

# Plant-based diets in paediatrics: Do they provide adequate omega-3 fatty acids?

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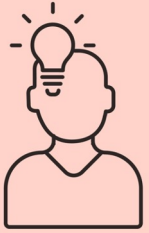
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# Objectives of this talk

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**You will gain an understanding of:** The challenges and nutritional considerations in ensuring adequate intake of omega-3 fatty acids from plant-based diets in paediatric populations.

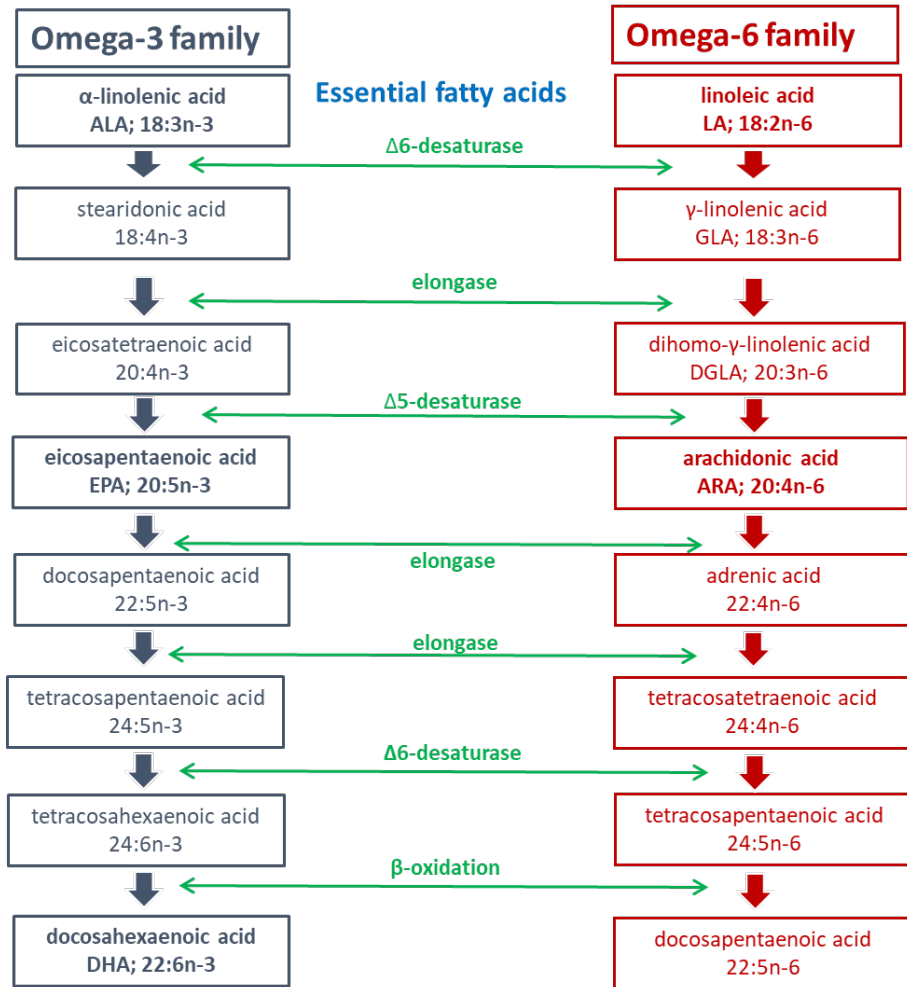


**You will become aware of:** The dietary sources of omega-3 fatty acids and their roles in early childhood development, as well as potential consequences of deficiency.

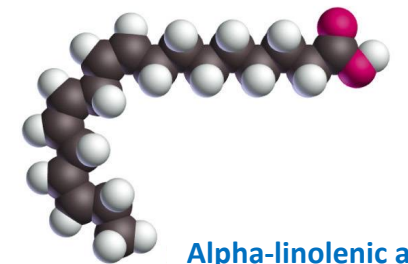
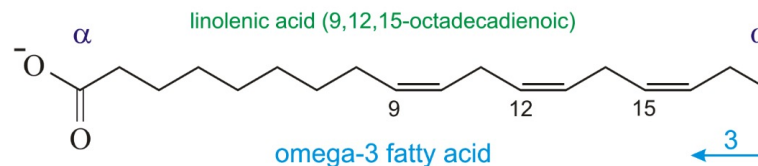


**You will be able to:** Provide guidance to parents who are raising their children on plant-based diets on how to ensure adequate omega-3 fatty acid intake.

# What are omega-3 fatty acids?



- Omega-3 (n-3) and n-6 polyunsaturated fatty acids (PUFA) cannot be synthesized by the body *de novo*
  - The precursor PUFAs, **alpha-linolenic acid (ALA; 18:3n-3)** and **linoleic acid (LA; 18:2n-6)** are **essential** and need to be provided by the diet
- ALA and LA can be metabolized to longer-chain PUFAs by a series of linked desaturation and elongation reactions
  - Mainly in the liver



an 18-carbon fatty acid with two double bonds

# Is there a need for dietary long-chain PUFAs?

Conversion of ALA to longer-chain PUFAs in humans is inefficient!



