

PRESS RELEASE

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The scientific journal *Nutrición Hospitalaria* publishes a new research within the ANIBES scientific study

The ANIBES scientific study analyzes adequacy of the dietary intake of total and added sugars in the Spanish diet to the WHO recommendations

- There are significant differences in terms of compliance with WHO recommendations for sugars intake among the different age groups: better among older people, and further in young people and children. Specifically, 41.8 % of the child population (9-12 years old) and 47.5 % of adolescents (13-17 years old) disobey that recommendation
- Intrinsic sugars intake was 9.6 % of the total energy intake of Spanish people and added sugars intake was 7.3 % of the total energy intake, in the total Spanish population
- Carbohydrates as a whole provide 41.1 % of total energy intake of Spanish population

The scientific journal [Nutrición Hospitalaria](#) recently published the study 'Adequacy of the dietary intake of total and added sugars in the Spanish diet to the recommendations: [ANIBES Study](#)'. This scientific research, coordinated by the [Spanish Nutrition Foundation](#) (FEN in Spanish), presents up-to-date information based on scientific evidence in relation to the intake of total sugars as well as intrinsic sugars and added sugars, and primary food sources. Also pioneering information on the percentage of the Spanish population which adheres to the maximum intake level recommended by the World Health Organization (WHO) and the European Food Security Authority (EFSA) is presented.

The results of this research are new in Spain, given that, such as explains the main researcher of the study, **Prof. Gregorio Varela-Moreiras**, Chairman of the Spanish Nutrition Foundation (FEN), Director of the Nutrition and Food Sciences Research Group (CEUNUT) and Professor of Nutrition and Bromatology at CEU San Pablo University of Madrid, "very little reliable data on the intake of sugars and their subtypes is available, due primarily to the lack of information on sugars in most food composition tables and databases, as well as to the usual methodological issues in dietary surveys, which complicate the collection of precise information on actual food and beverage consumption". In this context, "information presented in this ANIBES study enables

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promoting specific education and awareness-raising actions tailored to the different age groups” adds.

In relation to carbohydrates, Prof. Varela-Moreiras explains that “the results of the ANIBES study show that they as a whole provide 41.1 % of total energy intake. Within carbohydrates, 24.1 % comes from starch, and 17 % from total sugars. In this regard, he adds that “the average proportion of carbohydrates in energy intake in the ANIBES study shows none of the population groups by either age or gender reaching the EFSA reference intakes of between 45 - 60 % of the total energy”.

Compliance with the WHO recommendations

One of the main conclusions is that “there are significant differences in terms of compliance with WHO recommendations regarding a less intake than 10 % of total calorie intake from added sugars among the different age groups” states Prof. Varela-Moreiras. In this sense, he details “intake of intrinsic sugars is higher among older people; on the other hand, the consumption of added sugars is significantly higher in young people, particularly in adolescents”.

Specifically, “41.8 % of the child population (9-12 years old) disobey the WHO recommendation regarding added sugars, and among adolescents (13-17 years old) this data is higher (47.5 %), yet is much higher in women (54 %) than in men (43.7 %”, details Prof. Varela-Moreiras.

Distribution of the Spanish population by age and gender according to the different levels of intake (% total energy intake) of added sugars

Added sugars	Age groups (years)												
	9 - 12			13 - 17			18 - 64			65 - 75			
	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	
< 5 % TEI	n	20	11	9	28	21	7	621	330	291	114	59	55
	%	9.4	8.7	10.3	13.3	15.3	9.5	37.5	41.4	34.0	55.3	59.6	51.4
5 - 10 % TEI	n	104	63	41	83	56	27	649	280	369	71	33	38
	%	48.8	50.0	47.1	39.3	40.9	36.5	39.2	35.1	43.1	34.5	33.3	35.5
10 - 15 % TEI	n	63	35	28	67	41	26	266	129	137	19	7	12
	%	29.6	27.8	32.2	31.8	29.9	35.1	16.1	16.2	16.0	9.2	7.1	11.2
15 - 20 % TEI	n	23	16	7	31	17	14	94	46	48	2	0	2
	%	10.8	12.7	8.0	14.7	12.4	18.9	5.7	5.8	5.6	1.0	0.0	1.9
20 - 25 % TEI	n	2	0	2	1	1	0	20	10	10	0	0	0
	%	0.9	0.0	2.3	0.5	0.7	0.0	1.2	1.3	1.2	0.0	0.0	0.0
25 - 30 % TEI	n	1	1	0	1	1	0	5	3	2	0	0	0
	%	0.5	0.8	0.0	0.5	0.7	0.0	0.3	0.4	0.2	0.0	0.0	0.0

TEI: Total Energy Intake.

