

**Preliminary outcomes of the systematic review on
effects of level
of sugars' intake on obesity & other related NCDs**

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Systematic reviews required for recommendations

Sugar(s) and obesity/excessive weight gain
Sugar(s) and dental caries
Sugars and NCD's/surrogates

HIERARCHY OF EVIDENCE

Metaanalyses

RCT's

Cohort studies

Case control studies

Cross sectional studies, case series

Correlation studies

Expert opinion

Feeding/experimental studies

Effects of Soft Drink Consumption on Nutrition and Health: A Systematic Review and Meta-Analysis

| Lenny R. Vartanian, PhD, Marlene B. Schwartz, PhD, and Kelly D. Brownell, PhD

Am Journal of Public Health 2007;97:667-675

Vartanian Meta-analysis (AJPH 2007)

TABLE 2—Effect Sizes for Average Body Weight, by Type of Research Design

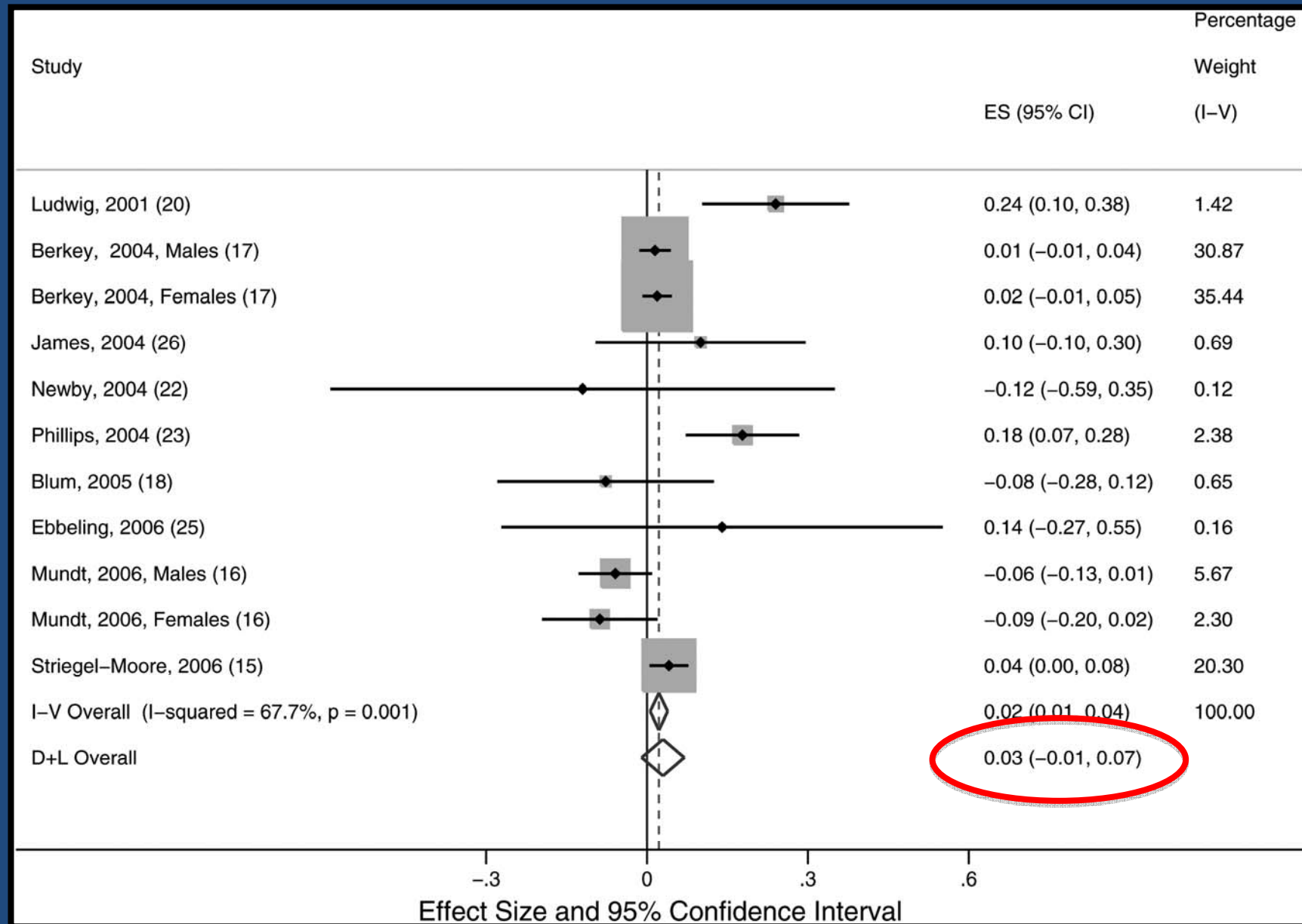
	Cross-Sectional		Longitudinal		Experimental (Long)		Overall	
	<i>r</i> (95% CI)	No. ^a	<i>r</i> (95% CI)	No. ^a	<i>r</i> (95% CI)	No. ^a	<i>r</i> (95% CI)	No. ^a
Gender								
Male	0.02* (-0.01, 0.05)	5	0.03* (0.00, 0.05)	2	0.17 (0.01, 0.32)	2	0.03* (0.01, 0.05)	9
Female	0.02* (-0.00, 0.04)	8	0.11* (0.10, 0.13)	5	0.49 (0.17, 0.72)	1	0.09* (0.08, 0.10)	13
Mixed	0.07* (0.06, 0.09)	9	0.04* (0.01, 0.07)	5	0.24 (0.18, 0.30)	5	0.08* (0.06, 0.09)	18
Age group								
Children	0.03* (0.01, 0.04)	13	0.03* (0.01, 0.04)	7	0.29 (0.22, 0.35)	2	0.03* (0.02, 0.04)	22
Adults	0.06* (0.05, 0.08)	5	0.14* (0.13, 0.16)	3	0.15 (0.05, 0.24)	5	0.11* (0.10, 0.12)	11
Type of beverage								
Sugared soda	0.04 (0.03, 0.05)	10	0.13* (0.11, 0.14)	7	0.15 (0.04, 0.25)	4	0.09* (0.08, 0.10)	19
Mixed/other	0.07 (0.04, 0.09)	8	0.03* (0.01, 0.04)	3	0.27 (0.21, 0.34)	3	0.05* (0.04, 0.06)	14
Soda intake								
Self-reported	0.05 (0.03, 0.06)	17	0.09 (0.08, 0.10)	9	0.07 (-0.12, 0.26)	1	0.07 (0.07, 0.08)	25
Measured	0.20 (0.04, 0.35)	1	0.13 (-0.08, 0.33)	1	0.15 (0.05, 0.24)	5	0.16 (0.08, 0.23)	7
Weight								
Self-reported	0.05 (0.03, 0.06)	5	0.10* (0.09, 0.11)	4	0.08 (0.07, 0.09)	7
Measured	0.06 (0.03, 0.08)	12	0.03* (0.00, 0.06)	6	0.24 (0.18, 0.29)	7	0.06 (0.05, 0.08)	25
Adjusted values								
No	0.06 (0.05, 0.08)	10	0.06 (0.02, 0.09)	4	0.25 (0.20, 0.31)	6	0.08 (0.06, 0.09)	19
Yes	0.03 (0.02, 0.05)	9	0.10 (0.09, 0.11)	6	0.07 (-0.12, 0.26)	1	0.08 (0.07, 0.09)	15
Industry funded								
No	0.06* (0.05, 0.08)	12	0.13* (0.11, 0.14)	8	0.26 (0.20, 0.31)	5	0.10* (0.09, 0.11)	23
Yes	0.02* (0.00, 0.04)	6	0.03* (0.01, 0.04)	2	0.11 (-0.05, 0.26)	2	0.02* (0.01, 0.04)	10