$\alpha$ -linolenic acid  
(ALA)

**Conversion rate:**

ALA  $\rightarrow$  EPA: 1-20 %

ALA  $\rightarrow$  DHA: 0.5-9 %

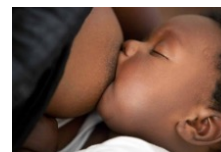
**Desaturation  
Elongation**



- High dietary n-6 FA intake (competition for enzymes)
- Male sex
- *trans* FAs
- Genetic variation
- Preformed DHA/EPA (end-product inhibition)
- Lack of co-factors (zinc, iron, vit B6)

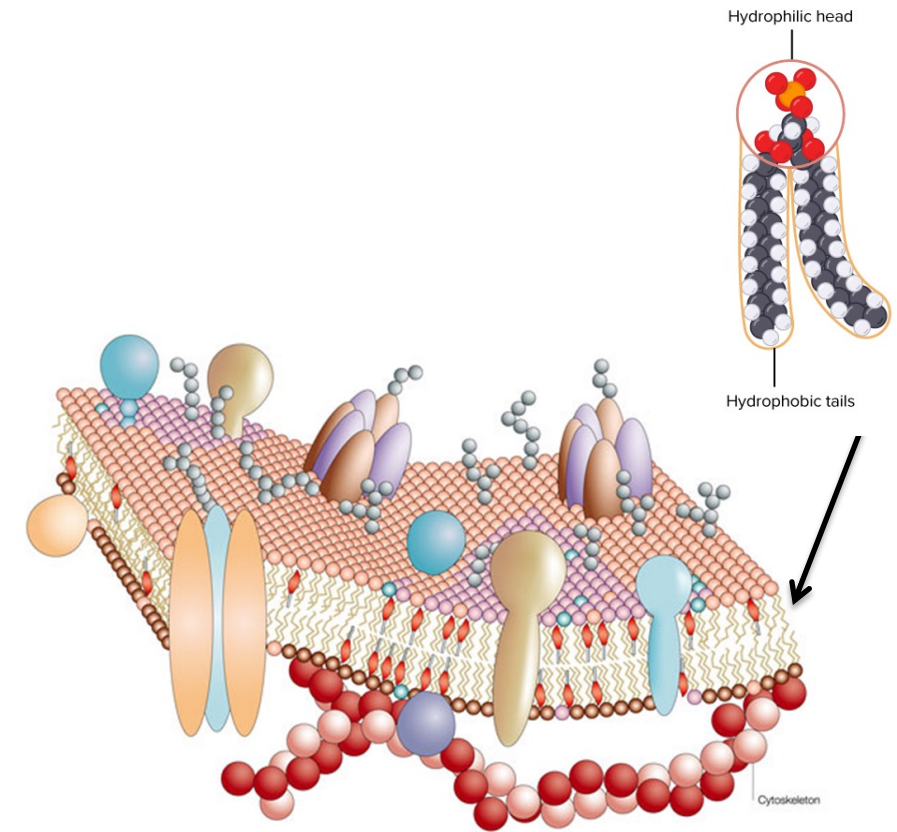
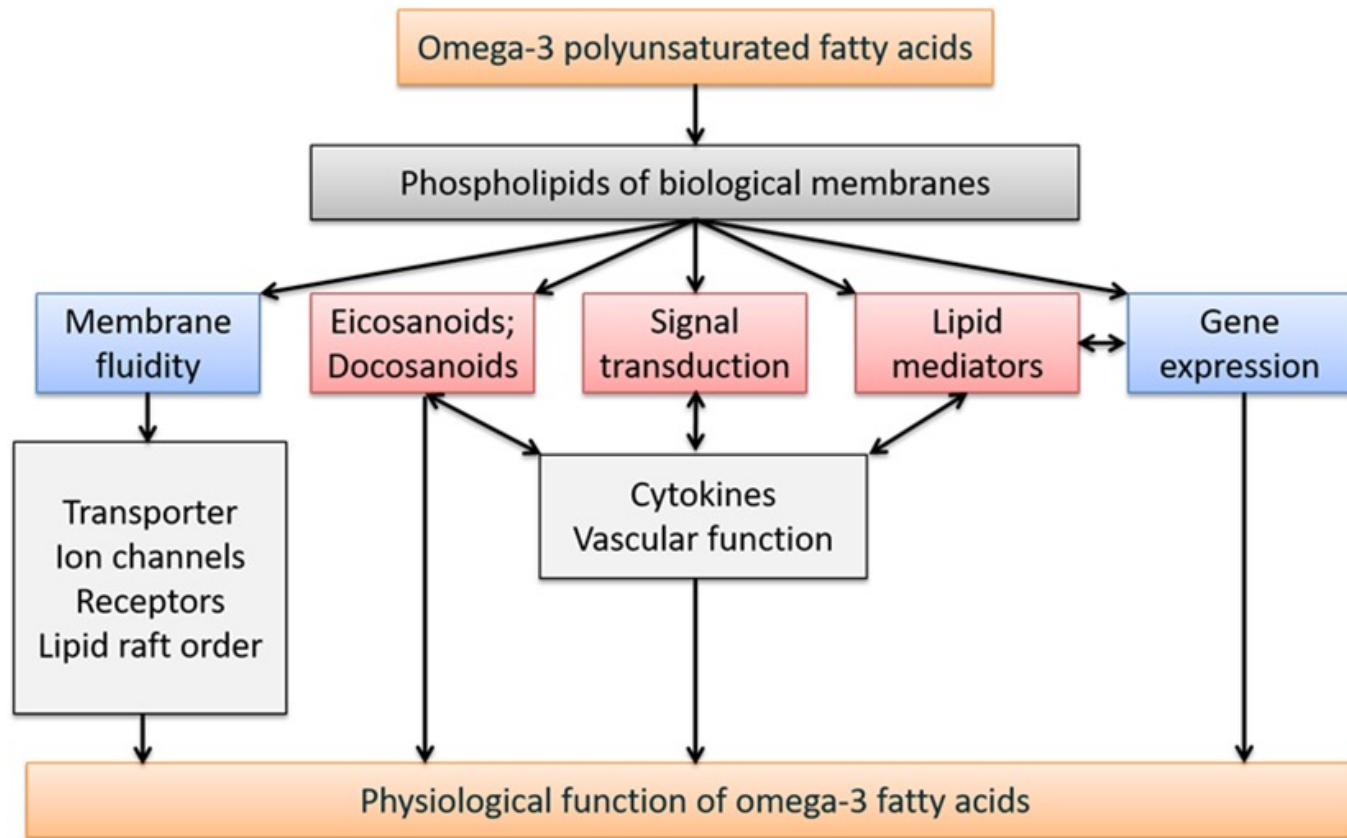


