

# Emerging evidence on iodine deficiency in the UK, public health implications



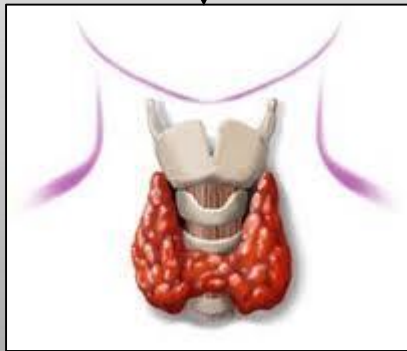
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# Overview

## Iodine

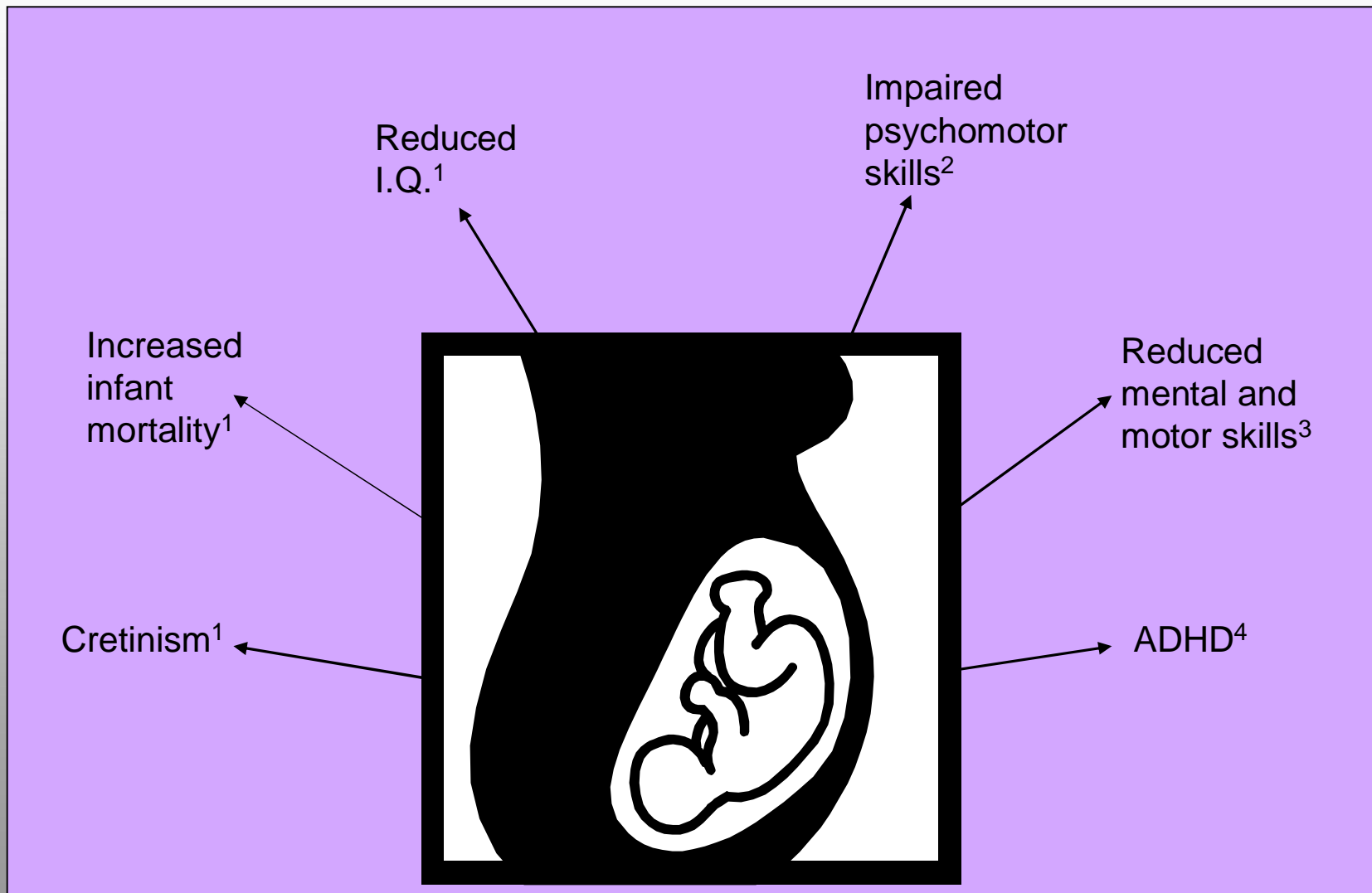
Essential component of T4 and T3



Growth, development  
and metabolism

Brain and neurological  
development

# Why iodine is important

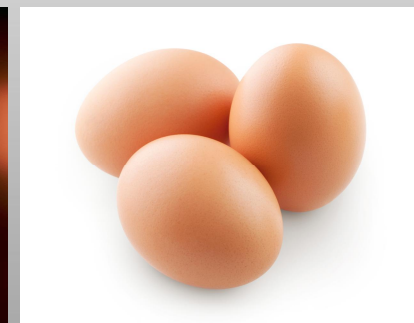


1. Delange 1994 *Thyroid*; 2. Pop 1999 *Clin Endocrinol (Oxf)*; 3. Pop 2003 *Clin Endocrinol (Oxf)*; 4. Vermiglio 2004 *J Clin Endocrinol Metab*

On a worldwide basis,  
**iodine deficiency** is the single  
most important preventable cause  
of **brain damage**+

# Sources of iodine

- Food iodine levels are dependent on soil levels
- Food of marine origin *e.g. fish*
- Milk and dairy products