Note. CI = confidence interval. Because some studies reported both cross-sectional and longitudinal data, the numbers for the Overall column do not necessarily equal the sum of the numbers for the other columns.

^aNumber of studies included in the analysis.

**P* < .0056 (adjusted for multiple comparisons) for differences in effect sizes within each column and research design variable.

Forshee meta-analysis (AJCN 2008)



Intake of sugar-sweetened beverages and weight gain: a systematic review¹⁻³

Vasanti S Malik, Matthias B Schulze, and Frank B Hu

“.....The weight of epidemiologic & experimental evidence indicates that a greater consumption of SSBs is associated with weight gain & obesity.

Although more research is needed, sufficient evidence exists for public health strategies to discourage consumption of sugary drinks as part of a healthy lifestyle.”

Am J Clin Nutr 2006; 84:274-88

Sugar-Sweetened Beverages, Obesity, Type 2 Diabetes Mellitus, and Cardiovascular Disease Risk

Vasanti S. Malik, MSc; Barry M. Popkin, PhD; George A. Bray, MD;
Jean-Pierre Després, PhD; Frank B. Hu, MD, PhD

Circulation 2010; 121; 1356-1364

Effects of the level of sugars intake in relation to weight gain in children and adults separately (using indicators of body fatness such as BMI and waist circumference) using all appropriate RCTs and observational studies

Wayne Douthwaite, Carolyn Summerbell & Helen Moore
(ORB Research Group, Durham University)

Background

Total sugars intake is derived from intrinsic plus free sugars, which are described as follows:

1. Intrinsic sugars are incorporated within the structure of intact fruit and vegetables and from milk (lactose and galactose).
2. Free sugars are referred by the Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases held in 2002 (WHO TRS 916, Geneva, 2003) as "all monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and fruit juices".

Objectives

To assess the relationship between the level of sugars intake on indicators of body fatness (including obesity, body fatness, waist circumference, BMI) using all appropriate RCTs and cohort studies in a) adults and b) children.

Questions of interest:

- Is there any association between intake of total sugars and weight gain in adults and in children at different ages?
- Is there evidence that increasing total sugars intake leads to weight gain in adults and children?
- Is there an association between increasing population average total sugars intake and increasing mean population weight gain?