Eicosapentaenoic acid (EPA)  
Docosahexaenoic acid (DHA)



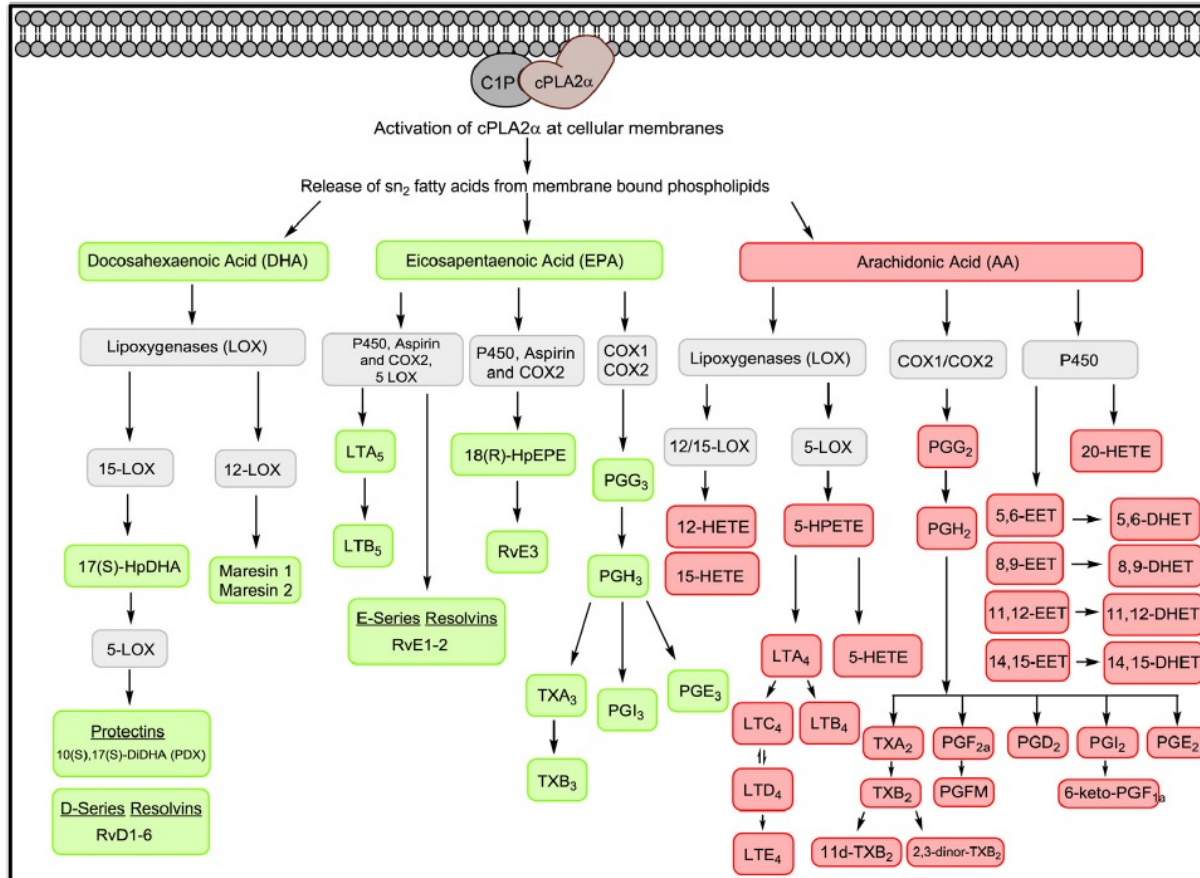
# What are the physiological roles of n-3 PUFA in the body?

