

In this issue

Periconceptional folic acid supplementation has been recommended as a strategy to reduce the incidence of congenital malformations including neural tube defects for more than a decade. The individual behaviour of folic acid supplementation requires awareness among women of the importance and utility of taking supplements before conceiving and during the first trimester. Evidence suggests that this awareness has increased significantly in countries that have invested in awareness-raising campaigns. In this issue, Tamim *et al.*⁽¹⁾ report on a descriptive study of over 5000 births in Lebanon that explored folic acid intake and the maternal and neonatal characteristics derived from obstetric charts. They report relatively low periconceptional folic acid supplementation behaviour among Lebanese women, suggesting a need for national awareness-raising interventions.

The need for population-level interventions to promote consumption of vegetables and fruit is widely recognised. Ashfield-Watt *et al.*⁽²⁾ report on a New Zealand pilot study of the effect of increasing the availability of fruit to children of primary school age in twenty schools in Auckland. They provide evidence of positive changes in fruit intake as a result of providing free fruit to school children, but also identify a number of negative side-effects of a short-term free fruit intervention. Consideration of these side-effects is important as they assist risk analysis and management considerations that should be part of the intervention development process.

Seafood is in some parts of the world referred to as 'fruits of the sea'. Bemrah *et al.*⁽³⁾ report some of the results of the CALIPSO study, which has explored seafood consumption in France and its contribution to *n*-3 long-chain PUFA intake. Focusing on individuals who consumed seafood at least twice weekly, they collected data on over 1000 individuals' dietary habits and analysed a sample of the most consumed seafood for *n*-3 long-chain PUFA content. They then used these data to estimate *n*-3 long-chain PUFA intake. Their analysis suggests that compliance with French recommendations for fish consumption allowed consumers to reach the internationally recommended level of *n*-3 long-chain PUFA intake.

If we accept that compliance with seafood intake recommendations will deliver the necessary levels of desirable nutrients as outlined above, the next questions should lead to actual compliance. Thorsdottir *et al.*⁽⁴⁾ report from a study of fish consumption and compliance with recommendations among a sample of overweight European adults. Their data in this population group

suggest that the frequency of fish intake was below recommendations for two-thirds of the study population. This suggests that there is further work to be done exploring determinants of (particularly barriers to) seafood consumption.

This issue has a number of papers relevant to nutritional and dietary assessment. Nuruddin *et al.*⁽⁵⁾ compare estimates of undernutrition in pre-school Pakistani children using the WHO standard and NCHS reference data, arguing for national application of the WHO standards to better monitor undernutrition. Beasley *et al.*⁽⁶⁾ report on an evaluation of a web-based, pictorial diet history questionnaire. In an era of unprecedented web utilisation, this method of dietary assessment has obvious applications and potential utility. Coulibaly *et al.*⁽⁷⁾ report on a validation study using an FFQ to assess dietary intake in type 2 diabetic patients in Mali. All three of these papers provide further reading for all of us interested in the relationship between dietary intake, growth and health outcomes.

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References

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