

Dietary intake and nutritional status of children and adolescents in Europe

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The objective of this project was to collect and evaluate data on nutrient intake and status across Europe and to ascertain whether any trends could be identified. Surveys of dietary intake and status were collected from across Europe by literature search and personal contact with country experts. Surveys that satisfied a defined set of criteria – published, based on individual intakes, post-1987, adequate information provided to enable its quality to be assessed, small age bands, data for sexes separated above 12 years, sample size over 25 and subjects representative of the population – were selected for further analysis. In a small number of cases, where no other data for a country were available or where status data were given, exceptions were made. Seventy-nine surveys from 23 countries were included, and from them data on energy, protein, fats, carbohydrates, alcohol, vitamins, minerals and trace elements were collected and tabulated. Data on energy, protein, total fat and carbohydrate were given in a large number of surveys, but information was very limited for some micronutrients. No surveys gave information on fluid intake and insufficient gave data on food patterns to be of value to this project. A variety of collection methods were used, there was no consistency in the ages of children surveyed or the age cut-off points, but most surveys gave data for males and females separately at all ages. Just under half of the surveys were nationally representative and most of the remainder were regional. Only a small number of local surveys could be included. Apart from anthropometric measurements, status data were collected in only seven countries. Males had higher energy intakes than females, energy intake increased with age but levelled off in adolescent girls. Intakes of other nutrients generally related to energy intakes. Some north–south geographical trends were noted in fat and carbohydrate intakes, but these were not apparent for other nutrients. Some other trends between countries were noted, but there were also wide variations within countries. A number of validation studies have shown that misreporting is a major problem in dietary surveys of children and adolescents and so all the dietary data collected for this project should be interpreted and evaluated with caution. In addition, dietary studies rely on food composition tables for the conversion of food intake data to estimated nutrient intakes and each country uses a different set of food composition data which differ in definitions, analytical methods, units and modes of expression. This can make comparisons between countries difficult and inaccurate. Methods of measuring food intake are not standardised across Europe and intake data are generally poor, so there are uncertainties over the true nutrient intakes of children and adolescents across Europe. There are insufficient data on status to be able to draw any conclusions about the nutritional quality of the diets of European children and adolescents.

Dietary intake: Nutritional Status: Children: Adolescents: Diet surveys

Introduction

There is little good, evidence-based information on the nutritional needs of healthy children and adolescents over the age of 2 years. Numerous dietary surveys to assess

nutrient intake have been conducted across Europe at both national and local level, which could help establish nutrient needs, especially if measurements of status are also carried out. However, estimation of dietary intake is fraught with difficulties (Biro *et al.* 2002) and it is now

Abbreviations: RE, retinol equivalents; SFA, saturated fatty acids.

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accepted that many published surveys do not accurately reflect true intakes. For this report, as part of an exercise to review data available in Europe that could be used to help develop dietary guidelines, information on nutrient intake and status across Europe was collected and evaluated to ascertain whether any trends could be identified.

Methodology

To gain insight into the dietary intake and nutritional status of children and adolescents, the first step was to collect data and to highlight the measurement tools used and biological parameters investigated for each data set individually, before a final selection of the most relevant surveys for further analysis was made. For this purpose, the information listed below was collected for each survey;

- Quality of the document and whether published.
- Dietary assessment method used.
- Range of intakes (mean values, standard deviations or other distribution characteristics).
- Food composition databases used for the conversion of food intakes to estimated nutrient intakes (national food composition databases, other country databases and/or manufacturer's database, duplicate portion technique with chemical analysis data; nutrient calculations inclusive or exclusive of the contribution of food supplements).
- Year and type of the survey, e.g. longitudinal or cross-sectional.
- Age ranges and cut-off ages, sex and sample size.
- Assessment of status: anthropometric data (measured or self-reported) and biochemical parameters.
- Geographical distribution: national, regional or local study; rural or urban.

Next, each member of the Working Group looked for the above-defined survey information and data on the energy and nutrients listed in Table 1 from their specified countries. Surveys to be assessed were collected between April and December 2001 by literature search and/or by contacting experts in this field. Once the available surveys were collected and related information was incorporated into the template by country, a selection of relevant surveys was made according to the criteria listed in Table 2.

Originally we aimed to focus also on fluid intake (e.g. water, other fluids, juices, soda) and meal pattern. However, only a few studies provided information about the

Table 1. Nutrients included in the inventory

Energy
Carbohydrates (total sugars, sucrose, starches, total available carbohydrates) and NSP/fibre
Lipids (total fat, saturated fatty acids, MUFA, PUFA, <i>trans</i> fatty acids, polyunsaturated fats:saturated fats, cholesterol)
Protein
Alcohol
Vitamins (biotin, folic acid, niacin, pantothenic acid, retinol equivalents, riboflavin, thiamin, vitamin B ₁₂ , vitamin B ₆ , vitamin C, vitamin D, vitamin E, vitamin K)
Minerals and trace elements (Ca, Mg, P, K, Na, chloride, iron, Cr, Cu, fluoride, I, Mn, Mo, Se, Zn)

Table 2. Inclusion and exclusion criteria

Unpublished surveys were included only if relevant (e.g. no published documents were available)
Control groups from studies of children with medical conditions were not used, even for rare nutrients or for nutrients for which no other data were available in the country
To assess nutrient intake, only surveys based on the individual level were included. Therefore only data obtained with a record method (weighed or estimated), 24 h recall, food frequency questionnaire and/or dietary history method were included
Surveys before 1987 were excluded unless specific information on food status was available
If too much information was missing in a document the survey was excluded, except if there was only a small number of surveys available for a specific country or a specific nutrient
Nutritional status data were included only if they could be linked to dietary intake data in the same or a similar study. In this particular case, a randomised selection of children should be ensured
Surveys with too broad age categories (e.g. 2–24 years) were excluded
Data were excluded when genders were mixed in children above 12 years of age
Surveys with a very small sample size ($n = 10–25$) were excluded

intake of water and other fluids. Sometimes these figures were related to total water (including water from food), whereas in other studies figures seemed to refer only to drinks including or excluding tap water. Furthermore, although some information on meal pattern was available, the kind of information was difficult to compare. Since the information on fluids and meal pattern could not be interpreted unequivocally we decided not to include this type of data.

In a final stage the results of the selected surveys were incorporated in tables by nutrient, using units according to the SI system, and each nutrient was reviewed.

The age group classification of the EU was used as guidance: 1–3 years, 4–6 years, 7–10 years, 11–14 years and 15–17 years (Reports of the Scientific Committee on Food, 1993). Data were collapsed if relevant (weighted means when only a small amount of data was available). When age categories were combined this was clearly indicated. Data of specific groups within countries, e.g. urban/rural, were collapsed in the case of minor differences.

For describing regional trends in dietary intake of children and adolescents, Europe was divided into four regions: Northern countries (Denmark, Finland, Norway, Sweden), Western countries (Austria, Belgium, France, Germany, Ireland, The Netherlands, Switzerland, the UK), Central and Eastern countries (Bulgaria, Czech Republic, Estonia, Hungary, Poland, Russia, Yugoslavia) and Southern countries (Greece, Italy, Portugal, Spain).

Results

Eighty surveys from twenty-three countries, which satisfied the selection criteria, were selected for inclusion in the review. These are listed by country in Table 3. Only surveys from the UK used 7 d weighed records. Most surveys gave data for males and females separately for all ages.

Table 3. Surveys included in the dietary intake and status review

Country	Survey no.	Year of survey	Reference	Dietary methodology	Gender	Age (years)		Sample size	Geographic distribution
						Range	Cut-off points		
Austria	A1	2002	Elmadfa & Wasserbucher (2002)	7 d record, 1 x 24 h recall	m + f	4-18	4-6, 7-9, 10-12, 13-15, 15-18	2234	national
Belgium	B1	1992	Guillaume <i>et al.</i> (1998)	3 d record	m + f	6-12	8, 10	1028	regional
	B2	1991	De Henauw <i>et al.</i> (1997)	FFQ	m + f	6-12	-	1321	local
	B3	1995	Paulus <i>et al.</i> (2001)	1 d record	m + f	12-17	-	1526	regional
	B4	1997	De Henauw & Matthys (1998), De Henauw <i>et al.</i> (2001)	7 d record	m + f	13-18	-	341	local, urban/rural
Bulgaria	BG1	1998	Petrova <i>et al.</i> (2000)	1 x 24 h recall	mix: 1-10; m + f: 11 +	1-18	3, 6, 10, 14	362	national
Czech Republic	CZ1	1998	Brazdova <i>et al.</i> (2000)	1 x 24 h recall, FFQ	f	6-9, 11-15	-	1564	national
	CZ2	N/A	Brazdova <i>et al.</i> (1992)	1 x 24 h recall	mix	3-6, 9-11	-	100	local
Denmark	DK1	1995	Andersen <i>et al.</i> (1996)	7 d record	m + f	1-18	3, 6, 10, 14	1413	national
	DK2	1995	Lyhne (1998)	7 d record	m + f	14-19	-	245	national
Estonia	EE1	1993-95	Grünberg <i>et al.</i> (1997)	1 x 24 h recall, FFQ, OCD	m + f	11-12, 14-15	-	341	regional
Finland	SF1	1996	Räsänen <i>et al.</i> (1991)	2 x 24 h recall	m + f	9-24	12, 15, 18	902	regional
	SF2	N/A	Rankinen <i>et al.</i> (1995)	4 d record	m + f	9-12	-	170	local
	SF3	1989	Ylönen <i>et al.</i> (1996)	3 d record	mix	1-7	3	77	regional
	SF4	1996/97	Lehtonen-Veromaa <i>et al.</i> (1999)	4 d record	f	9-15	-	191	national
France	F1	1988	Hercberg <i>et al.</i> (1991a)	DH	m + f	2-20	6, 10, 14, 18	207	local
	F2	1988	Hercberg <i>et al.</i> (1991b)	DH	m + f	2-20	6, 10, 14, 18	207	local
	F3	1988	Hercberg <i>et al.</i> (1994)	DH	m + f	2-20	6, 10, 14, 18	207	local
	F4	1988	Preziosi <i>et al.</i> (1994)	DH	m + f	2-20	6, 10, 14, 18	207	local
	F5	1993/94	Rigaud <i>et al.</i> (1997)	1 d WR	m + f	2-20	6, 12, 17	271	national
	F6	1993/94	Couet <i>et al.</i> (2000)	1 d WR	m + f	2-20	6, 12, 17	271	national
	F7	1989/90	Volatier (2000)	1 d WR	m + f	3-14	6, 8, 11	1018	national
	F8	1985-93	Deheeger <i>et al.</i> (1994)	DH	m + f	2-20	4, 6, 8	278/112	local
Germany	F9	1985-93	Deheeger <i>et al.</i> (1996)	DH	m + f	2-20	4, 6, 8	278/112	local
	D1	1998	Deutsche Gesellschaft für Ernährung eV (2000)	1 d WR, DH	m + f	4-19	7, 10, 13, 15	38 924	national
Greece	D2	1985-88	Adolf <i>et al.</i> (1995)	7 d record	m + f	4-18	6, 9, 12, 14	24 632	national
	D3	1985-95	Kersting <i>et al.</i> (2000)	3 d record	m + f	1-18	3, 6, 9, 12, 14	627	local
	D4	1985	Kersting <i>et al.</i> (1998a)	3 d record	m + f	1-18	3, 6, 9, 12, 14	627	local
	D5	1985	Kersting <i>et al.</i> (1998b)	3 d record	m + f	1-18	3, 6, 9, 12, 14	627	local
	GR1	1993/94	Roma-Giannikou <i>et al.</i> (1997)	1 d WR, OCD	m + f	2-14	3, 5, 7, 9, 11	1936	national
Hungary	GR2	1994	Kafatos <i>et al.</i> (2000)	1 x 24 h recall, OCD	m	12	-	98	regional
	GR3	1999	Moschandreass & Kafatos (2002)	1 x 24 h recall	m + f	9-16	9-12, 14-16	1054/799	regional
	GR4	1997	Hassapidou <i>et al.</i> (2001)	3 d WR, 1 x 24 h recall, OCD, FFFQ	m + f	11-14	-	582	regional
	GR5	1987-88	Hassapidou <i>et al.</i> (1996)	3 d WR	m + f	13-14	-	20	local
Ireland	H1	1995	Gábor (1998)	3 x 24 h recall	m + f	13-14	13-14	414	regional
	IRL1	1988	Lee & Cunningham (1990)	DH, OCD	m + f	8-25	12, 15, 18	643	national

Table 3. Continued

Country	Survey no.	Year of survey	Reference	Dietary methodology	Gender	Age (years)		Sample size	Geographic distribution
						Range	Cut-off points		
Italy	IT1	1996	Bellù <i>et al.</i> (1996)	FFQ	m + f; 7; mix: 10	7, 10	-	35 072	national
	IT2	1992	Ratsch <i>et al.</i> (1992)	4 d record	mix	3, 7, 10	-	93	national
	IT3	1991	Leclercq & Ferro-Luzzi (1991)	1 x 24 h recall	mix	10-11	-	178	national
	IT4	1988	Agostoni <i>et al.</i> (1998)	1 x 24 h recall	m + f; 11; mix: 15	11, 15	-	120	local
The Netherlands	NL1	1997/98	Hulshof <i>et al.</i> (1998)	2 d record	m + f	2-19	3, 6, 9, 12, 15	1538	national
	NL2	1984	Meulmeester (1989)	1 x 24 h recall	m + f	8	-	135	local
Norway	NL3	1999	Brussaard <i>et al.</i> (1999)	1 x 24 h recall	m + f	7-9	-	202	local
	N1	N/A	Frost Anderson <i>et al.</i> (1995)	1 d WR, FFQ	m + f	18	-	1564	national
	N2	N/A	Frost Anderson <i>et al.</i> (1997)	FFQ	m + f	13	-	1705	national
	N3	N/A	Johansson <i>et al.</i> (1997)	1 d WR	m + f	16-29	-	845	national
	PL1	1991-94	Szponar & Rychlik (1996a)	1 x 24 h recall	m	11-14	11, 12, 13, 14	401	national
Poland	PL2	1991-94	Szponar & Rychlik (1996b)	1 x 24 h recall	f	11-14	11, 12, 13, 14	725	national
	PL3	1996-98	Hamulka & Gronowska-Senger (2000)	1 x 24 h recall, FFQ	m + f	9-11	9, 11	224	regional
Poland	PL4	1996-98	Hamulka & Gronowska-Senger (1999)	1 x 24 h recall FFQ	m + f	9-11	9, 11	224	regional
	PL5	1996/97	Hamulka <i>et al.</i> (1998)	1 x 24 h recall, FFQ	m + f	13-15	13, 15	104	urban, rural
Poland	PL6	N/A	Hamulka <i>et al.</i> (2000)	1 x 24 h recall	m	17-18	17, 18	215	local
	PL7	N/A	Smigiel <i>et al.</i> (1994)	1 x 24 h recall	m	17-18	17, 18	236	local
Poland	PL8	1990/91	Rogalska-Niedźwiedz <i>et al.</i> (1992)	1 x 24 h recall	m + f	11-15	11, 15	7562	local
	PL9	N/A	Czeczulewski <i>et al.</i> (1995)	1 x 24 h recall	m + f	13-15	13, 15	76	local
Poland	PL10	N/A	Ilow <i>et al.</i> (1999)	1 x 24 h recall	mix	3-7	3, 7	822	national
	PL11	N/A	Werker (2000)	1 x 24 h recall	m + f	15-18	15, 18	600	regional
Poland	PL12	N/A	Stopnicka <i>et al.</i> (1998)	1 x 24 h recall	m + f	15-18	15, 18	600	regional
	PL13	N/A	Charzewska <i>et al.</i> (1992)	FFQ	m + f	9-14	9, 14	672	regional
Portugal	P1	1995	Amorim Cruz (2000)	1 x 24 h recall	m + f	13-18	-	78	local
	Rus1	2000	B Popkin (unpublished results)	1 x 24 h recall	m + f	1-20	2, 3, 4, etc.	2779	national
Russia	E1	1989/92	Aguilera <i>et al.</i> (1994)	FFQ	mix	2-7	3, 6	264	local
	E2	N/A	Gonzalez <i>et al.</i> (1994)	1 x 24 h recall, OCD	m + f	6-14	7, 8, 9, etc.	2608	local
Spain	E3	1988	Vazquez <i>et al.</i> (1996)	1 x 24 h recall	m + f	6-16	7, 12	164	local
	E9	1989/90	Aranca & Pérez (1996)	7 d record	m + f	14-17	17	731	regional
Sweden	S1	1993/94	Bergström <i>et al.</i> (1993)	7 d record	m + f	15	-	398	regional
	S2	1993/94	Samuelson <i>et al.</i> (1996a)	7 d record	m + f	15	-	398	regional
Sweden	S3	1993/94	Samuelson <i>et al.</i> (1996b)	7 d record	m + f	15	-	93	regional
	S4	N/A	Samuelson <i>et al.</i> (2001)	7 d record	m + f	13-21	15, 19	1862	regional
Switzerland	CH1	1994/95	Societe Suisse de la Nutrition (1998)	7 d record	m + f	7-12	11	227	local
	UK1	1988	Nelson <i>et al.</i> (1990)	7 d WR	m + f	12	-	61	local
UK	UK2	1989	McNeil <i>et al.</i> (1991)	2 x 3 d record	m + f	11-12	-	379	local
	UK3	1990	Adamson <i>et al.</i> (1992)	7 d WR	m + f	2-5	3, 5	153	local
UK	UK4	1988/90	Payne & Belton (1992a)	7 d WR	m + f	2-5	3, 5	153	local
	UK5	1988/90	Payne & Belton (1992b)	7 d WR	m + f	2-5	3, 5	153	local
UK	UK6	1986/87	Crawley (1993)	4 d record	m + f	16-17	-	4760	national

Table 3. Continued

Country	Survey no.	Year of survey	Reference	Dietary methodology	Gender	Age (years)		Sample size	Geographic distribution
						Range	Cut-off points		
	UK7	1989	Davies <i>et al.</i> (1994)	4 d WR	m + f	1.5–4.5	2.5, 3.5	81	local
	UK8	1990	Strain <i>et al.</i> (1994)	DH	m + f	12, 15	–	1015	regional
	UK9	1986/87	Crawley & White (1995)	4 d record	m + f	16–17	–	3288	national
	UK10	1992/93	Gregory <i>et al.</i> (1995)	4 d WR	m + f	1.5–4.5	2.5, 3.5	1675	national
	UK11	1990	McNulty <i>et al.</i> (1996)	DH	m + f	12–15	–	1015	regional
	UK12	1991/92	Ruxton <i>et al.</i> (1996)	7 d WR	m + f	7–8	–	136	local
	UK13	1997	Gregory & Lowe (2000)	7 d WR	m + f	4–18	6, 10, 14	1701	national
Yugoslavia	YU1	1998	Pavlovic <i>et al.</i> (2001)	1 d record	mix	10	9, 11	5834	national
	YU2	1998	Pavlovic <i>et al.</i> (1999)	1 d record	mix	9–10	9, 11	492	local
	YU3	1994/95	Pavlovic (1999)	1 d record	mix	4–6	4, 6	123	local
	YU4, YU4b	1998	Pavlovic (2000)	1 d record	mix	9–10	9, 11	375	local

N/A, not available; FFQ, food frequency questionnaire; OCD, other country food composition database; DH, diet history; WR, weighed food record; m, male; f, female; mix, genders not separated.

There was no consistency in the ages of the children surveyed or the age cut-off points. Thirty-four of the selected surveys were nationally representative and most of the remainder were regional. Only a small number of local surveys could be included. Thirteen (16%) surveys provided data on children and adolescents living in Northern countries of Europe, fourteen (18%) provided data on those living in Southern Europe, twenty-nine (37%) on those in Western Europe and twenty-three (29%) on those living in Central and Eastern Europe, although many of the surveys from the latter region were local surveys or surveys using 1 d records or 24 h recalls. All intake data are presented as a mean daily intake, unless otherwise stated. In some surveys, only a daily median was provided.

Apart from anthropometric data, some surveys provided additional information on status. Data from the UK were given for individuals for age groups between 1.5 and 18 years and for Austria for 6–18 years. For France and The Netherlands, status data were available only for the nutrients folic acid, vitamins A, E and C, β -carotene, riboflavin, thiamin, pyridoxine and Fe. Status data for vitamin B₁₂ and some lipid parameters were also available for The Netherlands but these data related only to a small age group. Greece discussed status data on lipids and vitamin E only. Sweden provided status data for Fe and cholesterol and Finland for vitamin D.