n-3 PUFA play key roles in the structure and function of human tissues (including brain and retina) and immune function.



# PUFAs are precursors for bioactive lipids

n-3 PUFA are precursors for **anti-inflammatory and inflammation-resolving** bioactive lipids.

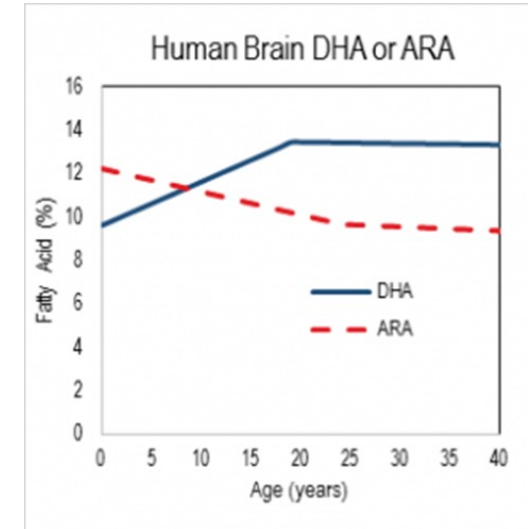


- Eicosanoids and docosanoids:
  - Prostaglandins
  - Thromboxanes
  - Leukotrienes
- Specialized pro-resolving mediators (SPMs):
  - Resolvins
  - Protectins
  - Maresins

# N-3 PUFA play important roles in brain and retinal development

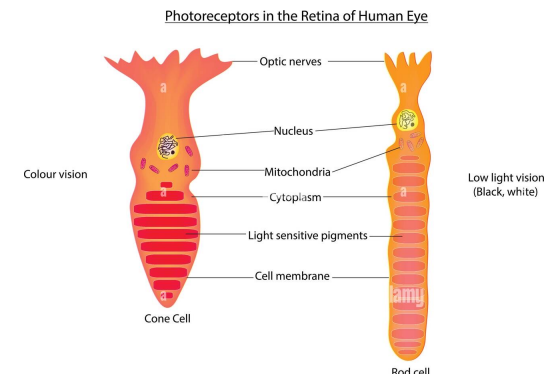
## Brain

- **50-60%** of the brain's dry weight consists of **lipids** → mostly long-chain PUFAs
- 10-12% as arachidonic acid (ARA; n-6 long-chain PUFA)
- **10-20%** as **DHA**
  - From 30 wks gestational age to 18 months of age brain DHA content increases from approx. 90 mg to 3'300 mg → 35-fold increase
- **<1%** in the form of **ALA and EPA**



## Eye

- **DHA** is a major structural lipid of retinal photoreceptor outer segment membranes (**60%** of total FA composition)



# What are the potential consequences of n-3 PUFA deficiency?

Poor n-3 long-chain PUFA status during **pregnancy** has been associated with:

- Preterm birth
- Delayed neurocognitive development in offspring
- Poor visual acuity
- Allergy and asthma risk in offspring
- Maternal perinatal depression



Poor n-3 long-chain PUFA status during **infancy and childhood** has been associated with:

- Delayed neurocognitive development
- Poor immune development (↑ morbidities)
- Attention deficit hyperactivity disorder (ADHD)
- Depression



**Preterm infants** are at particular risk of n-3 PUFA deficiency and its consequences as they had fewer crucial late-pregnancy weeks of DHA accumulation *in utero*.



