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Introduction



 Dairy intake has multiple beneficial functions that have been widely studied and are fundamental to the health and development of people

- This presentation will highlight:
- the intake of dairy foods over the past 25 years
- Implications for health, including aspects such as

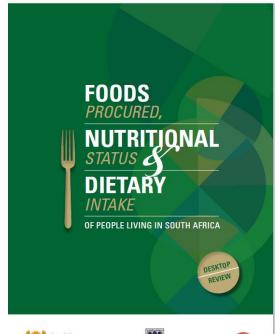
Calcium absorption



Background

- In 1997, Vorster et al. published a set of comprehensive reference tables based on a review of the literature from 1975 to 1996 about the nutritional status of South Africans
- Depicted inadequate diet and malnutrition
- Since then, a number of SA national surveys and various regional studies:
 - provided much-needed information on the health and nutritional status of South
 Africans
 - BUT did not include a comprehensive assessment of the dietary intake of South Africans
 Identified the need for a SA National Dietary Intake Survey (NDIS 2022)







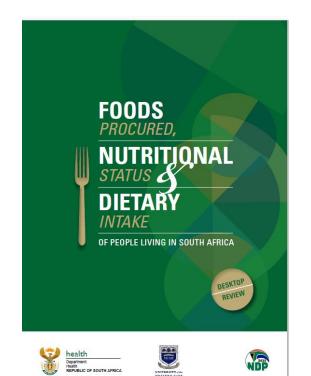




Aim of the Desktop Review

- To conduct a comprehensive, systematic review of the available literature published from 1997 to 2019 on the dietary intakes and nutritional status (biochemical indicators and anthropometry) of South African adults
- To determine:
 - Extent of SA research on nutritional status
 - Representation
 - Methods and cut points used

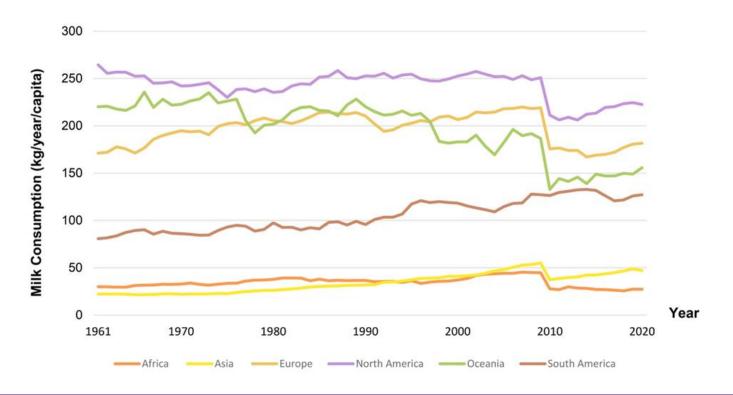




Aim of the Desktop Review

- To report on trends improvement/deterioration over time in dietary intakes and nutritional status of children and adults over the period 1997–2019
- To inform the methodology for NDIS 2022
- To extract and summarise the data in comprehensive reference tables for general use for research, intervention and policy planning related to South Africans

Global per capita milk consumption





Dairy intake in SA

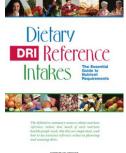
- In all groups, the frequent intake of milk and milk products was relatively low (except among those who lived on farms and in upper-class urban areas)
- When milk was consumed, it was usually in small amounts (e.g. in tea and coffee)
- The consumption of cultured milk (amasi) was reported in some studies



Nutrient intake

The limitations associated with the assessment and presentation of data related to nutrient adequacy made it **impossible** to make valid conclusions about the adequacy of energy and nutrient intakes:

- Most publications reported only means or medians
- Ideally, the percentage of people in the group with intakes less than the EER for energy or the EAR for macronutrients
 is necessary to make sense of the findings
- Two standards were used to evaluate adequacy:
 - 1989 Recommended Dietary Allowance (RDA)
 - The newer Dietary Reference Intakes (DRIs)
- A wide variety of cut-points were used to evaluate adequacy:
 - Percentage of participants with intake below the RDA
 - Percentage of participants with intake below 67% of the RDA or the Estimated Average Requirement (EAR)



