



Proposed summary of today's symposium

Use of food supplements in Switzerland

Proteins

Iron

Vitamin B12

lodine

Vitamin D and calcium

Omega-3 fatty acids

→ Higher consumption than needed

→ No problem in a balanced plant-based diet

→ Attention needed in certain situations

→ Supplements absolutely needed in vegans!

→ lodized salt solves the problem

→ Vitamin D depending basically on sun exposure; for calcium supply attention needed in certain situations

→ Supplements needed in vegetarians and vegans?

Protein in plant-based diets

- Vegetable proteins are slightly less digestible than animal proteins
- Cereal proteins contain limiting quantities of lysine, but lysine requirement can be met with a diversified intake of plant proteins
- Because children's protein requirement corresponds to 5-8% of their energy requirement and because proteins contribute at least to 10-15% of the energy of diets, a protein deficiency only occurs in the event of insufficient energy intake.
- Protein is not an issue in vegetarian and vegan diets







Iron

Specific dietary recommendations Testing The risk of iron deficiency is likely not higher in children **Routine testing not** adhering to a plant-based diet vs. omnivores, but the risk necessary increases if the dietary composition is poor — Serum ferritin (note: influenced by Dietary iron deficiency can be prevented by: infection & Iron fortified foods: Check food packaging labels inflammation) Dietary bioavailability may be improved by foods enhancing Hemoglobin absorption (vitamin C rich foods) along with meals and avoiding foods high in inhibitors (e.g. phytate, polyphenols) Oral supplementation only indicated at clinical symptoms (iron deficiency or iron deficiency anemia)

Specific dietary recommendations Testing Yearly Healthy children adhering to an unsupplemented, unfortified plant-based diet have a high risk of No «gold standard» to test vitamin developing vitamin B12 deficiency B12 deficiency. Several biomarkers available, with Dietary B12 deficiency can be prevented by: preference to: Vitamin B12 fortified foods: Check food — Serum B12 (note: concentration) packaging labels within the normal limit does not — Taking an **oral B12 supplement** (4-20 μg per day exclude deficiency) with cyanocobalamin): Should be taken with — Holo-transcobalamin (holo TC) other foods for optimal absorption (The reference values depend on assay method)

lodine

Specific dietary recommendations

- Low risk of iodine deficiency in all population groups and diets if most of the salt consumed is iodized.
- In countries with voluntary salt iodization (CH & many European countries): Many ready-made foods and food products are produced with non-iodized salt. This increases the risk of inadequate iodine intake, particularly in children adhering to a vegan diet or children not consuming milk and dairy products

Testing

- Routine testing not recommended
- Urinary iodine concentration: No individual biomarker due to high day-to-day variability (n=10 repeated spot urine samples needed)
- TSH (if no iodized salt consumed)

lodine

Specific dietary recommendations Testing Dietary iodine deficiency can be prevented by: lodized salt in cooking and at the table If processed foods are consumed, products produced with iodized salt should be selected: Check food packaging labels for iodized salt If plant-based milk and dairy alternatives are consumed, products fortified with iodine should be chosen: Check food packaging labels Oral iodine supplementation only indicated at no or very low intake of iodized salt At incomplete coverage of iodized salt: Pregnant and lactating women consuming a prenatal dietary iodine supplement are recommended to choose a product containing iodine





Vitamin D and calcium

- Calcium supply may be critical in a vegan diet (and in an ovo-vegetarian diet)
 - → Recommendation for calcium-rich vegetables and mineral (or tap) water
 - → Supplementation (supplements or fortified foods) may be needed
- Vitamin D is basically no problem in plant-based diets
 - → Recommendation for supplementation equal to omnivores
 - → Attention needed in certain situations (dark skin during wintertime)

Omega-3

Specific dietary recommendations

- Limited data in children, but available evidence suggest adequate ALA intake and lower EPA and DHA in vegetarians (except pescatarians) and vegans compared to omnivores
- Dietary considerations to prevent omega-3 deficiency:
 - Increase consumption of ALA rich foods and oils
 - 1-3 teaspoons of ALA-rich oil (rapeseed, flaxseed, or walnut oil)
 - Use of rapeseed oil for cooking and shallow frying
 - ALA rich oils should 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)
- Non-fish-eating individuals may benefit from DHA (+EPA) supplements (e.g. alga-based)

Testing

- Routine testing needed?
 (no consensus, but n-3 PUFA status may be assessed and monitored)
- Omega-3 index



Final conclusions of today's symposium

- Flexitarian and vegetarian diets in children
 - All dietary requirements are generally met in a balanced diet (Controversial: Omega-3 fatty acid requirements in vegetarians?)
- Vegan diets in children
 - **Protein:** requirements are met
 - **lodine:** requirements are met with the use of iodized salt
 - Iron, calcium and vitamin D: special attention needed (clinical dietary assessment); if critical
 → measurement of biomarkers (ferritin, Hb; 25-OH-D) and supplementation if needed
 - Vitamin B12: supplements (4-20 μg per day) are required in a vegan diet
 - Controversial: Omega-3 fatty acid requirements in vegans and vegetarians?
 - Cave: A vegan diet in infants and toddlers is challenging and families need support



SYMPOSIUM NUTRITION AND HEALTH

Pflanzliche Ernährung in der Pädiatrie: Braucht es Strategien zur Vorbeugung von Nährstoffmangel?

Plant-based diets in Paediatrics: Are specific strategies needed to prevent nutrient deficiencies?

Thank you for your attention!