Among the adult population (18 - 64 years old) and in older adults (65 - 75 years old), the percentage of ANIBES population that disobey the WHO recommendations is 23.3 % and 10.2 % respectively” says Prof. Varela-Moreiras.

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For its part, “intrinsic sugars intake was 9.6 % of the total energy intake and added sugars intake was 7.3 %, in the total Spanish population, in line with WHO recommendation regarding added sugars intake must be less than 10 % of total calorie intake” continues Professor.

Dietary sources of added sugars

The results of the ANIBES scientific study show that “food and beverage groups that contributed as dietary sources of added sugars in the total population of the ANIBES study were: sugar and sweets (34.1 %), nonalcoholic beverages (30.8 %) and cereals and grains (19.1 %)” explains Prof. Varela-Moreiras.

With regards to age, he details that “in the child and adult groups, but particularly among adolescents, the sugar-sweetened soft drinks subgroup represents a relevant source (18.0 % among children, 26.0 % among adults and 30.2 % among adolescents), while in the case of older adults it stands at 9.5 %”.

Furthermore, “in the group of children and adolescents, the subgroups of chocolate, other dairy products, yogurt and fermented milks, juices and nectars, and breakfast cereals and cereal bars represent the next groups in terms of intake”. For its parts, “among adults and older adults, the sugar and sweets group is substantial” concludes Professor.

Dietary sources of intrinsic sugars

Concerning to intrinsic sugars, Professor explains that “food and beverage groups and subgroups that contributed as main dietary sources in the total population were: fruit (31.8 %), milk and dairy products (29.3 %) and non-alcoholic beverages (15.01 %), such as juices and nectars (11.1 %)”.

Regarding age, he adds “differences relating to intrinsic sugars may be observed: higher intake by adults and older adults, deriving mainly from fruit and vegetable consumption, than in children and adolescents, among whom the milk and juice and nectar subgroups are more widely present”.

Dietary sources of total sugars

In relation to total sugars, “food and beverage groups and subgroups that contributed as dietary sources were: milk and dairy products (23.2 %), non-alcoholic beverages (18.6 %), fruit (16.8 %), sugar and sweets (15.1 %) and cereals and grains (12.0 %)” details Prof. Varela-Moreiras, who concludes “all these groups cover 85 % of the total sugars consumed”.

Ruiz E, Varela-Moreiras G. Adequacy of the dietary intake of total and added sugars in the Spanish diet to the recommendations: ANIBES study. *Nutr Hosp*, 2017;34(4):45-52; doi: <http://dx.doi.org/10.20960/nh.1571>.

Ruiz E, Rodríguez P, Valero T, Ávila JM, Aranceta-Bartrina J, Gil A, González-Gross M, Ortega RM, Serra-Majem LI, Vera-Moreiras G. Dietary Intake of Individual (Free and Intrinsic) Sugars and Food Sources in the Spanish Population: Findings from the ANIBES Study. *Nutrients*, 2017;9(3):275; doi:10.3390/nu9030275.

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Technical specifications of the ANIBES Study

Design: Representative sample of the resident population in Spain (excluding Ceuta and Melilla)

Total sample: Individuals aged between 9 and 75 years old who live in municipalities with more than 2,000 inhabitants

Sample for this study: Individuals aged between 18 and 64 years old (n = 1,617)

Universe: 37 million inhabitants

Final sample: 2,009 individuals (2.23 % error and 95 % margin of confidence)

Random sample plus boost: 2,285 participants*

*Boost in the sample size was considered in order to obtain a correct representation

The final protocol of the ANIBES scientific study was previously approved by the Clinical Ethics Committee of the Autonomous Region of Madrid (Spain).

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