



SACN Carbohydrates Working Group

1st September 2014

Dear Colleague,

Re: Consultation on Carbohydrates and Health Draft Report

The UCL Dental Public Health Group is delighted to respond to the SACN draft Carbohydrates and Health report. We would like to give some overall comments and then raise specific points in our response. Our comments will principally focus upon the oral health and sugars aspects of the report.

1.0 Overall comments

1.1. We are very pleased that SACN has reviewed and updated the scientific evidence in relation to carbohydrates and health. Non-communicable diseases (NCDs) including dental caries remain a major public health problem in the UK. It is essential that up to date scientific evidence is used to inform public health policy on diet and NCDs, and in particular carbohydrates.

1.2. The review methodology is very comprehensive, systematic, detailed and balanced in nature. The report however is quite difficult to navigate. The executive summary will hopefully help to highlight the key points. It would also be useful for the systematic reviews to be accessible to readers interested in the detailed methodology.

1.3. We welcome the recommendation to adopt the term 'free sugars' as the use of this WHO terminology will facilitate international comparisons. We do however have some comments on the definition of free sugars – see point 2.7 below.

1.4. We also welcome the recommendations on reducing the frequency and amount of free sugars consumption and the population DRV of 5% of total energy from free sugars. It is somewhat confusing however to specify different per cent energy for individuals (10%) and populations (5%). A clearer rationale for this point needs to be presented otherwise it will lead to confusion amongst both the general public and health professionals. It is also very important that the 5% population value is communicated more clearly as the maximum upper limit, and not as a target to aim for.

1.5. Oral diseases and dental caries in particular continue to be major public health problems in the UK. We therefore welcome the inclusion of oral health within the report. However some key points have been omitted from the oral health section on page 31. Oral diseases include a wide range of conditions including oral cancers. Point 4.16 therefore needs to be rephrased to clarify that the report is focusing on oral conditions directly affected by carbohydrates. The following points also need to be stressed:

- oral diseases are largely preventable
- social gradients exist for different oral health outcomes across the lifecourse
- adults and older people are retaining more natural teeth (levels of edentulousness have dropped significantly in recent decades)
- dental caries can affect children, young people, adults and older people

2.0 Specific points

- 2.1. It is factually incorrect to state that 'natural sugars' are present in virtually all meals. Natural sugars is a confusing term and this point needs to be rephrased (see point 2.20 page 15).
- 2.2. On pages 15 and 31 the text suggests that carbohydrates are cariogenic which is incorrect. Clarification is needed in the text on the role of free sugars in the caries process, rather than carbohydrates. (see points 2.20 and 4.14 pages 15 and 31)
- 2.3. We conducted secondary analysis of the LINDNS data and demonstrated that nutritional disadvantage of the most deprived segments of the population was primarily down to excessive consumption of NME sugars (Ntouva et al., 2013). Sugars consumption is therefore linked to the broader public health inequalities agenda. (see point 3.35 page 26)
- 2.4. In the oral health section it is somewhat confusing and unclear how it was decided which studies belonged to the different sub categories ie sugars, sugars-containing beverages, and sugar-containing foods. It is also very important that clarification is made on the importance of using fluoride toothpaste for tooth brushing when individual studies are assessed. Toothbrushing per se is not important as a caries preventive measure, it is the fluoride toothpaste that has an effect. (pages 97-100)
- 2.5. The text in points 6.61. and 6.62 are confusing and appear to contradict what is stated in section 6.67. (see point 6.61 and 6.62 pages 97-98)
- 2.6. In the summary and conclusion section the important role of fluorides in caries prevention needs to be stressed and the point about 'oral hygiene and global preventative measures' needs to be rephrased or deleted. (pages 104-105)
- 2.7. The proposed use of the term free sugars is welcome but would this include fruit purees and dried fruit? Both these items are potentially cariogenic. (see point 11.7 page 200)
- 2.8. The final bullet point on sugar sweetened beverages needs to be stronger. What does 'minimised' exactly mean? SSBs have no nutritional value and therefore should not be recommended. (see point 11.13 page 203)
- 2.9. The final sentence needs editing – see point 2.5. above (see point 12.9 page 211)

We hope you find these comments of value and would be happy to provide more information should you require it.

Yours faithfully,

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