Appendix B tabulates the intake data by nutrient for children and adolescents across Europe. For brevity, in the appendix tables, the surveys reviewed are given a survey number; Table 3 links the survey numbers and sources. The latter are given in the reference list of the present paper.

Energy

Data were obtained from sixty-seven surveys for males and fifty-nine for females. Most surveys provided data on energy intakes for a number of age categories. Making allowances for the different age categories used in the surveys, the intake of energy was consistent within the European countries. Approximately half the surveys provided data on children and adolescents living in Western Europe, while a further third reported on the intakes of those living in Southern Europe. Children (2–10 years) and adolescents (11–18 years) were equally represented in terms of the number of surveys.

There were fewer data sets available on the energy intakes of 2- to 3-year-olds compared with the other age categories.

When expressed in absolute terms, reported energy intakes (kJ/d) increased with increasing age in both males and females; when the data were expressed relative to body weight (kJ/kg per d), the opposite trend was apparent. Within each age category there was a wide range in reported energy intake (kJ/d) and this variability increased in magnitude with increasing age. Energy intakes of males were in the following ranges: 4200–6900 kJ/d (2–3 years); 5300–7700 kJ/d (4–6 years); 7000–10 100 kJ/d (7–10 years); 7740–15 000 kJ/d (11–14 years); and 9000–16 500 kJ/d (15–18 years). The corresponding intakes for females were: 4100–5400 kJ/d (2–3

years); 5100–9600 kJ/d (4–6 years); 6700–9600 kJ/d (7–10 years); 6800–10900 kJ/d (11–14 years); and 6800–10600 kJ/d (15–18 years). Overall, while energy intakes appeared to increase during adolescence in males, no further increases were apparent from the age of 11 years in females.

On the other hand, the magnitude of the variability in energy intakes decreased with increasing age when intakes were expressed relative to body weight. In children (2–10 years) relative energy intakes were similar in males and females and typically these were in the range of 315–480 kJ/kg per d (2–3 years), 250–380 kJ/kg per d (4–6 years) and 210–340 kJ/kg per d (7–10 years). In adolescents there was greater divergence between males and females in relative intakes. The range of values for males was 175–290 kJ/kg per d in 11- to 14-year-olds and 140–255 kJ/kg per d in 15- to 18-year olds. The corresponding values for females were 150–225 kJ/kg per d (11–14 years) and 115–190 kJ/kg per d (15–18 years). In general, the variability in energy intakes was greatest in children and adolescents from Western Europe but this may simply be a reflection of the greater number of data sets available. Otherwise, there were no clear differences in intake across the different regions of Europe.

Carbohydrate and dietary fibre

Data for absolute intakes (g/d) and percentage of total energy were collected for total carbohydrate, total sugars, sucrose and starch. Only the percentage energy from each is presented as this corrects for any differences due to total energy intake and to some extent for misreporting, assuming misreporting is not macronutrient-specific.

Where the percentage energy was not provided, it was calculated from the absolute intake and total energy per day. The energy value used for 1 g carbohydrate was either 16 or 17 kJ, depending on which provided the nearest to 100% when added to the percentage energy from fat (37 kJ/g) and protein (17 kJ/g). This calculation was required for most of the surveys and hence only a limited number of values for standard deviations are available. The surveys provided data on fibre intakes as g dietary fibre/d or, in the case of most UK surveys, NSP. This was converted to g/MJ.

Boys ate more carbohydrate and fibre than did girls in absolute amounts, but relative to energy intakes they were very similar. Data for both are given, but the descriptions below refer to data for males, unless specified, for simplicity. Within surveys there were large differences between individuals in absolute intakes, but much of this can be explained by variations in energy intake.

Total carbohydrate. Data were obtained from sixty-four surveys for males and sixty-three for females. Carbohydrate energy ranged from 40.3 to 61.6% of total energy for males and from 39 to 60% for females. In both cases the lowest values were from a Spanish survey (Gonzalez *et al.* 1994) and the highest from the Russian survey (B Popkin, unpublished results). These represented the geographical trend. The lowest intakes tended to be in the Southern European countries, ranging from 40.3% of energy in Spanish 8-year-olds to 53% in Italian 11- to

12-year-olds (Agostini *et al.* 1998), and the highest in the Central and Eastern countries, ranging from 44.6% of energy in Yugoslavian 9- to 10-year-olds (Pavlovic, 2000) to 61.6% in Russian 8-year-olds. In Northern countries, intakes ranged from 46.1% of energy, in Finnish 12-year-olds (Rankinen *et al.* 1995), to 55.1%, in Norwegian 13- to 15-year-olds (Frost Anderson *et al.* 1997). Intakes in Western countries were from 42.7% of energy in German 10- to 12-year-olds (Adolf *et al.* 1995) to 55% in Dutch 2- to 3-year-olds (Hulshof *et al.* 1998).

In the surveys where a number of age groups were included, the majority demonstrated a decline in percentage energy from carbohydrate with age. However, in Russia where intakes were the greatest, the survey indicated that the lowest intakes were in the under-sevens and over-sixteens. A reduction with age was also less likely in Southern European countries where intakes were already low at a young age.

Total sugar. Data were available from twenty surveys for males and females. Some UK surveys could not be included as they provided only non-milk extrinsic sugars, which excludes lactose and sugars in fruits and vegetables, and therefore are not comparable with the data from the rest of Europe. There were no data for Scandinavian countries.

Intakes tended to be lowest in Southern European countries. There was a clear trend of declining intake with age, except in Spain (Aranceta & Pérez, 1996) where intakes were mostly less than 12% of energy. Intakes in 2- to 3-year-olds ranged from 22.9% of energy in Greece (Roma-Giannikou *et al.* 1997) to 33.2% in The Netherlands (Hulshof *et al.* 1998). Intakes among older children ranged from 10.9% of energy in Spanish 6- to 7-year-olds to 27 and 24.9% of energy in Dutch adolescents aged 13–15 and 16–19 years, respectively (Hulshof *et al.* 1998).

Sucrose. Data were provided by fifteen surveys for males and females. As with total sugars the lowest intakes were found in Southern European countries, but there were no obvious geographical trends amongst the other regions. Similarly, there was a decline in intake with age. The smallest intakes were 6% of energy by a group of UK 7- to 8-year-olds (Ruxton *et al.* 1996) and 7.1% by Italian 7-year-olds (Leclercq & Ferro-Luzzi, 1991). However, it should be noted that, of the many UK surveys included in this review, this was the only one that provided data on sucrose. Other UK surveys only provided non-milk extrinsic sugars, which include glucose and fructose found in fruit juices. Greatest sucrose intakes were 19% of energy by 4- to 6-year-old Austrians (Elmadfa & Wasserbacher, 2002) and 17.6% of energy amongst Finnish 4- to 7-year-olds (Ylönen *et al.* 1996).

Starch. Data for males came from twenty-one surveys and for females from twenty surveys. Intakes were greatest in the Spanish, Russian and Polish surveys and smallest in the Finnish surveys. There was a clear trend of increasing intake with age, except in the Spanish survey (Aranceta & Pérez, 1996). In younger children, intakes ranged from 18% of energy in Finnish 2- to 3-year-olds (Ylönen *et al.* 1996) to 28 and 28.8% in Russian 2- and 3-year-olds, respectively, and 35% in Spanish 4- to 5-year-olds.

For the older children, they ranged between 22.8 and 34.6 % of energy in Finnish (Räsänen *et al.* 1991) and Russian 18-year-olds, respectively. There were no clear differences in intakes between those Southern and Western European countries that reported intakes.

Fibre. Data were obtained from fifty-four surveys for males and fifty-two for females. Intakes ranged from 0.9 to 3.5 g dietary fibre/MJ, with no discernible trends between countries or ages. Differences in methodology for determining fibre may partly explain why regional differences were not apparent. Values for NSP within the UK surveys ranged from 1.1 to 2.2 g/MJ.

Fat

Total fat. Data originated from sixty surveys for males and females. Males' and females' intakes of fat, when expressed as percentage of total energy, were similar, although some values were lower in females when compared with their male counterparts from the same survey. The lowest fat intakes were recorded in the Norwegian and Swedish surveys. Mediterranean countries, particularly Spain and Greece, and some surveys from the UK recorded the highest fat intakes; that is, more than 40 % of energy. Fat intake and age of children did not seem to be associated.

Saturated fatty acids. Data were provided for males and females by twenty-nine surveys. Reported consumption of saturated fatty acids (SFA) in Belgium and France was quite high (about 17 % of energy), while Finland reported the highest intake, i.e. 20 % of energy. Southern Mediterranean countries (Greece, Spain and Italy) reported intakes of 12–13 %. Yugoslavia reported the lowest SFA intakes at 10 % of total energy, and similar values were found in Poland (10–11 %).

MUFA. Data for the intake of MUFA were available from thirty surveys for males and twenty-nine surveys for females. In Southern European countries where intakes of SFA were low, the reported consumption of MUFA was greatest. Reported consumption in Spain was 16–17 % and in Greece up to 18 % of total energy. For the other countries, 11–13 % of energy seemed to be the most common range of consumption. Low intakes of MUFA were found in Denmark, Norway and Sweden, and also in Hungary, where the intake of MUFA was 10 % of energy.

PUFA. Data for males were obtained from thirty surveys and for females from twenty-nine surveys. In most countries, intakes of PUFA ranged from 4 to 6 % of energy. Poland showed some peculiarities since two surveys (Smigiel *et al.* 1994; Hamulka *et al.* 2000) reported high intakes of PUFA (9 % of energy), while others (Szponar & Rychlik, 1996*a,b*) reported the lowest of all the surveys (3 % of energy). Yugoslavian surveys also reported a wide range of PUFA intakes (5–8 % of energy). On the whole, surveys from Central and Eastern Europe reported the greatest intakes of PUFA; for example, the reported consumption of PUFA in Estonia was almost 10 % of energy.

Some differences in the composition of high-fat diets between Mediterranean countries and other regions were evident. Hyperlipidic diets in Mediterranean countries

were associated in general with high intakes of both SFA and MUFA, while high-fat diets in Central and Eastern and Northern Europe showed quite high levels of SFA with relatively lower levels of both MUFA and PUFA.

Cholesterol. Data were reported in thirty-one surveys for males, twenty-four for females and eight for males and females together. There was a relatively homogeneous pattern of cholesterol consumption within all European countries. Within both Northern and Southern Europe there are countries with dietary intakes in the higher and lower ranges. Some surveys reported an intake of up to 400 mg/d for males in Northern, Central and Eastern and Southern European countries. The highest intakes were reported for Spain (Aranceta & Pérez, 1996; Vázquez *et al.* 1996). Lower intakes were reported in surveys from The Netherlands, Poland, the UK and Denmark.

Status data for cholesterol were available from five countries (Austria, Greece, The Netherlands, Sweden and the UK). Lipid status data were given as the parameters plasma total cholesterol, HDL-cholesterol, LDL-cholesterol, triacylglycerols and more for different age groups.

Protein

Data for protein intake were available from sixty-four surveys for males and fifty-eight surveys for females. Most surveys provided data on protein intakes for a number of age categories. Approximately half of the surveys provided data on children and adolescents living in Western Europe, while a further third reported on the intakes of children living in Southern Europe. Although children (2–10 years) and adolescents (11–18 years) were equally represented in terms of the number of surveys, there were fewer data sets available on the protein intakes of 2- to 3-year-olds compared with the other age categories. Northern countries (especially Sweden) and some surveys from France and Spain showed the highest protein intakes, more than 16 % of energy. Otherwise, protein intake (percentage energy) was generally very similar within each country.

There was an approximately twofold difference between the reported protein intakes of both males and females in the youngest age categories (2–6 years) and of males in the older age groups (7–18 years). The magnitude of the variability in intake decreased slightly in females in the older age groups. In absolute terms, the range in protein intakes (g/d) was broadly similar in both males and females aged 2–10 years. Typically, the range was 32–64 g/d in 2- to 3-year-olds, 38–72 g/d in 4- to 6-year-olds and 53–85 g/d in 7- to 10-year-olds. Thereafter, intakes increased with age in males, from 61–118 g/d (11–14 years) to 71–127 g/d (15–18 years). However, the intake ranges in females aged 7–18 years were similar (53–88 g/d).

When expressed relative to body weight, protein intakes decreased from 2.3–4.5 g/kg per d in 2- to 3-year-olds to 1–1.9 g/kg per d in 15- to 18-year-olds. In all age categories, the range in protein intakes (g/kg per d) was broadly similar in males and females. Protein ranged from 11 to 16.6 % of energy and from 11 to 17.8 % for energy in males and females, respectively. In general, the lowest intakes of protein were reported in the German

and UK studies while the Spanish studies reported the highest intakes, particularly in the youngest age categories.

Alcohol

Alcohol intakes were reported in sixteen studies, of which the majority were from countries in Western Europe (eleven studies) and the remainder from countries in Scandinavia (four studies) and Central Europe (one study). The surveys provided data on alcohol intakes for a number of age categories. Overall, alcohol intakes were highly variable both within and between studies. The only clear trends were an increase in alcohol intakes from 11 years, with males consuming more alcohol than females. Typically, alcohol intakes increased from 1.5 g/d (0.5 % of energy) in 11-year-old males and females to 10 g/d (3.3 % of energy) in 15- to 18-year-old males and 6 g/d (1.8 % of energy) in 15- to 18-year-old females. In general, the highest intakes were reported in studies from Germany, The Netherlands and the UK, while studies from Norway and Sweden reported the lowest intakes.

Water-soluble vitamins

Biotin. Intake data were obtained from five surveys for males and six surveys for females. No status data were available. In general, biotin intake increased with age and was very similar within a country. Highest biotin intakes were observed in Austria and Germany; in comparison, intakes in UK and Yugoslavian boys and girls were approximately 40 % less.

Intakes in 2- and 3-year-old boys were 17 $\mu\text{g}/\text{d}$ (UK), while intakes in 4- to 14-year-old boys ranged from 15 to $\sim 40 \mu\text{g}/\text{d}$. The three surveys in the age category 15–18 years reported intakes of between 29 and 45 $\mu\text{g}/\text{d}$. Intakes of girls in all age categories ranged from 12 to 39 $\mu\text{g}/\text{d}$. The biotin intake of Austrian girls in the age category of 15–18 years was the lowest observed in the country survey for Austria and thus presented an exception that biotin intakes increase with age.

Folic acid. Intake data for male and female children and adolescents were obtained from twenty-eight surveys. Intake data refer to free folic acid (older surveys) as well as to dietary folate in the more recent surveys of Austria and Germany. The dietary folate (and folic acid) equivalent (DFE) was developed to take into account the differences in absorption of naturally occurring dietary folate and the more bioavailable synthetic folic acid: 1 μg DFE = 1 μg dietary folate = 0.5 μg synthetic folic acid. Accordingly, intake data and recommended daily allowances for dietary folate are twice as high as for folic acid. As most of the literature gives values for free folic acid, the following narrative refers to free folic acid.

There were no clear geographical trends in folic acid intake. The greatest intakes were observed in Danish, Irish and some UK surveys, whereas the lowest intakes were reported for Bulgaria, Spain, Sweden and also for some UK surveys.

In general, folic acid intake increased with age. Intakes in 2- and 3-year-old boys ranged from 95 to 190 $\mu\text{g}/\text{d}$. Intakes in 4- to 6-year-olds ranged from 120 to $\sim 200 \mu\text{g}/\text{d}$. Among

boys aged 7–10 years, intakes of 100–250 $\mu\text{g}/\text{d}$ were reported. For 11- to 14-year-old boys, intakes varied from 105 to 300 $\mu\text{g}/\text{d}$. In 15- to 18-year-olds, low intakes of about 140 $\mu\text{g}/\text{d}$ were reported for Germany, Sweden and Hungary. The highest intakes, of $\sim 300 \mu\text{g}/\text{d}$, were reported in Denmark, Ireland and the UK.

Folic acid intakes of 2- to 6-year-old girls ranged from 100 to $\sim 200 \mu\text{g}/\text{d}$. In 7- to 10-year-old girls, intakes ranged from 130 to 250 $\mu\text{g}/\text{d}$. For girls aged 11–14-years, the lowest levels of $\sim 100 \mu\text{g}/\text{d}$ were reported in the UK, Sweden and Hungary. Other surveys reported intakes from about 140 $\mu\text{g}/\text{d}$ in Spain and the UK (Nelson *et al.* 1990) to about 250 $\mu\text{g}/\text{d}$ in Denmark (Andersen *et al.* 1996) and France (Volatier, 2000). In 15- to 18-year-olds, low intakes of ~ 105 –120 $\mu\text{g}/\text{d}$ were reported for Sweden, Hungary and one UK survey (Crawley, 1993). Most surveys report intakes of 200–240 $\mu\text{g}/\text{d}$. The greatest intakes, of about 260 $\mu\text{g}/\text{d}$, were reported in Denmark (Andersen *et al.* 1996) and the UK (Gregory *et al.* 1995).

Status data from four countries (Austria, France, UK and The Netherlands) for folic acid were also available. Most status data were in the range of 3.8–6.8 ng serum folate/ml (Austria) and 2.3–23.4 ng serum folate/ml (France) and about 11 nmol folic acid/l (The Netherlands). Status data for the UK were given as red-cell folate (573 (SD 203.9) nmol/l for females and 626 (SD 209.5) nmol/l for males) and serum folate (20.6 (SD 8.16) nmol/l for females and 21.7 (SD 7.64) nmol/l for males).

Niacin. Intake data for male and female children and adolescents were obtained from thirty-eight surveys. No status data were available. There were no obvious geographical trends. The highest niacin intakes were reported in Ireland and Spain, whereas the lowest intakes were reported in Belgium, France, The Netherlands, Poland and Russia. In general, niacin intake increased with age.

Intakes in 2- and 3-year-old boys and girls ranged from 7 to 20 mg/d and in 4- to 6-year-old boys and girls from about 10 to 25 mg/d. For boys and girls aged 7–10 years, the lowest intakes of about 6–10 mg niacin/d were reported in Belgium, The Netherlands, Poland and Russia. Most reported intakes were in the range of 20 to 25 mg niacin/d. Intakes of about 35 mg/d were reported for Ireland and Yugoslavia (Pavlovic, 2000).

In 11- to 18-year-olds a difference between genders was noticeable, which is probably a reflection of an overall increase in food and energy intake. Intakes among 11- to 14-year-old boys varied from 12 to 49 mg niacin/d. Most intakes were in the range of 25–33 mg/d. In boys aged 15–18 years the lowest intakes were reported for Belgium (8 mg/d) and Russia (13–16 mg/d). The highest intakes of 52 mg/d were observed in Ireland. Most intakes in 15- to 18-year-olds were between 30 and 40 mg niacin/d. Intakes in 11- to 14-year-old girls varied from 10 mg/d (Russia) to 36 mg/d (Spain). Most intakes were in the range of 24–27 mg/d. In girls aged 15–18 years the lowest intakes were reported for Belgium (6 mg/d) and Russia (10–11 mg/d). The greatest intakes of 32–34 mg/d were observed in the UK and Ireland. Most intakes in this age group were between 23 and 27 mg niacin/d.

Pantothenic acid. Data for male and female children and adolescents were obtained from eight surveys. No

status data were available. Highest intakes were observed in Yugoslavia, whereas lowest intakes were reported in France and Germany. In general, intakes increased with age (except Austria) and were very similar within a country. There was no obvious geographical trend between the European regions.

Intakes among 2- and 3-year-old boys and girls were investigated in only one UK survey, which reported mean intakes of 2.7 mg/d. Intakes in 4- to 6-year-old female and male children ranged from 2.7 to 5 mg/d. In 7- to 10-year-old-girls and boys, the lowest intakes of about 3.3 mg/d were observed in Germany. Most reported intakes were in the range of 4–4.8 mg/d. The highest intakes of 5.1 and 6.9 mg/d were reported for Yugoslavia (Pavlovic, 2000).

Among boys aged 11–14 years intakes varied from 4 to 5.8 mg/d. In 15- to 18-year-old male adolescents intakes were between 4.9 mg/d in Germany (Deutsche Gesellschaft für Ernährung eV, 2000) and 6 mg/d in Austria (Elmadfa & Wasserbacher, 2002). Intakes among 11- to 14-year-old females varied from 3.5 to 5 mg/d. One Polish survey reported the highest intake for girls of this age category of about 10 mg/d. In girls aged 15–18 years, intakes were in the range of 4 mg/d in one UK survey (McNulty *et al.* 1996) to 4.4 mg/d in Austria.