  - Seasonal variation
- Meat and eggs
- Iodised salt
- Nutritional Supplements
  - Kelp supplements should be avoided . can lead to excessive iodine intake



# Iodine requirements

Pregnancy is the life stage with the highest iodine requirements

- Adult requirement **150**  $\mu\text{g}/\text{day}^1$
- Recent WHO advice: **250**  $\mu\text{g}/\text{day}$  during pregnancy<sup>2</sup>

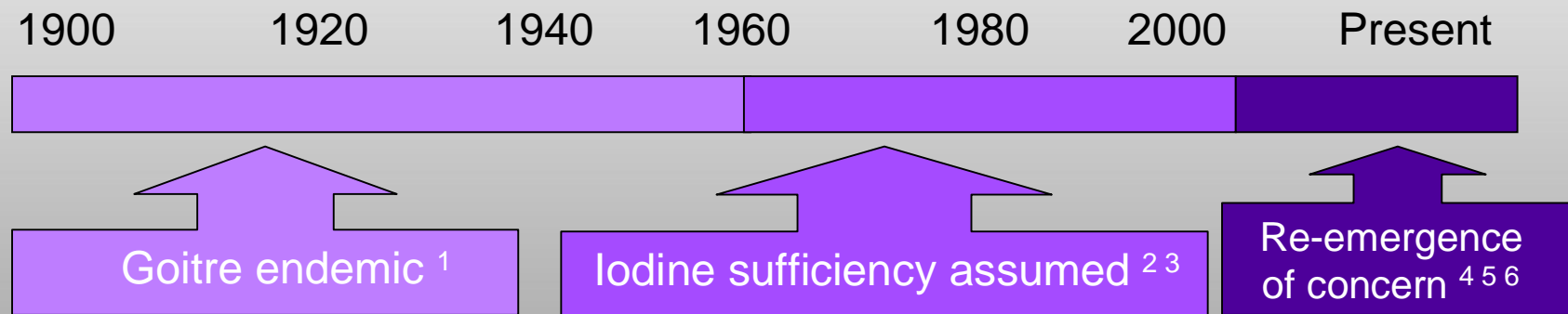


# Use of a biomarker for assessment of iodine status

- **Iodine status** is determined from urinary iodine concentration
- **90%** of iodine ingested is assumed to be excreted
- For an individual, **24-hr urinary iodine excretion** is the best measure
- For a population, a **spot-urine sample** is used
- Spot urine samples cannot be used for diagnosis of iodine deficiency in individuals



