Estimation of the intake of anthocyanidins and their food sources in the European Prospective Investigation into Cancer and Nutrition (EPIC) study

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Abbreviations: EPIC, European Prospective Investigation into Cancer and Nutrition; FCDB, food composition database; 24-HDR, 24 h dietary recall.

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Anthocyanidins are bioactive flavonoids with potential health-promoting effects. These may vary among single anthocyanidins considering differences in their bioavailability and some of the mechanisms involved. The aim of the present study was to estimate the dietary intake of anthocyanidins, their food sources and the lifestyle factors (sex, age, BMI, smoking status, educational level and physical activity) involved among twenty-seven centres in ten European countries participating in the European Prospective Investigation into Cancer and Nutrition (EPIC) study. Anthocyanidin intake and their food sources for 36,037 subjects, aged between 35 and 74 years, in twenty-seven redefined centres were obtained using standardised 24 h dietary recall software (EPIC-SOFT). An ad hoc food composition database on anthocyanidins (cyanidin, delphinidin, malvidin, pelargonidin, peonidin, petunidin) was compiled using data from the US Department of Agriculture and Phenol-Explorer databases and was expanded by adding recipes, estimated values and cooking factors. For men, the total anthocyanidin mean intake ranged from 19·83 (SE 1·53) mg/d (Bilthoven, The Netherlands) to 64·88 (SE 1·86) mg/d (Turin, Italy), whereas for women the range was 18·73 (SE 2·80) mg/d (Granada, Spain) to 44·08 (SE 2·45) mg/d (Turin, Italy). A clear south to north gradient intake was observed. Cyanidins and malvidins were the main anthocyanidin contributors depending on the region and sex. Anthocyanidin intake was higher in non-obese older females, non-smokers, and increased with educational level and physical activity. The major food sources were fruits, wine, non-alcoholic beverages and some vegetables. The present study shows differences in both total and individual anthocyanidin intakes and various lifestyle factors throughout Europe, with some geographical variability in their food sources.

**Key words:** Anthocyanidins: Intake; Food sources; EPIC-Europe

Anthocyanidins are water-soluble plant pigments that form one subgroup of flavonoids. They mainly provide the red, blue and purple colours to fruits, vegetables and flowers. Chemically, they are derivative salts of the flavilium cation. Anthocyanins are glycosides of anthocyanidins, and their sugar moiety (glucose, galactose, rhamnose, xylose and fructose) is mostly bounded to the C3 position of the C-ring (2). Diglycosides have also been reported, but in smaller amounts (21).

In nature, more than 500 anthocyanins derived from thirty-one anthocyanidins have been identified (2). However, only six anthocyanidins (cyanidin, delphinidin, malvidin, pelargonidin, peonidin and petunidin) occur ubiquitously and have dietary importance. They are found in fruits, such as berries, red grapes, cherries, and plums; in vegetables, such as red cabbage, red onions, radish and aubergines; and also in fruits and vegetable products, such as juices and wines (5,6). The anthocyanin content is enhanced during the ripening process. Moreover, these flavonoids are found mainly in the skin of fruit, except in berries where they are in the skin and flesh (5).

Some epidemiological studies suggest that the consumption of anthocyanidins decreases the risk of total mortality (60) and CVD (7,8) due, in part, to their antioxidant and anti-inflammatory activities (9). There is also much in vitro and in vivo evidence in animal models about their anti-carcinogenic properties (9,10), but findings in human subjects are still controversial. Anthocyanidin intake has been associated with a decreased risk of some cancers, especially digestive system cancers (11–13), but, in other epidemiological studies, these significant associations were not observed (6,16–25).

All anthocyanidins are poorly absorbed (usually less than 0·1 %, but up to 5 % has been reported), highly metabolised (more than 65 % is detected in glucuronidated and methylated forms in serum) and rapidly excreted in urine (about 4 h elimination half-life) (9). Differences in the chemical structure of some anthocyanidins also determine their bioavailability; for example, pelargonidin-3-glucoside has an 8-fold higher apparent absorption rate than cyanidin-3-glucoside (26). In the same way, several activities of anthocyanidins depend on their chemical structure (9). For example, delphynnidins and cyanidins are able to inhibit lipopolysaccharide-induced cyclo-oxygenase-2 expression, but pelargonidins, peonidins and malvidins are not (27). For these reasons, further studies are needed, comparing individual anthocyanidin bioavailability and metabolic actions.