# N-3 PUFA intake recommendations

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## **European Food Safety Authority (EFSA) recommendations:**

- General population: 250 mg EPA+DHA per day
- Pregnant & lactating women: additional 200 mg DHA per day
- Children 7-24 months: 100 mg DHA per day
- Children >2 years: 250 mg EPA+ DHA per day

## **Recommendations by the BLV:**

- General population: 500 mg EPA+DHA per day
- Pregnant & lactating women: min. 200 mg DHA

## **Dietary recommendations:**

- 1-2 servings of fatty fish/week, or
- Fish oil/algal oil supplement

# What are the dietary sources of n-3 PUFAs?

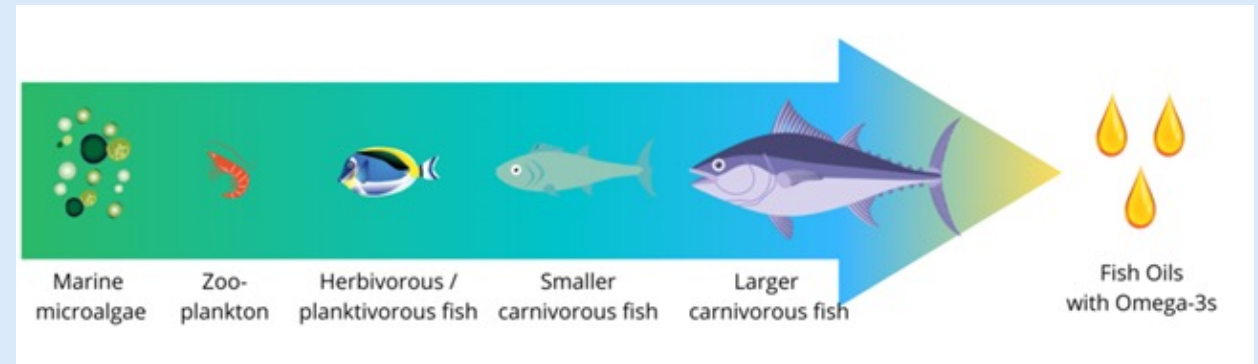
## Sources of ALA

- Walnuts
- Seeds (flaxseed, linseed, rapeseed, chia seed, pumpkin seeds, hemp seeds)
- Soya and soya products
- Green leafy vegetable
- Margarines made from ALA-rich oils
- Meat and eggs (content depending on animal feed)



## Sources of EPA and DHA

- Fish (especially cold-water fatty fish)
- Seafood
- Fish oil
- Algal oil
- DHA-fortified eggs & foods
- **Breast milk** (content dependent on maternal intake)
- Since 2020, all **infant and follow-on formula** in EU (and Switzerland) must contain 20-50 mg DHA/100 kcal



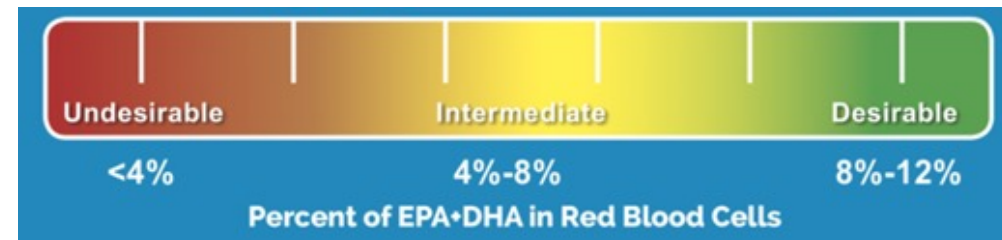
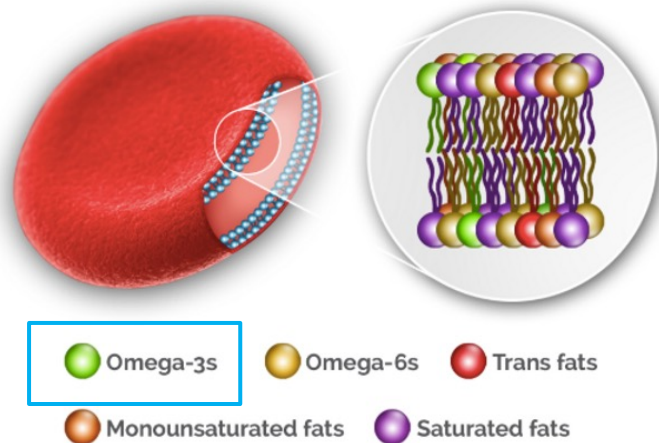
# EPA and DHA content of different fish species



| Type of fish      | Amount (g) of EPA + DHA per 100 g portion | Number of times <i>per week</i> a 90 g portion should be consumed to provide $\pm 500$ mg EPA+DHA /day | Amount of fish (g) required per day to provide 500 mg EPA+DHA |
|-------------------|---|--|---|
| Mackerel (salted) | 4.584                                     | 1  | 11  |
| Salmon, Atlantic  | 2.147                                     | 1.6  | 23  |
| Herring, Atlantic | 2.014                                     | 1.7  | 25  |
| Bluefin tuna      | 1.504                                     | 2.3  | 33  |
| Pilchards         | 1.480                                     | 2.6  | 34  |
| Snoek             | 1.030                                     | 3.8  | 49  |
| Sardines          | 0.982                                     | 4.0  | 51  |
| Rainbow trout     | 0.988                                     | 4.0  | 51  |
| Hake              | 0.518                                     | 7.5  | 97  |
| Tuna, light       | 0.270                                     | 13   | 185   |