# Summary of Iodine Status of UK

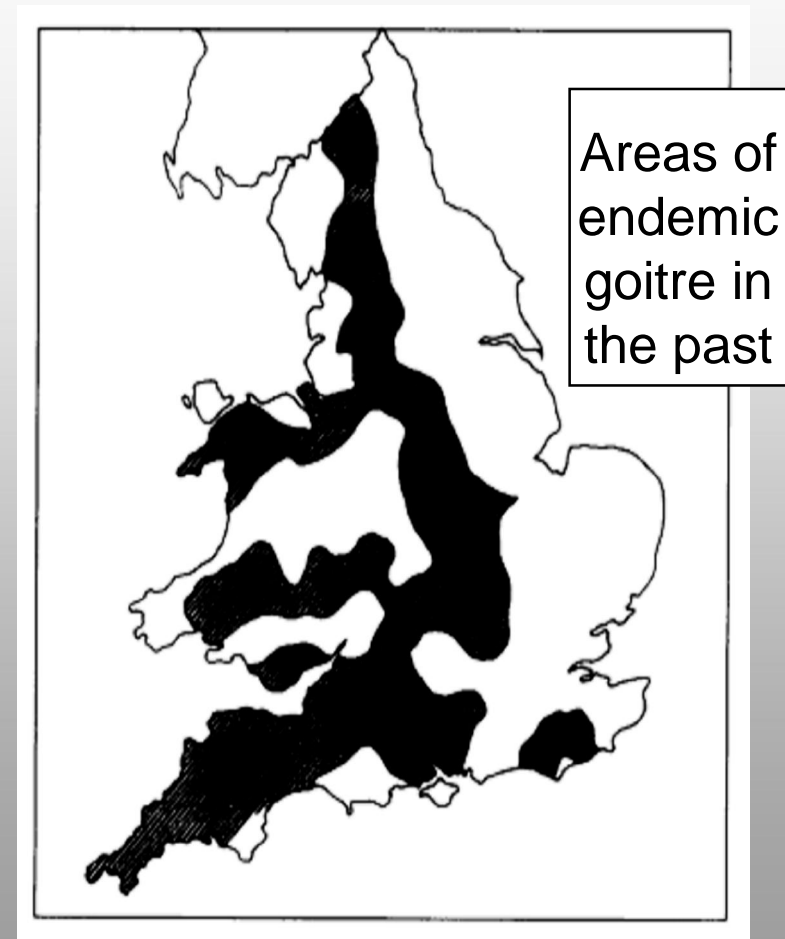


1. Phillips, 1997 2. Wenlock *et al.* 1984 *Br J Nutr* 3. Lee *et al.* 1994 *Br J Nutr* 4. Lazarus *et al.* 2008 *Lancet*  
5. Barnett *et al.* 2002 *J Endocrinol. Invest* 6. Kibirige *et al.* 2004 *Arch Dis Child Fetal Neonatal Ed*



# Historical Iodine Status of the UK

- Iodine deficiency used to be widespread in Britain
  - Goitre belt extended from West Country, into Derbyshire and parts of Wales
- Cretinism reported in some areas  
e.g. Dorset
- Goitre present up until 1960s in some areas  
e.g. Sheffield



Map taken from: Phillips 1997, Iodine, milk, and the elimination of endemic goitre in Britain: the story of an accidental public health triumph *J Epidemiol Community Health* **51** 391-3

