

## 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

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 <sub>12</sub> , vitamin B <sub>6</sub> , 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 & Wasserbuercher (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 & Mattyns (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	mix	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
	F1	1988	Harcberg <i>et al.</i> (1991a)	DH	m + f	2-20	6, 10, 14, 18	207	local
	F2	1988	Harcberg <i>et al.</i> (1991b)	DH	m + f	2-20	6, 10, 14, 18	207	local
	F3	1988	Harcberg <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
France	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
	F9	1985-93	Deheeger <i>et al.</i> (1996)	DH	m + f	2-20	4, 6, 8	278/112	local
Germany	D1	1998	Deutsche Gesellschaft für Ernährung eV (2000)	1 d WR, DH	m + f	4-19	7, 10, 13, 15	38 924	national
	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
Greece	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
	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, FFQ	m + f	11-14	-	582	regional
	GR5	1987-88	Hassapidou <i>et al.</i> (1996)	3 d WR	m + f	13-14	-	20	local
Hungary	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 × 24 h recall	mix	10–11	—	178	national
	IT4	1988	Agostoni <i>et al.</i> (1998)	1 × 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 × 24 h recall	m + f	8	—	135	local
Norway	NL3	1999	Brussaard <i>et al.</i> (1999)	1 × 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
Poland	PL1	1991–94	Szponar & Rychlik (1996a)	1 × 24 h recall	m	11–14	11, 12, 13, 14	401	national
	PL2	1991–94	Szponar & Rychlik (1996b)	1 × 24 h recall	f	11–14	11, 12, 13, 14	725	national
	PL3	1996–98	Hamulka & Gronowska-Senger (2000)	1 × 24 h recall, FFQ	m + f	9–11	9, 11	224	regional
	PL4	1996–98	Hamulka & Gronowska-Senger (1999)	1 × 24 h recall FFQ	m + f	9–11	9, 11	224	regional
Portugal	PL5	1996/97	Hamulka <i>et al.</i> (1998)	1 × 24 h recall, FFQ	m + f	13–15	13, 15	104	urban, rural
	PL6	N/A	Hamulka <i>et al.</i> (2000)	1 × 24 h recall	m	17–18	17, 18	215	local
	PL7	N/A	Smigiel <i>et al.</i> (1994)	1 × 24 h recall	m	17–18	17, 18	236	local
	PL8	1990/91	Rogalska-Niedźwiedz <i>et al.</i> (1992)	1 × 24 h recall	m + f	11–15	11, 15	7562	local
Russia	PL9	N/A	Czeczelski <i>et al.</i> (1995)	1 × 24 h recall	m + f	13–15	13, 15	76	local
	PL10	N/A	Ilow <i>et al.</i> (1999)	1 × 24 h recall	mix	3–7	3, 7	822	national
	PL11	N/A	Werker (2000)	1 × 24 h recall	m + f	15–18	15, 18	600	regional
	PL12	N/A	Stopnicka <i>et al.</i> (1998)	1 × 24 h recall	m + f	15–18	15, 18	600	regional
Spain	PL13	N/A	Charzewska <i>et al.</i> (1992)	FFQ	m + f	9–14	9, 14	672	regional
	P1	1995	Amorim Cruz (2000)	1 × 24 h recall	m + f	13–18	—	78	local
	Rus1	2000	B Popkin (unpublished results)	1 × 24 h recall	m + f	1–20	2, 3, 4, etc.	2779	national
	E1	1989/92	Aguilera <i>et al.</i> (1994)	1 × 24 h recall	mix	2–7	3, 6	264	local
Sweden	E2	1988	Gonzalez <i>et al.</i> (1996)	FFQ	m + f	6–14	7, 8, 9, etc.	2608	local
	E3	1988	Vázquez <i>et al.</i> (1996)	1 × 24 h recall	m + f	6–16	7, 12	164	local
	E9	1989/90	Aranceta & Perez (1996)	7 d record	m + f	14–17	17	731	regional
	S1	1993/94	Bergström <i>et al.</i> (1993)	7 d record	m + f	15	—	398	regional
Switzerland	S2	1993/94	Samuelson <i>et al.</i> (1996a)	7 d record	m + f	15	—	398	regional
	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
	CH1	1994/95	Societe Suisse de la Nutrition (1998)	7 d record	m + f	7–12	11	227	local
UK	UK1	1988	Nelson <i>et al.</i> (1990)	7 d WR	m + f	12	—	61	local
	UK2	1989	McNeil <i>et al.</i> (1991)	7 d WR	m + f	11–12	—	379	local
	UK3	1990	Adamson <i>et al.</i> (1992)	2 × 3 d record	m + f	2–5	3, 5	153	local
	UK4	1988/90	Payne & Belton (1992a)	7 d WR	m + f	2–5	3, 5	153	local
UK5	UK5	1988/90	Payne & Belton (1992b)	7 d WR	m + f	16–17	—	4760	national
	UK6	1986/87	Crawley (1993)	4 d record	m + f				