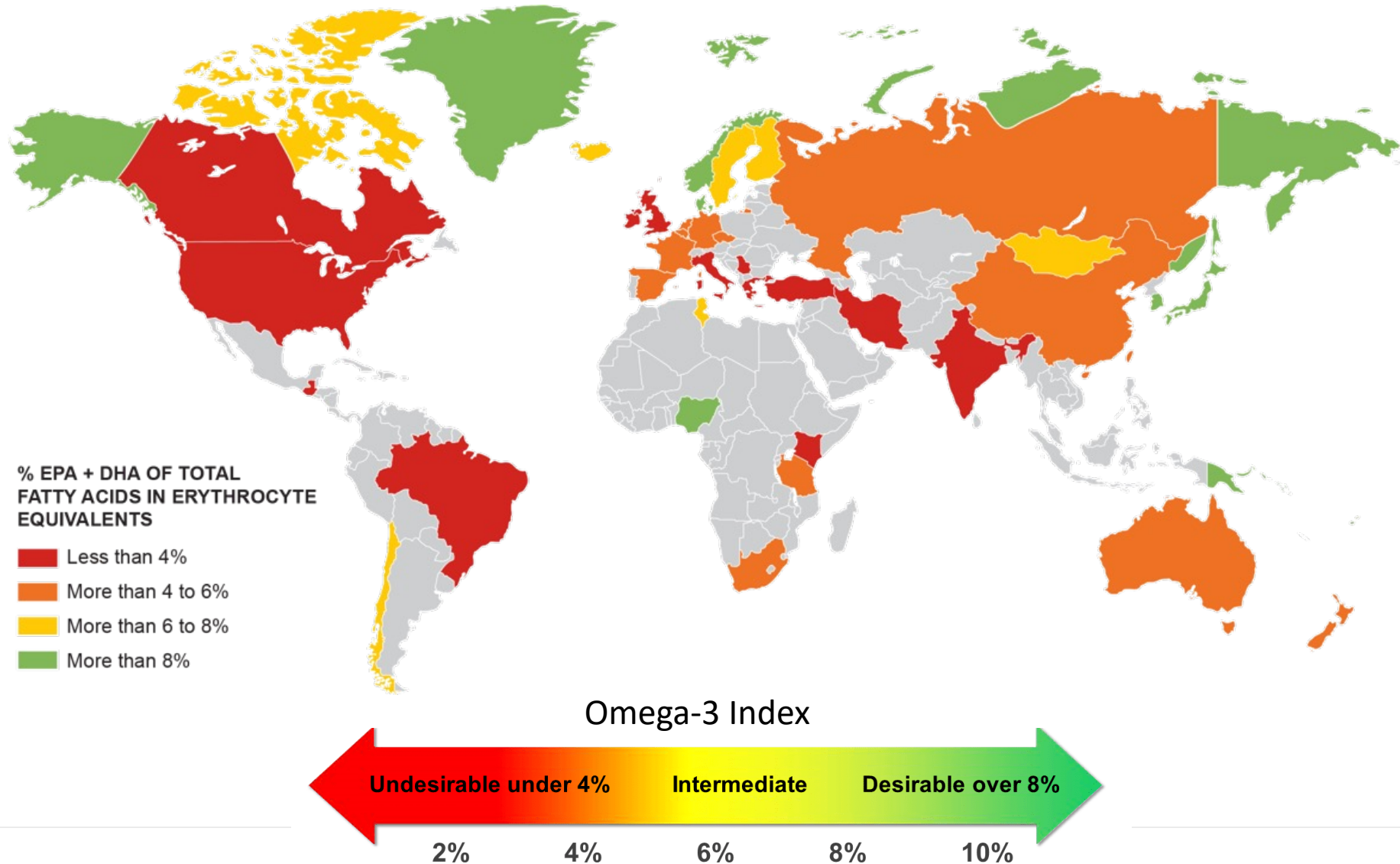
# How is the n-3 PUFA status assessed and deficiency defined?

- A clinical biomarker to identify individuals with an n-3 PUFA deficiency is not yet established.
- n-3 PUFA status can be assessed by measuring the **fatty acid composition (% of total fatty acids) in red blood cells**, plasma or whole blood using gas-chromatography (values related but not comparable!)
- The “**Omega-3 Index**” is the sum of EPA and DHA (as % of total fatty acids) in red blood cell membranes.  
→ Omega-3 index testing now available in Swiss pharmacies and paid by some health insurance companies.