# How Goitre was eradicated in the UK

Iodine concentration of  
milk increased

Milk consumption  
increased



**Three-fold** increase in iodine intakes  
between 1950s and 1980s\*

Milk-iodine concentration increased



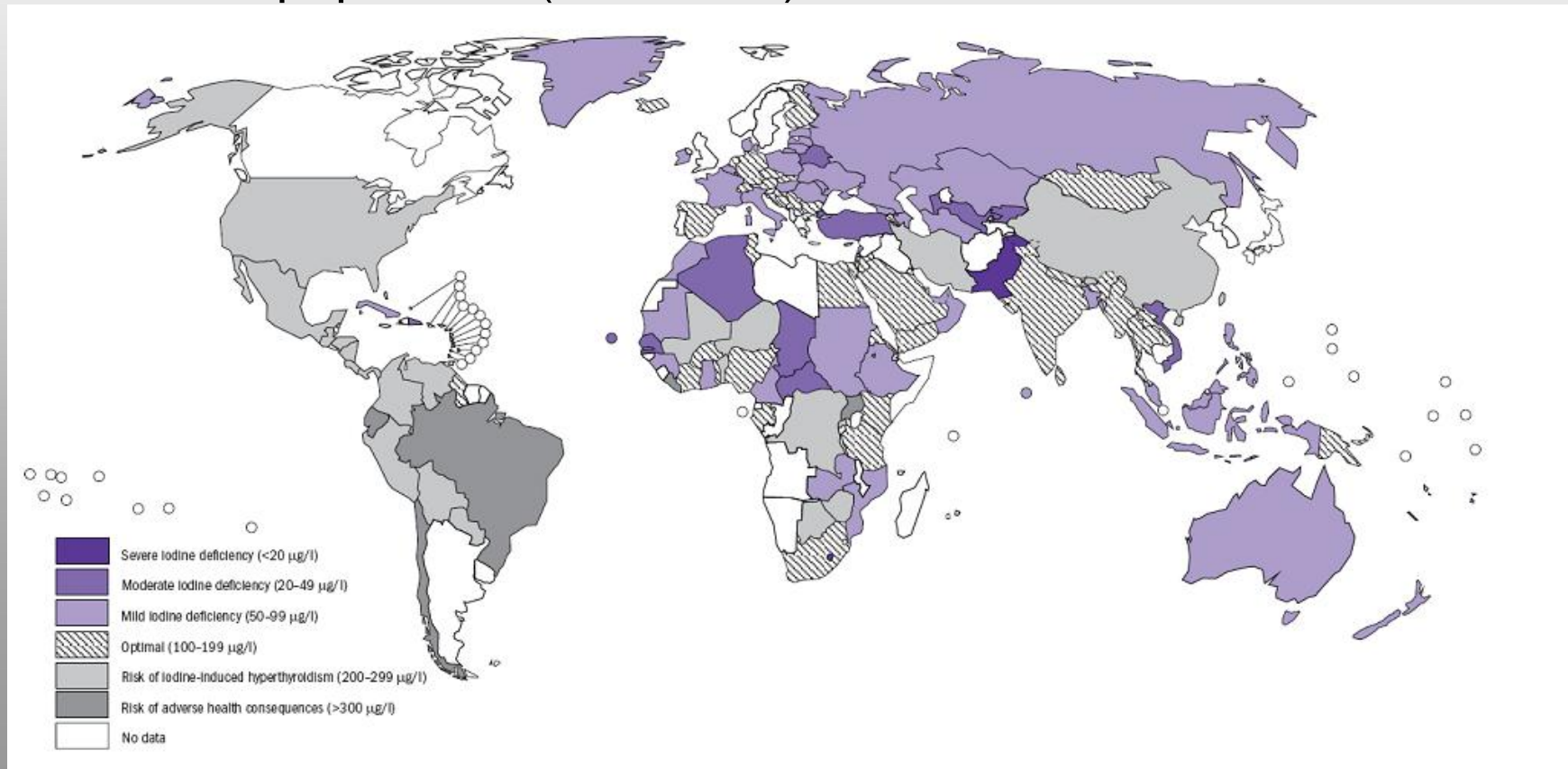
Milk consumption increased



DRINKA  
PINTA  
MILKA  
DAY

# UK Population Monitoring

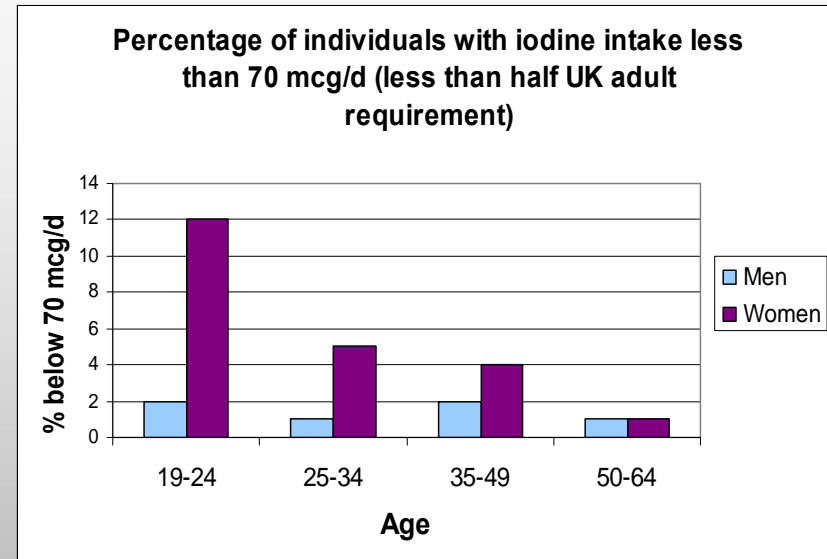
- Very poor monitoring of UK iodine status
- UK was one of few countries worldwide with no data on iodine status of population (until 2011)\*