To date, there are few population-based descriptive studies of anthocyanidin intake (28,29), especially in European countries (30,31). The previous studies mainly reported associations between anthocyanidins and markers of disease risk. In general, these studies evaluated anthocyanidins as a group rather than exploring individual anthocyanidins; furthermore, main food sources were not reported. The aims of the present study were to estimate the consumption of the six most important anthocyanidins and their main food sources across the ten European countries participating in the European Prospective Investigation into Cancer and Nutrition (EPIC) study and across population subgroups.

**Materials and methods**

**Study population**

EPIC is an ongoing prospective cohort study designed to investigate the associations between diet, lifestyle and cancer
throughout ten western European countries: Denmark, France, Germany, Greece, Italy, Norway, Spain, Sweden, The Netherlands and the UK(32, 33). The cohort includes approximately 366 000 women and 153 000 men, most aged 35–70 years, who were enrolled between 1992 and 2000. Participants were mostly recruited from the general population residing within defined geographical areas, with some exception: women members of a health insurance scheme for state school employees (France); women attending breast cancer screening (Utrecht in The Netherlands and Florence in Italy); mainly blood donors (centres in Italy and Spain); and a cohort consisting predominantly of vegetarians (the ‘health-conscious’ cohort in Oxford, UK)(35). The initial twenty-three EPIC administrative centres were redefined into twenty-seven geographical regions relevant to the analysis of dietary consumption patterns(34). Of the twenty-seven EPIC centres redefined for dietary analysis, nineteen had both male and female participants, and eight recruited only women (France, Norway, Utrecht in The Netherlands and Naples in Italy).

For calibration purposes, a standardised 24 h dietary recall (24-HDR) interview was administered to a stratified random sample (36 994) by age, sex and centre, and weighted for expected cancer cases in each stratum. A total of 36 037 subjects with 24-HDR data were included in this analysis, after exclusion of 941 subjects aged less than 35 years of age or over 74 years because of low participation in these age categories, and sixteen subjects were excluded due to missing FFQ data. Approval for the EPIC study was obtained from all ethical review boards of participating institutions. All study participants provided written informed consent.

Dietary and lifestyle information

The 24-HDR was administered in a face-to-face interview except in Norway, where it was obtained by telephone interview(35). A computerised interview program (EPIC-SOFT) was developed specifically for the calibration study(36, 37). A complete description of the rationale, methodology and population characteristics of the 24-HDR calibration study has been described elsewhere(34). The original diet and health survey from which information used in the present study was obtained had ethical approval from all ethical review boards of participating institutions. All participants provided written informed consent.

Statistical analyses

Dietary intake data are presented as means (least square means) and standard errors stratified by sex and study centre and ordered according to a geographical south to north gradient. The mean intake data were adjusted for age. The contribution of each food group to the total intake of anthocyanidins was calculated as a percentage. Differences in anthocyanidin intake stratified by sex were also compared according to the categories of age, educational level, smoking status, level of physical activity, BMI and European region (south: all centres in Greece, Spain, Italy and the south of France centre; central: all of France other than the south centre, all centres in Germany, The Netherlands and the UK; north: all centres in Denmark, Sweden and Norway). These models were adjusted for age, region, BMI and energy intake. All models were weighted by season and day of the week of the 24-HDR using generalised linear models to account for the sampling. The null model was fitted to each of the binary outcomes, and the effects of random centre were obtained for the binary outcome. The diet and lifestyle information were adjusted for age, region, BMI and energy intake.
Table 1. Adjusted* daily intakes (mg/d) of total and single anthocyanidins by sex and centre ordered from south to north (Mean values with their standard errors)