Riboflavin. Data were obtained from forty-two surveys for males and forty-four surveys for females. In seven surveys the data for boys and girls were combined. The highest riboflavin intakes were recorded in Ireland and the lowest in Russia. In general, riboflavin intake increased with age. The data were very homogeneous within a survey and a country. There were no obvious geographical trends.

Intakes in 2- and 3-year-old boys and girls ranged from about 0.8 to 1.7 mg/d. Intakes among 4- to 6-year-olds ranged from about 1.0 to 1.9 mg/d. Most intakes were in the range of 1.0–1.7 mg riboflavin/d. For girls and boys aged 7–10 years, the lowest reported intakes were about 1 mg/d. Most reported intakes were in the range of 1.2–1.8 mg/d. The highest intakes of ~2.6 mg/d were reported for Irish males and in Yugoslavia (Pavlovic, 2000).

Intakes in 11- to 14-year-old boys varied from 1 mg/d in Russia to 2.9 mg/d in Norway. Most reported intakes were in the range of 1.3–1.9 mg/d. In 15- to 18-year-old boys, the lowest intakes were reported for Greece and Russia (1.3 mg/d). The highest intakes of about 3 mg/d were observed in Ireland, Norway and Sweden. Most intakes in this age group were between 1.6 and 2.3 mg/d.

Riboflavin intakes in girls aged 11–14 years varied from 0.9 mg/d in Russia to 1.9 mg/d for Finland, Ireland and Sweden. Most intakes were in the range of 1.2–1.7 mg/d. In 15- to 18-year-old females the lowest intakes were reported for Greece and Russia (1 mg/d). The highest intakes of about 2 mg/d were observed in Norway. Most intakes in this age group were between 1.3 and 1.8 mg/d.

Status data from four countries (Austria, France, The Netherlands, UK) for riboflavin were available. Most status data were in the range 1.1–1.5 erythrocyte glutathione reductase activation coefficient.

Thiamin. Data were obtained from forty-one surveys for males and forty-three surveys for females. Seven surveys included data for males and females combined.

There were no clear geographical trends in intakes between those Southern, Northern and Western European countries with reported intakes. The highest thiamin intakes were observed in Norway, Poland, Estonia and Ireland, whereas the lowest intakes were reported for Bulgaria. In general, thiamin intake increased with age.

Intakes among 2- and 3-year-old girls and boys ranged from about 0.5 to 1 mg/d. Mean daily intakes were in the range of 0.6–0.8 mg. Intakes in 4- to 6-year-olds ranged from about 0.7 to 1.4 mg/d and most reported intakes were in the range of 0.8–1.2 mg/d. For girls and boys aged 7–10 years, daily intakes ranged from 0.9 to 2.7 mg, and most reported intakes were in the range of 1.0–1.4 mg.

Intakes in 11- to 14-year-old boys varied from 0.9 mg/d in Hungary to 2.1 mg/d in Norway and Spain. Greece reported intakes of about 2.9 mg/d for 9- to 12-year-old boys. Most intakes in boys aged 11–14 years were between 1.2 and 1.5 mg/d. In 15- to 18-year-old boys, the lowest intakes were reported for Bulgaria (1.2 mg/d). The highest intakes of about 2.4–2.5 mg/d were observed in Greece and Poland. Most intakes in this age group were between 1.4 and 1.8 mg/d.

Intakes among 11- to 14-year-old girls varied from 0.8 to 2.1 mg/d. Most intakes in this age group were between 1.1 and 1.4 mg/d. In girls aged 15–18 years, intakes ranged from 0.9 to 2.5 mg/d and most intakes were between 1.2 and 1.5 mg/d.

Status data from four countries (Austria, France, The Netherlands, UK) for thiamin were available. Most status data were about 1.1 erythrocyte transketolase activation coefficient.

Vitamin B₁₂. Data for male and female children and adolescents were obtained from twenty-nine surveys, of which three represented data for both genders combined. The highest vitamin B₁₂ intakes were observed in Austria, Spain and Sweden, whereas the lowest intakes were reported for Hungary, The Netherlands and by some UK reports. In general, vitamin B₁₂ intake increased with age but was consistent within an age group and each survey considered. There was no evidence for any geographical trend.

Intakes in 2- and 3-year-old girls and boys ranged from about 2.4 µg/d in the UK (Payne & Belton 1992b; Crawley 1993) to 5.6 µg/d in France. Intakes in 4- to 6-year-olds ranged from about 2.5 µg/d in the UK to 7.5 µg/d in France. Most intakes ranged between 3.0 and 4.3 µg/d. For 7- to 10-year-old girls and boys, the lowest intakes of about 2.6 µg/d were observed in the UK. Most intakes were reported were in the range of 3.5–5 µg/d. The highest intakes, of 6.1 µg/d (females) and 9 µg/d (males), were reported in a French survey (Hercberg *et al.* 1991b, 1994).

Intakes in 11- to 14-year-old boys varied from 2.8 to 11 µg/d. Most intakes in this age group ranged between 3.5 and 5.3 µg/d. For 15- to 18-year-old boys, the lowest intakes were reported for Hungary (3.2 µg/d). Intakes of about 8.7 µg/d were observed in the UK, but the greatest intake was 11 µg/d by 16- to 29-year-olds in Norway. Most intakes in this age group were in the range of 5–7 µg/d.

Intakes in 11- to 14-year-old girls varied from 2.6 µg/d in a UK survey (McNulty *et al.* 1996) to 9.6 µg/d in

Spain (Vázquez *et al.* 1996), but most intakes were between 3.3 and 5.5 µg/d. The lowest intakes in 15- to 18-year-old girls were reported for the UK and Hungary (~2.5 µg/d). The highest intake of about 7.1 µg/d was observed in Norway (16- to 29-year-olds) but most intakes in this age group were between 3.4 and 5 µg/d.

Status data for vitamin B₁₂ were available from three countries (Austria, The Netherlands, UK). Most status data were in the range of 400–560 pg serum cobalamin/ml (Austria) and 290–410 pmol/l (The Netherlands). Status data from the UK also averaged about 400 pmol/l.

Vitamin B₆. Data for male and female children and adolescents were obtained from thirty-six surveys, of which four surveys presented combined data. No particular pattern of intake of vitamin B₆ was apparent. The highest intakes were observed in France, Ireland and Poland, whereas Germany reported the lowest intakes. In general, the vitamin B₆ intake increased with age.

Intakes in 2- and 3-year-old girls and boys ranged from ~0.6 mg/d in Germany to ~1.1 mg/d in the UK and France. Among 4- to 6-year-olds intakes ranged from ~0.7 mg/d in the Czech Republic and Germany to ~1.7 mg/d in the UK (Gregory *et al.* 1995). Most intakes were between 1.0 and 1.4 mg/d.

In 7- to 10-year-old girls and boys the lowest intakes of about 0.8 mg/d were observed in the Czech Republic. Most intakes were between 1.1 and 1.4 mg/d, and the highest intake of about 2.4 mg/d was reported in a Yugoslavian study (Pavlovic, 2000).

Intakes in 11- to 14-year-old boys ranged from 1.1 mg/d in Germany to 2.2 mg/d in Ireland and the UK. Most intakes by this age group were in the range of 1.3–1.9 mg/d. For 15- to 18-year-old boys, the lowest intakes were reported in Germany (1.4 mg/d) and the highest in the UK, Ireland and Poland (2.6 mg/d). Most intakes by the older group were between 1.6 and 2.2 mg/d.

Intakes among 11- to 14-year-old girls ranged from 1.0 mg/d in Germany to 1.9 mg/d in the UK, but most intakes were between 1.3 and 1.4 mg/d. For 15- to 18-year-olds, the lowest intakes were reported in Germany (1.3 mg/d) and the highest intake of ~2 mg/d was observed in the UK (McNulty *et al.* 1996). Most intakes in this age group were between 1.4 and 1.6 mg/d.

Status data were available from four countries (Austria, France, The Netherlands, UK) for vitamin B₆ and were in the range of 1.3–2.0 for erythrocyte aspartate aminotransferase activation coefficient.

Vitamin C. Data were obtained from fifty-six surveys for males and fifty-three surveys for females, of which seven included data for males and females combined. In general, vitamin C intake increased with age. No geographical trends were apparent and intakes among children and adolescents appear to be very heterogeneous within Europe.

For 2- and 3-year-old girls and boys, intakes ranged from ~35 mg/d in Russia and one UK survey (Payne & Belton, 1992b) to ~95 mg/d in France and Spain (Aguilera *et al.* 1994). Most reported intakes were between 50 and 70 mg/d.

Intakes among 4- to 6-year-olds ranged from about 30 mg/d in the Czech Republic to 115 mg/d in Austria

and Finland, and most intakes were between 50 and 90 mg/d. For 7- to 10-year-old girls and boys, the lowest intakes, of about 50 mg/d, were observed in Russia. The highest intakes of about 125 mg/d were reported for Yugoslavia (Pavlovic, 2000). Most reported intakes were between 60 and 100 mg vitamin C/d. Intakes among girls and boys aged 11–14 years ranged from 30 to 185 mg/d and most were in the range of 60–90 mg/d.

Among 15- to 18-year-old male and female adolescents, the lowest intakes were reported for Estonia (50 mg/d) and the highest were observed for Switzerland (males 163 mg/d, females 146 mg/d). Most intakes in this age group were between 70 and 100 mg/d.

Status data for vitamin C were available from four countries (Austria, France, The Netherlands, UK). Values were 15–17 mg ascorbate/l plasma (Austria), 1–18 µg ascorbic acid/ml serum (France), ~50 µmol vitamin C/l (The Netherlands), and 56 µmol vitamin C/l plasma for boys and 5 µmol vitamin C/l plasma for girls (UK).

Fat-soluble vitamins

Vitamin A. Surveys presented data on vitamin A intake, retinol, β-carotene or retinol equivalents (RE). The majority (fifty-four for girls, forty-seven for boys and one for both sexes combined) reported RE. In nine surveys β-carotene and retinol intakes were presented from which RE were calculated. Data on RE and β-carotene only are reported in this review.

Mean daily RE ranged from 0.39 mg in Yugoslavia (Pavlovic, 2000) to ~2.00 mg. Low intakes were found in Belgium, The Netherlands, Austria, Germany (>12 years), the UK and Yugoslavia, and high intakes in Norway, Sweden and Denmark (early childhood and 7–12 years). The lowest intakes tended to be in the Western European countries and the highest in Northern European countries. There were wide variations in intakes reported from different surveys within Germany and Poland. Differences in intake between the age groups in the surveys were slight. Intakes tended to be higher in boys, but the differences between the two sexes were not great.

Intakes in 4- to 6-year-old boys ranged from about 0.5 mg RE/d in Germany to about 1.4 mg RE/d in Poland. In 7- to 10-year-old boys, the lowest intakes of about 0.39 mg RE/d were observed in Yugoslavia. The greatest intakes of ~1.4 mg RE/d were reported for Denmark. Among boys aged 11–14 years, mean daily RE varied from 0.4 mg in the UK to 1.6 mg in Denmark. In 15- to 18-year-olds the lowest intakes were reported in Germany and the UK (~0.6 mg RE/d) and the greatest of 1.8 mg RE/d (median) was reported in Norway.

Intakes in 4- to 6-year-old girls ranged from about 0.4 mg RE/d in Germany to 1 mg RE/d in Denmark. In 7- to 10-year-old girls, lowest intakes of about 0.5 mg RE/d were reported in Yugoslavia, Germany and the UK. The greatest intakes of ~1.3 mg RE/d were reported for Denmark. Intakes in girls aged 11–14 years varied from 0.48 mg RE/d in Germany to 1.25 mg RE/d (median) in Norway. Among 15- to 18-year-olds the lowest intakes were reported for the UK and Germany (~0.5 mg RE/d).

The highest intake of 1.32 mg RE/d (median) was observed in Norway.

Status data from four countries were available. The values were 280–360 µg retinol/l serum (Austria), 0.75–1.16 µmol retinol/l serum (France), 0.84 µmol retinol/l serum (The Netherlands) and 1.0–1.29 µmol/l plasma (UK).

β-Carotene intake of boys was recorded in nineteen surveys, of girls in fourteen surveys and of both sexes combined in five surveys. Mean reported daily β-carotene intake ranged from 0.35 mg in one UK survey (Ruxton *et al.* 1996) to 8.4 mg in one Yugoslavian survey (Pavlovic, 2000). A very high intake of β-carotene was found in Yugoslavia in comparison with other countries. Low intakes were reported in Belgium. Some large differences were noted between surveys in Germany (*Ergebnisse der nationalen Verzehrsstudie*, 1995; Deutsche Gesellschaft für Ernährung eV, 2000), France (Hercberg *et al.* 1991b, 1994; Volatier, 2000) and the UK (Ruxton *et al.* 1996; Gregory & Lowe, 2000). Relatively high intakes were found in Denmark and relatively low intakes in France. There did not appear to be any geographical trend.

Within each survey, intakes were similar in all age groups, indicating that the younger, smaller children had greater intakes relative to their body weight. No large differences in β-carotene intake between sexes were observed, with three exceptions: one Danish survey where intakes were greater in females aged 7–10 years and 15–18 years (Andersen *et al.* 1996), one French survey where intakes were greater in males aged 15–18 years (Hercberg *et al.* 1991b, 1994) and one Greek survey where intakes were greater in females aged 11–14 years (Hassapidou & Fotiadou, 2001).

β-Carotene intakes in 4- to 6-year-old boys ranged from about 1.1 mg/d in the UK to 2.9 mg/d in Denmark. In 7- to 10-year-old boys the lowest intakes of about 0.35 mg/d were reported for the UK and the greatest intakes of about 2.9 mg/d were reported for Denmark. For boys aged 11–14 years, intakes varied from 0.85 mg/d in France to 3.2 mg/d in Denmark. In 15- to 18-year-olds the lowest intakes were reported in Belgium (0.9 mg/d) and the highest in Poland (2.5 mg/d).

Intakes of β-carotene among 4- to 6-year-old girls ranged from about 1.1 mg/d in the UK to 2.6 mg/d in Denmark. In 7- to 10-year-old girls the lowest intakes of about 0.1 mg β-carotene/d were observed in France. The highest intakes of about 4.1 mg/d were reported for Denmark. For girls aged 11–14 years, intakes varied from 0.9 mg/d in France to 2.9 mg/d in Denmark. In 15- to 18-year-olds the lowest intakes were reported from Belgium (0.8 mg/d) and the highest intakes from Denmark (3.6 mg/d).

Status data for β-carotene were available from four countries (Austria, France, The Netherlands, UK). The values were about 22–40 µmol/l serum in Austria and France, total carotenoids of 1.53 (SD 0.69) µmol/L plasma in The Netherlands and 0.312–0.626 µmol/l plasma in the UK.

Vitamin D. Vitamin D intake was recorded in twenty-two surveys for boys and girls separately, and in five for both sexes combined. Mean vitamin D intake ranged from 0.7 µg/d in Spain (boys) to 6.5 µg/d in

Sweden (Bergström *et al.* 1993). The highest intakes were found in Northern European countries (Sweden, age >12 years), Estonia and The Netherlands. The lowest intakes were recorded in Spain (age <8 years), Austria (age >12 years), Ireland and the UK. Intakes increased with age and, in most surveys, were higher in boys than in girls.

Boys aged 2–3 years were investigated in only two surveys and these reported intakes of 1.7 and 2.0 µg/d. Intakes in 4- to 6-year-old boys ranged from ~0.7 µg/d in Austria to ~3 µg/d in Germany. In 7- to 10-year-old boys the lowest intakes of about 1.7 µg/d were observed in Austria. The highest intakes of about 3.5 µg/d were reported for Germany. For boys aged 11–14 years, intakes ranged from 1.7 µg/d in Spain to 5.8 µg/d in Sweden; Spanish boys aged 13–14 years had similarly high intakes. Among 15- to 18-year-old boys the lowest intakes were reported for Germany and Austria (~1.8 µg/d) and the highest intakes for Sweden (6.5 µg/d).

Intakes in 2- and 3-year-old girls were reported in two Northern European surveys only and were 1.8–2.2 µg/d. Intakes of 4- to 6-year-old girls ranged from about 1.2 µg/d in Austria to 2.9 µg/d in Germany. The lowest intakes among girls aged 7–10 years were about 1.3 µg/d, reported by Austria and one UK survey. However, another UK survey reported the highest intake of 5.9 µg/d. Intakes of 11- to 14-year-old girls ranged from 1.2 µg/d in the UK to 4.4 µg/d in Sweden. For girls aged 15–18 years, the lowest intakes were reported by Austria (~1.4 µg/d) and highest intakes by Sweden (4.6 µg/d).

Vitamin E. Vitamin E intake was recorded in twenty-five surveys for boys, twenty-one surveys for girls and six surveys for both sexes combined. These provided data for fourteen countries. Most of the studies expressed the data as tocopherol equivalents and only three surveys used α-tocopherol (Deheeger *et al.* 1994, 1996; Kafatos *et al.* 2000; Moschandreas & Kafatos, 2002). The mean α-tocopherol equivalent intake ranged from 3.2 mg/d (Kersting *et al.* 1998 a,b, 2000) to 32.4 mg/d (Smigiel *et al.* 1994). The greatest intakes were found in Bulgaria, a Polish survey (Szponar & Rychlik, 1996a) and Yugoslavia, and the lowest in the Czech Republic, France, Sweden, the UK and Denmark. Girls tended to consume less than boys and intakes increased with age.

Vitamin E:PUFA (mg/g) was calculated where data for both values were available. The lowest ratios were found in Hungary (0.41) and the highest in Yugoslavia and Bulgaria (2.06). In most of the countries the ratios did not change with age, except in Bulgaria where ratios increased with age. The ratios were also very similar in both sexes.

Vitamin K. Data were provided only by Yugoslavia, which recorded vitamin K intake in both sexes combined for children aged 9–10 years.

Minerals

Calcium. Data were obtained from forty-five surveys for males, fifty for females and eight surveys for males and females together. In general, Ca intake increased with age.

In boys and girls aged 2–3 years, mean daily Ca intake ranged from about 500–600 mg in Bulgaria, Italy and

Russia to about 1000 mg in France and Spain. The UK average intake was about 650 mg/d whereas intakes between 700 and 1000 mg/d were observed in Denmark, Finland, Greece and The Netherlands. There were no obvious geographical trends across Europe. Intakes of children aged 4–6 years hardly differed from those of younger children. In this age category data were also available for the Czech Republic and Germany, where mean intakes were in the range of 600–700 mg/d.

Among children aged 7 years and over and among adolescents, the daily Ca intake of males was often about 100–200 mg higher than that of females. In boys aged 7–10 and 11–14 years, Ca intake ranged from ~500 mg/d (Russia) to ~1200 mg/d (Denmark, Finland, France, Ireland, Sweden, Yugoslavia) or more (Norway: 1624 mg/d). Intakes of between 800 and 1000 mg/d were reported in Austria, Germany, Greece, The Netherlands and the UK. Among girls aged 11–14 years intakes below 600 mg/d were mostly found in Central and Eastern European countries whereas the greatest intakes (~1000 mg/d and higher) were recorded in Ireland, Northern European countries, Greece and one French study. Although the Ca intakes of males aged 15–18 years were mostly slightly higher than of those aged 11–14 years, the general picture regarding lower and higher ranges was roughly the same. Intakes in 15- to 18-year-old female adolescents were more or less comparable with intakes of the younger age group.

Only Austria provided information on Ca excretion in urine as a status parameter. The mean values varied from 0.9 (SD 0.85) mmol/g creatinine (boys 13–14 years) to 2.01 (SD 1.23) mmol/g creatinine (girls aged 6 years), and all mean values were within the normal range (0.5–6.6 mmol/g creatinine).

Magnesium. Data were collected from thirty surveys for males, twenty-nine for females and four for males and females combined. Across Europe there were no obvious geographical trends. In general, Mg intake increased with age.

