Scientific Advisory Committee on Nutrition

# Paper for information: Matters Arising

## Agenda item: 1

Please see attached paper for information which details actions from previous meetings.

## SACN: MATTERS ARISING ACTION CHECKLIST

| ITEM | TASK | ACTION |
|---|---|---|
| SACN/03/08 | Thiamine fortification information sought | The Scottish Advisory Committee on Alcohol Misuse have agreed not to seek information from SACN on the matter at present. |
| SACN/03/08 | Members noted that it would be helpful to be provided with a commentary on the various "action plans" and targets established by the FSA and devolved Health Departments | Ongoing |
| SACN/03/25 | Details of food promotion academic seminar to be forwarded | See www.food.gov.uk/multimedia/pdfs/paliwodacritique.pdf |
| SACN/04/01 | Secretariat to develop letters to employers noting members contribution | Ongoing |
| SACN/04/01 | Annual report 2003 | Now available |
| SACN/04/04 | NDNS:Secretariat to check if vitamin D results were confounded by season. Also Query on riboflavin status | See annex |
| SACN/04/06 | Members interested in evaluation procedures for healthy start | Ongoing |
| SACN/04/11 | Sources of fruit in Fruit for Schools campaign | Ongoing |
| SACN/04/12 | NHS Health activity in Scotland to be put in Scottish Executive update. NHS Health activity in NI to be requested. | Ongoing |

**Annex**

1) The low vitamin D status of young people was of concern and members sought clarification whether confounding by season could have contributed to the low values, particularly if measurements had been made in the winter.

Taking all age groups together, a higher proportion of blood samples were collected in the April-June quarter of fieldwork than in the other quarters. Twenty one percent of samples were collected in July-September, 23% each in October to December and January-March and 33% in April-June. Comparing the summer months (April-September) with the winter months (October - March) the proportion of blood samples collected was similar (46% October-March; 54% April-September). This does not suggest any confounding of results by season.

2) The apparently poor riboflavin and homocysteine status, measured biochemically, in the majority of samples and the proportion of samples with high homocysteine levels, appeared to be of concern. It was noted that findings for riboflavin may result from highly sensitive assay and homocysteine results may have been effected by handling of blood samples. Secretariat to check procedures and assays.

The blood sample used for analysis of homocysteine (and all other analyses except for haematology and trace elements) was placed in a cold box at about 4oC and taken by the phlebotomist to a local processing laboratory in the region of fieldwork, typically within 5 hours of collection. The local laboratories undertook the processing and initial stabilisation of this sample into whole blood, red cells, plasma and metaphosphoric acid stablised plasma portions. The blood sample sub-fractions were stored frozen, typically at -40oC. At the end of each wave of fieldwork blood samples collected at the local laboratories were couriered to HNR on dry ice where they were stored frozen at -80oC until further subdivided and analysed.