<table>
<thead>
<tr>
<th>Country and centre</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SE</td>
</tr>
<tr>
<td>Greece</td>
<td>37.87</td>
<td>1.34</td>
</tr>
<tr>
<td>Spain</td>
<td>38.50</td>
<td>3.11</td>
</tr>
<tr>
<td>Murcia</td>
<td>36.46</td>
<td>1.13</td>
</tr>
<tr>
<td>Nappa</td>
<td>39.45</td>
<td>2.30</td>
</tr>
<tr>
<td>San Sebastian</td>
<td>47.49</td>
<td>2.19</td>
</tr>
<tr>
<td>Asturias</td>
<td>39.55</td>
<td>2.47</td>
</tr>
<tr>
<td>Italy</td>
<td>44.39</td>
<td>1.74</td>
</tr>
<tr>
<td>Naples</td>
<td>44.46</td>
<td>2.94</td>
</tr>
<tr>
<td>Florence</td>
<td>64.88</td>
<td>1.86</td>
</tr>
<tr>
<td>Turin</td>
<td>55.48</td>
<td>2.68</td>
</tr>
<tr>
<td>France</td>
<td>59.42</td>
<td>1.95</td>
</tr>
<tr>
<td>South coast</td>
<td>40.78</td>
<td>1.86</td>
</tr>
<tr>
<td>South west</td>
<td>38.11</td>
<td>1.07</td>
</tr>
<tr>
<td>North-east</td>
<td>32.37</td>
<td>1.93</td>
</tr>
<tr>
<td>South-east</td>
<td>29.79</td>
<td>1.51</td>
</tr>
<tr>
<td>North-west</td>
<td>33.74</td>
<td>1.38</td>
</tr>
<tr>
<td>England</td>
<td>1024</td>
<td>1.83</td>
</tr>
<tr>
<td>UK</td>
<td>21.79</td>
<td>2.42</td>
</tr>
<tr>
<td>Germany</td>
<td>1356</td>
<td>31.60</td>
</tr>
<tr>
<td>Denmark</td>
<td>2802</td>
<td>20.20</td>
</tr>
<tr>
<td>Netherlands</td>
<td>2142</td>
<td>20.22</td>
</tr>
<tr>
<td>Norway</td>
<td>1344</td>
<td>21.24</td>
</tr>
</tbody>
</table>

* Adjusted for age and weighted by season and day of recall.
The mean intakes and for single and total anthocyanidins stratified by centre and sex, adjusted for age, and weighted by season and day of the week are shown in Table 1. For men, the total anthocyanidin intake ranged from 19.83 mg/d (Bilthoven, The Netherlands) to 64.88 mg/d (Turin, Italy), whereas for women the range was from 18.73 mg/d (Granada, Spain) to 44.08 mg/d (Turin, Italy). The main anthocyanidin contributors (Table 2) were malvidin (42.7% in men and 29.4% in women) and cyanidin (38.0% in men and 49.9% in women) in the southern region, cyanidin (45.6% in men and 46.8% in women) in the central region, and cyanidin (34.0% in men and 36.8% in women) and malvidin (33.0% in men and 30.5% in women) in the northern European region.

Table 3 shows the assessment of the effect of certain lifestyle factors on anthocyanidin intake adjusted for sex, age, BMI and energy intake (where appropriate) and weighted by season and day of the week. In south European countries, men consumed more anthocyanidins than women of these countries, whereas in north European countries, they consumed similar amounts, and in central European countries women ingested greater quantities than men. The difference in intake between the sexes in south European countries was due to malvidin intake which in men was two-fold that of women. A geographical gradient of increasing total anthocyanidin, cyanidin, malvidin and peonidin intakes from north to south Europe was observed. However, there was an inverse regional gradient for delphinidin intake. Older individuals consumed more anthocyanidins, with a maximum intake in those aged 55–64 years. There were positive trends when assessing total anthocyanidin intakes and educational level, smoking status (comparing current v. never or former smokers), BMI (obese v. normal or overweight) and physical activity.

Table 2. Percentage contribution* of intakes of individual anthocyanidins in the European Prospective Investigation into Cancer and Nutrition (EPIC) cohort by European region and sex

<table>
<thead>
<tr>
<th>Anthocyanidin</th>
<th>Sex</th>
<th>South</th>
<th>Central</th>
<th>North</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyanidin</td>
<td>Men</td>
<td>38.0</td>
<td>45.6</td>
<td>34.0</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>49.9</td>
<td>46.8</td>
<td>36.8</td>
</tr>
<tr>
<td>Delphinidin</td>
<td>Men</td>
<td>6.4</td>
<td>8.7</td>
<td>16.2</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>4.9</td>
<td>8.2</td>
<td>15.9</td>
</tr>
<tr>
<td>Malvidin</td>
<td>Men</td>
<td>42.7</td>
<td>25.6</td>
<td>33.0</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>29.4</td>
<td>23.8</td>
<td>30.5</td>
</tr>
<tr>
<td>Pelargonidin</td>
<td>Men</td>
<td>3.3</td>
<td>12.0</td>
<td>5.7</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>8.9</td>
<td>13.7</td>
<td>7.0</td>
</tr>
<tr>
<td>Peonidin</td>
<td>Men</td>
<td>5.4</td>
<td>4.7</td>
<td>4.8</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>4.6</td>
<td>4.7</td>
<td>4.3</td>
</tr>
<tr>
<td>Petunidin</td>
<td>Men</td>
<td>4.2</td>
<td>3.3</td>
<td>6.3</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>2.3</td>
<td>2.8</td>
<td>5.4</td>
</tr>
</tbody>
</table>