For boys aged 2–3 years mean daily Mg intake ranged from 123 mg (Bulgaria) to about 320 mg (Russia). In most surveys the mean intake figures for children aged 2–6 years and 7–10 years were between 175 and 275 mg/d and 225 and 300 mg/d, respectively. Older boys generally had higher intakes than did older girls. For males, mean intakes were mostly in the range of 300–325 mg/d (11–14 years) and 350–375 mg/d (15–17 years). For females, intakes were mostly in the range of 250–275 mg/d. In five studies, from Norway (Johansson *et al.* 1997), Yugoslavia (Pavlovic, 2000), Estonia (Grünberg *et al.* 1997), Poland (Smigiel *et al.* 1994) and Russia (B Popkin, unpublished results), values exceeded 400 mg/d in some male groups, some of which had a large standard deviation.

Data on Mg as a status parameter was available for Austria. Excretion in urine ranged from 6.26 (SD 2.8) mg/g creatinine (boys aged 15–18 years) to 10.8 (SD 16.1) mg/g creatinine (girls aged 10–12 years); normal range is 4–11 mg/g creatinine.

Phosphorus. Data were obtained from twenty-four and twenty surveys for males and females, respectively, and

from four surveys where no distinction was made between genders.

For children aged 2–6 years, mean intake of P ranged from about 700 to 1200 mg/d in the youngest and from 700 to 1400 mg/d in those aged 4–6 years. Most values fell between 700 and 1000 mg/d. Similar intakes were reported for children aged 7–10 years, but in this group the overall range was broader. The highest intakes were found in Denmark and Yugoslavia. In 11- to 14-year-old boys average intakes were mostly between 1400 and 1600 mg/d. Among girls most values fell in the range of 1200–1400 mg/d. In male adolescents mean intakes above 1800 mg/d were not exceptional, whereas in female adolescents the highest intakes were between 700 and 1200 mg/d. The highest values were often observed in Northern European countries.

Potassium. Data were obtained from fifteen surveys for males, thirteen for females and three for males and females combined. In most countries the intake of K by males was slightly higher than by females and intakes increased with age. No obvious geographical trends were seen across Europe.

In boys and girls aged 2–6 years, most mean values fell in the range of 2200–2400 mg/d and 2000–2200 mg/d, respectively. The range of intakes among 7- to 10-year-olds was broader, but still most values were in the same range as for the younger children. Studies in Yugoslavia recorded the highest figures (>3000 mg/d). In boys aged 11–14 years, mean intakes were mostly between 2400 and 2600 mg/d, although in several studies values between 2600 and 3200 mg/d were found, whereas intake figures for 15- to 17-year-old boys were mostly between 3200 and 3800 mg/d. For females, mean intakes were mostly in the range of 2000–2800 mg/d (11–14 years) and 2200–3000 mg/d (15–17 years). Highest intakes were observed in Denmark, Sweden and The Netherlands.

Information on K status was available only for Austria. The excretion in urine ranged from 45.9 (SD 36.9) mmol/g creatinine (boys aged 15–18 years) to 80.6 (SD 40.2) mmol/g creatinine (boys aged 6 years). Mean values were within the normal range of 30–84 mmol/g creatinine.

Sodium. Data were provided for males by nine surveys, for females by nine surveys and for males and females combined by three surveys. Among young children data for average intakes ranged from about 1400 mg/d to nearly 2600 mg/d and increased with age. In adolescents the intake ranged from about 1800 to 4800 mg/d. In most surveys, Na intake was higher among males than among females. Generally, the lowest intake figures were observed in the UK and the highest in Russia and Yugoslavia. No general geographical trend was obvious.

Chloride. Two surveys in the UK and one survey in Germany presented intakes of chloride. Mean intakes ranged from 2000 to ~3150 mg/d for young children, from ~3600 to nearly 5500 mg/d for males aged 7–18 years, and from ~3200 to 4130 mg/d for females aged 7–18 years.

In Austrian boys the excretion in urine varied from 245 (SD 153) mmol/g creatinine (boys aged 7–9 years) to 497 (SD 429) mmol/g creatinine (boys aged 10–12 years). In all age groups mean values exceeded the upper value of the normal range (135–150 mmol/g creatinine).

Fluoride. In only two countries were intake figures for fluoride reported. In Finland, young children had a mean intake of 255 $\mu\text{g}/\text{d}$ (2- to 3-year-olds) and 313 $\mu\text{g}/\text{d}$ (4- to 6-year-olds). In Germany, mean values varied among males from 434 $\mu\text{g}/\text{d}$ (4- to 10-year-olds) to 642 $\mu\text{g}/\text{d}$ (15- to 18-year-olds) and among females from 369 $\mu\text{g}/\text{d}$ (4- to 6-year-olds) to 548 $\mu\text{g}/\text{d}$ (15- to 18-year-olds).

Iron. Data were available from forty-seven surveys for males, forty-six for females and four for males and females combined. Intakes were highest among boys in Finland, urban regions of Estonia and Sweden. Among adolescents, the Fe intake of males was often much higher than that of females and adolescent girls had lower intakes than did their younger compatriots. There was a clear trend of increasing intake with age in males. There were no clear differences in intakes between Southern and Northern European countries.

Intakes in 2- to 3-year-olds ranged from about 5 to 10 mg/d and those of 4- to 6-year-old boys and girls from about 6 to 13 mg/d. Among boys aged 7–10 years, the lowest intake of about 8.7 mg/d was observed in France. The greatest intake of Fe by girls aged 7–14 years was reported in Russia, and the greatest intake by 15- to 18-year-old girls (15.2 mg/d) was reported in Sweden.

Status data for Fe were available from five countries (Austria, France, The Netherlands, Sweden, UK). In Austria, Fe in serum varied from 651 (SD 420) $\mu\text{g}/\text{l}$ (boys aged 6 years) to 1078 (SD 400) $\mu\text{g}/\text{l}$ (boys aged 15–18 years) and from 700 (SD 420) $\mu\text{g}/\text{l}$ (girls aged 6 years) to 972 (SD 449) $\mu\text{g}/\text{l}$ (girls aged 15–18 years). In France and the UK, Fe status data were available as Hb, mean corpuscular volume, serum Fe, transferrin saturation, erythrocyte protoporphyrin and serum ferritin. For The Netherlands and Sweden status data were also described differently (mean corpuscular volume, serum ferritin, haematocrit %).

Zinc. Data were obtained from twenty-eight surveys for males and twenty-seven surveys for females. Three surveys combined the data for girls and boys. Zn intake increased with age. The Zn intakes across Europe appear very inconsistent. There are no clear differences in intakes between the South, West, East or North. The highest intakes were recorded for boys (19 mg/d) and girls (15 mg/d) in Finland (age 11–17 years). The lowest intakes for both sexes within this age category (~11–18 years) were reported for The Netherlands and the UK.

Zn intakes for 2- and 3-year-old boys and girls were reported only for The Netherlands (5.8 mg/d males, 5.5 mg/d females). Intakes in girls and boys aged 4–6 years ranged from about 5.6 to 8.5 mg/d.

Status data for Zn were available for Austria and the UK. This was in the range of 0.97–1.13 mg Zn/l serum (normal range 0.8–1.6 mg/l) for Austria and about 54 μmol Zn protoporphyrin/mol haem for the UK. The UK also described the status data as μmol Zn/l plasma.

Copper. Data were available from eleven surveys for males, twelve for females and two for males and females combined, but these represented only six countries. Cu intakes increased with age in males and females. The Cu intake of the children and young people appeared to be quite uniform within a country and was about 1–2 mg/d.

Status data for Cu were available only for Austria and the value was in the range of 0.94–1.28 mg Cu/l serum (normal range 0.8–1.2 mg/l).

Iodine. Data were available for males and females from five countries. These were obtained from nine surveys for boys and girls separately and from three surveys for both genders combined. Intakes varied within the countries. Recorded intakes were the highest (330–470 $\mu\text{g}/\text{d}$) in Finland (Rankinen *et al.* 1995) and the lowest in German male and female children and adolescents (62–92 $\mu\text{g}/\text{d}$).

Status data for I were only available for Austria, where the range was from 206 to 85 $\mu\text{g}/\text{g}$ creatinine (I excretion/urine).

Chromium. Data for males and females were available only for two countries. Data for boys and girls were obtained from two surveys and two surveys showed results for both genders combined. Cr intake increased with age. In Yugoslavia the daily Cr intake was very low (1–2 μg) and in Finland the mean daily intake ranged from about 17 to 40 μg .

No status data for Cr were available.

Selenium. Data for Se intakes were obtained from seven countries, from fifteen surveys for boys, thirteen surveys for girls and two surveys for both genders combined. Se intake of children and adolescents varied from country to country and seemed generally low. The lowest intakes were found in Eastern European countries, e.g. Yugoslavia. Within countries intake increased with age. The highest intakes were 90 (SD 20) $\mu\text{g}/\text{d}$ by Finish children (12-year-old athletes) and 80 (SD 20) $\mu\text{g}/\text{d}$ among British adolescent boys.

Status data for Se were available only from Austria; values were in the range of 55–89 μg Se/l serum (normal range 50–130 μg Se/l serum).

Molybdenum. No data for Mo intake or status were available.

Manganese. No data for Mn intake or status were available.

Discussion

Availability of the data

The aim of this project was to obtain information on dietary intakes of children and adolescents across the whole of Europe. Our particular interest was to have data from different regions of Europe to make some comparisons between countries and regions. The geographical regions were chosen for their likely similarity in eating patterns. They are large and not all parts of each country will necessarily fit the region. However, with so much variation in nutrient intakes recorded for children and adolescents between and within countries, the use of regions is a helpful tool for examining trends in nutrient consumption.

We tried to find publications through literature searches, but many publications did not appear in databases such as Medline. Most publications were harvested through contacts with local experts in each country. Each author was responsible for selecting the surveys from his or her allotted countries and the use of the pre-set criteria in Table 1 limited selection bias by authors. However, we did include some exceptions, where selection was more subjective, if it was felt the survey would make a useful

contribution to our review. We looked for published surveys, but in the case of Russia (B Popkin, unpublished results) we included recent good-quality data that should be published soon. One pre-1987 survey from The Netherlands was included as it contained data on nutritional status. Many surveys were published in local languages but were still assessed according to the set quality criteria.

Our aim was to obtain information not only on energy and macronutrient intakes, which was available in most of the surveys, but also on micronutrient intakes, some of which was included only in selected publications. This was one reason for including some small surveys. We would have preferred to include nationally representative studies only, but chose to widen the net to regional and local studies in order to obtain a good spread across Europe. Despite our efforts, some of the smaller local studies may be of lower quality. Ideally, we would have only included surveys for which there were anthropometric data, so that we had something against which to check reliability of reporting. However, children were weighed in an insufficient number of studies for us to insist on this criterion for inclusion.

By literature search and personal contacts of the authors, we believe all suitable surveys have been included in this paper. Finding the surveys involved a considerable amount of effort, especially for Central and Eastern European countries and for countries in which none of the authors resided, but we acknowledge that some useful ones could have been missed. Nevertheless, we have managed to survey the breadth of Europe so there are few countries for which we have no data.

We are aware that there are limitations to all surveys however good the methodology appears to be. We have attempted to reduce these as much as possible by our selection process, but have not been so restrictive as to end up with no surveys at all.

A particular problem was the comparison of data from different studies according to age categories, as these varied from survey to survey and rarely matched the age group classification of the EU.

In the end we collected a large number of surveys, which enabled us to analyse dietary intakes of almost all nutrients and attempt to make comparisons between countries and European regions. For most of the macronutrients we obtained a large volume of data which added to their value. We also found a relatively large number of surveys on vitamin intake, although for some individual vitamins there were few studies (vitamin K, biotin, pantothenic acid). There were other micronutrients that were reported in only a few surveys (Cu, Se, fluoride, Cr, chloride), which did not allow many conclusions to be drawn. Another problem was the comparison of nutrient intake with status, as hardly any studies included status data. These were selected surveys from Austria, France, Greece, The Netherlands, Sweden and the UK, which described the micronutrient status together with micronutrient intake (we did not include studies on status alone).

Quality of data

As demonstrated in Table 3, there is large diversity in the methodologies used to assess the individual dietary intakes

of children and adolescents. Overall these fall into four main classes: 24 h recalls (retrospective); food frequency questionnaires (retrospective); dietary history (retrospective); and dietary records of 1, 2, 3, 4 and 7 days (prospective). Because the different methods apply to different time frames, this inevitably resulted in variance in both the quality and the quantity of available data and hampered comparisons within and between countries.

Moreover, evaluation of the data sets is necessarily complicated by another phenomenon. In all studies, food composition tables were used for the conversion of food intake data to the estimated nutrient intakes. Most European countries have their own national food composition databases, which are compiled using country-specific procedures and traditions. Recent comparisons and evaluations of national food composition tables have shown that nutrients differ in definition, analytical methods, units and mode of expression, all of which could potentially result in different nutrient values between tables (Deharveng *et al.* 1999). In turn, these differences may have an impact on the precision of nutrient estimations and make between-country comparisons difficult and inaccurate (Ireland *et al.* 2002). In studying the comparability of food composition tables, Deharveng *et al.* (1999) distinguished three groups of nutrients. The first group is those that can legitimately be compared even though the definition and analytical method may be slightly different. This group includes N, lactose, alcohol, water, cholesterol, fat, fatty acids, retinol, vitamin D, tocopherols, tocotrienols, thiamin, riboflavin, vitamin B₆, vitamin B₁₂, Ca, Fe and K. The second group is those that are not readily comparable due to discrepancies in the calculation or mode of expression, and comprise protein, carbohydrates, starch, sugars, energy, carotenes, vitamin A and vitamin E. Finally, there are nutrients that are not comparable at all due to the analytical method or definition used, namely folate and fibre.

In addition, dietary studies tend to overestimate true intakes of Na, primarily due to the inability to account precisely for added salt and the fact that much salt is discarded with the cooking water. Salt may also be lost when manufactured foods are cooked. Therefore, to assess the intake of Na, it is recommended that measurements of Na excretion are made (Ovesen & Boeing, 2002). However, none of the surveys reporting Na intake included Na excretion as a status parameter.

Consequently, in the present paper these issues were taken on board in the evaluation of the information on nutrient intake. For instance, in the reviewed papers the modes of expression for vitamin A, vitamin E and folate were not always made explicit in the source documents. Therefore, for vitamins A and E only, data that specifically referred to RE and α -tocopherol were used. For Austria and Germany dietary folate was converted to free folic acid. However, despite these precautions, differences such as the conversion factors used to assess the intakes of protein, carbohydrates and energy and the analytical quality of the data (possible use of outdated analytical methods) cannot be excluded, and prudence is called for in the interpretation of the figures given.

In general, the present findings are in line with earlier observations that there is a lack of internationally

comparable food consumption data (Löwik & Brussaard, 2002) and support the need for better data for the evaluation of dietary intake on a European level.

Most dietary intake studies of children and adolescents have, at least until recently, tacitly assumed that the data are representative and valid measures of habitual food consumption. Unfortunately, epidemiological studies of food habits and dietary intake in children and adolescents face a number of difficulties that are more-or-less specific to these age groups and which are highly likely to bias the outcome measurements (Livingstone & Robson, 2000; Livingstone & Black, 2003; Livingstone, 2004). On the basis of recent validation studies, it is now widely accepted that misreporting is a major problem in dietary surveys of children and adolescents. Consequently, the dietary data presented in this review need to be interpreted and evaluated with caution.

Trends

Despite the concerns mentioned above over the information obtained from the surveys included in this review, some observations on trends can be made. Data on energy-related intake (percentage of energy) were similar across the European countries. Reported energy intakes increased with age and when data were expressed in relation to body weight, the opposite trend was true. In children up to 10–12 years the energy intakes for both genders were quite similar. In adolescent males, the increase in absolute energy intake continued up until the age of 18 years. In girls, however, reported energy intakes began to level off in early adolescence and decline in late adolescence, suggesting that under-reporting and dietary restriction in this age group probably occurs across Europe. Within each age group there was a large range in reported intakes for all nutrients, which partly reflected differences in body weight, but also reporting errors, that are known to be a common problem in all dietary surveys. No surveys had attempted to exclude under-reporters.

The percentage of energy from carbohydrate, total sugars and sucrose tended to decrease and the percentage of energy from starch to increase with age. Boys ate more carbohydrate and fibre than did girls in terms of absolute amount (g); however, their intakes were very similar in relation to energy intake. Within surveys throughout Europe there were large differences between individuals in absolute carbohydrate intakes, but much of this can be explained by variations in energy intake. The intake of carbohydrate, total sugars and sucrose tended to be lowest in Southern European countries. Apart from some Southern European surveys, with increasing age there was a clear trend of declining intake of sugars and sucrose and increased intake of starch.

Children and adolescents in Southern European countries tended to report the highest intakes of total fat and MUFA (sometimes with cholesterol too, as in the case of Spain). Central and Eastern countries reported the greatest intakes of PUFA and lowest intakes of SFA. The lowest fat intakes were recorded in Northern Europe, except Finland where SFA intakes were greatest. As there is no information on food these differences cannot be explained from our data, although it is generally

known that the consumption of olive oil, a major source of MUFA, is highest in Mediterranean countries. It should be noted that these are only general trends as there were large variations in reported intakes within countries and between countries of the same region.

Within countries, the protein intake (as a percentage of energy) was usually quite similar. There were some differences between the European regions. Intakes in some countries in the South and North of Europe reached about 17–19% of energy, respectively. The Western European countries, like Austria, Germany, The Netherlands and the UK, reached more moderate protein intakes of about 11–15% of energy.

Alcohol intakes were highly variable both within and between studies. Children up to the age of 11 years consumed hardly any alcohol. There was a clear trend of increasing alcohol intakes from 11 years of age onwards, with males consuming more alcohol than females.

Reported intakes of vitamins by children and adolescents were inconsistent across Europe. No clear regional trends could be described. In general, it can be said that intakes of most vitamins increase with age in both males and females, in parallel with energy intake. For some vitamins, such as folic acid, the intake is higher in some countries (UK and Ireland) than in others. Higher intakes of vitamins, especially within one country and/or within an investigation, may be explained by seasonal food patterns, by specific food-technological achievements such as micronutrient enrichment of cereal foods or by the use of supplements.

Some geographical trends were noted for vitamin A intake. Vitamin D intake was greatest in Northern countries and low in some Western countries. This may be related to a higher consumption of milk and milk products by children living in Northern regions, vitamin D fortification of food or the use of supplements. Vitamin E intake was highest in some Central and Eastern European countries, which may have reflected the higher consumption of PUFA.

Intake of minerals is also very variable across Europe. No clear regional trends were distinguishable. Like vitamins, the intake of minerals increases with age, which is related to increased food consumption. In the case of Ca, the variation in intake within the studied population groups differed considerably. Roughly, the coefficient of variation varied from 10% to about 60%. Also, there was a considerable variation in Fe intake. This might be due to inaccurate reporting and/or different eating patterns of children and adolescents within Europe. Adolescent girls therefore do not appear to consume more vitamins or minerals than their younger counterparts and, in the case of Fe, may consume less. Some countries of the North reported higher intakes of Fe than Western countries, which could be due to food fortification or higher meat intakes.

Nutritional status

The literature has shown that the correlations between blood analytes and dietary intakes are generally weak, and if a relationship between the analyte and intake data is found it may not necessarily be causal. Some factors, in particular the young person's health at the time of

investigation, may affect the degree of correlation. Status values and normal ranges are dependent on assay method, which makes it difficult to compare values directly between different surveys conducted within Europe. In addition, the number of investigations and surveys published is too small to be able to describe and/or compare the nutritional status of children and adolescents within Europe.

The differences in information on measured status may have an impact on the precision of nutrient estimations and make comparisons imprecise. In the case of vitamin D, not only diet, but also endogenous synthesis under the influence of sunlight can influence status. Studies show that status during the winter is therefore lower than that during the summer (Lehtonen-Veromaa *et al.* 1999).

Moreover, it is also important to take into account that different technical equipment and statistical software packages were used to run the data analyses (status and intake). Not all data were expressed as mean (SD). In some cases medians or ranges (minimum and maximum) were used, making it difficult to compare status data.

Conclusions

Many surveys of food and nutrient intake in children and adolescents have been undertaken over the past ten to twenty years. Of those published, the data from many have no meaningful use due to small and/or unrepresentative samples, poor methodology and failure to provide sufficient details on subjects and methods. The studies that have been included in this review provide some useful information on energy and nutrient intakes of children and adolescents across Europe and suggest some interesting trends. However, their value for discovering average intakes of European children and adolescents, or making comparisons between countries or regions, is severely limited. The reported values for many nutrients varied widely both within and between surveys, so it was impossible to know how much of this was real and how much due to recording error. Apart from the inherent problems found in even the most carefully conducted dietary surveys, there were several other reasons why surveys could not easily be compared. These included: different methods for measuring intake; different age cut-off points; use of a variety of food composition tables based on different analytical techniques for measuring food composition; failure to exclude under-reporters; and few truly nationally representative samples.