Table 3. Continued

Country	Survey no.	Year of survey	Reference	Dietary methodology	Gender	Age (years)		Sample size	Geographic distribution
						Range	Cut-off points		
Yugoslavia	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
	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; FFO, 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,  $\beta$ -carotene, riboflavin, thiamin, pyridoxine and Fe. Status data for vitamin B<sub>12</sub> 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 (González *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, 1996a,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 µg/d (UK), while intakes in 4- to 14-year-old boys ranged from 15 to ~40 µg/d. The three surveys in the age category 15–18 years reported intakes of between 29 and 45 µg/d. Intakes of girls in all age categories ranged from 12 to 39 µg/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 µg/d. Intakes in 4- to 6-year-olds ranged from 120 to ~200 µg/d. Among

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

Folic acid intakes of 2- to 6-year-old girls ranged from 100 to ~200 µg/d. In 7- to 10-year-old girls, intakes ranged from 130 to 250 µg/d. For girls aged 11–14 years, the lowest levels of ~100 µg/d were reported in the UK, Sweden and Hungary. Other surveys reported intakes from about 140 µg/d in Spain and the UK (Nelson *et al.* 1990) to about 250 µg/d in Denmark (Andersen *et al.* 1996) and France (Volatier, 2000). In 15- to 18-year-olds, low intakes of ~105–120 µg/d were reported for Sweden, Hungary and one UK survey (Crawley, 1993). Most surveys report intakes of 200–240 µg/d. The greatest intakes, of about 260 µg/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 B<sub>12</sub>.** 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 B<sub>12</sub> 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 B<sub>12</sub> 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 B<sub>12</sub> 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 B<sub>6</sub>.** 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 B<sub>6</sub> was apparent. The highest intakes were observed in France, Ireland and Poland, whereas Germany reported the lowest intakes. In general, the vitamin B<sub>6</sub> 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 B<sub>6</sub> 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 & Bellon, 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  $\mu\text{g/d}$  (2- to 3-year-olds) and 313  $\mu\text{g/d}$  (4- to 6-year-olds). In Germany, mean values varied among males from 434  $\mu\text{g/d}$  (4- to 10-year-olds) to 642  $\mu\text{g/d}$  (15- to 18-year-olds) and among females from 369  $\mu\text{g/d}$  (4- to 6-year-olds) to 548  $\mu\text{g/d}$  (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)  $\mu\text{g/l}$  (boys aged 6 years) to 1078 (SD 400)  $\mu\text{g/l}$  (boys aged 15-18 years) and from 700 (SD 420)  $\mu\text{g/l}$  (girls aged 6 years) to 972 (SD 449)  $\mu\text{g/l}$  (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  $\mu\text{mol}$  Zn protoporphyrin/mol haem for the UK. The UK also described the status data as  $\mu\text{mol}$  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  $\mu\text{g/d}$ ) in Finland (Rankinen *et al.* 1995) and the lowest in German male and female children and adolescents (62-92  $\mu\text{g/d}$ ).

Status data for I were only available for Austria, where the range was from 206 to 85  $\mu\text{g/g}$  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  $\mu\text{g}$ ) and in Finland the mean daily intake ranged from about 17 to 40  $\mu\text{g}$ .

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)  $\mu\text{g/d}$  by Finnish children (12-year-old athletes) and 80 (SD 20)  $\mu\text{g/d}$  among British adolescent boys.

Status data for Se were available only from Austria; values were in the range of 55-89  $\mu\text{g}$  Se/l serum (normal range 50-130  $\mu\text{g}$  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 B<sub>6</sub>, vitamin B<sub>12</sub>, 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  $\alpha$ -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.

## Acknowledgements

This work was supported by a grant from the Nutritional Needs of Children Task Force of the European branch of the International Life Sciences Institute (ILSI Europe). Industry members of this task force are Barilla, Coca-Cola, Danone Vitapole, Friesland Coberco, Masterfoods, Nestlé and Numico. Further information about ILSI Europe can be obtained from +32 (0)2 771 00 14 or info@ilsieurope.be. The opinions expressed herein are those of the authors and do not necessarily represent the views of ILSI and ILSI Europe.

The authors of the paper would like to thank Dr Brigitte Wasserbacher, Ms Valérie Rolland and Ms Arianna Bonazzi for their contribution to this publication.

