EDITORIAL

Recommended dietary amounts for the United Kingdom

The Department of Health, and the Ministry of Agriculture, Fisheries and Food review their recommended dietary allowances (or amounts) (RDA) for energy and the various nutrients, at approximately 10-year intervals. The government body primarily responsible is the Committee on Medical Aspects of Food Policy (COMA) and their last RDA report was published in 1979. A group of almost thirty doctors and scientists is currently going through the review procedure again: the great majority are also members of the Nutrition Society.

One unique feature this time round has been the decision to invite, as members, two scientists from our partner EEC countries to join us in our deliberations. This move is in line with the need to consider scientific issues with policy implications, within a European, as well as a British, context. By the time we enter the 1990s I forecast that the inclusion of other Europeans in British committees will be the norm rather than the exception! I will comment on the approaches we are adopting although, of course, at this stage the details of our deliberations must remain confidential.

A major feature of the current exercise is its size. A greater range of nutrients than ever before is being considered: indeed the approach bears more resemblance to an American panel than that of previous British ones. Apart from the main RDA panel, there are four working groups dealing with energy and protein; the minerals; the vitamins; and finally dietary constituents such as fat, fibre and carbohydrates in the diet. The inclusion of the last group of topics in our deliberations may come as a surprise to many nutritionists as discussions on RDA and 'dietary guidelines' have tended to be kept apart. Indeed more than one eminent scientist has said that it is essential that they should be, as the concepts involved are quite different. Academically speaking this may be so, but to anyone other than the specialist, this differentiation is by no means so obvious.

For someone such as myself, who has been involved with the two previous COMA RDA panels, the pressures this time round seem especially keen. No longer can the exercise be undertaken primarily as an academic one, with only rather limited practical application envisaged. RDA are now seen by the general public, health workers and the food industry alike as something crucial to everyone's well-being. They are a key element in food labelling policies as well as for the epidemiological interpretation of food intake data and the planning of diets for people who are 'institutionalized' for one reason or another. The announcement of the panel's establishment, plus our advertisement welcoming submissions from interested parties, has led to a wealth of contributions for consideration. Occasionally, it has to be admitted, there has been a suspicion of 'vested interest' being involved, but this has never become a really serious problem and the various working groups are having no difficulty in dealing with the nutrients for which they are responsible in a totally objective manner.

What sort of scientific limitations are we encountering? The main problem is the perennial one of too little basic information. Ideally, one is looking for data, collected from a reasonably representative sample of the population, which describe the relation between different levels of intake of a given nutrient and the adequacy of some specific biological function of direct relevance to optimal health. When such information is available it should not be too impossible a task to come up with recommendations relating to the needs of the average individual, as well as the dietary amounts that should cover the needs of virtually

all healthy people within the community. Sadly, however, for hardly any nutrient are truly sufficient data available to us. The reasons are numerous but a few important scientific issues stand out. Rarely has a key functional characteristic been defined unequivocably enough by the basic scientists to justify the large-scale community applications that would subsequently be required. Even when information is available it is frequently restricted to too narrow an age or sex range. All too often our studies have concentrated on 18–22-year-olds, because of their ready availability in nutritional research departments, and on young babies. We are then forced to interpolate between these data in order to cover childhood as a whole and, even more dubiously, extrapolate beyond our data for middle and old age. Women's needs have frequently to be derived by the simple expedient of assuming they are 'small' men with the occasional special need during the reproductive years of their lives. These comments may exaggerate the scientific situation, but not too much so.

Chairing this panel has strengthened my resolve to ensure that investigations leading to scientifically more convincing RDA must become one of the key driving forces in our research. The definition of physiologically relevant functional characteristics for each and every essential nutrient, which can then be used as 'markers' in subsequent community-representative investigations, is essential if nutritional science is to enhance its reputation amongst the health professionals as well as those in the food industry.

RDA for the nutrients, but not of course for dietary energy, have traditionally been set at the high end of the range of estimated physiological needs on the reasoning that if this amount were consumed by all, the statistical risk of deficiency in any one single individual would be negligible. Now our responsibilities have been extended. In countries such as the United Kingdom, actual intakes are quite often higher than these physiological estimates and the call has been made for additional guidance on the safety range of intakes above the RDA. This is a sensible target but we face the same lack of objective evidence about potential health risks from over-consumption as we do for under-consumption.

One final issue of fundamental importance in terms of defining dietary needs is the type of life-style we should be assuming. Should we base our recommendations on a rather Utopian existence, one full of healthy outdoor activity and exercise, or should we be more realistic and produce the best nutritional advice compatible with current-day life-styles, which are mostly indoors and largely sedentary? This question is relevant to energy as well as a number of individual nutrients.

When attempting to define RDA, committees are clearly faced with making very delicate judgements. It has been said, however, that if all the desirable information were available, there would be no need for panels of experts. An important consequence of this is that our conclusions, when they are published, should be seen for what they are: only judgements, however carefully and exhaustively they may have been derived. They must not be 'ennobled' and treated as being final and irrevocable. As new information is made available, any recommendations made by our committee will inevitably have to be modified by our successors. It will be a responsibility of members of the Nutrition Society, especially of the younger ones, to ensure that relevant new data will be forthcoming. The *British Journal of Nutrition*, with its high international reputation for publishing basic research relevant to human nutrition, should provide an important vehicle for such papers, to the benefit of all.

R. G. WHITEHEAD*,
MRC Dunn Nutrition Unit,
Milton Road,
Cambridge

* Dr Whitehead is a member of COMA and Chairman of its RDA panel.