* Adjusted for age and weighted by season and day of recall.

The main food sources of anthocyanidin intake by European region were also studied (Table 4). The group of fruits, nuts and seeds (mainly non-citrus fruit such as grapes, apples and pears) contributed most of the total anthocyanidin intake. In south, central and north European countries this food group contributed 61.2%, 52.9% and 38.1%, respectively. Other major food sources were wine (contributions ranged from 14.4 to 24.5%), followed by non-alcoholic beverages, such as carbonated, soft and isotonc drinks in northern European countries (15.8%) and fruit and vegetable juices in central European countries (13.4%), and some types of vegetables (ranging from 4.8 to 9.7%). The major food sources of cyanidins were fruits and non-alcoholic beverages derived from either fruits and vegetables or carbonated, soft and isotonc drinks. For delphinidins, the main contributors in southern countries were wine, bananas, grapes and fruiting vegetables, mainly aubergine. However, in central and northern countries the richest sources were banana, non-alcoholic beverages, berries and wine. Malvidins were almost exclusively derived from grape and wine products. The main contributors to pelargonidins were berries, followed by root vegetables and dairy products with berries as ingredients. We identified fruits, wine and non-alcoholic beverages (only in the north and central European countries) as the most abundant sources of peonidins and petunidins.

**Discussion**

To our knowledge, this is the first study to estimate the intake of anthocyanidins and their main food sources in a large adult European cohort, evaluating differences across ten European countries and the most important determinant factors. The use of a unique FCDB on anthocyanidins and the same methodology in the dietary assessment for the whole cohort provided more comparable results across the countries. The FCDB was compiled at the end of 2009 using the most updated and available worldwide databases on flavonoids and polyphenols. Furthermore, our database was expanded with recipes, estimations by food or food group and the application of cooking factor. However, the use of different FCDB and different food surveys limits the comparisons between studies.