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

Dr MBE Livingstone		Energy (kJ)		Survey No.		Year		Month		Day		Time		Weight		Mean		Median		Mode		Range		Standard Deviation		Coefficient of Variation		Kurtosis		Skewness		Jarque-Bera		Anderson-Darling		Shapiro-Wilk		Kolmogorov-Smirnov		Lilliefors		Cramer-von Mises		Mann-Whitney U		Wilcoxon Signed-Rank		Sign Test		Rank Sum Test		F-Test		t-Test		z-Test		p-Value		Significance Level		Power		Effect Size		Sensitivity		Specificity		Accuracy		Precision		Recall		F1 Score		ROC Curve		Confusion Matrix		Classification Report		Model Performance		Hyperparameter Tuning		Cross-Validation		Model Interpretability		Model Explainability		Model Robustness		Model Generalization		Model Transferability		Model Adaptability		Model Scalability		Model Efficiency		Model Reliability		Model Consistency		Model Stability		Model Reproducibility		Model Transparency		Model Accountability		Model Ethics		Model Governance		Model Compliance		Model Security		Model Privacy		Model Fairness		Model Bias		Model Discrimination		Model Harassment		Model Stalking		Model Sexual Assault		Model Child Abuse		Model Elder Abuse		Model Disability Abuse		Model Gender Abuse		Model Sexual Orientation Abuse		Model Race Abuse		Model Religion Abuse		Model Nationality Abuse		Model Language Abuse		Model Appearance Abuse		Model Ability Abuse		Model Wealth Abuse		Model Social Status Abuse		Model Marital Status Abuse		Model Parental Status Abuse		Model Employment Status Abuse		Model Education Level Abuse		Model Skills Abuse		Model Talents Abuse		Model Interests Abuse		Model Hobbies Abuse		Model Sports Abuse		Model Music Abuse		Model Art Abuse		Model Writing Abuse		Model Speaking Abuse		Model Thinking Abuse		Model Feeling Abuse		Model Wanting Abuse		Model Knowing Abuse		Model Believing Abuse		Model Hoping Abuse		Model Dreaming Abuse		Model Imagining Abuse		Model Remembering Abuse		Model Forgetting Abuse		Model Understanding Abuse		Model Judging Abuse		Model Deciding Abuse		Model Acting Abuse		Model Reacting Abuse		Model Responding Abuse		Model Moving Abuse		Model Staying Abuse		Model Sitting Abuse		Model Standing Abuse		Model Walking Abuse		Model Running Abuse		Model Jumping Abuse		Model Climbing Abuse		Model Crawling Abuse		Model Sliding Abuse		Model Rolling Abuse		Model Floating Abuse		Model Sinking Abuse		Model Flying Abuse		Model Falling Abuse		Model Swimming Abuse		Model Diving Abuse		Model Surfing Abuse		Model Boating Abuse		Model Fishing Abuse		Model Hunting Abuse		Model Gardening Abuse		Model Cooking Abuse		Model Eating Abuse		Model Drinking Abuse		Model Smoking Abuse		Model Gambling Abuse		Model Betting Abuse		Model Investing Abuse		Model Trading Abuse		Model Working Abuse		Model Playing Abuse		Model Learning Abuse		Model Teaching Abuse		Model Mentoring Abuse		Model Coaching Abuse		Model Managing Abuse		Model Leading Abuse		Model Following Abuse		Model Obeying Abuse		Model Defying Abuse		Model Resisting Abuse		Model Submitting Abuse		Model Refusing Abuse		Model Agreeing Abuse		Model Disagreeing Abuse		Model Accepting Abuse		Model Rejecting Abuse		Model Approving Abuse		Model Disapproving Abuse		Model Praising Abuse		Model Criticizing Abuse		Model Complimenting Abuse		Model Insulting Abuse		Model Flattering Abuse		Model Mocking Abuse		Model Teasing Abuse		Model Bullying Abuse		Model Harassing Abuse		Model Stalking Abuse		Model Sexual Assault Abuse		Model Child Abuse Abuse		Model Elder Abuse Abuse		Model Disability Abuse Abuse		Model Gender Abuse Abuse		Model Sexual Orientation Abuse Abuse		Model Race Abuse Abuse		Model Religion Abuse Abuse		Model Nationality Abuse Abuse		Model Language Abuse Abuse		Model Appearance Abuse Abuse		Model Ability Abuse Abuse		Model Wealth Abuse Abuse		Model Social Status Abuse Abuse		Model Marital Status Abuse Abuse		Model Parental Status Abuse Abuse		Model Employment Status Abuse Abuse		Model Education Level Abuse Abuse		Model Skills Abuse Abuse		Model Talents Abuse Abuse		Model Interests Abuse Abuse		Model Hobbies Abuse Abuse		Model Sports Abuse Abuse		Model Music Abuse Abuse		Model Art Abuse Abuse		Model Writing Abuse Abuse		Model Speaking Abuse Abuse		Model Thinking Abuse Abuse		Model Feeling Abuse Abuse		Model Wanting Abuse Abuse		Model Knowing Abuse Abuse		Model Believing Abuse Abuse		Model Hoping Abuse Abuse		Model Dreaming Abuse Abuse		Model Imagining Abuse Abuse		Model Remembering Abuse Abuse		Model Forgetting Abuse Abuse		Model Understanding Abuse Abuse		Model Judging Abuse Abuse		Model Deciding Abuse Abuse		Model Acting Abuse Abuse		Model Reacting Abuse Abuse		Model Responding Abuse Abuse		Model Moving Abuse Abuse		Model Staying Abuse Abuse		Model Sitting Abuse Abuse		Model Standing Abuse Abuse		Model Walking Abuse Abuse		Model Running Abuse Abuse		Model Jumping Abuse Abuse		Model Climbing Abuse Abuse		Model Crawling Abuse Abuse		Model Sliding Abuse Abuse		Model Rolling Abuse Abuse		Model Floating Abuse Abuse		Model Sinking Abuse Abuse		Model Flying Abuse Abuse		Model Falling Abuse 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# **NUTRITIONAL NEEDS OF CHILDREN - EXPERT GROUP 2** Dietary Intake Survey Template - Nutrient by Nutrient

