

Benefits of Fish Consumption

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Committee on Medical Aspects of Food and Nutrition Policy

(COMA, 1994,
Nutrition Aspects of Cardiovascular Disease)

We recommend that people eat
at least two portions of fish,
of which one should be oily fish, weekly.

Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment

2001: guidance possible harmful effects
as a result of environmental pollution

dioxins and
dioxin-like polychlorinated biphenyls (PCBs)

Build up in fatty tissues and hence oily fish

Potential to damage developing fetus
Possible cause of cancer

Balance of Risk and Benefit

Nutritional and Toxicological considerations

Joint Committee:
Scientific Advisory Committee on Nutrition
Committee on Toxicology

Balance of benefit and harm
nutrition and toxicology

Specific vulnerability of
different population groups

If population were to follow advice consumption of
oily fish would increase 2 to 3 times.
Sustainability of resource to meet human requirements

sacn
Scientific Advisory Committee on Nutrition

Advice on fish
consumption:
benefits & risks

2004

Committee on
TOXICITY

**Scientific Advisory Committee on Nutrition
Framework for the Evaluation of Evidence
Relates Diet and Nutrition to Health**

Explicit statement

To formalise process through which evidence
is collected and evaluated – approach

Consistent

Systematic

Transparent

Potential health benefits of oily fish/ w-3 fatty acids

Cardiovascular disease:

secondary prevention (arrhythmias)
plaque stability, clotting, anti- inflammatory

Pregnancy:

duration and size at birth

Neuro-cognitive development and function:

infant, term/preterm; childhood; older people

Other:

blood pressure, obesity, arthritis.

Critical factor in oily fish consumption – dietary **DHA**

FSA Recommendations on Fish Consumption 2004

Recommended Upper Limit Intake (portions/week)

	Oily Fish	White Fish	Canned Fish
Non-Pregnant women & men	up to 4	No limit	No limit
Girls <16y	up to 2	No limit	No limit
Pregnant women	up to 2	No limit	up to 4 cans
Lactating women	up to 2	No limit	No limit

1 portion = 140g fish or ~ 0.45 g/d long chain w-3

Fish in Human Nutrition

1. Cod liver oil

- vitamin A and D (fortified yellow spreads)

2. Fish oils

- fish meat, w-3 fatty acids (omega-3)
- prevent disease, promote health

Critical factor in oily fish consumption – dietary **DHA**

Ability to form adequate amounts of **DHA** unclear.

This may be especially important during pregnancy.

Pregnancy and lactation period of greatest
vulnerability for possible toxicants.

Fatty acids

- saturated fatty acids, lard
- mono-unsaturated fatty acids, olive oil
- polyunsaturated fatty acids
 - w-6 (corn oil) and w-3 (fish oil)

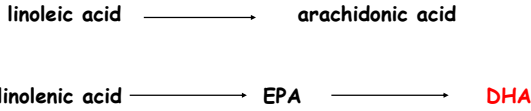
Polyunsaturated fatty acids

- critical structural component of all cell membranes
- regulate cell function
 - precursors for second messengers

Essential fatty acids (polyunsaturated, PUFA):

- have to be taken preformed in diet
- two families,

w-6 - linoleic acid
w-3 - linolenic acid (ALNA)



Fatty acids:

Long Chain Polyunsaturated Fatty Acids (LCPUFA)

Fish rich source of LCPUFA, especially w-3 fatty acids

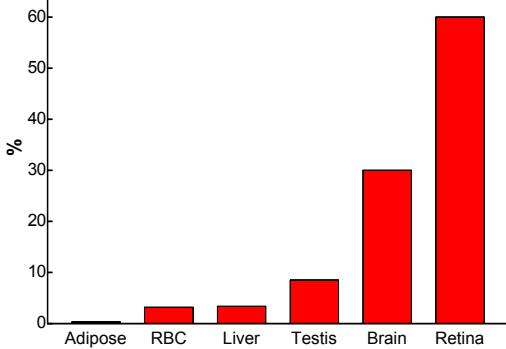
Membranes of neurones in brain:
require substantial amounts of w-3 fatty acids
especially during development

DHA (w-3 fatty acid) especially important

taken preformed in diet

formed from other w-3 PUFA (limited capacity)

Docosahexaenoic acid (DHA) concentration in adult human tissues



w-3 Fatty acids

Dietary supply of DHA is marginally adequate,
intake is not changed during pregnancy and lactation

Meeting increased requirement depends on:

conservation of LCPUFA by reduced oxidation

amount of pre-formed EPA and DHA which can be
accessed from adipose tissue reserves

the ability to increase the formation of DHA from
precursors such as ALNA.

What determines your capacity to make DHA?

- Availability of the precursor ALNA
 - what you eat
 - what you have in adipose tissue
- Metabolic machinery
 - capacity of liver
 - micronutrients - Zinc, Iron, Magnesium
- Oestrogen status

If any of these are constrained, then the supply of DHA
will be constrained unless consumed preformed in the diet

w-3PUFA intake & development (SACN 2004)

Maternal fish consumption or FO supplementation

↑ DHA 'status' of mother ± infant (Sanjurjo ~ 1995; Connor ~ 1996)

↑ DHA content of breast milk (Makrides ~ 1994)
(Breast milk has greater DHA than infant formula)

↑ gestation length (Olsen ~ 1992 & 2000; Smuts ~ 2003)

↓ risk of preterm delivery (Olsen & Secher 2000)
effect most evident in low intake and small babies

↑ mental processing (Helland ~ 2003)

↑ visual function / evoked potentials (Williams 2001; Jorgensen ~ 2001)

w-3PUFA intake & development (SACN 2004)

Breast milk v Formula ± FO supplementation

in Preterm Infant

- ↑ visual function / evoked potentials (9/10 studies)
- ↗ behavioural development (1/4 studies)

in Term Infant

- ↑ visual function / evoked potentials (7/11 studies)
- ↗ Behavioural development (3/7 studies)

Need more research on how maternal w-3PUFA intake affects pregnancy outcomes and follow-up

BODY GROWTH

- Stature and size - *Height, Weight*
- Proportions - *Body composition*
- Function - *Physiological maturation*
- Mental/intellectual development - *Neurological maturation*
- Social development - *Social interaction*

Development is structured:
an ordered process in space and time

Growth:

- demand - play/ stimulation
- nutrient availability
- maturation/ development

Vulnerability:

- structure established
- maturation enabled
- development acquired

Later builds on earlier

Nutrition of the brain:

- carbohydrates energy
- lipids membrane structure
- amino acids neurotransmitters

- minerals and micronutrients
 regulation, control and integration

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