The value of the surveys for assessing the nutritional adequacy of the diets of European children and adolescents was limited due to the lack of measurements of nutritional status, although this has been rectified in some more recent surveys. Comparisons with sets of country-specific Recommended Daily Amounts are of little value since the methods used to establish many of these have been called into question (Prentice *et al.* 2004).

A European Nutrient Database would be a useful first step towards being able to compare food intake data (Charrondiere *et al.* 2002). This would also help in defining analytical methodology and in the harmonisation of units for specific nutrients such as dietary fibre, folic acid and

vitamins A and E. The routine collection of status data at the same time as food intake is assessed would help in comparisons of the status situation in different countries. Aligned methodologies for nutrient status would make a comparison at an international level more precise.

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References

- Adamson A, Rugg-Gunn AJ, Butler T, Appleton D & Hackett A (1992) Nutritional intake, height and weight of 11–12-year-old Northumbrian children in 1990 compared with information obtained in 1980. *Br J Nutr* **68**, 543–563.
- Adolf T *et al.* (1995) In *Ergebnisse der nationalen Verzehrsstudie 1985–1988. VERA-Studie, Band XI* [W Kübler, HJ Anders and W Heeschen, editors].
- Agostoni C, Garofalo R, Galluzzo C, Scaglioni S, Ortisi MT, Riva E, Bellù R & Giovannini M (1998) Studio delle abitudini alimentari in una popolazione scolastica di un comune della provincia di Milano. *Riv Pediatr Prev Soc* **38**, 59–65.
- Aguilera F, Lupianez L, Magana D, Planells E, Mataix FJ & Llopis F (1994) Iron status in a population of Spanish schoolchildren. *Nahrung* **38**, 192–198.
- Amorim Cruz JA (2000) Dietary habits and nutritional status in adolescents over Europe – Southern Europe. *Eur J Clin Nutr* **54**, Suppl. 1, S29–S37.
- Andersen NL, Fagt S, Groth MV, Hartkopp HB, Møller A, Ovesen NL & Warming DL (1996) *Dietary Intakes for the Danish Population 1995*. Publication no. 235. Søborg: The National Food Agency of Denmark.
- Aranceta J & Pérez C (1996) *Consumo de Alimentos y Estado Nutricional de la Población Escolar de Bilbao. Guías Alimentarias para la Población Escolar*. Bilbao: Area de Salud y Consumo del Ayuntamiento de Bilbao.
- Bellù R, Riva E, Ortisi MT, De Notaris R, Bonacina M, Luotti D & Giovannini M (1996) Preliminary results of a nutritional survey in a sample of 35000 Italian schoolchildren. *J Int Med Res* **24**, 169–184.
- Bergström E, Hernell O & Persson LÅ (1993) Dietary changes in Swedish adolescents. *Acta Paediatr* **82**, 472–480.
- Biro G, Hulshof KFAM, Ovesen L & Amorim Cruz JA, for the EFCOSUM Group (2002) Selection of methodology to assess food intake. *Eur J Clin Nutr* **56**, Suppl. 2, S25–S32.
- Brazdova Z, Fiala J & Klimova A (1992) Dietary intake of a selected child population in Brno. *Cesk Hyg* 197–300.
- Brazdova Z, Matejova H & Fiala J (2000) Intake of selected nutrients by children in the Czech Republic. *Hygiene* **45**, 10–15.
- Brussaard JH, Brants HAM, van Erp-Baart AMJ, Hulshof KFAM & Kistemaker C (1999) *De voeding van allochtonen*

- bevolkingsgroepen. Deel 3: Voedselconsumptie en voedingstoestand bij Marokkaanse, Turkse en Nederlandse 8-jarigen en hun moeders. Report no. V99.855. Zeist: TNO Nutrition and Food Research.
- Charrondiere UR, Vignat J, Moller A, *et al.* (2002) The European Nutrient Database (ENDB) for nutritional epidemiology. *J Food Compos Anal* **15**, 435–451.
- Charzewska J, Chwojnowska Z, Rogalska-Niedźwiedz M & Chabros E (1992) Changes in the nutrition of adolescents in Warsaw in the years 1985–1990. *Żywnie człowieka i metabolism* **17**–25.
- Couet C, Rigaud D, Volatier JL, Borys JM, Giachetti I, Cassuto D-A & Reiser P (2000) Enquête française de consommation alimentaire (II). La consommation des glucides: aspects quantitatifs et qualitatifs. *Cah Nutr Diet* **35**, 257–268.
- Crawley HF (1993) The energy, nutrient and food intakes of teenagers aged 16–17 years in Britain. *Br J Nutr* **70**, 15–26.
- Crawley HF & White D (1995) The diet and body weight of British teenage smokers at 16–17 years. *Eur J Clin Nutr* **49**, 904–914.
- Czeczulewski J, Huk E, Jusiak R & Raczynski G (1995) Nutrition mode and status, and physical fitness of children in a school taken as an example in Biala Podlaska. *Żywnie człowieka i metabolism* **174**–183.
- Davies PSW, Coward WA, Gregory J, White A & Mills A (1994) Total energy expenditure and energy intake in the pre-school child: a comparison. *Br J Nutr* **72**, 13–20.
- De Henauw S & Matthys C (1998) *Voedingsgewoonten bij jongeren van 14–18 jaar. Report*. Ghent: University of Ghent.
- De Henauw S, Wilms L, Mertens J, Standaert B & De Backer G (1997) Overall and meal-specific macronutrient intake in Belgian primary school children. *Ann Nutr Metab* **41**, 89–97.
- De Henauw S, Matthys C & De Backer G (2001) Differences in overall food and nutrient intake profile between breakfast users and breakfast skippers in a representative sample of 14–18 years old Belgian adolescents (extended abstract). *Public Health Nutr* **4**, 419.
- Deharveng G, Charrondiere UR, Slimani N, Southgate DAT & Riboli E (1999) Comparison of nutrients in the food composition tables available in the nine European countries participating in EPIC. *Eur J Clin Nutr* **53**, 69–79.
- Deheeger M, Rolland-Cachera MF, Labadie M-D & Rossignol C (1994) Etude longitudinale de la croissance et de l'alimentation d'enfants examinés de l'âge de 10 mois à 8 ans. *Cah Nutr Diet* **29**, 16–23.
- Deheeger M, Akrouf M, Bellisle F, Rossignol C & Rolland-Cachera MF (1996) Individual patterns of food intake development in children: a 10 months to 8 years of age follow-up study of nutrition and growth. *Physiol Behav* **59**, 403–409.
- Deutsche Gesellschaft für Ernährung eV (2000) *Ernährungsbericht 2000*. Frankfurt am Main: Deutsche Gesellschaft für Ernährung eV.
- Elmadfa I & Wasserbacher B (2002) *Expertengutachten zur Ernährung von Vorschulkindern in Österreich – Feldstudie über die Verzehrsgewohnheiten und Lebensmittelpräferenzen von Vorschulkindern (3–6 Jahre) in Österreich – Endbericht*. Report no. GZ 353.117/9-IX/01. Bundesministerium für Gesundheit: Vienna.
- Ergebnisse der nationalen Verzehrstudie 1985–1988* (1995) VERA Studio, Band XL. Bayerisches Staatsministerium für Umwelt, Gesundheit und Verbraucherschutz, Vienna
- Frost Anderson L, Nes M, Sandstad B, Bjørneboe G-EA & Drevon CA (1995) Dietary intake among Norwegian adolescents. *Eur J Clin Nutr* **49**, 555–564.
- Frost Anderson L, Nes M, Bjørneboe G-EA & Drevon CA (1997) Food habits among 13-year-old Norwegian adolescents. *Scand J Nutr* **41**, 150–154.
- Gábor Z (1998) Iskolás gyermekek táplálkozása (Nutrition of school children). In *Az iskola-egészségügy kézikönyve (Handbook of School Health)*, pp. 373–381. Budapest: Kiadó.
- Gonzalez E, Alonso JLD, Sanchez PH & Lopez AS (1994) Hábitos alimentarios de la población infantil de un distrito en la isla de Gran Canaria. *Atención Primaria* **14** 1141–1147.
- Gregory J & Lowe S (2000) *National Diet and Nutrition Survey: Young People aged 4 to 18 years*. Vol. 1, *Report of the Diet and Nutrition Survey*. London: HMSO.
- Gregory JR, Collins DL, Davies PSW, Hughes JM & Clarke PC (1995) *National Diet and Nutrition Survey: Children aged 1-5 to 4-5 years*. Vol. 1, *Report of the Diet and Nutrition Survey*. London: HMSO.
- Grünberg H, Mitt K & Thetloff M (1997) Food habits and dietary intake of schoolchildren in Estonia. *Scand J Nutr* **41**, 18–22.
- Guillaume M, Lapidus L & Lambert A (1998) Obesity and nutrition in children. The Belgian Luxembourg Child Study IV. *Eur J Clin Nutr* **52**, 323–328.
- Hamulka J & Gronowska-Senger A (1999) Monitoring sposobu zywienia i stanu odzywienia dzieci w wieku szkolnym z terenu Polski poludniowo-wschodniej. *Rocznik Naukowy/Instytut Wychowania Fizycznego i Sportu w Bialej Podlaskiej* 301–311.
- Hamulka J & Gronowska-Senger A (2000) Ocena sposobu Żywienia uczniów. *Żywnie człowieka i metabolism* **176**–181.
- Hamulka J, Kosiorek K & Gronowska-Senger A (1998) Daily intake of salt and cholesterol in primary schoolchildren. *Pol J Food Nutr Sci* 549–585.
- Hamulka J, Gronowska-Senger A & Witkowska K (2000) Energy value and frequency breakfast intake in Warsaw primary schools. *Rocznik PZH* 279–290.
- Hassapidou MN & Fotiadou E (2001) Dietary intakes and food habits of adolescents in Northern Greece. *Int J Food Sci Nutr* **52**, 109–116.
- Hassapidou M, Kafatos A & Manoukas G (1996) Dietary vitamin E intake and plasma tocopherol levels of a group of adolescents from Spili, Crete. *Int J Food Sci Nutr* **47**, 365–368.
- Hercberg S, Preziosi P, Galan P, Deheeger M & Dupin H (1991a) Apports nutritionnels d'un échantillon représentatif de la population du Val-de-Marne: II. Les apports en macronutriments. *Rev Epidemiol Sante Publique* **39**, 233–244.
- Hercberg S, Preziosi P, Galan P, Deheeger M, Papoz L & Dupin H (1991b) Apports nutritionnels d'un échantillon représentatif de la population du Val-de-Marne: III. Les apports en minéraux et vitamines. *Rev Epidemiol Sante Publique* **39**, 245–261.
- Hercberg S, Preziosi P, Galan P, Devanlay M, Keller H, Bourgeois C, Potier de Courcy G & Cherouvrier F (1994) Vitamin status of a healthy French population: dietary intakes and biochemical markers. *Int J Vitam Nutr Res* **64**, 220–232.
- Hulshof KFAM, Kistemaker C & Bouman M (1998) *De inname van energie en voedingsstoffen door Nederlandse bevolkingsgroepen – Voedselconsumptiepeiling 1997–1998*. Report no. V98.805. Zeist: TNO Nutrition and Food Research.
- Ilow R, Regulska-Ilow B & Szymczak J (1999) Assessment of food intake of secondary-school girls from Glogow and Lublin. Part I: Dietary habits. *Bromat Chem Toksykol* 35–42.
- Ireland J, van Erp-Baart AMJ, Charrondiere UR, Møller A, Smithers G & Trichopoulou A (2002) Selection of a food classification system and a food composition database for future food consumption surveys. *Eur J Clin Nutr* **56**, Suppl. 2, S33–S45.
- Johansson L, Solvoll K, Bjørneboe G-EA & Drevon CA (1997) Dietary habits among Norwegian men and women. *Scand J Nutr* **41**, 63–70.
- Kafatos A, Verhagen H, Moschandreas J, Apostolaki I & Van Westeropp JJ (2000) Mediterranean diet of Crete: foods and nutrient content. *J Am Diet Assoc* **100**, 1487–1493.

- Kersting M, Sichert-Hellert W, Lausen B, Alexy U, Manz F & Schöch G (1998a) Energy intake of 1 to 18 year old German children and adolescents. *Z Ernahrungswiss* **37**, 47–55.
- Kersting M, Sichert-Hellert W, Alexy U, Manz F & Schöch G (1998b) Macronutrient intake of 1 to 18 year old German children and adolescents. *Z Ernahrungswiss* **37**, 252–259.
- Kersting M, Alexy U & Sichert-Hellert W (2000) Vitamin intake of 1 to 18 year old German children and adolescents in the light of various recommendations. *Int J Vitam Nutr Res* **70**, 48–53.
- Leclercq C & Ferro-Luzzi A (1991) Total and domestic consumption of salt and their determinants in three regions of Italy. *Eur J Clin Nutr* **45**, 151–159.
- Lee P & Cunningham K (1990) *Irish National Nutrition Survey*. Dublin: Irish Nutrition and Dietetic Institute.
- Lehtonen-Veromaa M, Möttönen T, Irjala K, Kärkkäinen M, Lamberg-Allardt C, Hakola P & Viikari J (1999) Vitamin D intake is low and hypovitaminosis D common in healthy 9- to 15-year-old Finnish girls. *Eur J Clin Nutr* **53**, 746–751.
- Livingstone MBE (2004) Issues in dietary assessment in children and adolescents. *Br J Nutr* **92**, Suppl. 2, S213–S222.
- Livingstone MBE & Black AE (2003) Markers of the validity of reported energy intake. *J Nutr* **133**, 17S–42S.
- Livingstone MBE & Robson PJ (2000) Measurement of dietary intake in children. *Proc Nutr Soc* **59**, 279–293.
- Löwik MRH & Brussaard JH (editors) (2002) EFCOSUM: European Food Consumption Survey Method. *Eur J Clin Nutr* **56**, Suppl. 2, S1–S96.
- Lyhne AN (1998) Dietary habits and physical activity of Danish adolescents. *Scand J Nutr* **42**, 13–16.
- McNeill G, Davidson L, Morrison DC, Crombie IK, Keighran J & Todman J (1991) Nutrient intake in schoolchildren: some practical considerations. *Proc Nutr Soc* **50**, 37–43.
- McNulty H, Eaton-Evans J, Cran G, Woulahan G, Boreham C, Savage JM, Fletcher R & Strain JJ (1996) Nutrient intakes and impact of fortified breakfast cereals in schoolchildren. *Arch Dis Child* **75**, 474–481.
- Meulmeester JF (1989) Voedingsonderzoek bij Turkse en Marokkaanse kinderen in Nederland. KIT Dissertation, Amsterdam.
- Moschandreas JA & Kafatos A (2002) Calcium intake in relation to diet and health indicators in Cretan primary and high school pupils, Greece. *Int J Vitam Nutr Res* **72**, 264–277.
- Nelson M, Naismith DJ, Burley V, Gatenby S & Geddes N (1990) Nutrient intakes, vitamin–mineral supplementation, and intelligence in British schoolchildren. *Br J Nutr* **64**, 13–22.
- Ovesen L, Boeing H, EFCOSUM Group (2002) The use of biomarkers in multicentric studies with particular consideration of iodine, sodium, iron, folate and vitamin D. *Eur J Clin Nutr* **56**, S12–S17.
- Paulus D, Saint-Remy A & Jeanjean M (2001) Dietary habits during adolescence – results of the Belgian Adolux Study. *Eur J Clin Nutr* **55**, 130–136.
- Pavlovic M (1999) Characteristic of population nutrition. In *Health Care of Population in North Balkan Region in 1998 with Comparative Review of Health Conditions from 1994*, pp. 151–171 [M Pavlovic, editor]. Subotica, Yugoslavia: Public Health Institute.
- Pavlovic M (2000) *Yugoslav Study of Arteriosclerosis Risk Factors in School-children (JUSAD)*, pp. 206–217. Subotica: Regional Center for Population Nutrition Improvement.
- Pavlovic M, Bolits Z, Ropic D & Kadvan A (1999) Nutrient intake and precursors of atherosclerosis in 10 year old schoolchildren in Subotica. In *Current Trends of the Prevention of Atherosclerosis in Childhood. Proceedings of the 2nd Conference of the International Group for Prevention of Atherosclerosis in Childhood*, vol. 3, pp. 146–149 [T Szamosi, editor]. Budapest: Convention Budapest Ltd.
- Pavlovic M, Majkic SN, Bolits Z, Bjeloglav D & Kadvan A (2001) Nutrition as a potential nutritive risk factor of atherosclerosis. *Jugoslav Med Biochem* **20**, 107–115.
- Payne JA & Belton NR (1992a) Nutrient intake and growth in pre-school children: I. Comparison of energy intake and sources of energy with growth. *J Hum Nutr Diet* **5**, 287–298.
- Payne JA & Belton NR (1992b) Nutrient intake and growth in pre-school children. II Intake of minerals and vitamins. *J Hum Nutr Diet* **5**, 299–304.
- Petrova S, Angelova K, Ivanova L, *et al.* (2000) National dietary and nutritional status survey of the population in Bulgaria. *Hygiene and Public Health* **XLIII**, 4–67.
- Prentice A, Branca F, Decsi T, Michaelsen KM, Fletcher RJ, Guesry P, Manz F, Vidailhet M, Pannemans D & Samartin S (2004) Energy and nutrient dietary reference values for children in Europe: methodological approaches and current nutritional recommendations. ILSI Europe Nutritional Needs of Children Task Force – Expert Group 1. *Br J Nutr* **92**, Suppl. 2, S83–S145.
- Preziosi P, Hercberg S, Galan P, Devanlay M, Cherouvrier F & Dupin H (1994) Iron status of a healthy French population: factors determining biochemical markers. *Ann Nutr Metab* **38**, 192–202.
- Societe Suisse de la Nutrition (1998) *Quatrième rapport sur la nutrition en Suisse*. Berne: Office Fédérale de la Santé Publique.
- Rankinen T, Fogelholm M, Kujala U, Rauramaa R & Uusitupa M (1995) Dietary intake and nutritional status of athletic and nonathletic children in early puberty. *Int J Sports Med* **5**, 136–150.
- Räsänen L, Laitinen S, Stirrkinen R, Kimppa S, Viikari J, Uhari M, Pesonen E, Salo M & Åkerblom HK (1991) Composition of the diet of young Finns in 1986. *Ann Med* **2**, 73–80.
- Ratsch IM, Catassi C, Verrina E, *et al.* (1992) Energy and nutrient intake of patients with mild-to-moderate renal failure compared with healthy children: an Italian multicentre study. *Eur J Pediatr* **151**, 701–705.
- Scientific Committee on Food (1993) *Reports of the Scientific Committee on Food, Thirty-first Series*. Brussels: Commission of the European Communities.
- Rigaud D, Giachetti I, Deheeger M, Borys JM, Volatier JL, Lemoine A & Cassuto D-A (1997) Enquête française de consommation alimentaire I. Energie et macronutrients. *Cah Nutr Diet* **32**, 379–389.
- Rogalska-Niedźwiedz M, Charzewska J, Chwojnowska Z & Chabros E (1992) Calcium content in diets of adolescents. *Żywnienie człowieka i metabolism* 244–249.
- Roma-Giannikou E, Adamidis D, Gianniou M, Nikolara R & Matsaniotis N (1997) Nutritional survey in Greek children: nutrient intake. *Eur J Clin Nutr* **51**, 273–285.
- Ruxton CHS, Kirk TR & Belton NR (1996) Energy and nutrient intakes in a sample of 136 Edinburgh 7–8 year olds: a comparison with UK dietary reference values. *Br J Nutr* **75**, 151–160.
- Samuelson G, Bratteby L-E, Enghardt H & Hedgren M (1996a) Food habits and energy and nutrient intake in Swedish adolescents approaching the year 2000. *Acta Paediatr Suppl* **415**, 1–20.
- Samuelson G, Bratteby L-E, Berggren K, Elverby JE & Kempe B (1996b) Dietary iron intake and iron status in adolescents. *Acta Paediatr* **85**, 1033–1038.
- Samuelson G, Bratteby L-E, Mohsen R & Vessby B (2001) Dietary fat intake in healthy adolescents: inverse relationships between the estimated intake of saturated fatty acids and serum cholesterol. *Br J Nutr* **85**, 333–341.
- Smigiel D, Bliwert K & Chorazy W (1994) Calcium and phosphorus in daily foods rations of children two districts of the southern part of Poland. *Rocznik PZH* 55–60.