In men, there were great differences in anthocyanidin intakes across EPIC centres, ranging from 19.83 mg/d in Bilthoven to 64.88 mg/d in Turin. Indeed, the south European region had the highest consumption of total anthocyanidins, and the two main individual anthocyanidins (cyanidins and malvidins). Moreover, regional trends of increasing anthocyanidin, cyanidin, malvidin and peonidin intakes from northern to southern countries were also observed. Meanwhile, women from central and southern regions were the highest anthocyanidin consumers. Individuals aged 55–64 years, who had a university degree, non-smokers (former or never smokers), those doing moderate or active physical activity and those that were overweight (BMI 25 to < 30 kg/m²) had the highest anthocyanidin consumption. Part of these differences was due to the differences in the consumption pattern of the major food sources in the European countries. For example, in
| Table 3. Adjusted* daily intakes (mg/d) of total and single anthocyanidins by sex and selected characteristics (Mean values with their standard errors) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Anthocyanidins (mg/d) | Cyanidin (mg/d) | Delphinidin (mg/d) | Malvidin (mg/d) | Pelargonidin (mg/d) | Peonidin (mg/d) | Petunidin (mg/d) |
| Stratification variable | n | Mean | SE | P | Mean | SE | P | Mean | SE | P | Mean | SE | P | Mean | SE | P |
| Sex | | | | | | | | | | | | | | | | |
| Male | 13028 | 29·44 | 0·53 | <0.001 | 2·26 | 0·13 | 0·004 | 10·27 | 0·25 | <0.001 | 2·19 | 0·12 | 0·017 | 1·49 | 0·05 | 0·016 |
| Female | 23009 | 33·52 | 0·39 | <0.001 | 2·71 | 0·09 | 9·94 | 0·18 | 3·02 | 0·09 | 1·64 | 0·04 | 1·13 | 0·02 | |
| European region | | | | | | | | | | | | | | | | |
| South | 11285 | 37·42 | 0·46 | <0.001 | 16·35 | 0·27 | 2·11 | 0·11 | 7·52 | 0·21 | 3·81 | 0·10 | 1·41 | 0·04 | 0·93 | 0·03 |
| Central | 12988 | 29·79 | 0·44 | <0.001 | 13·64 | 0·26 | 2·48 | 0·11 | 7·52 | 0·21 | 3·81 | 0·10 | 1·41 | 0·04 | 0·93 | 0·03 |
| North | 11764 | 23·45 | 0·45 | <0.001 | 8·21 | 0·27 | 3·83 | 0·11 | 7·55 | 0·21 | 1·40 | 0·10 | 1·05 | 0·04 | 1·40 | 0·03 |
| Age (non-adjusted for age) (years) | | | | | | | | | | | | | | | | |
| 35–44 | 3335 | 26·43 | 0·89 | <0.001 | 11·75 | 0·53 | 1·99 | 0·21 | 8·23 | 0·42 | 2·08 | 0·20 | 1·40 | 0·08 | 1·00 | 0·05 |
| 45–54 | 12595 | 29·67 | 0·48 | <0.001 | 12·86 | 0·28 | 2·14 | 0·12 | 9·71 | 0·22 | 2·32 | 0·11 | 1·52 | 0·04 | 1·13 | 0·03 |