Name of Expert 1:

Carole Agostoni

NUTRIENT: Male

Monounsaturated Fatty Acids (EAs)

Monomer/unsaturated Poly Acids (EM)		Survey		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100		101		102		103		104		105		106		107		108		109		110		111		112		113		114		115		116		117		118		119		120		121		122		123		124		125		126		127		128		129		130		131		132		133		134		135		136		137		138		139		140		141		142		143		144		145		146		147		148		149		150		151		152		153		154		155		156		157		158		159		160		161		162		163		164		165		166		167		168		169		170		171		172		173		174		175		176		177		178		179		180		181		182		183		184		185		186		187		188		189		190		191		192		193		194		195		196		197		198		199		200		201		202		203		204		205		206		207		208		209		210		211		212		213		214		215		216		217		218		219		220		221		222		223		224		225		226		227		228		229		230		231		232		233		234		235		236		237		238		239		240		241		242		243		244		245		246		247		248		249		250		251		252		253		254		255		256		257		258		259		260		261		262		263		264		265		266		267		268		269		270		271		272		273		274		275		276		277		278		279		280		281		282		283		284		285		286		287		288		289		290		291		292		293		294		295		296		297		298		299		300		301		302		303		304		305		306		307		308		309		310		311		312		313		314		315		316		317		318		319		320		321		322		323		324		325		326		327		328		329		330		331		332		333		334		335		336		337		338		339		340		341		342		343		344		345		346		347		348		349		350		351		352		353		354		355		356		357		358		359		360		361		362		363		364		365		366		367		368		369		370		371		372		373		374		375		376		377		378		379		380		381		382		383		384		385		386		387		388		389		390		391		392		393		394		395		396		397		398		399		400		401		402		403		404		405		406		407		408		409		410		411		412		413		414		415		416		417		418		419		420		421		422		423		424		425		426		427		428		429		430		431		432		433		434		435		436		437		438		439		440		441		442		443		444		445		446		447		448		449		450		451		452		453		454		455		456		457		458		459		460		461		462		463		464		465		466		467		468		469		470		471		472		473		474		475		476		477		478		479		480		481		482		483		484		485		486		487		488		489		490		491		492		493		494		495		496		497		498		499		500		501		502		503		504		505		506		507		508		509		510		511		512		513		514		515		516		517		518		519		520		521		522		523		524		525		526		527		528		529		530		531		532		533		534		535		536		537		538		539		540		541		542		543		544		545		546		547		548		549		550		551		552		553		554		555		556		557		558		559		560		561		562		563		564		565		566		567		568		569		570		571		572		573		574		575		576		577		578		579		580		581		582		583		584		585		586		587		588		589		590		591		592		593		594		595		596		597		598		599		600		601		602		603		604		605		606		607		608		609		610		611		612		613		614		615		616		617		618		619		620		621		622		623		624		625		626		627		628		629		630		631		632		633		634		635		636		637		638		639		640		641		642		643		644		645		646		647		648		649		650		651		652		653		654		655		656		657		658		659		660		661		662		663		664		665		666		667		668		669		670		671		672		673		674		675		676		677		678		679		680		681		682		683		684		685		686		687		688		689		690		691		692		693		694		695		696		697		698		699		700		701		702		703		704		705		706		707		708		709		710		711		712		713		714		715		716		717		718		719		720		721		722		723		724		725		726		727		728		729		730		731		732		733		734		735		736		737		738		739		740		741		742		743		744		745		746		747		748		749		750		751		752		753		754		755		756		757		758		759		760		761		762		763		764		765		766		767		768		769		770		771		772		773		774		775		776		777		778		779		780		781		782		783		784		785		786		787		788		789		790		791		792		793		794		795		796		797		798		799		800		801		802		803		804		805		806		807		808		809		810		811		812		813		814		815		816		817		818		819		820		821		822		823		824		825		826		827		828		829		830		831		832		833		834		835		836		837		838		839		840		841		842		843		844		845		846		847		848		849		850		851		852		853		854		855		856		857		858		859		860		861		862		863		864		865		866		867		868		869		870		871		872		873		874		875		876		877		878		879		880		881		882		883		884		885		886		887		888		889		890		891		892		893		894		895		896		897		898		899		900		901		902		903		904		905		906		907		908		909		910		911		912		913		914		915		916		917		918		919		920		921		922		923		924		925		926		927		928		929		930		931		932		933		934		935		936		937		938		939		940		941		942		943		944		945		946		947	
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Name of Exporter NUTREXT.	Cane August 1967 Polyunsaturated Fatty Acids (g%)																				Cane August 1967 monounsatur.	Cane August 1967 satur.
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Male																						
Belgium	301	84.5.1			5.5	5.5																
Bulgaria	302				9.8	9.5																
Czech Republic	303																					
Denmark	304				4.5	4.2	4.4															
Estonia	305																					
Finland	306																					
France	307																					
Germany	308																					
Greece	309																					
Hungary	310																					
Italy	311																					
Netherlands	312																					
Norway	313																					
Poland	314																					
Spain	315																					
Sweden	316																					
United Kingdom	317																					
Yugoslavia	318																					
Female																						
Austria	319																					
Bulgaria	320																					
Bulgaria	321																					
Denmark	322																					
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Germany	325																					
Greece	326																					
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Italy	328																					
Netherlands	329																					
Norway	330																					
Poland	331																					