- Stopnicka B, Szamrej IK & Jerulank I (1998) Assessment of individual dietary habits of children in elementary schools in the Province of Bialystok. *Food Nutr Health* 392–400.
- Strain JJ, Robson PJ, Livingstone MBE, Primrose ED, Savage JM, Cran GW & Boreham CAG (1994) Estimates of food and macronutrient intake in a random sample of Northern Ireland adolescents. *Br J Nutr* 72, 343–352.
- Szponar L & Rychlik E (1996a) Nutrition mode and nutritional status of boys and men in Poland. *Pol J Hum Nutr Metab* 3–37.
- Szponar L & Rychlik E (1996b) Nutrition mode and nutritional status of girls and women in Poland. *Pol J Hum Nutr Metab* 38–70.
- Vázquez C, de Cos AI, Martínez P, *et al.* (1996) Consumo de alimentos y nutrientes por edades y sexo en escolares de la comunidad de Madrid (CAENPE). *Rev Clin Esp* 196, 501–508.
- Volatier J-L (2000) *Enquete INCA individuelle et nationale sur les consommations alimentaires*. Credoc. Agence Française de Sécurité Sanitaire des Aliments, Ministère de l'Agriculture et de la Pêche. Paris: Editions Tec & Doc.
- Werker H (2000) Evaluation of the nutritional status and feeding patterns of pre-school children on the basis of a questionnaire study. *Dev Period Med* 41–52.
- Ylönen K, Virtanen SM, Ala-Venna E & Räsänen L (1996) Composition of diet in relation to fat intake of children aged 1–7 years. *J Hum Nutr Diet* 9, 207–218.

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary intake Survey Template - Nutrient by Nutrient

Name of Expert: NUTRIENT: Male	J Lambert Survey No.																			Comments	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		19+
Austria					49.2	48.9	49.6	49.3	48.6	47.7											
Belgium								47.3	46.7						47.6						
Bulgaria																					
Czech Republic					53.5																
Denmark					51																
Estonia																					
Finland																					
France																					
Germany																					
Greece																					
Hungary																					
Ireland																					
Italy																					
Netherlands																					
Norway																					
Poland																					
Portugal																					
Russia																					
Spain																					
Sweden																					
Switzerland																					
United Kingdom																					
Yugoslavia																					

Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert: J Lambert
 NUTRIENT: Sucrose (g)

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	Comments	
Male																					
Austria																					
EE1, urban				86+/-37			78+/-39		73+/-54		74+/-46		82+/-51								
EE1, rural																					
SF1																					
SF3		47+/-19		72+/-31				67+/-45			66+/-48			71+/-45			75+/-40				M+F 1-3yrs
Finland																					
F1-4		57+/-19.1					80.1+/-46.2				79.5+/-27.3			78.5+/-34.2							
France																					
F5.6			53.7+/-43						48.4+/-21.9					62+/-40.8							
F8.9		44.3+/-23		46.2+/-23.8			55.6+/-29.2														
IT3																					
SI			32+/-13				32+/-13		35+/-16				50.5+/-27.3			55.2+/-34.2					M+F
Sweden																					
SI														64.7							Mean 74+/-41 & 58+/-28
United Kingdom																					
UK12							29.3+/-13														
Female																					
Austria																					
EE1, urban				75+/-32			74+/-37		71+/-44		74+/-49		73+/-48								
EE1, rural																					
SF1																					
SF3		47+/-19		72+/-31				80+/-45			62+/-41			65+/-43			57+/-39				
Finland																					
F1-4																					
France																					
F5.6			33.4+/-12.8						45.3+/-26.7					54.2+/-45							
F8.9		39.4+/-20.5		54.7+/-23.2				45.6+/-20.9						41.7+/-30.4							
IT3																					
SI			32+/-13				32+/-13		35+/-16				46.7+/-20.9								
Sweden																					
SI														58							Mean 64+/-25 & 52+/-21
United Kingdom																					
UK12							26.8+/-11.8														

		J Lambert Fibre (g/MJ)																		
		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+
Female	Austria				2.2		1.7	2.1	1.7	2.1	1.7	2.1	2.1							
	Belgium								2.5						1.9					
	Bulgaria																			
	Czech Republic				1.3															
Denmark	DK1	2.1			2.1			2				2.1								
	DK2											2.7								
	EE1										2.2	2.2								
	Finland								2.1									2.3		
Germany	SF1																			
	SF2																			
	SF3																			
	D1				1.9															
Greece	D2				2.2			2.2												
	D3, D4, D5				2.5			2.6												
	GR1				1.9			2												
	GR2				1.8			1.8												
Hungary	GR3																			
	GR4																			
	H1																			
	H2																			
Ireland	IT1																			
	IT2																			
	IT3																			
	IT4																			
Italy	IT1																			
	IT2																			
	IT3																			
	IT4																			
Netherlands	NL1																			
	NL2																			
	NL3																			
	NL4																			
Norway	IT1																			
	IT2																			
	IT3																			
	IT4																			
Poland	PL1																			
	PL2																			
	PL3																			
	PL4																			
Spain	PL11																			
	PL12																			
	PL13																			
	PL14																			
Sweden	E4																			
	E5																			
	E6																			
	E7																			
United Kingdom	S1																			
	S2																			
	S3																			
	S4																			
Yugoslavia	UK1																			
	UK2																			
	UK3																			
	UK4																			

Not use 9-11 yrs
1-3yrs, s.e.

DF/median MJ

M+F
1-3yrs

Median
Median
16-29yrs

NSP
Mean of 16+/-5 & 14+/-
s.e.

s.e.
NSP
NSP
median NSP

NSP
s.e. NSP
NSP
NSP

M+F
M+F
M+F
M+F

Country	Survey	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	Comment
Austria	A 1																				
	B1				35.1		39.2	35.1		35	33.9		34.6								
	B2									39.3	39.5										
	B3									37.6				37.9							
Belgium	B4													35.4							
	BG1				35.2					37.6		37			38						<10y m+f
Bulgaria	CZ2				32.9					36.6		34									m+f
	DK1								35												
Denmark	DK2																				
	EE1																				
Estonia	EE1																				
	EE1																				
Finland	SF1																				
	SF2																				
Germany	SF2																				
	SF3																				
Greece	SF3																				
	SF4																				
Hungary	SF4																				
	SF4																				
Ireland	FG, F7																				
	FG, F7																				
Italy	FG, F7																				
	FG, F7																				
Netherlands	FG, F7																				
	FG, F7																				
Norway	FG, F7																				
	FG, F7																				
Poland	FG, F7																				
	FG, F7																				
Portugal	FG, F7																				
	FG, F7																				
Russia	FG, F7																				
	FG, F7																				
Spain	FG, F7																				
	FG, F7																				
Sweden	FG, F7																				
	FG, F7																				
Switzerland	FG, F7																				
	FG, F7																				
United Kingdom	FG, F7																				
	FG, F7																				
Yugoslavia	FG, F7																				
	FG, F7																				

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert:		Carlo Agostoni																			Comment
NUTRIENT:		Polyunsaturated Fatty Acids (E%)																			
Male		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	
Austria	A.1				5.5		5.8		6.2		5.6		5.8		5.1						
Belgium	B2																				
Bulgaria	B3																				
Czech Republic	B4				9.8 +/-5																
Denmark	C22		8+/-5.1		4.5 +/-2.2		11.1 +/-4.4		5.8 +/-2.3		10.8 +/-3.6		5.8		11.1 +/-3.5					<10y m+f	
Estonia	DK1		4.7		4.4		6		4.6		4.7				4.9		4.6				
Estonia	DK2						6								8						
Finland	EE1 urban						7								6						
Finland	EE1 rural																				
France	SF1																				
Germany	FR			3.8		6	3.9		4.4		5		4.3		5.7		5.7			m+f	
Greece	D1																				
Hungary	GR1		5.6		5.7		6		6.1		6.4		5		6.5						
Italy	GR2																				
Netherlands	GR4																				
Norway	HT								5.6 / 5.8		6.2		12.4		11.4					m/m+f	
Poland	IT1		5.7				6.2				6.7				7						
Spain	NL1																				
Sweden	NL3																				
United Kingdom	NI																				
Yugoslavia	PL1																				
	PL7 Glogow																				
	PL7 Lubin																				
	E9				5.1		4.8		4.9		5.3		4.3		5.5		4.3				
	S1																				
	S4																				
	UK8																				
	UK10		4.4		4.8		4.7				5.2				4.4					m+f 3.5-9.5	
	UK12																			m+f	
	UK13				5.5		5.7		7.5		6.1				6.3					m+f	
	YU1																			m+f	
	YU2																			m+f	
	YU3																			m+f	
	YU4a																			m+f	
	YU4b																			m+f	
Female																					
Austria	A.1				5.4		5.8		6.7		5.5		5.4		5.7						
Belgium	B2																				
Bulgaria	B3																				
Denmark	B4																				
Estonia	DK1		4.2		9.8 +/-5		11.1 +/-4.4		4.6		11.6 +/-4.7		5.6		11.4 +/-4.8					<10y m+f	
Estonia	DK2																				
Finland	EE1 urban																				
Finland	EE1 rural																				
Germany	SF1																				
Greece	D1				5.9		5.8		5		6		5.6		5.9		5				
Hungary	GR1		5.9		4.9		6.3		6.2		6.5		4.6		6.6		5.1				
Italy	GR2																				
Italy	GR4																				
Norway	HT																				
Italy	IT1																				
Norway	NL1																				
Norway	NL3																				
Poland	NI																				
Poland	PL1																				
Poland	PL2																				
Poland	PL6 Glogow																				
Poland	PL6 Lubin																				
Spain	E4				4.3		4.6		4.5		4.6		5.2		5.1						
Sweden	E9				5		4.8		4.9		4.7		4.3		5						
Sweden	S1																				
Sweden	S4																				
United Kingdom	UK8																				
United Kingdom	UK10		4.4		4.8		4.7				5.9				4.1					m+f 3.5-9.5	
United Kingdom	UK12																				
United Kingdom	UK13				5.4		5.9		7.5		6.4				6.7					m+f	
Yugoslavia	YU1																			m+f	
Yugoslavia	YU2																			m+f	
Yugoslavia	YU3																			m+f	
Yugoslavia	YU4a																			m+f	
Yugoslavia	YU4b																			m+f	

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+		
Female																					
Austria																					mean \pm sd
B1				12.1 \pm 3.3		11.8	12.5 \pm 4.1		12.6 \pm 3.6	12.5 \pm 4.1		11.6	12.6 \pm 4.6			12.7 \pm 5.7					
Belgium																					
B2								13.4 \pm 3.3													
B4														14.9 \pm 2.6							
Bulgaria																					m \pm 10 y
BG1											12.4 \pm 4										m \pm
Czech Republic																					mean sem
CZ2				11.7					11.9												weighted m
Denmark																					
DK1					13 \pm 0			14 \pm 0.02			15 \pm 0.02										
Estonia																					
EE1											13										
Finland																					
SF1									14		14										
SF2											15.2 \pm 2.5										
SF3																					
SF4		1-3 y 15		4-7 y 15							15.1 \pm 3.7										m \pm
France																					
FT4			16.3						15.1		15.9										
FS6			16.5						16.1												
FS7			15.2							15.9		15.6	16.6								m \pm
Germany																					
DE1		16.1		15.7	15.4	15.4	15.1														m \pm
D2				12.6			12.6			12.8		13.2									
D3,D4,D5		13		12.8			13.1			13		13.2									
Greece																					
GR1		16 \pm 3.9		15.5 \pm 3.6		12.1	12.6		15.3 \pm 3.7	15.6 \pm 3.9		14.7 \pm 3.4									
GR2										13.8											
GR4											14.6 \pm 3										
Hungary																					
HT																					m \pm 10-12 y
Ireland																					
IRL1											13.7 \pm 1.9										
Italy																					
IT1									13.6 \pm 1.9												
IT4										14											14.5 \pm 3.6
Netherlands																					
NL1		14.2 \pm 2.9		13.6 \pm 2.3			13.5 \pm 2.6			13 \pm 2.3			13.7 \pm 2.5								
NL2							12.1 \pm 2.9														
NL3							13 \pm 3.9														
Norway																					
N1													13.7								median
N2																					weighted m
N3																					weighted m
Poland																					
PL3										12	11.8										
PL4													12.2								
PL9																					
PL11																					11.6
PL13										11.8											
Portugal																					
RUS1		11.7	10.9	11.2	11.7	11.8	12.1	11.9	11.1	11.5	11.8	11.6	11.4	13.2	11.6	11.4	11.5	11.4			
Russia																					
E3							16.4 \pm 3.4		16.4 \pm 3.3	16.1 \pm 4											
Spain																					
E5							14.6														
E9							4-3 yr 14.8 \pm 10	6-7 yr 14.4 \pm 6	8-9 yr 13.8 \pm 8	10-11 yr 13.6 \pm 4	13.5										
Sweden																					
S1																					
S2																					
S4																					
Switzerland																					
CH1																					
United Kingdom																					
UK1																					
UK2																					
UK3																					
UK5		12.6 \pm 1.9	12.3 \pm 1.4	12.8 \pm 1.6																	
UK6																					
UK8																					
UK9																					
Yugoslavia																					
UK10		13.6 \pm 0.1	12.7 \pm 0.11	12.4 \pm 0.2																	
UK12																					
UK13																					
YU1																					
YU2																					
YU3																					
YU4																					

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert: Dr. Edburga Krause

NUTRIENT: Biotin (µg)

Male

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	Comment
Austria				40+/-14		34.2+/-15	32.1		36.6+/-16	37.8	37.2+/-17	42.4+/-21			40.6+22.3					
Germany				32.5							15.8				45.2					
United Kingdom	17.1+/-0.3	17+/-0.3	17.7+/-0.4				14.9													mean intake, 1.5-2.5 yrs > 2yrs: 2.5-3.5 yrs mean intake
Yugoslavia				22+/-8			24+/-11		15.08		25+/-11				29+/-12					M+F M+F
Yugoslavia									21.05											
Female																				
Austria				34+/-23		33.7+/-16	30.9		33.2+/-15	33.2	36+/-19	38+/-25			31.1+/-17					
Germany				28.1							13.7				39					
United Kingdom	17.1+/-0.3	17+/-0.3	16.8+/-0.4				12.1													mean intake, 1.5-2.5 yrs > 2yrs: 2.5-3.5 yrs mean intake
Yugoslavia				19+/-6.6			21+/-12.5		15.08		21+/-12.7				21+/-8.4					M+F M+F
Yugoslavia									21.05											

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Dr. Edburga Krause
 Name of Expert: Folic Acid (µg) *Dietary Folate (µg)
 NUTRIENT: Male

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	Comments
Austria																				
IA 1*			200 +/-70																	
BG1	96.1 +/-56.7		116.8 +/-54.4			202 +/-75	156.5 +/-68.7	216 +/-44		214 +/-93	191.2 +/-79.7	244 +/-139			247 +/-134					
DK1	189		209				279				304				203 +/-86.2					
DK2																312 +/-111				
Denmark																				
F7	184					239			250			253								M+F
FR3.9	181.6				185.9															
DI*										188.7		221.4								
D2*										255		284								
D3, D4, D5*										219		229								
GR2		12 µg									284									
GR3										231 +/-145										
GR4											226 +/-102									
H1																				
IRL1																				
E3																				19-25yrs
E9																				
S1																				
S2																				
Sweden																				
UK1																				
UK2																				
UK5																				
UK10																				
UK11																				
UK12																				
UK17																				
YU4a																				
YU4b																				
United Kingdom																				
UK1																				
UK2																				
UK5																				
UK10																				
UK11																				
UK12																				
UK17																				
YU4a																				
YU4b																				
Yugoslavia																				
UK1																				
UK2																				
UK5																				
UK10																				
UK11																				
UK12																				
UK17																				
YU4a																				
YU4b																				
Female																				
Austria																				
BG1	96.1 +/-56.7		181 +/-73			214 +/-85	156.5 +/-68.7	211 +/-62		214 +/-93	161.8 +/-75.7	220 +/-107			201 +/-113					
DK1	183		189				229								151.7 +/-70.1					
DK2																266				
Denmark																				
F7	184					239			250			253								
FR3.9	181.6				185.9															
DI*										165.7		194.3								
D2*										249		249								
D3, D4, D5*										195		187								
GR3		11.5 µg																		
GR4																				
H1																				
IRL1																				
E3																				
E9																				
S1																				
S2																				
Sweden																				
UK1																				
UK2																				
UK5																				
UK10																				
UK11																				
UK12																				
UK17																				
YU4a																				
YU4b																				
United Kingdom																				
UK1																				
UK2																				
UK5																				
UK10																				
UK11																				
UK12																				
UK17																				
YU4a																				
YU4b																				
Yugoslavia																				
UK1																				
UK2																				
UK5																				
UK10																				
UK11																				
UK12																				
UK17																				
YU4a																				
YU4b																				

mean intake: 1.5-2.5 yrs -> 2yrs: 2.5/3.5 yyr
 weighted means
 mean intake: 1.5-2.5 yrs -> 2yrs: 2.5/3.5 yyr
 weighted means

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert:		Dr. Edburga Krause																				
NUTRIENT:		Niacin (mg)																				
Male		Survey No.																				
		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	Comments	
Belgium	B2								7.6+/-3.4													
	BG1	12+/-5.3			15.9+/-6.1			21.9+/-7.9								8.1+/-3.8						
	DK1	15	18			24										25.1+/-10.2						
Denmark	DK2																					
	DK1																					
	DK2																					
Finland	FF2	19.5+/-5.8																				
	FF3				23.1+/-5.4																	
	FF7			11			14.5															
Germany	FB9	20.4		23		25.4		27.9		16.4												
	D1				19.9			21			23.6											
	D3, D4, D5				15			20.6			24.4											
Greece	GR2	11.6																				
	GR3																					
	H1																					
Hungary	IRL1																					
	IRL2																					
	IRL3																					
Ireland	NL3																					
	NL4																					
	PL4																					
Norway	PL7																					
	PL9																					
	PL10																					
Poland	PL12																					
	PL13																					
	PL14																					
Russia	RUS1	6.9+/-0.6	7.0+/-0.8	8.3+/-1.3	9.8+/-1.1	9.5+/-1.1	10.1+/-0.8	11+/-1.1	9.7+/-0.7	11.3+/-0.7	11.8+/-0.7	12.3+/-0.8	13+/-0.8	14+/-0.7	15.7+/-1	16+/-1.2	12.9+/-0.6	16.2+/-1.1	15.4+/-1.1			
	E1	18+/-6			20+/-7			21+/-2.1														
	E3																					
Spain	E9																					
	S1																					
	S2																					
Sweden	UK1																					
	UK2																					
	UK5																					
United Kingdom	UK10																					
	UK11																					
	UK12																					
Yugoslavia	YU4b																					
	YU4b																					
	YU4b																					
Belgium	B2																					
	B4																					
	BG1	12+/-5.3			15.9+/-6.1			21.9+/-7.9								6.2+/-2.2						
Bulgaria	DK1	16																				
	DK2																					
	DK1																					
Denmark	DK2																					
	DK1																					
	DK2																					
Finland	FF2	19.5+/-5.8																				
	FF3				23.1+/-5.4																	
	FF7			11			14.5															
Germany	FB9	20.4		23		25.4		27.9		16.4												
	D1				19.9			21			23.6											
	D3, D4, D5				15			20.6			24.4											
Greece	GR2	11.6																				
	GR3																					
	H1																					
Hungary	IRL1																					
	IRL2																					
	IRL3																					
Ireland	NL3																					
	NL4																					
	PL4																					
Norway	PL7																					
	PL9																					
	PL10																					
Poland	PL12																					
	PL13																					
	PL14																					
Russia	RUS1	6.9+/-0.6	7.0+/-0.8	8.3+/-1.3	9.8+/-1.1	9.5+/-1.1	10.1+/-0.8	11+/-1.1	9.7+/-0.7	11.3+/-0.7	11.8+/-0.7	12.3+/-0.8	13+/-0.8	14+/-0.7	15.7+/-1	16+/-1.2	12.9+/-0.6	16.2+/-1.1	15.4+/-1.1			
	E1	18+/-6			20+/-7			21+/-2.1														
	E3																					
Spain	E9																					
	S1																					
	S2																					
Sweden	UK1																					
	UK2																					
	UK5																					
United Kingdom	UK10																					
	UK11																					
	UK12																					
Yugoslavia	YU4b																					
	YU4b																					
	YU4b																					

mean intake: 1.5-2.5 yrs -> 2yrs, 2.5-3.5 yrs

18-25yrs

16-25yrs

weighted means

weighted means

weighted means

weighted means

weighted means

weighted means

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Dr. Edburga Krause
Pantothenic Acid (mg)

