

# The Nutrition Gap

## WHY SACN UNDERESTIMATES THE PROBLEM WITH SUGAR

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The sugar sections of the SACN report on carbohydrates are a welcome introduction of rationality into an often-overheated debate. The sobriety of its presentation is a valuable antidote to passionate polemics on sugars. But...

The emphasis on evidence has unintended consequences.

### 1. SACN underestimates current sugar consumption

SACN relies on National Diet and Nutrition Survey (NDNS) data for intakes of sugar. Average consumption of free sugars as a percentage of total energy intakes thus appears to range from a low of 11.2% among older adults to a high of 15.4% in adolescents.

SACN recognises the serious problem of “under-reporting” in NDNS, as in all surveys relying on self-report data. And it is aware of the doubly labelled water (DLW) studies that assess the scale of this under-reporting. However, it concludes that “it is not possible to extrapolate...to correct or adjust the intake estimates...”

That is true. But the available evidence allows a reasoned estimate, an “informed judgment”, of the true scale of sugar consumption. The DLW studies indicate that under-reporting of calories among adults is 25%<sup>i</sup>, among adolescents 34%<sup>ii</sup>. That is, at a minimum, sugar intakes are probably a quarter to a third higher than NDNS reports. With the adolescents that means they consume almost 100g of free sugars a day (Table 3.5).

Furthermore, we know that under-reporting is normative. People consistently claim to be eating a healthier diet than they actually do, lower in volume and a more nutritious mix.

The long-standing focus of public concern on sugar and fat means that they are likely to be disproportionately under-reported. Thus, the true intakes of sugar, both absolute and as a percentage of energy, are likely to be even higher.

## **2. Dietary recommendations may be lowered**

The current Dietary Reference Value (DRV) for sugars, the target for desirable consumption, dating from 1991, is that free sugars should account for no more than 10% of total energy.

SACN recommends reducing the population DRV for free sugars to 5% of dietary energy. WHO, in its similar report on carbohydrates earlier this year, is considering the same reduction.

Since then, Sheiham and James, using new information on lifelong oral disease in adults, have suggested a still lower target for sugar, 3% of total energy, even when fluoride is widely used<sup>iii</sup>.

## **3. The nutrition gap**

The nutrition gap is the distance between current intakes and desirable intakes. The wider the gap, the greater will be the actions needed to close it.

At present, the apparent gap is between mean intakes in the range of 11.2% - 15.4% of total energy and a dietary recommendation of 10%. This suggests, as many have commented, that the gap is not very large. Some argue that it could be eliminated without new policy initiatives.

However, in the light of the above analysis, the gap is actually much wider, in both directions.

On the one hand, real intakes are certainly larger than the SACN report states. On the other, SACN and others are proposing that desirable intakes should be lower.

In sum, the nutrition gap – that is, our national problem with excess sugar intake – is certainly much larger than currently estimated.

## **4. Risk assessment and risk management**

The brief of SACN, as an expert advisory committee, is to assess the risks of dietary intakes. What to do about those risks – risk management – is a matter for government policy makers.

From the arguments above, it is clear that SACN has substantially under-estimated current UK sugar consumption. In itself, that creates a false sense of security.

But the under-estimate has additional unintended consequences. It provides an unrealistically low target for those who manage risks.

Our current nutrition policies have certainly not been effective in reducing calorie intakes. Both adults and children have been getting steadily fatter since serious national measurements began in the 1980s. Whatever NDNS intake statistics may say, surveys of heights and weights indicate that the excess of calorie consumption over calorie expenditure has been large for the past 30 years.

Calories from sugar are a major component in total calories. Thus, nutrition policies have probably not been effective in reducing sugar intakes either. Indeed, consumption of sugars has likely been rising as well as calories.

Even with the apparently small nutrition gap for sugars presented in the SACN report, it is clear that we need more effective policies to reverse the rising trend in obesity.

But the real nutrition gap is certainly larger than SACN suggests. Therefore, we will need much stronger action to reduce it.

## **4. Conclusion**

SACN seriously underestimates UK sugar consumption.

In so doing, it misleads risk managers, government policy makers, on the scale of the problem they face. That is likely to stimulate a weaker, less effective policy response than public health requires.

Therefore, the SACN report is itself a risk to public health.

The purpose of this note is to urge SACN to exercise its expertise: make a reasoned estimate of the true level of sugar intakes.

That is an entirely legitimate part of its role, even in a report that maintains such a disciplined focus on evidence. After all, it is an “informed judgment on the evidence”, not conclusive research findings, that ultimately underlies the most significant point in the whole report, SACN’s recommendation to set the DRV for free sugars at 5% (Paras 11.10 and 11.9).

A similar informed judgment on the scale of the problem would allow risk managers to make an informed political judgment on how best to deal with it.

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## REFERENCES

- <sup>i</sup> Rennie K, Coward A, Jebb S (2007), Estimating under-reporting of energy intake in dietary surveys using an individualised method, *British Journal of Nutrition*, 97, 1169–1176.
- <sup>ii</sup> Rennie K, Jebb S, Wright A, Coward A (2005), Secular trends in under-reporting in young people, *British Journal of Nutrition*, 93, 241–247.
- <sup>iii</sup> Sheiham A, James P (2014), A reappraisal of the quantitative relationship between sugar intake and dental caries: the need for new criteria for developing goals for sugar intake, *BMC Public Health*, 14:863 (forthcoming, 16 September).