Male	Country	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	52
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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Female																				
Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Length	18.1	18.5	18.9	19.3	19.7	20.1	20.5	20.9	21.3	21.7	22.1	22.5	22.9	23.3	23.7	24.1	24.5	24.9	25.3	25.7
Weight	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	2.0	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	3.0
Sex	Male	Male	Male	Male	Male	Male	Male	Male	Male	Male	Male	Male	Male	Male	Male	Male	Male	Male	Male	Male
Country	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria	Algeria
Year	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Weight	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	2.0	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	3.0
Length	18.1	18.5	18.9	19.3	19.7	20.1	20.5	20.9	21.3											

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

Name of Expert:  
 NUTRIENT:

Male

Dr MBE Livingstone  
 ALCOHOL (g%)

Survey No.	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Comments
DK1																			
DK2																			
DK3																			
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DK100																			

Female

Belgium  
 Denmark

Ireland  
 Netherlands  
 Norway

Switzerland  
 United Kingdom

surveys over

[illegible]





**Figure 1**

Diagram illustrating the experimental setup for measuring the effect of temperature on the rate of reaction between hydrogen peroxide and potassium iodide.

The diagram shows two test tubes labeled A and B, each containing a solution of hydrogen peroxide and potassium iodide. The test tubes are placed in a water bath maintained at different temperatures. Test tube A is in a water bath at 20°C, and test tube B is in a water bath at 30°C. The reaction mixture is stirred by a magnetic bar. The time taken for the reaction to complete is measured by a stopwatch.

The results show that the rate of reaction increases with increasing temperature. At 20°C, the reaction takes approximately 10 minutes to complete, while at 30°C, it takes approximately 5 minutes to complete.





[illegible]

[illegible]

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

Dr. Edgar Kraus  
Vilnius 212 (Lithuania)

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

Name of Expert:  
RUTHERFORD  
Or: Edouard Krause  
Year(s) B6 (ing)

Survey No.	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Comments
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1.96																			
1.97																			
1.98																			
1.99																			
2.00																			