Name of Expert:		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	Comments
NUTRIENT:																					
Male																					
Austria	A.1						4.35 +/- 1.35		4.71 +/- 1.73		5.12 +/- 2.05		5.77 +/- 2.56				5.97 +/- 2.91				
France	F7			3.5			3.9			4.1			4.3				4.9				M+F
Germany	D1				3.4																
Greece	GR2										5.4										
United Kingdom	UK10	2.7 +/- 0.04	2.7 +/- 0.04	2.9 +/- 0.06	4.4 +/- 1.6			4.8 +/- 1.4				5.2 +/- 1.8					5.8 +/- 2.1				mean intake: 1.5-2.5 yrs > 2yrs: 2.5-3.5 ym
	UK13																				M+F
Yugoslavia	YU4a								5.1												M+F
	YU4b								6.9												M+F
Female																					
Austria	A.1				4.5 +/- 2			4.5 +/- 2.1		4.55 +/- 1.7		5.0 +/- 1.9		5.0 +/- 2.3			4.4 +/- 2.5				
France	F7						3.9			4.1			4.3				4.3				M+F
Germany	D1			3.5				3.3													
United Kingdom	UK10	2.7 +/- 0.04	2.7 +/- 0.04	2.7 +/- 0.06	2.9					3.5											mean intake: 1.5-2.5 yrs > 2yrs: 2.5-3.5 ym
	UK13				4.1 +/- 1.4			4.2 +/- 1.2				4.2 +/- 1.5					4.1 +/- 1.6				M+F
Yugoslavia	YU4a								5.1												M+F
	YU4b								6.9												M+F

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+
Female																			
Austria																			
A 1				0.93+/-0.29		0.98+/-0.49		1.07+/-0.5		1.15+/-0.58		1.11+/-0.55							
Belgium								0.93+/-0.32											
B2																			
B4																			
Bulgaria																			
BG1				0.68+/-0.26				0.91+/-0.39			0.92+/-0.44								
Czech Republic																			
CZ1				1.33		1.33						1.36							
Denmark																			
DK1				0.74				0.91											
DK2				0.9				1.1											
Estonia																			
EE1											1.7								
Finland																			
SF2								1.4+/-0.4											
France																			
SF3				1.2+/-0.3		1.2+/-0.3													
F1-4				0.75		1.09		1.03											
F7				1.06		1.28		1.32											
F9,10				0.8		0.8		1				1.38							
Germany																			
D1				0.8		0.8		0.8		0.9		1							
D2				0.7		0.8		1.04		1.12		1.22							
D3, D4, D5				0.85		1.04		0.8		0.79		0.81							
Greece																			
GR2				0.44															
GR3										2.1+/-2.1				2.5+/-2.9					
GR4											1.36+/-0.52								
H1											0.85								
Hungary																			
IRL1								1.3+/-0.5											
Ireland																			
IRL1				0.67+/-0.3		0.72+/-0.22		0.87+/-0.51		0.97+/-0.37		1.4+/-0.5		1.04+/-0.44		1.15+/-0.69			
Netherlands																			
NL1								1.3+/-0.5											
NL2								0.87+/-0.51		0.97+/-0.37									
NL3								0.81+/-0.37											
Norway																			
N1								0.92+/-1.29											
N2																			
Poland																			
N3																			
PL4											1.61								
Sweden																			
PL6								0.97											
PL10																			
PL12																			
PL13										1.31									
Russia																			
RUS1				0.66+/-0.05		0.72+/-0.08		0.85+/-0.09		0.85+/-0.05		0.86+/-0.04		0.89+/-0.06		0.95+/-0.06		0.97+/-0.09	
Spain																			
E1				1.1+/-0.5		1.44+/-1.8		1.4+/-0.7		0.97+/-0.2		0.87+/-0.04		0.93+/-0.05		0.92+/-0.06		0.83+/-0.05	
E3								1.1+/-0.1											
E9								1.1+/-0		1.3+/-0.1		1.1+/-0		1.9+/-0.2					
Switzerland																			
S1								1.1+/-0		1.2+/-0.1		1.1+/-0		1.2+/-0.4					
S2								1.1+/-0						1.2+/-0.4					
United Kingdom																			
CH1								1.16+/-0.08						1.5					
UK1														1.0+/-0.6					
UK2																			
UK5				0.6+/-0.1		0.7+/-0.2		1.04+/-0.04		1.04+/-0.04		1.1+/-0.3							
UK9																			
UK10				0.8+/-0.01		0.9+/-0.02													
UK11																			
UK12																			
UK13																			
YU4a				1.17+/-0.49		1.04+/-0.32		1.29+/-0.42		1.95		1.42+/-0.78		1.04					
Yugoslavia																			
YU4b								2.67											

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert: Dr. Eburga Krause
 NUTRIENT: Vitamin B12 (µg)

Country	Survey No.	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	Comments
Austria	DK1	4.1			4.23 +/- 2.51		4.06 +/- 3.16		4.84 +/- 4.87		5.3 +/- 5.6		6.16 +/- 6.56			6.22 +/- 9.44					
	DK2				4.9			6.7									7.1				
	FI-4		7.5				4.9				11					7					
	F7			3.7					5.2												M+F
Germany	FS10	5.6		5.3		5.4															
	D1				3.5			6.1			4.3										
	D2				3.45			4.21			4.59										
	GR2																				
Greece	GR3									2.8 +/- 2.8											
	GR4										3.4										
	HL1											6.09 +/- 8.69									
	HL1												3.17								16-29yrs
Hungary	NL1	3.37 +/- 4.75			3.3 +/- 3.09		3.29 +/- 1.49		5.5 +/- 3.9		3.52 +/- 1.54		4.9 +/- 2.8			7.2 +/- 5.2		4.41 +/- 3.37			16-29yrs
	NS3													3.86 +/- 1.55							16-29yrs
	ES3				3 +/- 0.3		4.3 +/- 1.3		4.3 +/- 0.7		4.7 +/- 1.8				7.2 +/- 0.9						11 +/- 1.1
	SI1						3.8 +/- 0.6														weighted means
United Kingdom	S2								2.9 +/- 0.3		3.3 +/- 0.5				5.9						
	UK1																				
	UK2																				
	UK5	2.6 +/- 1.7	2.7 +/- 1.3	2.7 +/- 0.8																	
Yugoslavia	UK9	2.9 +/- 0.09	2.8 +/- 0.06	2.8 +/- 0.09							2.8 +/- 0.9										
	UK11																				
	UK12										3.4										
	UK13				4 +/- 1.7				4 +/- 1.5			4.5 +/- 2.7									
Female Austria	YU4a								4.55												
	YU4b								4.99												
	YU4b																				
	YU4b																				
Female Denmark	A1		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+
	DK1	4.7			3.9 +/- 3.2		5.2		5.04 +/- 7.8		4.8 +/- 5.03		5.09 +/- 6.17			3.98 +/- 3.98					
	DK2				4.1																
	DK2																				
France	FI-4		7.5																		
	F7			3.7																	
	F7			5.3																	
	F7																				
Germany	FS10	5.6		5.3		5.4															
	D1				3			6.1			3.7										
	D2				3.17			3.78			4.25										
	GR3																				
Greece	GR4																				
	HL1											4.08 +/- 4.11									
	HL1												2.83								
	HL1																				
Hungary	NS1	2.75 +/- 1.33			2.87 +/- 1.37		3.52 +/- 3.29		4.2 +/- 2.9		3.23 +/- 1.52		3.9 +/- 2.1		2.61						
	NS3																				
	ES3				4.5 +/- 0.9		3.3 +/- 0.5		3.3 +/- 0.5		3.8 +/- 0.4		4.8 +/- 1.4								
	SI1						4.4 +/- 1.1														
Sweden	S2																				
	UK1																				
	UK2																				
	UK5	2.4 +/- 1	2.5 +/- 1	2.5 +/- 1																	
United Kingdom	UK10	2.9 +/- 0.09	2.8 +/- 0.06	2.8 +/- 0.1																	
	UK11																				
	UK12																				
	UK13																				
Yugoslavia	YU4a				3.6 +/- 1.5				3.5 +/- 1.5												
	YU4a								4.55												
	YU4b								4.99												
	YU4b																				

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert: Dr. Edburga Krause
NUTRIENT: Vitamin B6 (mg)
SURVEY NO. Survey No.

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	Comments
Austria				1.18 +/- 0.3		1.2 +/- 0.41		1.32 +/- 0.51	1.44 +/- 0.5	1.39 +/- 0.53	1.56 +/- 0.71				1.5 +/- 0.66					
Belgium															1.6 +/- 0.52					
Bulgaria				0.82 +/- 0.5			1.48 +/- 0.82		0.88		1.71 +/- 0.71				1.85 +/- 0.72					M+F
Czech Republic				0.89	1.1		1.4				1.7				1.7					
Denmark																				
Estonia																				
France				1.25	1.29	1.62	1.66		1.73	1.73	1.9			2	2.04					weighted means
Germany																				M+F
Greece																				
Hungary																				
Ireland																				
Netherlands				0.94 +/- 0.33			1.31 +/- 0.45	2 +/- 0.8	1.42 +/- 0.46		1.45	2.2 +/- 0.78	1.64 +/- 0.58		2.6 +/- 1.1	1.82 +/- 0.72				18-25yrs
Poland							1.25 +/- 0.49		1.68											weighted means
Sweden																2.62				weighted means
United Kingdom																				weighted means
Yugoslavia																				
Austria																				
Belgium																				
Bulgaria																				
Czech Republic																				
Denmark																				
Estonia																				
France																				
Germany																				
Greece																				
Hungary																				
Ireland																				
Netherlands																				
Poland																				
Sweden																				
United Kingdom																				
Yugoslavia																				
Austria																				
Belgium																				
Bulgaria																				
Czech Republic																				
Denmark																				
Estonia																				
France																				
Germany																				
Greece																				
Hungary																				
Ireland																				
Netherlands																				
Poland																				
Sweden																				
United Kingdom																				
Yugoslavia																				

mean intake: 1.5-2.5 yrs = 2yrs; 2.5-3.5 yrs = 3yrs; 3.5-4.2

mean intake: 1.5-2.5 yrs = 2yrs; 2.5-3.5 yrs = 3yrs; 3.5-4.2

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+
Female																			
Austria																			
Belgium																			
Bulgaria																			
Czech Republic																			
Denmark																			
Estonia																			
Finland																			
France																			
Germany																			
Greece																			
Hungary																			
Ireland																			
Netherlands																			
Norway																			
Poland																			
Portugal																			
Russia																			
Spain																			
Sweden																			
Switzerland																			
United Kingdom																			
Yugoslavia																			

2-10years data applicable to 1

data applicable M+F

weighted means

Control group

data applicable M+F

M+F

18-25yrs

16-20yrs

weighted means

weighted means

M+F

M+F

Weighted means

19-21yrs

weighted means

mean intake, 1.5-2.5 yrs > 2-

M+F

M+F

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert: Piotr Socha
 Nutrient: Vitamin A (µg)

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	comment
Bulgaria	612.4+/-598.7			706.6+/-609.8			1028.4+/-885.4				1151.2+/-883.2			1163.4+/-1064.1						m+/- <10y
Czech Republic				900		606					518									m+/-
		1014 +/-553		1203 +/-684		1311 +/-1041			1200				891 +/-101							m+/-
Spain						551 +/-70				749 +/-131	786		523							m+/-
Hungary				1432+/-794																mean+/- sem
Poland																				mean+/- sem
United Kingdom							504+/-288		394.88							1309+/-845				mean+/- sem
Yugoslavia									471.36											mean+/- sem
																				m+/-
female																				m+/-
Bulgaria	612.4+/-598.7		4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	m+/- <10y
Czech Republic				706.6+/-609.8		606	1028.4+/-885.4		1200		899.8+/-562.5	518			869+/-657.5					m+/-
				900		1311 +/-1041														m+/-
Spain						876 +/-146				1088 +/-235			982 +/-278							m+/-
France																				m+/-
Hungary																				mean+/- sem
Poland																				mean+/- sem
United Kingdom																				mean+/- sem
Yugoslavia																				m+/-
																				m+/-

Name of Expert:		Ploitr Sochia																		
SURVEY		Retinol (mg)																		
Male		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19+	
Belgium Germany	B4														0.572+/-0.277					
	D1				0.5			0.6			0.7				0.8					
	D2				0.44			0.5			0.51				0.6					
	D3-4-5		0.276		0.319			0.338			0.482				0.512					
	DK1		0.593+/-0.002		0.638+/-0.003			0.928+/-0.006			1.086+/-0.010				1.014+/-0.017					
	F7			0.472			0.602			0.577					0.691					
	GR4														0.898+/-1.928					
	H1														0.523					
	SF2 controls														0.770+/-0.460					
	UK9never smokers																		0.809+/-0.024	
	UK10		0.46+/-0.040.43+/-0.03	0.4+/-0.03	0.44															
	UK11				0.248+/-0.327+/-				0.339+/-0.285			0.386				0.465				
	UK13															0.344+/-0.530			0.348+/-0.246	
Belgium Germany	B4																			
	D1				0.5			0.5			0.6				0.6					
	D2				0.39			0.44			0.47				0.5					
	D3-4-5		0.255		0.277			0.362			0.369				0.398				365	
	DK1		0.530+/-0.003		0.567+/-0.003			0.628+/-0.003			0.666+/-0.005				0.666+/-0.008					
	F7			0.472			0.602			0.577					0.691					
	GR4														0.559+/-0.850					
	H1														0.578				0.473	
	SF2 controls														0.890+/-0.880					
	UK9never smokers																		0.665+/-0.023	
	UK10		0.46+/-0.040.43+/-0.03	0.4+/-0.03	0.44															
	UK11				0.307+/-0.218				0.298+/-0.288			0.295				0.304				
	UK13															0.271+/-0.367			0.289+/-0.347	

Name of Expert:

SURVEY

Male

Belgium

Germany

Denmark

France

Greece

Hungary

Finland

Unitet Kingdom

Female

Belgium

Germany

Denmark

France

Greece

Hungary

Finland

Unitet Kingdom

Name of Expert: SURVEY		Piotr Socha b-carotene (mg/day)																		
Male		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+
country/survey																				
Austria	A1				1.85±2.6		1.8±2.56		1.8±2.16		1.8±2.9		1.93±2.6		0.95±0.569		1.85±2.08			mean±se
Belgium	B4																			mean±se
Germany	D1				1.9			1.8			1.9									
	D2				1.14			1.4			1.4		1.32							mean±se
Denmark	DK1	1.926±0.019			2.887±0.021			2.949±0.024			2.462		3.207±0.023				2.1±0.039			mean±se
France	F7			1.87			2.224		1.066(0.436-3.829)				2.411							mH
Greece	GR4											0.854 (0.146-2.012)					1.560(0.458-2.677)			mean (5-95 perc)
Poland	PL12											1.741±2.014					2.535±±-2.829			mean±se
	PL13										1.422±0.140						1.984±0.056			mean±se
United Kingdom	UK9 never smokers																			mH
	UK10	0.73±0.02 0.79±0.03		0.92±0.05	0.8±0.044							1.59(0.73-2.66)			1.52 (0.707-2.664)					mH
	UK11																			
	UK12						0.345±0.481					1.261±0.851					1.512±1.159			mean±se
Yugoslavia	UK13				1.12±0.949			1.167±0.888												mean±se
	Yu4a								5.65											mH
	Yu4b								8.41											mH
Female																				
Austria	A1																			mean±se
Belgium	B4																			mean±se
Germany	D1				2±1			2.12±3.16		1.54±1.6		1.88±2.17		2.04±2.89			1.94±3.16			mean±se
Denmark	DK1	2.389±0.017			2.645±0.002															mean±se
France	F1-4								4.113±0.026			2.903±0.033					3.606±0.05			mean±se
Greece	GR4								0.1058(0.375-1.917)			0.912(0.281-2.690)					1.056(0.303-2.393)			mean (5-95 perc)
Poland	PL12											2.705±5.988								mean±se
	PL13																1.924±2.521			mean±se
United Kingdom	UK9 never smokers										1.524									mean±se
	UK10	0.727±0.02 0.794±0.02		0.92±0.05	0.8±0.04												2.092±0.053			mean±se
	uk11																			mean±se
	UK12						0.537±0.709					1.475(0.865-2.454)			1.416(0.806-2.484)					mean±se
	UK13				1.08±0.634						1.148±0.884						1.46±1.58			mean±se
Yugoslavia	Yu4a								5.65											mH
	Yu4b								8.41											mH

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert:	Piotr Socha																			
Nutrient:	vitamin D (µg)																			
Male		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+
	survey																			
Austria	A1				1.38 ± 0.86		1.7 ± 2.22		1.89 ± 3.05		1.9 ± 3.11		2.07 ± 2.52			1.77 ± 2.6				
Germany	D1				2.3		2.1				2.9		3.7							
	D2				2.98		3.5				3.66		3.94							
Spain	E2					2.7 ± 1.9					1.7 ± 0.8		5.8 ± 1.6							
	E9				0.7 ± 0.1	0.9 ± 0.1		2.2 ± 0.3		3 ± 0.5					3 ± 0.5					
Denmark	DK1				2.3 ± 0.02			2.9 ± 0.02				2.6 ± 0.02								
	DK2										2.7 ± 1.2				3.7 ± 2.3					
Estonia	EE1 urban										3.2 ± 2.3				3.7 ± 1.3					
	EE1 rural						2.1			2.2		2.3								
France	F7			1.8							2.57									
Hungary	H1										2 ± 1.3									
Ireland	IRL1								2.2 ± 1.9											
Norway	N1,N2 (median)										5.5									6.4
Sweden	S1										5.8 ± 2.3				6.1 ± 2.1					
	S2 Uppsala										5 ± 1.9				5 ± 1.9					
	S2 Trollhattan										3 ± 1.8									
	SF2 controls										3.6 ± 2.1				3.9 ± 1.8					4.6 ± 2.3
Finland	SF3				2.4 ± 1.7			2.9 ± 1.6			2.4 ± 1.3									
Netherlands	NL1				2.3 ± 0.9						2.4 ± 1.3									
United Kingdom	UK2										2.43 ± 0.09									
	UK3										1.74 (1,11-2.8)				2.16 (1.28-3.41)					
	UK10																			
	UK11										1.95 ± 0.89									
	UK12										2.7 ± 1.5									
	UK13										3.63									
	Yu4										4.34									
	Yu4b																			
Yugoslavia	Y1										2.7 ± 1.3									
	Y1b										3.1									
	Y1c										3.98									
female											4.5 ± 1.1									
Austria	A1				1.17 ± 2.13		1.36 ± 0.87		2.09 ± 3.31		1.49 ± 1.26		1.56 ± 1.53			1.39 ± 1.99				19+
Germany	D1				1.9		2				2.7		3.1							
	D2				2.86		3.08				3.98		3.18							
Spain	E2					1.3 ± 0.4					4.5 ± 1.1		3.1 ± 1.1							
Denmark	DK1				1.7 ± 0.01			2.4 ± 0.01			2.3 ± 0.01						2.7 ± 0.02			
	DK2																2.3 ± 1.2			
Estonia	EE1 urban										3 ± 2.6				3.5 ± 1.2					
	EE1 rural										3.2 ± 1.3				2.6 ± 1.2					
Hungary	H1										2.22				2.29					
Ireland	IRL1										1.7									
Norway	N1,N2 (median)								1.6 ± 1.1		3.6				4.4 ± 1.4					3.3
Sweden	S1										4.4 ± 1.4				4.6 ± 2.2					
	S2 Uppsala										2.5 ± 1.1				3.9 ± 1.4					
	S2 Trollhattan																			
	SF2 controls																			
Finland	SF3																			
France	F7																			
Netherlands	NL1																			
United Kingdom	UK2																			
	UK3																			
	UK10																			
	UK11																			
	UK12																			
	UK13																			
	Yu4																			
	Yu4b																			
Yugoslavia	Y1																			
	Y1b																			
	Y1c																			