Reference ranges have been established based on cardiovascular risk protection.

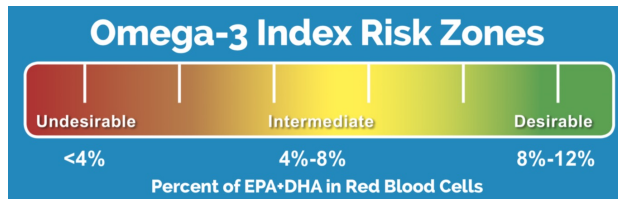
# Global blood levels of n-3 long-chain PUFAs



# n-3 PUFA intake and status in Swiss pregnant women

Omega-3 survey in a nationally representative sample of pregnant women (n = 508) taking part in the Swiss National Iodine Survey (Sep 2020 – Feb 2022)

- Mean n-3 index of **4.6 ± 1.1%** (min. 2.3% – max. 9.8%)
  - <6%: 91% (n = 461)
  - **<4%: 33% (n = 169)**
  - >8%: 0.98% (n = 5)



| Frequency of consumption | N (%)           | N-3 Index                      |
|--------------------------|-----------------|--------------------------------|
| <b>Fish</b>              | 428             |                                |
| <1x per month            | 147 (32)        | 4.35 ± 1.15 <sup>B</sup>       |
| 1-3x per month           | 185 (43)        | 4.70 ± 1.02 <sup>A</sup>       |
| ≥1x per week             | <b>96 (22)</b>  | <b>4.95 ± 1.10<sup>A</sup></b> |
| p-value                  | -               | <b>&lt;0.001</b>               |
| <b>N-3 supplements</b>   | 466             |                                |
| Non-users                | 324 (70)        | 4.46 ± 0.99                    |
| Users                    | <b>142 (31)</b> | <b>4.93 ± 1.23</b>             |
| p-value <sup>2</sup>     | -               | <b>&lt;0.001</b>               |

N-3 supplements mostly delivered 200 mg/day DHA

# n-3 PUFA intake and status in Swiss adolescents

Case-control study in Swiss adolescents diagnosed with paediatric major depressive disorder (n = 95) and health controls (n = 95) aged 13 to 17 years.

- Mean n-3 index of **4.5 ± 1.1%** in cases and **5.2 ± 1.1%** in controls (p <0.001)
- Higher red blood cell n-3 PUFA status was associated with lower risk for pMDD
- Overall:
  - n-3 index <6%: 81%
  - n-3 index <4%: 20%
  - 16% of adolescents reported to consume fish ≥1 x per week (no difference between cases and controls)



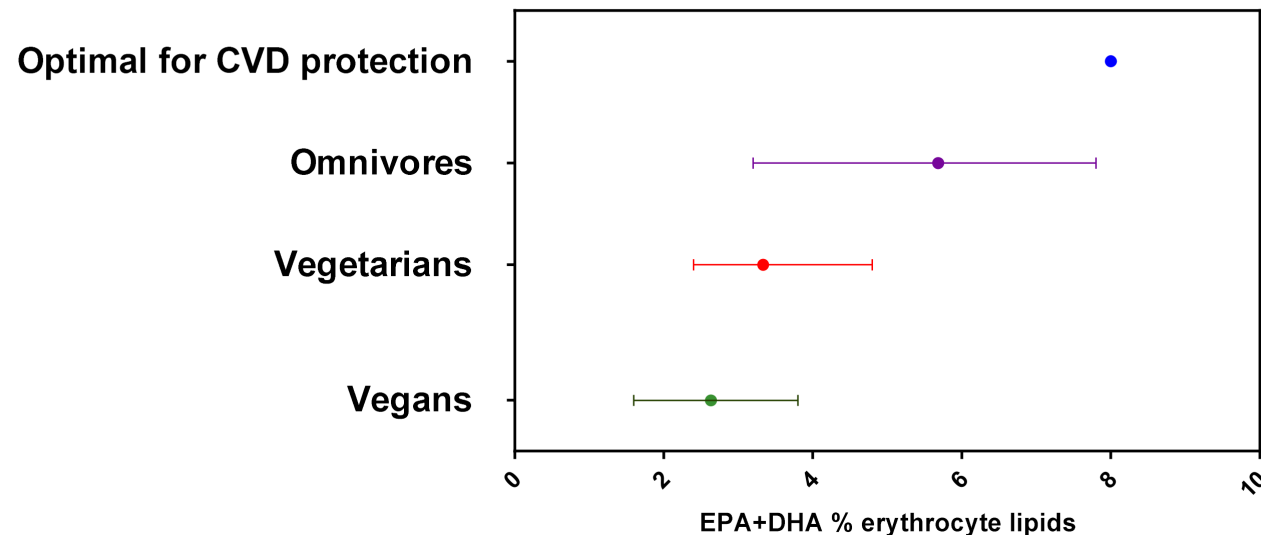
# Are people following plant-based diets at risk of n-3 PUFA deficiency?