# Recent Iodine Intake in the UK

## Adults: National Survey 2000/01<sup>1</sup>

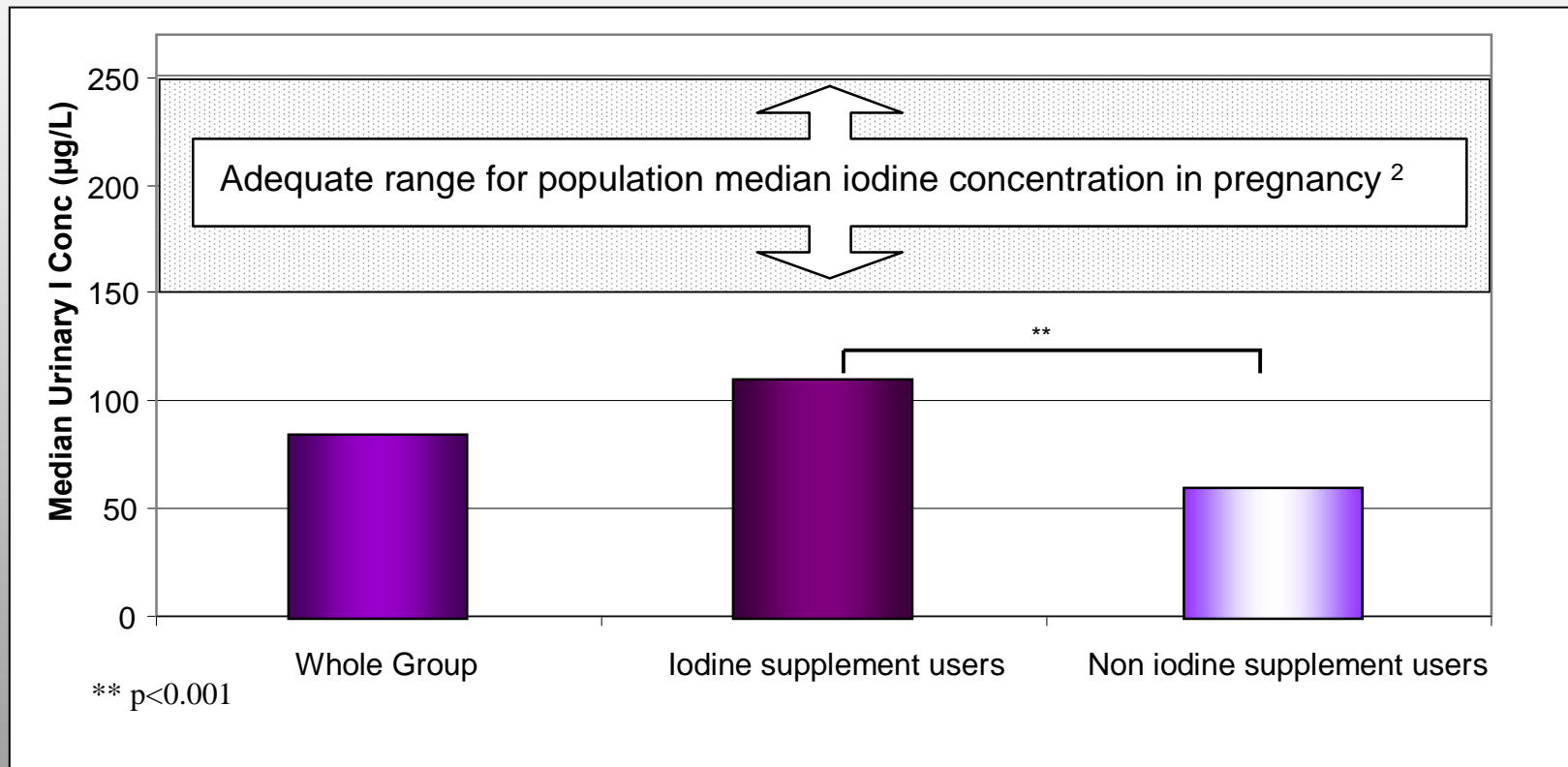
- Mean daily intake above RNI for adults
- 12% of young women had an intake < 70µg/day
- Intake had fallen since 1986/87 and figures from 2008/09 show further fall<sup>2</sup>



## Pregnant Women

- 3.5% had iodine deficiency and 40% were borderline deficient in North East England<sup>3</sup>
- 40% of pregnant women in Tayside, Scotland, had intakes less than half of recommended levels<sup>4</sup>

# Iodine status of pregnant women in Surrey<sup>1</sup>





# Iodine status of UK schoolgirls\*

- Urinary iodine concentration measured in 737 adolescent girls aged 14-15 years
- Nine centres across the UK
- Iodine excretion indicated **mild deficiency** in the cohort
- Greatest risk of iodine deficiency in Belfast
- Concern that **iodine deficiency may be widespread in the UK**



# Wake-up call for the UK\*

## Iodine nutrition in the UK: what went wrong?

In *The Lancet*, Mark Vanderpump and colleagues<sup>1</sup> show that iodine nutrition in the UK is inadequate. The investigators assayed urinary iodine in more than 700 samples from girls attending secondary schools. Moderate-to-severe dietary iodine deficiency causes goitre and hypothyroidism. Importantly, adequate concentrations of thyroid hormone are needed for normal neurodevelopment in utero and in early life; iodine deficiency in pregnant or lactating women can lead to neurocognitive impairments in children.<sup>2</sup>

In 1990, the UN World Summit for Children set the goal of eliminating iodine deficiency worldwide.<sup>3</sup> Much progress has since been made through programmes of universal salt iodisation, as advocated by WHO, UNICEF, and the International Council for the Control of Iodine Deficiency Disorders.<sup>4</sup> However, almost 2 billion individuals around the world continue to live in iodine-deficient areas.<sup>5</sup>

It seems unconscionable that a country with the resources of the UK should be iodine-deficient in 2011. How did this happen? The UK, similar to other developed nations such as the USA, and, until recently, Australia and New Zealand, has never mandated iodisation of salt or other foods: less than 5% of salt sold in the UK is iodised.<sup>6</sup>

Iodisation of salt in commercially baked bread to ensure adequate iodine nutrition for their populations. In the USA, dietary iodine sources are more diverse, and the use of iodised salt is more widespread. However, US dietary iodine intake decreased by half between the early 1970s and early 1990s, also partly due to changes in the use of iodine by the dairy industry.<sup>7</sup> While US dietary iodine intake is currently substantially higher than that in the UK, there are now concerns that vulnerable populations in the USA might also be mildly deficient.

