



----- Issue 3 / February 2016 -----

## WELCOME!

I am delighted to share the first issue of The Oatly Way for 2016. The leading feature in this issue is our interview with leading Paediatric Dietitian, Jacqueline Lowdon, in which she ably answers our questions on the 'hot topic' vitamin D. Also in this issue (on page 2) you will find details of a new article by Linda Main, Dietetic Adviser at HEART UK and Freelance Dietitian, on 'Oats and Oat Products in Cholesterol Lowering Diets' which we are sure you will find interesting.

We hope you enjoy this issue and welcome your feedback and suggestions for topics you would like covering in 2016.

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## VITAMIN D - WHERE ARE WE NOW?

Jacqueline Lowdon is a leading dietitian, with more than 20 years experience in paediatrics, currently as Paediatric Dietitian Team Lead. As well as her clinical commitments, Jacqueline has a strong interest in public health, particularly in the health of infants and pregnant women. She has chaired a number of professional groups and is a frequent writer in healthcare publications.



**Q: Please remind us, why do we need vitamin D and where do we get it from?**

Vitamin D is a fat soluble vitamin. It is essential for good bone health which it does by maintaining bone integrity and calcium balance.

In children, severe deficiency can result in rickets, whilst in adults, it can cause osteomalacia. Evidence is gathering that it may also play a role in the prevention of serious, chronic diseases, including cardiovascular disease and some types of cancer (1,2,3). There are two methods of obtaining sufficient vitamin D:

1. Synthesis in skin on exposure to UVB containing sunlight.
2. Dietary intake of vitamin D<sub>2</sub> and D<sub>3</sub> from naturally occurring foods e.g. oily fish, red meat, egg yolk; fortified foods e.g. margarine, some breakfast cereals, milk and milk alternatives,

yoghurts and dietary supplements. However, it is impossible to source sufficient vitamin D from diet alone - 90% comes from exposure to sunlight (4).

**Q: How does our intake compare to recommendations? Who is at risk of low vitamin D status?**

The typical UK diet is profoundly lacking in vitamin D (5,6,7). We do not make the most of dietary sources.

As a result, estimates have consistently shown that the majority of UK children aged between 1.5 and 3 years do not get their daily reference nutrient intake (RNI) of vitamin D (10 - 12). Recent data (13) demonstrates that mean intake of vitamin D was below the RNI for children aged 1.5 to 3 years...

KEEP READING  
ON NEXT PAGE!



## BITS & PIECES

# OATLY CLINICAL UPDATES

Would you like a presentation and tasting session in your own team/department?



### It will help you:

- To understand the science on oats
- Discuss the role of oats and oat drinks in lowering blood cholesterol
- Appreciate how oat drinks can be used in cows milk protein allergy and lactose intolerance
- Be aware of the range of available products, their nutritional information & environmental impact

Oatly would be delighted to arrange a visit by a Registered Dietitian. Contact: [julia.stromblad.lenhoff@oatly.com](mailto:julia.stromblad.lenhoff@oatly.com)



## OATLY @ BDA LIVE

BDA Live 2016, the 'must-attend' event for Dietitians, will be held on 16-17 March 2016 at the QE2 Centre, Westminster, London. Oatly will be there and we look forward to meeting you!

[Click for more information](#)

## NEW ARTICLE ON OATS AND OAT PRODUCTS IN CHOLESTEROL LOWERING DIETS

[Click here to read it](#)



and for adults aged 65 years and over, both with and without the contribution of supplements. National surveys suggest that around a fifth of adults and 8 to 24% of children may have low vitamin D status (14). Population groups at higher risk of low vitamin D status include: (14)

- All pregnant and breastfeeding women, particularly teenagers and young women
- Infants and children under 5 years
- Adults over 65 years
- People who have little or no exposure to the sun
- People with darker skin

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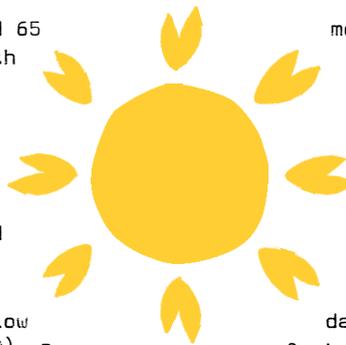
**Q: Rickets is a condition that many of us associated with Dickensian times, yet it is once again being seen in the UK. Have you seen any children with rickets and what was the cause?**  
Working in an inner city hospital and a tertiary children's hospital, we see approximately one infant/child every month diagnosed with vitamin D deficiency, many of whom have developed rickets.

The main cause has been the poor uptake and awareness of the Healthy Start supplements for infants. A recent study reported uptake to be below 10% (15) and another less than 3% (16). However, it is not only the supplementation of infants that has this cause and effect, but also the lack of supplementation in pregnant and breast feeding mothers.

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**Q: SACN have published their draft recommendations on vitamin D with the final report expected in early 2016. How are these different from our current recommendations?**

The draft SACN recommendations for vitamin D propose a RNI for vitamin D of 10 µg/d for the UK population aged 4 years and over, including individuals from minority ethnic groups with darker skin, pregnant and breastfeeding



mothers. This RNI proposed is applicable throughout the year, as a precautionary measure, to cover population groups in the UK identified to be at risk of minimal sunshine exposure. There is insufficient data to set RNIs for infants and children aged 0-3 years. However, as a precaution, a 'Safe Intake' of vitamin D is proposed for these ages: 8.5-10 µg/d for ages 0 to < 1 year (including exclusively breast fed infants); 10 µg/d for ages 1 to < 4 years. As it is difficult to achieve the RNI/Safe Intake from natural food sources alone, it has also been recommended to consider strategies for the UK population to achieve the RNI.

**Q: What role do fortified foods have in helping us achieve adequate intake and status?**  
Food supplementation policies differ considerably between countries. Milk is widely fortified, but in the UK only infant formula milk and margarine have statutory vitamin D supplementation. Some foods in the UK are fortified voluntarily, such as some breakfast cereals, yoghurt, milk and milk alternatives. Food fortification is a low-cost, simple strategy, with the potential to address the vitamin D deficiency pandemic. Further research and development is warranted to determine the most appropriate food vehicles and the levels required. The main challenge is lack of consumer awareness about fortification, namely which foods are fortified and can help to 'top up' levels of vitamin D not achieved through sunlight exposure.

**Q: What advice would you give to Healthcare Professionals who want to ensure they consider vitamin D status when seeing any paediatric or elderly patients?**  
I would direct them to the NICE guidelines "Vitamin D: increasing supplement use in at-risk groups" (11), which aims to increase supplement use to prevent vitamin D deficiency among at risk groups.

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