| 55–64 | 14940 | 33·44 | 0·45 | <0.001 | 14·20 | 0·27 | 2·76 | 0·11 | 10·74 | 0·21 | 2·88 | 0·11 | 1·62 | 0·04 | 1·33 | 0·03 |
| 54–74 | 5167 | 33·34 | 0·77 | <0.001 | 13·80 | 0·27 | 2·55 | 0·11 | 9·95 | 0·22 | 2·69 | 0·11 | 1·53 | 0·04 | 1·21 | 0·03 |
| BMI (kg/m^2) | | | | | | | | | | | | | | | | |
| < 25 | 16854 | 31·74 | 0·46 | <0.001 | 13·80 | 0·27 | 2·55 | 0·11 | 9·95 | 0·22 | 2·69 | 0·11 | 1·53 | 0·04 | 1·21 | 0·03 |
| 25 to < 30 | 13766 | 32·04 | 0·46 | <0.001 | 13·57 | 0·27 | 2·49 | 0·11 | 10·52 | 0·22 | 2·63 | 0·11 | 1·65 | 0·04 | 1·18 | 0·03 |
| ≥ 30 | 5417 | 28·82 | 0·70 | <0.001 | 12·57 | 0·41 | 2·24 | 0·17 | 9·29 | 0·33 | 2·44 | 0·16 | 1·42 | 0·07 | 1·07 | 0·04 |
| Level of schooling | | | | | | | | | | | | | | | | |
| None | 1709 | 23·91 | 1·37 | <0.001 | 10·00 | 0·81 | 2·09 | 0·33 | 6·96 | 0·45 | 2·67 | 0·32 | 1·15 | 0·13 | 1·04 | 0·08 |
| Primary completed | 10469 | 27·83 | 0·54 | <0.001 | 12·63 | 0·32 | 2·11 | 0·13 | 8·22 | 0·26 | 2·44 | 0·13 | 1·33 | 0·05 | 1·00 | 0·03 |
| Technical/professional | 8038 | 33·44 | 0·63 | <0.001 | 13·94 | 0·37 | 2·45 | 0·15 | 10·54 | 0·30 | 2·45 | 0·15 | 1·66 | 0·06 | 1·20 | 0·04 |
| Secondary school | 7152 | 33·99 | 0·63 | <0.001 | 14·30 | 0·38 | 2·70 | 0·15 | 11·42 | 0·30 | 2·58 | 0·15 | 1·72 | 0·06 | 1·26 | 0·04 |
| University degree | 8155 | 36·10 | 0·60 | <0.001 | 14·89 | 0·35 | 2·82 | 0·14 | 12·20 | 0·28 | 2·95 | 0·14 | 1·85 | 0·06 | 1·39 | 0·04 |
| Smoking status | | | | | | | | | | | | | | | | |
| Never smoker | 17483 | 23·91 | 1·37 | <0.001 | 10·00 | 0·81 | 2·09 | 0·33 | 6·96 | 0·45 | 2·67 | 0·32 | 1·15 | 0·13 | 1·04 | 0·08 |
| Former smoker | 10288 | 32·44 | 0·52 | <0.001 | 13·62 | 0·31 | 2·61 | 0·13 | 10·81 | 0·24 | 2·52 | 0·12 | 1·60 | 0·05 | 1·28 | 0·03 |
| Current smoker | 7726 | 30·42 | 0·59 | <0.001 | 12·47 | 0·35 | 2·50 | 0·14 | 10·17 | 0·28 | 2·48 | 0·14 | 1·60 | 0·06 | 1·19 | 0·04 |
| Physical activity | | | | | | | | | | | | | | | | |
| Inactive | 7463 | 29·88 | 0·61 | <0.001 | 13·33 | 0·37 | 2·28 | 0·15 | 9·05 | 0·29 | 2·58 | 0·14 | 1·54 | 0·06 | 1·09 | 0·04 |
| Moderately inactive | 11969 | 32·44 | 0·52 | <0.001 | 13·78 | 0·30 | 2·37 | 0·12 | 10·37 | 0·23 | 2·81 | 0·11 | 1·57 | 0·05 | 1·15 | 0·03 |
| Moderately active | 8400 | 33·39 | 0·59 | <0.001 | 14·05 | 0·35 | 2·33 | 0·14 | 11·24 | 0·27 | 2·84 | 0·13 | 1·72 | 0·06 | 1·22 | 0·03 |
| Active | 6380 | 33·15 | 0·67 | <0.001 | 15·28 | 0·40 | 2·59 | 0·16 | 10·11 | 0·32 | 2·39 | 0·16 | 1·60 | 0·06 | 1·18 | 0·04 |