Breakdown of studies identified by country

	Intervention Studies		Cohort Studies	
	Adults	Children	Adults	Children
USA			5	7
United Kingdom		1		1
Brazil		1		
China			1	
Spain			1	
Finland				1
Australia				1
Japan				1
Germany				1
Total	0	2	7	12

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Methodology (Study inclusion criteria)

Participants of interest were apparently healthy adults and children, in developing and transitional countries as well as in industrial countries.

	Randomised Controlled Trials	Cohort studies
Timescale	6 months follow-up or greater	12 months +
Comparison	Usual diet, a control diet or a diet with a different sugar content.	N/A
Intervention	Intention to alter intake of total sugars or one element of total sugars in one arm of the study, compared to another study arm. Interventions with weight loss intention were excluded.	N/A

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Cohort studies (adults, exposure/outcome relationship)

First author, year and country	+ / 0 / -	Predictor	n
Odegaard, 2010, China	0 +	Juice drinks SSBs	43,580 men and women
Vanselow, 2009, USA	0	Soft drinks and fruit juice	4,746 men and women
Bes-Rastrollo, 2006, Spain	0 (except in subjects reporting previous weight gain of ≥ 3 kg five years before baseline) 0	SSBs Fruit juice	7,194 men and women
Palmer, 2008, USA	+ 0	SSBs Fruit juice	43,960 women
Dhingra, 2007, USA	+	Soft drinks	6,039 men and women
Colditz, 1990, USA	0 (unclear)	Sucrose	31,940 women
Parker, 1997, USA	0	Sucrose	465 men and women

Cohort studies (children, exposure/outcome relationship)

First author, year and country	+ / 0 / -	Predictor	n
Ludwig, 2001, USA	+	SSBs	780 male and female
Ishihara, 2003, Japan	0	Carbonated beverages	737 male and female
Newby, 2004, USA	0	Fruit drinks (not including juice)	1,345 male and female
Skinner, 2001, USA	0	Juice only	72 male and female
Butte, 2007, USA	0	Fructose, sucrose and added sugars	1,030 male and female
DONALD Study (Alexy 1999, Buyken 2008, Libuda 2008), Germany	0 0	Fruit juice SSBs	Various, n=205, n=380, n=244, all analyses male and female
Johnson, 2007/2008, UK	0 0	SSBs Fruit juice	1,432 male and female
Nissinen, 2009, Finland	0 (men) 0 (women)	SSBs	2,139 male and female
Williams, 2008, USA	-	Sucrose	519 male and female
Lim, 2009, USA	+	SSBs	365 male and female
Tam, 2006, Australia	+	Soft drink/cordial	436 male and female
	0	Fruit juice	
Fiorito, 2009, USA	+	SSBs	170 female only

Wayne Douthwaite, Carolyn Summerbell & Helen Moore
(ORB Research Group, Durham University)

Sweets and sugar-sweetened soft drink intake in childhood in relation to adult BMI and overweight. The Cardiovascular Risk in Young Finns Study

Katja Nissinen^{1,*}, Vera Mikkilä², Satu Männistö³, Marjaana Lahti-Koski^{1,4},
Leena Räsänen², Jorma Viikari⁵ and Olli T Raitakari⁶

“Conclusions:

We conclude that direct associations exist between adulthood overweight & BMI and an increase in consumption of sugar-sweetened soft drinks in women.

Thus sugar-sweetened soft drinks consumption may be important when considering weight management in women.”

We are some way from making a definitive recommendation

- still work in progress
- systematic review on dental caries is underway
- NUGAG Sub-group on Diet and Health will be meeting in Feb 2011

Further systematic reviews relating to other critical endpoints may be undertaken

WHO report – adult cohort studies

First author, year and country	+ / 0 / -	Predictor	n
Odegaard, 2010, China	0 +	Juice drinks SSBs	43,580 men and women
Vanselow, 2009, USA	0	Soft drinks and fruit juice	4,746 men and women
Bes-Rastrollo, 2006, Spain	0 (except in subjects reporting previous weight gain of ≥ 3 kg five years before baseline) 0	SSBs Fruit juice	7,194 men and women
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Colditz, 1990, USA	0 (unclear)	Sucrose	31,940 women
Parker, 1997, USA	0	Sucrose	465 men and women

WHO Report (child studies)

First author, year and country	+ / 0 / -	Predictor	n
Ludwig, 2001, USA	+	SSBs	780 male and female
Ishihara, 2003, Japan	0	Carbonated beverages	737 male and female
Newby, 2004, USA	0	Fruit drinks (not including juice)	1,345 male and female
Skinner, 2001, USA	0	Juice only	72 male and female
Butte, 2007, USA	0	Fructose, sucrose and added sugars	1,030 male and female
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Tam, 2006, Australia	+	Soft drink/cordial	436 male and female
	0	Fruit juice	
Fiorito, 2009, USA	+	SSBs	170 female only

Sugar-sweetened beverages and risk of obesity and type 2 diabetes: Epidemiologic evidence

Frank B. Hu^{a,b,*}, Vasanti S. Malik^a

Physiology & Behaviour 100 (2010) 47-54

FOR RECOMMENDATIONS:

Sugars and obesity/excessive weight gainand

Sugars and dental caries

Sugars and chronic diseases/surrogatesaaand