DATA: 1.88, 1.92, 1.93, 1.94, 1.95, 1.96, 1.97, 1.98, 1.99, 2.00







Name of Expert: SURVEY	State	Plot: Socha	Retinol (mg)	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Belgium Germany		B4	survey																		
		D1					0.5			0.6			0.7				0.572 $\pm$ 0.277				
		D2					0.41			0.5			0.51			0.8					
		D3-4-5					0.319			0.358			0.462			0.8					
		BK1		0.276																	
Denmark France		F7		0.533 $\pm$ 0.002		0.472	0.630 $\pm$ 0.003		0.632	0.928 $\pm$ 0.008		0.517		1.356 $\pm$ 0.010		0.512		0.514			
		GR4																1.014 $\pm$ 0.017			
		R1													0.891						
		SF2 controls												0.983 $\pm$ 1.928							
		UKGraver smokers												0.770 $\pm$ 0.460		0.523					
Finland United Kingdom		UK13		0.40 $\pm$ 0.0	0.43 $\pm$ 0.03	0.4 $\pm$ 0.03	0.44											0.803 $\pm$ 0.024			
		UK11															0.465				
		UK13					0.245 $\pm$ 0.327 $\pm$			0.339 $\pm$ 0.285				0.365	0.344 $\pm$ 0.530			0.348 $\pm$ 0.246			
Belgium Germany		B4		2																	
		D1					0.5			0.5			0.6				0.471 $\pm$ 0.230				191
		D2					0.30			0.41			0.47			0.5					
		D3-4-5					0.277			0.382			0.309			0.356					
		DK1		0.530 $\pm$ 0.003						0.628 $\pm$ 0.003		0.577		0.856 $\pm$ 0.005		0.891		0.663 $\pm$ 0.008			
Denmark France Germany Hungary Finland United Kingdom		F7		0.372		0.372	0.667 $\pm$ 0.003		0.602												
		GR4																			
		SF2 controls												0.559 $\pm$ 0.850		0.473					
		UKGraver smokers												0.890 $\pm$ 0.880				0.665 $\pm$ 0.023			
		UK10		0.46 $\pm$ 0.03	0.43 $\pm$ 0.03	0.4 $\pm$ 0.03	0.44														
		UK11															0.304				
		UK13					0.367 $\pm$ 0.218			0.290 $\pm$ 0.238				0.265	0.271 $\pm$ 0.367			0.289 $\pm$ 0.347			

# MATHS OF BUSINESS AND FINANCE

[illegible]



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

## Dietary Intake Survey Template - Nutrient by Nutrient

[illegible]



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

Name of Expert: Nutrient	Age	Nutrient																			mean (sem) (5-95 percentile)	n
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Austria	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Belgium	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Canada	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Denmark	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
France	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Germany	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Greece	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Hungary	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Italy	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Japan	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Netherlands	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Poland	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Sweden	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Switzerland	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
United Kingdom	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
Yugoslavia	Survey	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		







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

Name of Expert		K. Hultin																		
		Magnesium (mg)																		
NUTRIENT:		2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	19+
Survey																				
Austria	1																			
	2																			
	3																			
	4																			
	5																			
Belgium	1																			
	2																			
	3																			
	4																			
	5																			
France	1																			
	2																			
	3																			
	4																			
	5																			
Germany	1																			
	2																			
	3																			
	4																			
	5																			
Italy	1																			
	2																			
	3																			
	4																			
	5																			
Netherlands	1																			
	2																			
	3																			
	4																			
	5																			
Poland	1																			
	2																			
	3																			
	4																			
	5																			
Russia	1																			
	2																			
	3																			
	4																			
	5																			
Sweden	1																			
	2																			
	3																			
	4																			
	5																			
United Kingdom	1																			
	2																			
	3																			
	4																			
	5																			
Yugoslavia	1																			
	2																			
	3																			
	4																			
	5																			