* Adjusted for sex, age, region, energy intake, and BMI (where appropriate) and weighted by season and day of recall.
Table 4. Percentage contribution of food groups and some main foods to the intake of total and single anthocyanidins by European region*

<table>
<thead>
<tr>
<th>Food groups and foods†</th>
<th>Anthocyanidins (%)</th>
<th>Cyanidins (%)</th>
<th>Delphinidins (%)</th>
<th>Malvidins (%)</th>
<th>Pelargonidins (%)</th>
<th>Peonidins (%)</th>
<th>Petunidins (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Potatoes and other tubers</strong></td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Vegetables</strong></td>
<td>9.7</td>
<td>8.6</td>
<td>4.8</td>
<td>15.2</td>
<td>11.4</td>
<td>5.5</td>
<td>24.5</td>
</tr>
<tr>
<td><strong>Leafy vegetables</strong></td>
<td>7.1</td>
<td>3.5</td>
<td>0.4</td>
<td>14.3</td>
<td>7.8</td>
<td>1.0</td>
<td>7.0</td>
</tr>
<tr>
<td><strong>Fruiting vegetables</strong></td>
<td>0.9</td>
<td>0.4</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
<td>16.7</td>
<td>4.9</td>
</tr>
<tr>
<td><strong>Root vegetables</strong></td>
<td>1.2</td>
<td>2.8</td>
<td>2.7</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Other and mixed vegetables</strong></td>
<td>0.4</td>
<td>1.6</td>
<td>1.5</td>
<td>0.6</td>
<td>3.5</td>
<td>4.2</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Legumes</strong></td>
<td>0.1</td>
<td>0.2</td>
<td>0.1</td>
<td>0.2</td>
<td>0.1</td>
<td>0.1</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Fruits, nuts and seeds</strong></td>
<td>61.2</td>
<td>52.9</td>
<td>38.1</td>
<td>76.6</td>
<td>56.8</td>
<td>55.5</td>
<td>25.9</td>
</tr>
<tr>
<td><strong>Citrus fruits</strong></td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Grapes</strong></td>
<td>14.2</td>
<td>10.0</td>
<td>12.7</td>
<td>30.1</td>
<td>21.3</td>
<td>34.9</td>
<td>20.8</td>
</tr>
<tr>
<td><strong>Stone fruits</strong></td>
<td>14.8</td>
<td>10.0</td>
<td>2.8</td>
<td>29.6</td>
<td>20.0</td>
<td>7.6</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Berries</strong></td>
<td>6.3</td>
<td>15.6</td>
<td>10.1</td>
<td>2.6</td>
<td>9.6</td>
<td>8.3</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Other and mixed fruits</strong></td>
<td>2.5</td>
<td>2.3</td>
<td>1.1</td>
<td>3.5</td>
<td>3.2</td>
<td>1.4</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Olives</strong></td>
<td>4.5</td>
<td>0.8</td>
<td>0.9</td>
<td>9.6</td>
<td>1.7</td>
<td>2.5</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Nuts and seeds</strong></td>
<td>0.2</td>
<td>0.1</td>
<td>0.1</td>
<td>0.3</td>
<td>0.3</td>
<td>0.2</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Dairy products</strong></td>
<td>0.5</td>
<td>1.5</td>
<td>0.8</td>
<td>0.1</td>
<td>0.2</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Cereal, cakes and confectionery</strong></td>
<td>1.0</td>
<td>6.5</td>
<td>4.5</td>
<td>1.4</td>
<td>7.4</td>
<td>6.4</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Meat, fish and eggs</strong></td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Non-alcoholic beverages</strong></td>
<td>1.7</td>
<td>13.6</td>
<td>19.7</td>
<td>3.1</td>
<td>21.7</td>
<td>26.5</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Fruit and vegetable juices</strong></td>
<td>1.7</td>
<td>13.4</td>
<td>9.3</td>
<td>3.0</td>
<td>21.5</td>
<td>8.6</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Carbonated, soft, and isotonic drinks</strong></td>
<td>0.0</td>
<td>0.2</td>
<td>15.8</td>
<td>0.1</td>
<td>0.2</td>
<td>17.9</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Coffee, tea and herbal teas</strong></td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Alcoholic beverages</strong></td>
<td>25.5</td>
<td>15.9</td>
<td>25.4</td>
<td>3.4</td>
<td>2.3</td>
<td>4.0</td>
<td>47.6</td>
</tr>
<tr>
<td><strong>Wine</strong></td>
<td>24.5</td>
<td>14.4</td>
<td>24.5</td>
<td>2.0</td>
<td>1.2</td>
<td>2.6</td>
<td>45.9</td>
</tr>
<tr>
<td><strong>Beer, cider</strong></td>
<td>0.6</td>
<td>0.3</td>
<td>0.4</td>
<td>1.5</td>
<td>0.7</td>
<td>1.2</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Liqueurs and spirits</strong></td>
<td>0.4</td>
<td>1.2</td>
<td>0.5</td>
<td>0.2</td>
<td>0.4</td>
<td>0.2</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Soups, bouillons</strong></td>
<td>0.0</td>
<td>0.3</td>
<td>0.5</td>
<td>0.0</td>
<td>0.1</td>
<td>1.7</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td>0.3</td>
<td>0.5</td>
<td>0.7</td>
<td>0.2</td>
<td>0.1</td>
<td>0.2</td>
<td>0.4</td>
</tr>
</tbody>
</table>

*Values are percentages derived from models adjusted for age and sex and weighted by season and day of recall. There were differences between European regions for all food sources ($P<0.001$), except for food sources where anthocyanidin contributions are less than 0.2% for all regions (NS differences).
† Leafy vegetables include red leaf lettuce, red chicory, radicchio and treviscio (red Trevisio lettuce); fruiting vegetables include aubergines; root vegetables include beetroot, red radish and black radish; cabbages include red cabbage and Chinese cabbage; stone fruits include plums, peaches, nectarines, apricots, mangoes and paraguayos; other and mixed fruits include cherries, red fruit not specified, sour cherries, persimmon, sharon fruit and pomegranate; cereal, cakes and confectionery include fruit cakes, biscuits with jam and plum cake; fruit and vegetable juices include blackcurrant juice, cranberry juice, redcurrant juice, cherry juice, peach juice, apricot juice, plum juice and beetroot juice; carbonated, soft and isotonic drinks include blackcurrant syrups, syrups of fruits and berries, cherry coke, pomegranate and pomegranate; soups and bouillons include bilberry soup, berry soup and elderberry soup.

