

To: Linda Harrop
Nutrition Division
Food Standards Agency
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E-mail: folicacid@foodstandards.gsi.gov.uk

6th March 2007

Dear Ms Harrop,

Re: Options to increase folate status of young women

The British Dietetic Association support option 4 with supporting elements of option 2, set out in the FSA consultation document

The British Dietetic Association (BDA) is the professional body of registered dietitians in the UK, and has a membership of 6000 members, most of whom are employed within healthcare. The Food and Health policy group of the BDA called for comments to the FSA consultation amongst the membership, and discussed the options at a meeting of the policy group held on 1st March.

The BDA support option 4 recommendations for the mandatory fortification of bread flour with folic acid and a reduction in the voluntary fortification of breakfast cereals and low fat spreads. We feel that this is the only effective way to redistribute the folic acid intakes and improve the folate status of vulnerable sections of the community, particularly with regard to the well-established protective effects on the risk of neural tube defect in the very early stages of pregnancy. While fortification cannot provide optimal levels of risk reduction of NTD, it will effectively contribute to some reduction in the occurrence of this condition. The BDA would support the fortification of all wheat flours except those exempt from the Bread and Flour Regulations (1998). This maintains consumer choice for those who choose to avoid mandatory fortification. Adequate labelling should identify those breads that are made with flour exempt from the regulations.

However, further protection is provided by the specific intake of folic acid supplements of 400 mcg prior to conception, and to a lesser degree, by diets containing adequate amounts of folate-rich foods. The BDA supports Option 4 (mandatory fortification) but also supports option 2 (increased efforts to encourage young women to take folic acid supplements and changes to the diet to increase the consumption of folate-rich foods). Enhanced intakes of folate above the fortification level (and below the upper limit) will be of benefit pre conception and in early pregnancy. A public health campaign to encourage supplement intake should be built into other information and activities targeted at young people and backed up with adequate training for professions. The message about the importance of folic acid needs to be built into all nutrition training programmes and not seen as a single item initiative. e.g: Folate is a required nutrient standard for the new school meals standards

- has the importance of folate and folic acid supplements been built into training programmes developed by the School Food Trust, healthy schools co-ordinators, school caterers etc. to enable them to deliver appropriate messages?

Some further details will need to be considered for specific advice to groups that do not consume flour e.g. people with coeliac disease and wheat allergies. Specific targeting of this group to alert them to potential low folate levels needs to be considered as well as engaging the manufacturers of bread products for this group to consider voluntary fortification of this specialist product.

The BDA supports specific monitoring of possible high intakes in other groups of the population eg children and older people. Many concerns have specifically been raised about possible adverse effects in those with poor vitamin B12 status, and we would request clarification on monitoring procedures planned to detect such outcomes.

Yours sincerely

Judith Catherwood
Chairman
British Dietetic Association