

Consultation response team

Department of Health and Social Care
39 Victoria Street
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Consultation on adding folic acid to flour

Dear consultation team

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives. We have long advocated for the introduction of mandatory fortification of flour with folic acid, and we welcome the opportunity to respond to the consultation.

Do you agree or disagree with the proposal for mandatory fortification of non-wholemeal flour in the UK with folic acid to help prevent neural tube defects?

We agree with the overarching proposal to introduce mandatory fortification of flour with folic acid. Estimates suggest that failure to implement folic acid fortification has resulted in the conception of an estimated 2000 pregnancies affected by a NTD (neural tube defect) in the UK from 1998 to 2012.¹ We therefore fully support the SACN (Scientific Advisory Committee on Nutrition) position that mandatory fortification of flour with folic acid represents an important, cost-effective public health measure, which will reduce the risks of NTDs.^{2,3} We do not however agree with the Government proposal to limit mandatory fortification to just non-wholemeal flour. We believe that in order to maximise the public health benefit, fortification should be extended to include all flour in the UK, and other non-wheat products such as gluten free. Modelling produced by the SACN suggests that increasing folate intake by 300µg/100g would represent a 16-29% reduction in risk of developing NTDs,⁴ and we therefore agree that this should be introduced without further delay.

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Which of the following do you think mandatory fortification with folic acid should apply to?

Please choose one:

- just non-wholemeal flour in the UK;
- just non-wholemeal wheat flour used to make bread in the UK;
- all flour in the UK, including wholemeal and other grains;
- all flour in the UK and other non-wheat products such as ‘gluten free’;
- there are no products that should have mandatory fortification with folic acid.

Of the five options presented above, we would support the option to fortify all flour in the UK and other non-wheat products such as ‘gluten free’.

We strongly believe that the Government must act without further delay and choose the option which delivers the widest health benefit. As mandatory fortification of all flour captures the widest possible section of the population, it is reasonable to assume this option is most likely to have the greatest impact on health outcomes.

Mandatory fortification would also ensure consistent consumption of folic acid, unlike supplementation which relies on individual changes to diet. This should be extended to include other non-wheat products such as those that are gluten-free to ensure that those people who do not consume flour, for example coeliacs, are covered by this important intervention. It is estimated that 8.5 million people in the UK now have a gluten-free diet⁵ and it is therefore vitally important that this sizeable group is considered in any plans for reform. If a narrower option is selected, for example fortifying just non-wholemeal flour used to make bread in the UK, then specific targeted measures such as clear communication, guidance and education on supplementation should be provided for those who do not consume flour-based products.

Are there any alternative ways of helping reduce the number of neural tube defects that you may prefer, other than our proposal for mandatory fortification of flour with folic acid?

The alternative to mandatory fortification is individual dietary supplementation. Evidence reviews show that current NHS guidance that all women who are pregnant should take a daily 0.4mg (400 micrograms) folic acid supplement can be effective at reducing NTDs.^{6,7} This approach is currently also supported by the RCOG (Royal College of Obstetricians and Gynaecologists).⁸ It is also recommended that those with a BMI of 30 or more may be advised to supplement their diet with folic acid.⁹ However, there are a number of limitations with supplementation. The critical period for ensuring adequate folate levels is during the first 28 days following conception. Supplementation relies on good awareness and is ineffective in the event of unplanned pregnancies – which total around 16% of pregnancies in the UK.¹⁰ In the event of an unplanned pregnancy, it is unlikely that supplementation will be a routine part of diet.

The second issue with supplementation is that even if a pregnancy is planned, a voluntary, individual approach relies on good compliance with official guidance. Evidence suggests that while there may be marginal increases in the number of women taking supplements when planning or being aware of a pregnancy, this is not nearly as effective at improving rates of folic acid consumption as mandatory fortification.¹¹ In fact, in recent years, the number of women taking supplements prior to pregnancy has actually declined from 35% in 1999-2001 to 31% in 2011-2012.¹² The consultation should therefore recognise and act on the conclusion of the SACN that mandatory fortification is the most effective way to increase folate intake of women most at risk of NTD-affected pregnancies.^{13,14}

Are there any particular groups or individuals that might be negatively affected by mandatory fortification of flour with folic acid, or miss out on the benefits?

It is important to acknowledge that while mandatory fortification of flour covers a wide-range of the population, some individuals do not consume flour-based products or only consume a limited amount. This includes, for example, women of child bearing age who have coeliac disease, gluten insensitivity, some with irritable bowel syndrome, and those on gluten free or carbohydrate free diets. It is therefore important that fortification covers the widest possible section of the population. Alongside this, targeted interventions such as supplementation and education should be enhanced to ensure benefits reach all groups.

Consideration should also be given to the evidence from the CoT (Committee on Toxicity) to government that there may be safe upper limits of folic acid intake that need to be taken into consideration because of potential adverse health impacts of excessive folic acid intake.¹⁵ For example, previous limits have been based on the observation that folic acid may mask the diagnosis of pernicious anaemia. This precautionary approach has informed the SACN recommendation that the number of people exceeding the upper level for folic acid intake of 1mg/day should not increase because of fortification. Therefore, while we support and are calling for mandatory fortification, consideration should be given to communicating to those who currently fortify their diet through supplementation about the recommendations for not exceeding upper limit levels.

How could we make sure these groups or individuals are supported or not affected negatively?

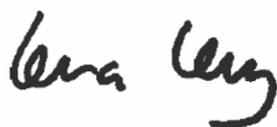
As proposed above, specifically targeting those who currently supplement their diet with folic acid with individual messaging, as well as providing tailored advice to those who do not consume flour, will help to ensure fortification works for all.

If the fortification of flour with folic acid is made mandatory, do you agree or disagree that there should be limits on voluntary fortification of other food products and/or supplements with folic acid?

Limits on folic acid fortification relate to evidence of harm at different levels. The SACN have consistently highlighted that there is only very limited and mixed-evidence of adverse side-effects associated with folic acid intakes below 1mg per day.¹⁶ Reviews have shown that extremely large dosages (more than 15mg) can result in digestive problems, insomnia, skin reactions and seizures, although this is unlikely at the levels proposed for mandatory fortification. While fortification is highly unlikely to exceed these levels, it is important that a precautionary approach includes appropriate controls on individual supplementation to ensure that individuals do not exceed the safe upper limit set by the COT.¹⁷

Please do not hesitate to get in contact for further information.

Kind regards,



Lena Levy
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References

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- ⁵ <https://www.bbc.co.uk/news/magazine-37292174> (last accessed on 06.09.2019).
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- ⁹ Ibid.
- ¹⁰ Wellings K, Jones K, Mercer C et al (2013) The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *The Lancet* **382** (9907): 1807-1816.
- ¹¹ Scientific Advisory Committee on Nutrition (2017) *Update on folic acid*. London: The Stationary Office.
- ¹² Ibid.
- ¹³ Ibid.
- ¹⁴ Scientific Advisory Committee on Nutrition (2006) *Folate and disease prevention*. London: The Stationary Office.
- ¹⁵ Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (2019) *Folic acid – statement on the tolerable upper level (TUL)*. London: The Stationary Office.
- ¹⁶ Scientific Advisory Committee on Nutrition (2017) *Update on folic acid*. London: The Stationary Office.
- ¹⁷ Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (2019) *Folic acid – statement on the tolerable upper level (TUL)*. London: The Stationary Office.