



**Folate Subgroup
Meeting held on Thursday 5th May 2005
at the FSA, Aviation House, Conference Room 1.**

Final Minutes

Attendees

Chair: Professor Sheila Bingham
Members: Professor Alan Jackson
Dr Anthony Williams
Mrs Christine Gratus
Dr Anita Thomas (apologies)

Secretariat: Dr Alison Tedstone (FSA)
Dr Peter Sanderson (FSA)
Ms Emma Peacock (FSA)
Dr Sheela Reedy (DH)

Chairs' introduction and welcome

1. The Chair welcomed members to the third meeting of the SACN Subgroup on Folate.

Minutes from the last meeting (SACN/Folatemin04/02)

2. The Subgroup were invited to comment on the minutes of the previous meeting. No changes to the minutes were requested.

Discussion paper

Professor Hoffbrand paper

3. The Subgroup were presented with a covering letter, a letter to Dr Wald and a journal article – *The relationship between serum cobalamin concentration and mean red cell volume at varying concentrations of serum folate*, by Metz et al. (2004) from Professor Hoffbrand.
4. The Subgroup noted that the correspondence and the paper from Professor Hoffbrand suggested it was unlikely that the fortification of flour with folic acid would cause the masking of anaemia at concentrations proposed.

5. The Subgroup agreed that paragraph 30 of the report should be reworded to state that the proportion of those diagnosed with low serum vitamin B12 concentrations and with anaemia was over half, and in certain age groups it was over 80%.

Action: Secretariat

Discussion paper

Dr Robert Clarke correspondence/paper

6. The Subgroup were presented with a covering e-mail, an abstract on vitamin B12 deficiency and cognitive function and four papers, from Dr Clarke. These papers were currently being submitted for publication.
7. The Subgroup noted that one paper supplied by Dr Clarke provided information on the option of the fortification of flour with folic acid and vitamin B12, as a solution to the concerns about the masking of vitamin B12 deficiency in the elderly.
8. One of the papers discussed examined the relationship between vitamin B12 status and cognitive decline. The Subgroup requested further information on cognitive decline and vitamin B12 status to be included in the update paper.

Action: Secretariat

9. The Subgroup noted that if bread was to be fortified with vitamin B12 and folic acid, other issues would need to be addressed, such as odour and cost.
10. The Subgroup agreed that there is a large proportion of the UK population that would benefit from folic acid and vitamin B12 supplements.
11. The Subgroup requested that the update paper include information on the UK status and intake for other B vitamins that are involved in folate metabolism.

Action: Secretariat

12. The Subgroup noted from Dr Clarke's correspondence that the results from ongoing trials investigating the effect of homocysteine lowering on cardiovascular disease risk are not likely to report definitively until at least 2007/2008. It was noted that some of these trials may be underpowered and of insufficient duration.

Action: Secretariat

Discussion paper**Vitamin B12-deficiency related illnesses reported in England, Scotland and Wales (SACN/Folate/05/02)**

13. The Subgroup were presented with hospital admission statistics on vitamin B12 deficiency related illnesses reported in England, Scotland and Wales.
14. It was noted that pernicious anaemia can be undetected for a long time without being diagnosed, and it can, therefore, be underreported in hospitals.

Action: Secretariat

15. The Subgroup agreed that hospital admission statistics are one means of collecting data about vitamin B12 deficiency.
16. The Subgroup requested that the data should be included in the main paper.

Action: Secretariat

17. The Subgroup noted that getting women to take folic acid supplements in the pre-conceptional period was central to the issue. The Subgroup discussed whether as a long-term strategy this was suitable. The Subgroup noted that the efficacy of Government policies was discussed in paragraph 17 of the update paper.

Discussion paper**Folate and disease prevention - an update (SACN/Folate/04/02)**

18. The Subgroup were presented with the updated folate and disease prevention paper and the Subgroup were invited to make specific comments on each section.
19. The Subgroup agreed that the use of the terms folate and folic acid should be used consistently throughout the conclusions.

Action: Secretariat

20. On the first page the Subgroup agreed that the bullet points from the Health Ministers letter should be put in reported speech to make it clear that it is a quote from the letter.

Action: Secretariat

21. The Subgroup agreed that the last sentence of paragraph 5 should be removed.

Action: Secretariat

22. The Subgroup decided that the NDNS section should be extended to include information on the status of other B vitamins that are important to folate metabolism.
23. The Subgroup questioned the two studies in paragraph 17 – Botto et al. (2005) and Busby et al. (2005), as the data did not seem to agree. The Busby paper did not contain any statistical analysis. The Subgroup agreed that it was difficult to determine the effect that supplements had on the rate of change.
24. The Subgroup were informed that Israel had announced that they were going to fortify with folic acid and vitamin B12. The Subgroup requested further information when it becomes available.

Action: Secretariat

25. In paragraph 19, it was agreed that when talking about percentage decrease in NTDs in Canada, it should be followed by pre and post rates, as it is important to be clear if it reflects a higher rate pre-fortification.

Action: Secretariat

26. The Subgroup requested that the word ‘effect’ be removed from the title of the fortification strategies section.

Action: Secretariat

27. The Subgroup discussed the dietary reference value (DRV) for folate. The Subgroup requested a table detailing the DRVs for riboflavin, vitamin B6 and vitamin B12 to be included in the report.

Action: Secretariat

28. It was agreed that the sentence in paragraph 27 “This may occur at folic acid supplementation levels greater than 1mg/day (Expert Group on Vitamins and Minerals, 2003)” should be removed, as the quote from the COMA report was stating the same.

Action: Secretariat

29. The Subgroup suggested that paragraph 36 could be more critical, as there was a letter in the British Medical Journal by Martin Bland that was a lot more critical of the study. The Subgroup requested that the letter from Martin Bland should be included in the update paper.

Action: Secretariat

30. In paragraph 37 the Subgroup requested that IVF should be added as a cofounder to the twinning studies.

Action: Secretariat

31. The Subgroup discussed the role of riboflavin on homocysteine lowering. It was noted that some studies suggest a role in people homozygous for the methylenetetrahydrofolate reductase *TT* genotype.
32. The Subgroup queried whether it was possible to display the prospective cohort studies in the tables as a Forrest plot. It was agreed that the Secretariat would talk to the Agency statistics team regarding plotting the studies.

Action: Secretariat

33. The Subgroup were made aware that the breast cancer study (Charles et al., 2004) had been included in the paper and that it will be cross-referenced in the cancer section.
34. The Subgroup agreed that the term negative association should be replaced with inverse association.

Action: Secretariat

35. The Subgroup agreed that in the folate and bone health section there was insufficient evidence to draw conclusions.

Action: Secretariat**Agree conclusions, research recommendations and recommendations for SACN main committee**

36. The Subgroup were presented with some draft conclusions prepared by the Chair to discuss. The Secretariat agreed to make the changes to the conclusions and circulate to the Subgroup.

Action: Secretariat