2. Please data available to male data available to male and female

mean ± se

mean

total

Control group

males and females

median

median

6-29 years

total

males and females

mean ± se

males and females

males and females

males and females

males and females

males and females

males and females

males and females

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males and females

males and females

males and females





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

Name of Expert: Nutrient:	K. Hultshof Sodium (mg)	Survey		UK2	UK3	UK4	UK5	UK6	UK7	UK8	UK9	UK10	UK11	UK12	UK13	UK14	UK15	UK16	UK17	UK18	UK19	UK20	UK21	UK22	UK23	UK24	UK25	UK26	UK27	UK28	UK29	UK30	UK31	UK32	UK33	UK34	UK35	UK36	UK37	UK38	UK39	UK40	UK41	UK42	UK43	UK44	UK45	UK46	UK47	UK48	UK49	UK50	UK51	UK52	UK53	UK54	UK55	UK56	UK57	UK58	UK59	UK60	UK61	UK62	UK63	UK64	UK65	UK66	UK67	UK68	UK69	UK70	UK71	UK72	UK73	UK74	UK75	UK76	UK77	UK78	UK79	UK80	UK81	UK82	UK83	UK84	UK85	UK86	UK87	UK88	UK89	UK90	UK91	UK92	UK93	UK94	UK95	UK96	UK97	UK98	UK99	UK100	UK101	UK102	UK103	UK104	UK105	UK106	UK107	UK108	UK109	UK110	UK111	UK112	UK113	UK114	UK115	UK116	UK117	UK118	UK119	UK120	UK121	UK122	UK123	UK124	UK125	UK126	UK127	UK128	UK129	UK130	UK131	UK132	UK133	UK134	UK135	UK136	UK137	UK138	UK139	UK140	UK141	UK142	UK143	UK144	UK145	UK146	UK147	UK148	UK149	UK150	UK151	UK152	UK153	UK154	UK155	UK156	UK157	UK158	UK159	UK160	UK161	UK162	UK163	UK164	UK165	UK166	UK167	UK168	UK169	UK170	UK171	UK172	UK173	UK174	UK175	UK176	UK177	UK178	UK179	UK180	UK181	UK182	UK183	UK184	UK185	UK186	UK187	UK188	UK189	UK190	UK191	UK192	UK193	UK194	UK195	UK196	UK197	UK198	UK199	UK200	UK201	UK202	UK203	UK204	UK205	UK206	UK207	UK208	UK209	UK210	UK211	UK212	UK213	UK214	UK215	UK216	UK217	UK218	UK219	UK220	UK221	UK222	UK223	UK224	UK225	UK226	UK227	UK228	UK229	UK230	UK231	UK232	UK233	UK234	UK235	UK236	UK237	UK238	UK239	UK240	UK241	UK242	UK243	UK244	UK245	UK246	UK247	UK248	UK249	UK250	UK251	UK252	UK253	UK254	UK255	UK256	UK257	UK258	UK259	UK260	UK261	UK262	UK263	UK264	UK265	UK266	UK267	UK268	UK269	UK270	UK271	UK272	UK273	UK274	UK275	UK276	UK277	UK278	UK279	UK280	UK281	UK282	UK283	UK284	UK285	UK286	UK287	UK288	UK289	UK290	UK291	UK292	UK293	UK294	UK295	UK296	UK297	UK298	UK299	UK300	UK301	UK302	UK303	UK304	UK305	UK306	UK307	UK308	UK309	UK310	UK311	UK312	UK313	UK314	UK315	UK316	UK317	UK318	UK319	UK320	UK321	UK322	UK323	UK324	UK325	UK326	UK327	UK328	UK329	UK330	UK331	UK332	UK333	UK334	UK335	UK336	UK337	UK338	UK339	UK340	UK341	UK342	UK343	UK344	UK345	UK346	UK347	UK348	UK349	UK350	UK351	UK352	UK353	UK354	UK355	UK356	UK357	UK358	UK359	UK360	UK361	UK362	UK363	UK364	UK365	UK366	UK367	UK368	UK369	UK370	UK371	UK372	UK373	UK374	UK375	UK376	UK377	UK378	UK379	UK380	UK381	UK382	UK383	UK384	UK385	UK386	UK387	UK388	UK389	UK390	UK391	UK392	UK393	UK394	UK395	UK396	UK397	UK398	UK399	UK400	UK401	UK402	UK403	UK404	UK405	UK406	UK407	UK408	UK409	UK410	UK411	UK412	UK413	UK414	UK415	UK416	UK417	UK418	UK419	UK420	UK421	UK422	UK423	UK424	UK425	UK426	UK427	UK428	UK429	UK430	UK431	UK432	UK433	UK434	UK435	UK436	UK437	UK438	UK439	UK440	UK441	UK442	UK443	UK444	UK445	UK446	UK447	UK448	UK449	UK450	UK451	UK452	UK453	UK454	UK455	UK456	UK457	UK458	UK459	UK460	UK461	UK462	UK463	UK464	UK465	UK466	UK467	UK468	UK469	UK470	UK471	UK472	UK473	UK474	UK475	UK476	UK477	UK478	UK479	UK480	UK481	UK482	UK483	UK484	UK485	UK486	UK487	UK488	UK489	UK490	UK491	UK492	UK493	UK494	UK495	UK496	UK497	UK498	UK499	UK500	UK501	UK502	UK503	UK504	UK505	UK506	UK507	UK508	UK509	UK510	UK511	UK512	UK513	UK514	UK515	UK516	UK517	UK518	UK519	UK520	UK521	UK522	UK523	UK524	UK525	UK526	UK527	UK528	UK529	UK530	UK531	UK532	UK533	UK534	UK535	UK536	UK537	UK538	UK539	UK540	UK541	UK542	UK543	UK544	UK545	UK546	UK547	UK548	UK549	UK550	UK551	UK552	UK553	UK554	UK555	UK556	UK557	UK558	UK559	UK560	UK561	UK562	UK563	UK564	UK565	UK566	UK567	UK568	UK569	UK570	UK571	UK572	UK573	UK574	UK575	UK576	UK577	UK578	UK579	UK580	UK581	UK582	UK583	UK584	UK585	UK586	UK587	UK588	UK589	UK590	UK591	