Increasing evidence from cross-sectional studies in **adult populations** indicates that:

- ALA intake likely adequate or even higher...
- EPA and DHA intake and status consistently lower...

...in vegetarians (except pescetarians) and vegans compared to omnivores.

“Omega-3 index” (mean  $\pm$  range) from 14 studies





# Are children following plant-based diets at risk of n-3 PUFA deficiency?

Recent studies comparing n-3 intake and status between omnivorous, vegetarian and vegan children are scarce/non-existing.

The Vegetarian and Vegan Children (VeChi Diet) study compared dietary intake between 1-3-year-old omnivorous (n = 164), vegetarian (n = 139) and vegan (n = 127) children.

|                     | Omnivorous       | Vegetarian      | Vegan           | P-value |
|---------------------|------------------|-----------------|-----------------|---------|
| With supplements    |                  |                 |                 |         |
| EPA intake (mg/day) | 10.7 (4.3-46.6)  | 4.4 (1.0-9.3)   | 1.6 (0.4-5.4)   | <0.001  |
| DHA intake (mg/day) | 35.4 (15.6-82.3) | 19.1 (6.2-42.6) | 19.5 (6.8-37.9) | <0.001  |
| Without supplement  |                  |                 |                 |         |
| EPA intake (mg/day) | 10.7 (4.3-46.5)  | 3.8 (0.9-8.6)   | 1.4 (0.4-5.2)   | <0.001  |
| DHA intake (mg/day) | 35.4 (15.6-82.2) | 18.4 (6.0-38.3) | 16.6 (6.0-30.9) | <0.001  |

EPA + DHA intakes low in all diet groups!

Values are presented as median (25th–75th percentile)

# Strategies to ensure adequate n-3 PUFA intake from plant-based diets

There is currently very little official guidance available for individuals consuming plant-based diets!

Individuals following plant-based diets should:

- Increase consumption of ALA-rich foods and oil, e.g.
  - 1-3 teaspoons of ALA-rich oil, such as rapeseed, flaxseed, or walnut oil
  - Use of rapeseed oil for cooking and shallow frying
  - Use of (high-quality) rapeseed, flaxseed, walnut oil, or hemp seed oil in salad dressings (check label in store-bought dressings)
- These oils should ideally replace fat/oil rich in saturated fatty acids (e.g. butter, peanut and coconut oil), and linoleic acid (e.g. sunflower oil) to increase conversion rate of ALA to EPA and DHA.
- Individual who are consuming fish, should consume at least 2 portions of (sustainably sourced) fish per week (at least one of them should be oily)
- Individuals who are not consuming fish, especially pregnant and lactating women, children and adolescents, should take a DHA (+EPA) supplement from microalgae.



# Dietary supplements available in Switzerland

- Various non-vegetarian/vegan DHA (+EPA) supplements are available in Switzerland of varying dose and form (capsules, oil, jellies)
- The EFSA has authorised DHA-rich oils from the microalgae *Schizochitrium* sp. as “novel foods” to be used in a number of foods, including nutrient supplements.



1 capsules provides 125 mg EPA and 250 mg DHA from *Schizochitrium* sp.



1 capsules provides  $\geq 83$  mg EPA and  $\geq 250$  mg DHA from *Schizochitrium* sp.



15-20 drops provides  $\geq 63$  mg EPA and  $\geq 128$  mg DHA from *Schizochitrium* sp.



# Conclusions

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- Very limited data comparing the n-3 PUFA status between children/adolescents consuming omnivorous, vegetarian and vegan diets.
  - Recent data from Swiss pregnant women and adolescents indicate that the n-3 long-chain PUFA status in the Swiss population is concerningly low irrespective of diet type.
  - Non-fish-eating individuals are highly likely at risk of having a poor n-3 PUFA status, which can have negative consequences for the development and functioning of the brain, eye and immune system.
  - In these individuals, DHA (+EPA) supplements (e.g. alga-based) should be recommended and n-3 PUFA status may be assessed and monitored.
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# Thank you



**Nutripaed Foundation**



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# Recommended reading

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1. Rudloff S, Bühner C, Jochum F, Kauth T, Kersting M, Körner A, et al. Vegetarian diets in childhood and adolescence : Position paper of the nutrition committee, German Society for Paediatric and Adolescent Medicine (DGKJ). *Mol Cell Pediatr.* 2019;6(1):4.
  1. Lane KE, Wilson M, Hellon TG, Davies IG. Bioavailability and conversion of plant based sources of omega-3 fatty acids - a scoping review to update supplementation options for vegetarians and vegans. *Crit Rev Food Sci Nutr.* 2022;62(18):4982-97.
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