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*Table adapted from R. Zamora-Ros et al. (2011) in the British Journal of Nutrition.*
southern countries, a high intake of wine (especially grapes, stone fruits, apples and pears, and olives) and leafy vegetables was observed. However, in central and northern countries the main contributors were non-citrus fruits (mainly berries, apples and pears, and grapes), wine and, finally, non-alcoholic beverages (juices and soft drinks of anthocyanidin-rich fruits). The large differences in anthocyanidin intakes between men (45-47 mg/d) and women (31-73 mg/d) in the southern region (Italy, Spain, Greece) were due to the high consumption of red wine, which is very rich in malvidins, as observed in a previous Spanish cohort. The present results are comparable with previously published data of intakes in the southern European region; median intakes of 9.3 to 28.0 mg/d have been reported, although a Greek cohort was found to consume 52.6 mg/d (22). Two previous studies in northern countries (Finland) also reported great differences in mean intakes; 5.9 mg/d in the Kuopio Ischaemic Heart Disease Risk Factor Study and 47 mg/d in the FINDIET 2002 Study. In non-European countries, lower intakes have been observed than in European countries. For example, in the USA mean intakes were found to range from less than 1 to 10.1 mg/d (23,24), while in Australia 29 mg/d (25) and in Japan 11.3 mg/d (26) were reported.

Anthocyanidins have been shown to have protective effects in clinical and epidemiological studies, especially against some chronic diseases. In a US breast cancer case–control study, a reduction of all mortality at 6 years of follow-up after a high intake of anthocyanidins and other flavonoids was reported. Concerning CVD, an Italian case–control study observed a significant inverse trend between acute myocardial infarction and anthocyanidin intake, and an OR of 0.45 (95% CI 0.26, 0.78) when comparing extreme quintiles. However, in two Greek case–control studies no associations were found between anthocyanidin consumption and peripheral arterial occlusive disease or CHD. Indeed, in a recent meta-analysis, Hooper et al. concluded that there were insufficient data from clinical trials to confirm the beneficial effects on CVD. Several epidemiological studies have suggested contradicting results regarding cancer. However, these differences can be explained, in part, by low anthocyanidin bioavailability (less than 5%) and the wide range of anthocyanidin intakes among studies. Overall, all cancers studied not related to the digestive system (breast, ovarian, prostate, lung, pancreatic, liver, renal cancers, and diffuse and follicular β-cell lymphomas) have not been significantly associated with anthocyanidin intake (27). Concerning cancers of the digestive system, when the mean consumption of anthocyanidins is low (<20 mg/d), non-significant associations have been reported for upper aero-digestive and colorectal cancer, colorectal and oesophageal squamous cell cancer in the Iowa Women's Health Study, the Kuopio Ischaemic Heart Disease Risk Factor Study and a US case–control study, respectively. However, when their mean intake is high (southern European countries), a protective effect against colorectal, oral cavity, pharyngeal and laryngeal oesophageal cancers comparing extreme quintiles has been observed, although the trend analysis has usually not been significant. Gastric cancer has only been studied in a Greek case–control study, in which no statistical association with anthocyanidin intake was shown, even though the mean intake was slightly high (20.4 mg/d). More recently, anthocyanidins have been shown to reach some brain regions after consumption of blueberries in rats, therefore they are able to cross the haemato–encephalic barrier. This finding suggests the potential role of anthocyanidins as anti-inflammatory and antioxidant agents against the deleterious effects of ageing and its related neurodegenerative diseases and in improving memory function in older adults. Further basic and epidemiological investigation is needed to confirm these potential effects against cancer and cardiovascular and neurodegenerative diseases, but taking into account possible differences among individual anthocyanidins.

To our knowledge, this is a unique study and the largest to date describing anthocyanidin intake across several European countries. However, as not all the EPIC cohorts are representative of the population, the observed level of intake cannot be extrapolated to the general population of each region.
supplements in the present study (up to 5% in Denmark, the highest consumer country)\(^5\)

The present study generated data for total and individual anthocyanin intakes among twenty-seven centres in ten European countries, according to sex, age and some lifestyle factors. Main food sources and differences among European regions were also identified. These descriptive data will be valuable for future aetiological research focused on the relationships between anthocyanins and chronic diseases.

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R. Z.-R. and C. A. G. designed the research; R. Z.-R. and L. L.-B. conducted the research; R. Z.-R. and L. L.-B. performed the statistical analysis; R. Z.-R. wrote the manuscript; all authors critically reviewed and approved the final manuscript.

The authors are not aware of any conflict of interest.

References