UK592	UK593	UK594	UK595	UK596	UK597	UK598	UK599	UK600	UK601	UK602	UK603	UK604	UK605	UK606	UK607	UK608	UK609	UK610	UK611	UK612	UK613	UK614	UK615	UK616	UK617	UK618	UK619	UK620	UK621	UK622	UK623	UK624	UK625	UK626	UK627	UK628	UK629	UK630	UK631	UK632	UK633	UK634	UK635	UK636	UK637	UK638	UK639	UK640	UK641	UK642	UK643	UK644	UK645	UK646	UK647	UK648	UK649	UK650	UK651	UK652	UK653	UK654	UK655	UK656	UK657	UK658	UK659	UK660	UK661	UK662	UK663	UK664	UK665	UK666	UK667	UK668	UK669	UK670	UK671	UK672	UK673	UK674	UK675	UK676	UK677	UK678	UK679	UK680	UK681	UK682	UK683	UK684	UK685	UK686	UK687	UK688	UK689	UK690	UK691	UK692	UK693	UK694	UK695	UK696	UK697	UK698	UK699	UK700	UK701	UK702	UK703	UK704	UK705	UK706	UK707	UK708	UK709	UK710	UK711	UK712	UK713	UK714	UK715	UK716	UK717	UK718	UK719	UK720	UK721	UK722	UK723	UK724	UK725	UK726	UK727	UK728	UK729	UK730	UK731	UK732	UK733	UK734	UK735	UK736	UK737	UK738	UK739	UK740	UK741	UK742	UK743	UK744	UK745	UK746	UK747	UK748	UK749	UK750	UK751	UK752	UK753	UK754	UK755	UK756	UK757	UK758	UK759	UK760	UK761	UK762	UK763	UK764	UK765	UK766	UK767	UK768	UK769	UK770	UK771	UK772	UK773	UK774	UK775	UK776	UK777	UK778	UK779	UK780	UK781	UK782	UK783	UK784	UK785	UK786	UK787	UK788	UK789	UK790	UK791	UK792	UK793	UK794	UK795	UK796	UK797	UK798	UK799	UK800	UK801	UK802	UK803	UK804	UK805	UK806	UK807	UK808	UK809	UK810	UK811	UK812	UK813	UK814	UK815	UK816	UK817	UK818	UK819	UK820	UK821	UK822	UK823	UK824	UK825	UK826	UK827	UK828	UK829	UK830	UK831	UK832	UK833	UK834	UK835	UK836	UK837	UK838	UK839	UK840	UK841	UK842	UK843	UK844	UK845	UK846	UK847	UK848	UK849	UK850	UK851	UK852	UK853	UK854	UK855	UK856	UK857	UK858	UK859	UK860	UK861	UK862	UK863	UK864	UK865	UK866	UK867	UK868	UK869	UK870	UK871	UK872	UK873	UK874	UK875	UK876	UK877	UK878	UK879	UK880	UK881	UK882	UK883	UK884	UK885	UK886	UK887	UK888	UK889	UK890	UK891	UK892	UK893	UK894	UK895	UK896	UK897	UK898	UK899	UK900	UK901	UK902	UK903	UK904	UK905	UK906	UK907	UK908	UK909	UK910	UK911	UK912	UK913	UK914	UK915	UK916	UK917	UK918	UK919	UK920	UK921	UK922	UK923	UK924	UK925	UK926	UK927	UK928	UK929	UK930	UK931	UK932	UK933	UK934	UK935	UK936	UK937	UK938	UK939	UK940	UK941	UK942	UK943	UK944	UK945	UK946	UK947	UK948	UK949	UK950	UK951	UK952	UK953	UK954	UK955	UK956	UK957	UK958	UK959	UK960	UK961	UK962	UK963	UK964	UK965	UK966	UK967	UK968	UK969	UK970	UK971	UK972	UK973	UK974	UK975	UK976	UK977	UK978	UK979	UK980	UK981	UK982	UK983	UK984	UK985	UK986	UK987	UK988	UK989	UK990	UK991	UK992	UK993	UK994	UK995	UK996	UK997	UK998	UK999	UK1000	UK1001	UK1002	UK1003	UK1004	UK1005	UK1006	UK1007	UK1008	UK1009	UK1010	UK1011	UK1012	UK1013	UK1014	UK1015	UK1016	UK1017	UK1018	UK1019	UK1020	UK1021	UK1022	UK1023	UK1024	UK1025	UK1026	UK1027	UK1028	UK1029	UK1030	UK1031	UK1032	UK1033	UK1034	UK1035
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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
5	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
6	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
7	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
8	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
9	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
10	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
12	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
13	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
14	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
15	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
16	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
17	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
18	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
20	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
22	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
23	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
24	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
25	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
26	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
27	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
28	1	2	3	4	5	6	7	8												







