

Response ID ANON-RA3V-ATG1-9

Submitted to **2006 Nutrient Reference Values for Australia and New Zealand - A Review of Nutrient Reference Values for Fluoride, Iodine and Sodium - Online Consultation**

Submitted on **2015-12-11 16:46:42**

Introduction

1 What is your name?

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2 Please enter your email address

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3 Are you providing a submission as a representative of an organisation?

Yes

If yes what is the name of the organisation:

Dietitians Association of Australia

What is your position within the organisation:

Senior Policy Officer

4 In what capacity are you providing a submission?

Peak Body

If Other, please provide further information:

5 Do you give consent for your submission to be published?

Yes

Fluoride Report

6 Please provide comment on the recommendations in the text box below.

comment on recommendations:

7 Please provide comment on the methodology and the application of the framework in the text box below

comment on the methodology and application of the framework:

8 Please provide comment on the whole report in the text box below

comment on the whole report:

1. The review team limited the scope of review to the UL and AI for less than eight years of age for reasons of limited time and resources. DAA would like to see further work undertaken to ensure that UL and AI values are available for all age ranges.

2. It was considered that no AI is needed for infants less than six months of age as fluids were assumed to be breastmilk. Ideally infants would be breastfed in this period, but statistics indicate that many Australian infants are fed with breast milk substitutes. Without an AI for this group there is no reference point for manufacturers. If there is insufficient information to inform NRVs for this age group then research should be undertaken so that this gap in the NRVs might be closed.

3. The consultation document indicated that the review was undertaken using the 1995 NNS, rather than the more recent Australian Health Survey. DAA supports additional work being done using the most recent database.

9 Please provide any relevant scientific references to support your submission, especially if recommending changes in the text box below

comment on scientific references to support submission:

Iodine Report

10 Please provide comment on the recommendations in the text box below

comment on recommendations:

1. DAA notes the EWG reviewed the EAR and RDI for adults and pregnant women and the UL for children and adolescents aged 1 to 18 years. DAA supports the recommendation of the EWG that the other NRVs should be reviewed such that all NRVs are reviewed to ensure alignment, currency and completeness.

11 Please provide comment on the methodology and the application of the framework in the text box below

comment on the methodology and application of the framework:

12 Please provide any further comments on the whole report in the text box below

comment on the whole report:

13 Please provide any relevant scientific references to support your submission, especially if recommending changes in the text box below

comment on scientific references to support submission:

Sodium Report

14 Please provide comment on the recommendations in the text box below.

comment on recommendations:

1. There will be gaps in the NRVs used by dietitians and other users of NRVs if the proposed adult values for provisional UL and SDT for adults are accepted in the absence of recommendations for revised values and SDT for children. DAA would like to see further work done to ensure that there is a consistent and comprehensive set of NRVs across all age groups. DAA is concerned about the selection of specific NRVs for specific nutrients when a complete set of NRVs is required for use by dietitians, other health professionals, researchers etc. for application in clinical practice, population health and other applications.

15 Please provide comment on the methodology and the application of the framework in the text box below

comment on the methodology and application of the framework:

2. It is not clear in the report how external validity was considered with respect to applicability and generalisability. This is particularly important for the many studies which were conducted outside of Australia where dietary patterns of subpopulations and physiological response e.g. in Afroamerican or Hispanic groups, may be different to the Australia population.
3. It is somewhat surprising that NRVs for sodium for children was out of scope because there was sufficient material found to make body of evidence statements around blood pressure, children and sodium for the literature review to inform the Australian Dietary guidelines. And yet time was spent on investigating links between sodium and cholesterol.
4. Only RCTs were included in the review. RCTs tend to be short in length relative to other studies which can be used in nutritional epidemiology. This is discussed in the paper by Allman-Farinelli et al around the knowledge gained from undertaking the literature reviews which informed the last revision of the Australian Dietary Guidelines. There is a case for including cohort studies where there is an acceptable quality and number of studies to make evidence statements. This is very relevant to sodium where long term dietary intake is of interest to outcomes. DAA is concerned generally that sufficient investment has not been made into applying the methodology used in the review to inform the Australian Dietary Guidelines, and that the knowledge gained in that very extensive review has not informed the methodology for the current NRV reviews.
5. There does not appear to be any justification for including type 1 and 2 diabetes in scope of the review. It is assumed that this has been done on the basis of the prevalence in the population of type 1 and 2 diabetes, as was done for elevated blood pressure. However this may not be an appropriate course of action given some people with type 2 diabetes experience low blood sodium.

16 Please provide any further comments on the whole report in the text box below

comment on the whole report:

6. The Advisory Committee/Reviewers identified that the UL and SDT for adults was in scope. The recommendation for adults was set at the desirable median intake (of 2000mg) for the population. This is greater than the current SDT of 1600mg. DAA encourages the Department of Health to use careful messaging to present this SDT. For example present the SDT as '>2000mg' to indicate that an intake less than 2000mg sodium per day is desirable. It is important that there are broad efforts to disseminate changes to the NRVs, and to target key users of the NRVs such as dietitians and other health professionals. DAA would be pleased to participate in a communication strategy to assist with dissemination of information.
7. A number of nutrients impact on blood pressure, e.g. magnesium, but there is no discussion of this in the consultation document and the implications for the review.
9. The three nutrients under review were used to pilot the Framework but it seems there is no reflection about difficulties in interpreting or applying the Framework and whether there are suggestions for modification to the Framework in future.
8. The document discusses preferred terms and that elevated blood pressure was to be used thereafter and yet normotensive and hypertensive appear after that statement. DAA recommends consistency in terminology throughout the document.

17 Please provide any relevant scientific references to support your submission, especially if recommending changes in the text box below

comment on scientific references to support submission:

Allman-Farinelli M, Byron A, Collins C, Gifford J, Williams P. Challenges and lessons from systematic literature reviews for the Australian dietary guidelines. Australian Journal of Primary Health Research. 2013 <http://dx.doi.org/10.1071/PY13016>