based on starchy foods, wholegrain where possible.

BDA Comments:

- i. This is a clear, straight-forward message and it is positive that pulses are also included.

5. It is proposed to maintain the current recommendation that 50% of the population’s daily energy intake should come from carbohydrates.

BDA Comments:

- i. We would agree with this recommendation.

Fibre:

- 6. The population should increase daily total fibre intake to 30g per day for adults. (15g for 2-5 years olds, 20g for 5-11 year olds, 25g for 11-16 year olds and 30 for 16-18 year olds.)**

The current population guideline for adults is 25g per day (EFSA DRV)

BDA Comments:

- i. We support observation that higher intakes of fibre from a variety of food sources is strongly recommended. However, the recommendation is for a target that is a 25% increase from current target i.e. from 24g to 30g/d. We are not able to understand how this has been arrived at: Figures 2-6 (page 205-207) show no obvious dip in risks of diabetes, colorectal cancer, CVD or CHD at 30 vs 24g/d (dip appears to be at slightly below 20 for CVD and CHD). As current intakes in UK diet are considerably below current target figures, we are not sure that further expanding target has any real/achievable benefit. Looking at average intake data presented in table 3.13 (page 270), only about 3% of population would achieve the current target of about 24g/d i.e. 18g/d (non starch polysaccharide).

Our recommendation would be to keep the current more achievable target of 24g/d, which can be well supported by the information presented in Figures 2-6 (and match reference intake for fibre set by the European Food Standards Agency).

- 7. The definition should now change to follow the EU definition (AOAC method 2009.01). The terminology about non-starch polysaccharide (NSP) should no longer be used.**

BDA Comments:

- i. We support the recommendation.

Additional Remarks:

The British Dietetic Association would like to offer sincere congratulations to the subcommittee of SACN, who have done an excellent job in compiling such a detailed and comprehensive review of the subject at hand. In particular, the

methodical and transparent procedures and discussions of outcomes, deserves recognition and praise.

This is a very useful update on the topic and will be an essential and valuable resource for all those working with nutrition, especially dietitians.

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

Produced by the External Affairs Department at the British Dietetic Association.

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