Name of Expert: SURVEY	Ploir Socha vit E/PUFA (mg/s)																				
	survey	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	male and female
male																					
survey																					
A1					0.78		0.77	1.52	0.70	0.68	1.87	0.71				2.06	0.62				m+f (<10y)
BG1	1.11			0.37	1.27				0.28												m+f
CZ2																					
D1					0.86		0.85		0.83			0.82									
D2					1.02		1.01		0.97			0.91									
DK1	0.59				0.70		0.64				0.60						0.61				
DK2																	0.58				m+f
F9						0.69	0.69		0.66												
GR4																					
H1																					
PL11																					
S1														0.70	0.77		0.76	0.69	0.75		
NL2								0.75			0.73										
UK12	0.76	0.75																			m+f
UK14							0.56	0.73			0.68										
UK17					0.77																
Yu7a									1.12												m+f
Yu7b									1.13												m+f
survey		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	male and female
A1					0.85		0.78		0.69	0.71	0.71	0.74				0.69					
BG1										0.84	1.65					1.54					
D1					0.88		0.87			0.84	0.85										
D2					1.01		0.98			0.94	0.98										
DK1	0.73				0.68																
DK2											0.63										
H1																					
NL2	0.84				0.80		0.57	0.78			0.41			0.40	0.75						
UK14											0.78										
UK17					0.79			0.74			0.69										

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert: Nutrient	Pilot Socha tocopherol equivalents (mg)																		
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+
Male																			
Austria	8.81±3.1																		
Bulgaria	12.4+/-6.99																		
Czech Republic																			
CZ1+	8.9+/-7.3																		
CZ2+	3.3																		
Germany																			
D1	9.3																		
D2	9.6																		
D3-4-5	9.6																		
GR2*	4.8																		
GR3*	6.3+/-0.02																		
DK1	5.3+/-0.02																		
DK2	6.3+/-0.02																		
DK2	6.3+/-0.02																		
FR1-4	4.1																		
FR1-4	4.66																		
FR9*	3.3																		
H1	4																		
Hungary																			
Ireland																			
Poland																			
PL7 Glogow	4.3+/-2.1																		
PL7 Lubin	4.3+/-2.1																		
PL12	4.3+/-2.1																		
Sweden																			
S1	9.1+/-3.5																		
S2 Uppsala	9.1+/-3.5																		
S2 Trohollan	9.1+/-3.5																		
SF2 controls	9.1+/-3.5																		
NI	7.6+/-3.9																		
UK2	9.1+/-3.5																		
UK10+	3.9+/-0.08																		
UK11	4.5+/-0.08																		
UK11	5.1+/-0.15																		
UK11	4.6+/-0.13																		
UK12	4.6+/-0.13																		
UK13+	5.9+/-2.6																		
Yud4+	7.2+/-5.1																		
Yud4b	9.3+/-3.3																		
Yugoslavia																			
female																			
Austria	19.87 TE																		
Bulgaria	28.06 TE																		
Czech Republic																			
A1	8.65±3.9																		
BG+	12.4+/-6.99																		
CZ1+	10.11±5.6																		
CZ2+	6.9																		
Germany																			
D1	9.0 TE																		
D1	10.0 TE																		
D2	10.4																		
D3-4-5	6.3																		
GR2	5.8																		
GR2	11.1+/-2.3																		
DK1	7.1+/-0.02																		
DK2	6.3+/-0.02																		
FR1-4	4.1																		
FR1-4	5.7(3.51-9.63)																		
H1	13.3																		
Hungary																			
Ireland																			
Poland																			
PL6 Glogow	3.6+/-1.6																		
PL6 Lubin	3.6+/-1.6																		
PL12	3.6+/-1.6																		
Sweden																			
S2 Uppsala	7.9+/-2.5																		
S2 Trohollan	7.9+/-2.5																		
SF2 controls	7.9+/-2.5																		
NI	11.7+/-4.7																		
UK1	10.4+/-4.8																		
UK2	4.8+/-1.1																		
UK11	4.9 (3.7-6.5)																		
UK11	4.9 (3.7-6.5)																		
UK12	5.5 (4.2-7.2)																		
UK13+	8.2+/-3.1																		
Yud4	19.87 TE																		
Yud4b	28.06 TE																		
Yugoslavia																			

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert:		Piotr Socha																		
SURVEY		Vitamin K (µg)																		
		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	comment
male	Yugoslavia								38.98											m+f
									37.45											m+f
female	Yugoslavia								38.98											m+f
									37.45											m+f

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert: NUTRIENT:	K. Hulshof Survey		Calcium (mg)																			
	Male	Female	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	
Austria					780 +/- 258			760 +/- 347	848 +/- 439	734 +/- 341	820 +/- 420	847 +/- 473				805 +/- 351	784 +/- 439					
Belgium																						
Bulgaria					533 +/- 262			617 +/- 301			582 +/- 316						578 +/- 307					
Czech Republic						617			665		646											
Denmark					996 +/- 3			1083 +/- 3			1061 +/- 4						1121 +/- 6					
Estonia											648 +/- 300											
EE1											618 +/- 359											
EE2											1080 +/- 380											
Finland																						
SF3																						
FT-4																						
France																						
FR-4																						
Germany																						
D1																						
D2																						
GR1																						
GR3																						
GR4																						
H1																						
Hungary																						
IT3																						
Italy																						
IT5																						
IRL1																						
Netherlands																						
NL1																						
NL2																						
NL3																						
N1																						
N2																						
Norway																						
IRL1																						
NL1																						
NL2																						
NL3																						
N1																						
N2																						
Poland																						
PL4																						
PL5																						
PL6																						
PL7																						
PL8																						
PL9																						
PL10																						
PL11																						
Portugal																						
Rus																						
Russia																						
E1																						
E2																						
E3																						
E4																						
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E44																						
E45					</																	

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert: K. Hulshof
 NUTRIENT: Potassium(mg)
 Male Survey males

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+
Austria				2029 +/- 508			2251 +/- 862	2302 +/- 822		2449 +/- 836		2733 +/- 1023			2751 +/- 1129				
Belgium							2372 +/- 1083												
Denmark		2200 +/- 10		2400 +/- 20			2800 +/- 10				3300 +/- 10			3473 +/- 784	3500 +/- 20				mean +/- se
Finland		2398 +/- 666		2737 +/- 639						2500		3000			3200				data applicable to male and female
Germany				2300			2300			2500		3000			3200				
Greece				2300			2610			2500		3150			3200				
Hungary										2748		2558							
Italy	1557 +/- 366									2410									
Netherlands		2200 +/- 510		2372 +/- 621		2047 +/- 566	2810 +/- 787	2155 +/- 406		3112 +/- 820		3458 +/- 1009			3623 +/- 1241				males + females
NL1							2779 +/- 926												
NL3																			
P4																			urban
P4																			rural
Rus1	2029 +/- 118	1834 +/- 1559	1433 +/- 167	2300 +/- 172	2290 +/- 121	2272 +/- 15	2303 +/- 140	2217 +/- 136	2402 +/- 136	2452 +/- 120	2745 +/- 137	2945 +/- 182	3110 +/- 157	3339 +/- 183	3329 +/- 211	2843 +/- 159	3137 +/- 180	3168 +/- 164	mean +/- se
Rus10																			2-3 years data appl
UK10	1476 +/- 17	71513 +/- 17	91573 +/- 26.6				2136 +/- 488	3158				2382 +/- 608			2833 +/- 820				males and females
UK13				1944 +/- 503															males and females
YU14a								4358											
YU14b																			
Females																			
Austria							2239 +/- 740	2224 +/- 786		2404 +/- 849		2405 +/- 991			2716 +/- 754				
Belgium				1928 +/- 536			2600 +/- 10								3000 +/- 10				mean +/- se
Denmark		2100 +/- 10		2100 +/- 10			2600 +/- 10												data applicable to male and female
DK1																			
DK2																			
Finland				2737 +/- 639															
Germany		2398 +/- 666		1800			2100			2100		2600			2700				
D1				2120			2500			2660		2750			2540				
D2																			
H1							2559 +/- 611			2823 +/- 784		2334		2289					
Netherlands		2031 +/- 606		2331 +/- 583			2462 +/- 768			2876 +/- 774					2875 +/- 866				
NL1																			
NL3																			
P4																			urban
P4																			rural
Rus1	1988 +/- 157	2016 +/- 102	2151 +/- 114	2175 +/- 210	2150 +/- 136	2006 +/- 173	2114 +/- 135	2331 +/- 168	2166 +/- 136	2248 +/- 120	2195 +/- 109	2541 +/- 153	2321 +/- 110	2210 +/- 110	2587 +/- 158	2585 +/- 123	2417 +/- 154	2294 +/- 198	mean +/- se
S1																			
UK10	1476 +/- 17	71513 +/- 17	91501 +/- 25.3				2019 +/- 420	3158				2100 +/- 550			2162 +/- 593				2-3 years data appl
UK13				1774 +/- 499															males and females
YU14a								4358											
YU14b																			

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert: **K. Hulshof**
 NUTRIENT: **chloride (mg)**

NUTRIENT: chloride (mg)		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+		
Germany United Kingdom	D2				3140						4410			4850		5440						
	UK10	069+/-27.5	2291+/-27.7	2462+/-42.8																		
	UK13				3105 +/- 799			3694 +/- 887				4030 +/- 1071				4938 +/- 1372					males and fem; mean +/- s	
Females Germany United Kingdom	D2	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+		
	UK10	069+/-27.5	2291+/-27.7	2436+/-47	2770			3470			3720			4130		3850						
	UK13				2785 +/- 677			3222 +/- 727				3403 +/- 885				3465 +/- 940						3.5-4.5 y; mean +/- se

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
 Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert: NUTRIENT:	K. Hulshof Fluoride (ug) Survey	Age Group																		
		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+
Finland / Male		255 +/- 62																		
Germany					434	313 +/- 72		434		503		599				642				
																				m+f
Finland / Female		255 +/- 62																		
Germany					369	313 +/- 72		395		437		513				548				
																				m+f

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

I. Elmadfa		Iron (mg)																			Comment	
Name of Expert:	Male	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+		
NUTRIENT:	Survey																					
Austria	A 1	6.5	8.8±1.68	7.8	10.4 ± 1.7	11.5	10.4 ± 1.7	11.5	11.52 ± 2.28	14.4 ± 2.64	15.36 ± 2.4	13.6 ± 8										
Belgium	B2				8.9																	
Czech Republic	C22																					
Denmark	DK2																					
Estonia	EE1																					
Finland	SF1		10±4																			
	SF2diabetics																					
	SF2control																					
	SF4diets																					
France	SF4control																					
	F2,F3,F4,F5			7.8																		
	F9			8.6																		
	F10,F11			7.3																		
Germany	D1			10																		
	D2			10																		
Greece	GR1			8.6±4.7																		
	GR4																					
	GR5																					
	IRL1																					
Ireland	IRL1																					
	NL1			6.1±1.7																		
Netherlands	NL1			7±2																		
	NL2																					
Norway	NL2																					
	NL3																					
Poland	N2																					
	PL4urban																					
Russia	PL4rural																					
	PL9																					
Spain	Rus2			12.4±1.2																		
	E3			13.2±1																		
Sweden	E5			10.6±2.5																		
	ST																					
Switzerland	S3Uppsala																					
	S3Trollhattan																					
	S4																					
	CH1																					
United Kingdom	UK1																					
	UK2																					
	UK5																					
	UK11 non smoker																					
Yugoslavia	UK110cc smoker																					
	UK110cc smoker																					
	UK110cc smoker																					
	UK12																					
Yugoslavia	UK13																					
	YU4a																					
	YU4b																					

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

I. Elimacria		zinc (mg)																			
Name of Expert:	Male	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	Comment
NUTRIENT:	Survey																				
Austria	A 1				5.9±1.2			8.14 ± 1.65			9.6 ± 2.28	10.8 ± 2.55			8.2 ± 2.6	13.35± 4.05					mean±se
Belgium	B4																				mean±se
Denmark	DK2																				mean±se
Denmark	EE1																				mean±se
Estonia	EE1																				mean±se
Finland	SP2diabetics																				mean±se
Finland	SP2control																				mean±se
Finland	SF4athlets																				mean±se
Finland	SF4control																				mean±se
France	F2,F3,F4,F5			7.5	7.2			7.4	10		8.5	12				12.5					mean
Germany	D1				7.4			8.9			10.2					12.4					mean
Germany	D2																				mean
Greece	GR4																				mean±se
Ireland	IRL1																				mean±se
Ireland	IRL2				6.5±1.9			7.5±2			8.9±3										mean±se
Netherlands	PL4urban									68±19.8%											%RDA
Netherlands	PL4rural									65.9±21.3%											%RDA
Poland	E5									9.9±0.9											mean±se
Spain	S1																				mean±se
Sweden	S3 Uppsala																				mean±se
Sweden	S3 Trollhattan																				mean±se
United Kingdom	UK1																				mean±se
United Kingdom	UK2																				mean±se
United Kingdom	UK11non smoker																				mean±se
United Kingdom	UK11occ smoker																				mean±se
United Kingdom	UK11reg smoker																				mean±se
United Kingdom	UK10				4.3±0.06																mean±se
United Kingdom	UK12				4.7±0.09																mean±se
United Kingdom	UK13																				mean±se
Yugoslavia	YU4a																				mean±se
Yugoslavia	YU4b																				mean±se
Female	A 1				5.6 ± 1.1			7.37 ± 1.43			7.92 ± 1.68	8.76 ± 1.92				9.36 ± 2.28					mean±se
Austria	B4																				mean±se
Belgium	DK2																				mean±se
Denmark	EE1																				mean±se
Denmark	EE1																				mean±se
Estonia	EE1																				mean±se
Finland	SP2diabetics																				mean±se
Finland	SP2control																				mean±se
Finland	SF4athlets																				mean±se
Finland	SF4control																				mean±se
France	F2,F3,F4,F5			7	6.2			6.7	9.5		7.4	9				9					mean
Germany	D1				6.7			8.3			9.2					9.4					mean
Germany	D2																				mean
Ireland	IRL1																				mean±se
Ireland	IRL2				6.1 ± 1.7			7 ± 2			7.5 ± 2.1										mean±se
Netherlands	PL4urban									70.3±18%											%RDA
Netherlands	PL4rural									66.3±18.1%											%RDA
Spain	E5																				mean±se
Spain	S1																				mean±se
Sweden	S3 Uppsala																				mean±se
Sweden	S3 Trollhattan																				mean±se
United Kingdom	UK1																				mean±se
United Kingdom	UK2																				mean±se
United Kingdom	UK11non smoker																				mean±se
United Kingdom	UK11occ smoker																				mean±se
United Kingdom	UK11reg smoker																				mean±se
United Kingdom	UK10				4.3±0.06																mean±se
United Kingdom	UK12				4.7±0.09																mean±se
United Kingdom	UK13																				mean±se
Yugoslavia	YU4a																				mean±se
Yugoslavia	YU4b																				mean±se

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

I. Elmadia		copper (mg)																			
Name of Expert:	Survey	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	Comment
Finland	SF1	1.1±0.7				1.5±1			1.6±1.3					2.6±1.2	2.1±1.2			2.1±1.2			mean±se
	SF2diabetics																				mean±se
	SF2control																				mean±se
	SF4athlets											1.2±0.4									mean±se
	SF4control											1.6±0.6									mean±se
France	F2.F3.F4.F5	1.3							1.7			1.9									mean±se
	D1				1.7			1.8			1.9		2.3								mean±se
	D2			1.58				1.79			2.03		2.22				2.3				mean±se
	PLAurban									59.5±23%							2.29				mean±se
	PLArural									67.2±23.8%											%RDA
United Kingdom	UK1								1.7±0.2			1.3±0.1									mean±se
	UK13	0.7±0.24						0.81±0.23				0.9±0.26					1.06±0.33				mean±se
	YU4a																				mean(m±f)
	YU4b																				mean(m±f)
Finland	SF1	1.1±0.7				1.2±0.7			1.3±0.9					2.1±0.8	1.3±0.9			1.3±0.7			mean±se
	SF2diabetics																				mean±se
	SF2control																				mean±se
	SF4athlets											1.1±0.3									mean±se
	SF4control											1.2±0.3									mean±se
France	F2.F3.F4.F5	1.2							1.6			1.5									mean±se
	D1				1.4			1.6			1.7		2								mean±se
	D2			1.44				1.74			1.81		1.9				1.76				mean±se
	PLAurban									58.4±24%											%RDA
	PLArural									56.4±22.3%											%RDA
United Kingdom	UK1								2.4±1.1			1.3±0.1									mean±se
	UK13	0.64±0.21						0.74±0.21				0.79±0.25					0.8±0.28				mean±se
	YU4a																				mean(m±f)
	YU4b																				mean(m±f)

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert: I. Elmachfa
 NUTRIENT: Iodine (µg)

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	Comment	
Austria																					
A.1				154.8 ± 21.6				194.6 ± 42		228.6 ± 61.2		278 ± 84	390 ± 100		342 ± 98			217 ± 100		mean	
SF2diabetics																					mean
SF2control																					mean
D1				59.5			59.4			66.4		83.3	470±330		88						mean
UK11non smoker				64			74			80		90				179±4					mean
UK11occ smoker																197.2±2.9					mean
UK11reg smoker																204±3.6					mean
UK14		123±3	117±2.6	113±3.6				154±62				162±69				233±9					mean
UK13				156±73					141.95												mean
YU4a								159.88													mean
YU4b									159.88												mean
Yugoslavia																					mean
Female																					mean
Austria																					mean
A.1				162.2 ± 32.4			196 ± 37.8			219.6 ± 52.2		250 ± 76	330 ± 90		266 ± 62			186 ± 110			mean
SF2diabetics																					mean
SF2control																					mean
D1				51.2			54			60.9		71	340± 290		75.1						mean
D2				59			69			74		74				82					mean
UK11non smoker																160.3±2.7					mean
UK11occ smoker																154.9±2.2					mean
UK11reg smoker																150.8±3.5					mean
UK14		123±3	117±2.6	113±3.6				131±52				129±65				135±71					mean
UK13				143±66					141.95												mean
YU4a								159.88													mean
YU4b								159.88													mean

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert:		I. Elmadfa																						
NUTRIENT:		chromium (µg)																						
	Male	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+	Comment			
Finland	Survey		23±8			28±8			31±9						40±15			40±12						
	SF1																					mean±se		
	SF2diabetics													27±6									mean±se	
	SF2control													34±16									mean/m+f	
Yugoslavia	YU4a								1.02 ?														mean/m+f	
	YU4b								2.43 ?														mean/m+f	
	Female	Survey																						
		SF1																						mean±se
SF2diabetics														24±6									mean±se	
SF2control														25±7									mean/m+f	
Yugoslavia	YU4a								1.02 ?														mean/m+f	
	YU4b								2.43 ?														mean/m+f	

NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2
Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert: NUTRIENT	I. Eimadfa seleum (µg)	Survey																			Comment	
		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+		
Denmark	DK2																41±12				mean±se urban	
Estonia	EE1										67±28											mean±se rural
Finland	SF2diabetics										70±24											mean±se
	SF2control										27±9											mean±se
Netherlands	SF4 athletes										75±23											mean±se
	SF4 control										96±20											mean±se
Sweden	NL1	26±10									37±12											mean±se
	S1				27±9				34±13													mean±se
United Kingdom	S3 Upsa																					mean±se
	S3 Troll																					mean±se
	UK11non smoker																					mean±se
	UK11occ smoker																					mean±se
	UK11freq smoker																					mean±se
	UK12																					mean±se
Yugoslavia	YU4a																					mean/m+f
	YU4b																					mean/m+f
Denmark	DK2																					mean±se urban
	EE1										67±29											mean±se rural
Finland	SF4 athletes										66±24											mean±se
	SF4 control										63±16											mean±se
Netherlands	NL1	22±9									69±20											mean±se
	S1				27±10				30±10													mean±se
Sweden	S3 Ups																					mean±se
	S3 Troll																					mean±se
United Kingdom	UK11non smoker																					mean±se
	UK11occ smoker																					mean±se
	UK11freq smoker																					mean±se
Yugoslavia	YU4a																					mean/m+f
	YU4b																					mean/m+f