What should be done to redress this situation in the UK? Hopefully, Vanderpump and co-workers' data will stimulate efforts to ensure adequate and stable iodine nutrition, preferably through the mandatory iodisation of salt. However, it will presumably take some time for public health officials in the UK to develop a comprehensive strategy. Meanwhile, time is of the essence, because children across the UK are currently being born unprotected from the effects of iodine deficiency. Immediate steps should be taken to protect the most vulnerable members of the population. Women who are pregnant, lactating, or planning a pregnancy should be advised to take a daily vitamin supplement containing iodine in the form of potassium iodide. This

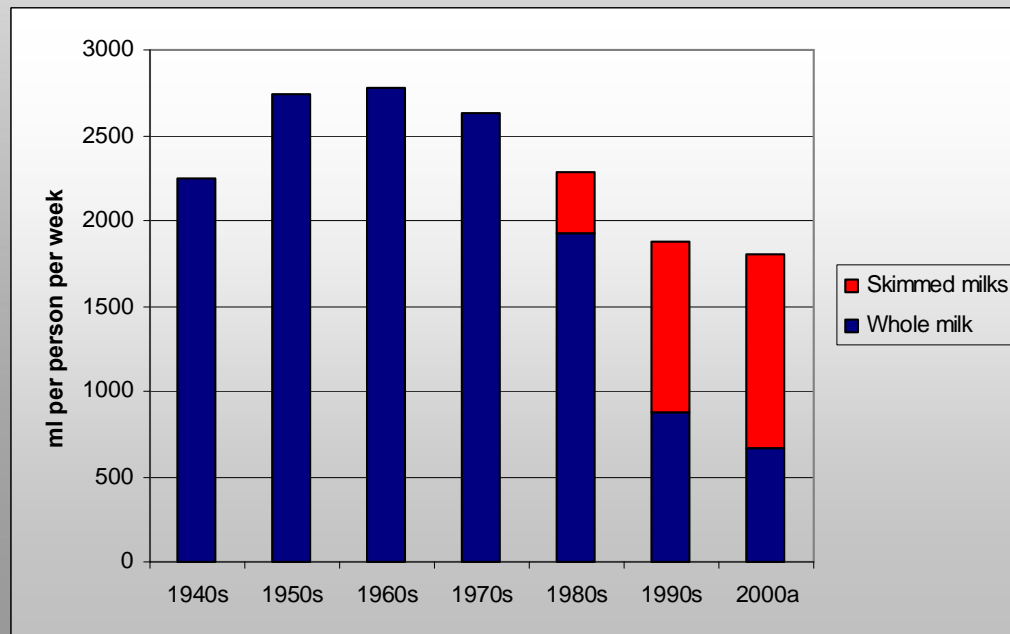
It seems unconscionable that a country with the resources of the UK should be iodine-deficient in 2011+

\*Pearce, *Lancet* 2011 **377** pp 1979-1980



# The Current UK Situation: Role of milk

- Milk and dairy products are the principal source of iodine in UK diet
- They contribute up to 40% of iodine intake<sup>1</sup>
- Low milk consumption is linked to a higher risk of low iodine status<sup>2</sup>
- However, milk consumption has decreased in recent years<sup>3</sup>



# The UK Organic Milk Industry

- Liquid organic milk accounts for **3.2%** of total market sales\*
- Ten years of growth in organic milk market
- Milk is entry point for organic market



# Iodine concentration of organic vs. conventional milk



- Pairs of supermarket own-brand organic and conventional milk
- Five supermarkets (total market share 80%)
- 16 counties (SE and SW UK)
- Major brands of organic milk
- Total 92 organic and 80 conventional milk samples

# The Current UK Situation: Organic Milk

Our Results	Organic	Conventional
Median iodine concentration (ng/g)	144.5	249.5
Iodine content per 200 g milk serving ( $\mu\text{g}$ )	29	50

- Organic milk was **42.1%** lower in iodine content than conventional milk
- Possibly due to feeding restrictions organic farms
- Higher clover content of organic feed may also block delivery of iodine to milk



# Current UK Situation: Iodised salt availability

Universal salt iodisation is used in most countries

- However, in the **UK**, our research has shown that\*
- Iodised salt has a **0.6%** volume share of the table-salt market
- Iodised salt is available to less than **20%** of supermarket shoppers
- Iodised salt is **six times** more expensive
- **96%** of the UK pregnant women we surveyed rarely consumed iodised salt



\*Bath, Button and Rayman, *Proc Nutr Soc* 2011

# Does iodine deficiency in the UK matter?



# Methods: Participants\*

Our current study investigated 1000 ALSPAC women

The women were selected on the basis of:

- availability of a urine sample at during pregnancy

*And*

- their children having a measure of intelligence quotient (IQ) at age eight years

\*Bath, Steer, Golding, Emmett, Rayman, *Proc Nut Soc* 2012, Abstract in press

# Results: Iodine status<sup>1</sup>

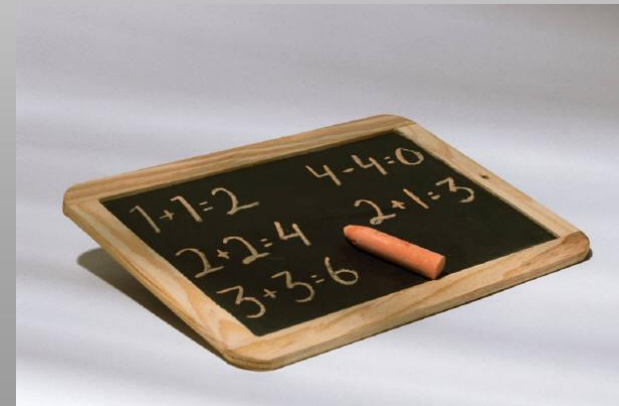
- This cohort of pregnant women were classified as **mildly-to-moderately** iodine deficient<sup>2,3</sup>
- **61%** of the women were iodine deficient ( $< 150 \mu\text{g/g}$ ) when using creatinine-adjusted values





# Results: Cognitive outcomes\*

- Statistical analysis was adjusted for 24 confounders
  - e.g. maternal education, breastfeeding
- Compared to children of women who were iodine sufficient, children born to women who were iodine deficient during pregnancy were:
  - ☹ **58%** more likely to have total IQ scores in the lowest quartile
  - ☹ **83%** more likely to have a reading score in the bottom quartile
  - ☹ **66%** more likely to be in the lowest quartile of Key Stage 2 maths scores



# Conclusions

- Food sources of iodine in UK are haphazard
- Iodine deficiency has been demonstrated in UK women of childbearing age and pregnant women
- Results from ALSPAC suggest this is negatively impacting on child cognition
- UK needs to review population iodine status and policy on fortification



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# Acknowledgements



## Collaborators

- “ ALSPAC Executive
- “ Prof Jean Golding
- “ Colin Steer
- “ Dr Pauline Emmett
- “ Dr John Wright
- “ Suzanne Button

## Analysts

- “ Dr Christine Sieniawska
- “ Dr Andrew Taylor
- “ Mr Alan Walter
- “ Dr Sarah Hill
- “ Dr Malcolm Burns

## Facilitator

Dr Alex Richardson

## Sponsors



the waterloofoundation\*