Calcium and potassium



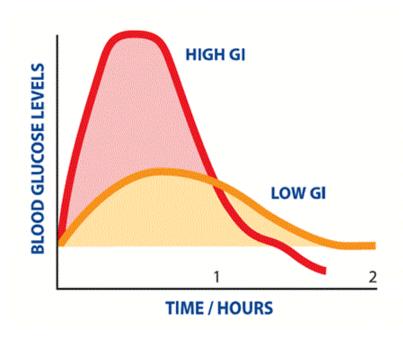
- Inadequate intakes of calcium and potassium were high across all strata represented in the studies
- EAR values for calcium were first published in 2011; before that, calcium requirements were based on AI
- Thirteen (13) studies reported calcium intakes in women (ranging from 116 to 690 mg/day) and 10 in men (ranging from 229 to 620 mg/day)
- Calcium intakes were lower in rural compared to urban dwellers
- The low calcium and potassium intakes agree with the low milk, fruit and vegetable intakes that were reported for South African adults, especially Black Africans

Health implications of inadequate dairy intake





- The glycaemic index (GI) ranks carbohydratecontaining foods on a scale of 0 to 100 based on how quickly they increase blood glucose levels compared to pure glucose, which has a GI of 100
- Foods with a high GI (above 70) are rapidly digested and absorbed, leading to a more substantial increase in blood glucose levels
- Foods with a low GI (below 55) result in a slower and more gradual increase





• In comparison to the disaccharides, sucrose (GI approximately 65-68) and maltose (GI approximately 105-115), lactose has a GI of approximately 45, which is considered low

When considering the GI of the monosaccharides, galactose and glucose (23 and 100, respectively), one would expect the GI of lactose to be higher

Although lactose itself has a low GI, milk and other dairy products
 all have a low GI, ranging from 15 in some fermented milks to 51 in ice cream



• Diet-related illnesses, such as **obesity, type 2 diabetes, and cardiovascular disease**, have been associated with **postprandial glycemia**

The **low GI of lactose and dairy foods** may be a reason why they do not contribute to obesity and type 2 diabetes the way other sugars do



- Several factors collectively contribute to the rate at which carbohydrates, such as lactose,
 enter the bloodstream and increase blood glucose levels:
 - Amount and type of carbohydrates present in the food
 - Particle size
 - Cooking and processing methods
 - Rate of gastric emptying, hydrolysis, and absorption of carbohydrates
 - Individual variations in lactose digestion and tolerance





- Many of the mechanisms that influence the GI of carbohydrates can be ascribed to the substantial effect that the food matrix in which the carbohydrates occur has on postprandial glycaemic responses
- The dairy matrix regulates postprandial glycemic responses by:
 - controlled gastric emptying
 - regulated enzymatic hydrolysis of lactose to glucose and galactose
 - stimulated insulin secretion to improve blood glucose uptake from the bloodstream





- Gastric emptying is a key factor in how quickly glucose reaches the bloodstream after eating
- While slow gastric emptying could decrease postprandial glucose, rapid gastric emptying may cause a significant increase in it
- Dairy products, often contain varying amounts of fat and protein
- Eating a **meal high in protein or fat** can lower the glycaemic response by:
 - delaying stomach emptying
 - stimulating insulin secretion



Reasons for slow gastric emptying for milk:

- The milk matrix contains carbohydrate, fat and protein
- Protein and fat in dairy foods can lower the glycemic response by stimulating insulin secretion through effects on gastric pH levels and increased concentrations of glucagon-like peptide 1 (GLP-1), glucose-dependent insulinotropic peptide (GIP), and incretin hormones
- When milk is consumed, the **pH of the stomach rises**, and it takes a significant volume of gastric fluid to lower it again (buffering effect)



- The lower expected GI value of dairy may further be ascribed to the slower hydrolysis and absorption of lactose compared to sucrose
- The chemical structure of lactose requires the enzyme lactase to break it down into its individual monosaccharide components before they can be absorbed.
- Enzymatic control systems are not required for sucrose or other saccharides, whose hydrolysis is markedly quicker
- The enzymatic control mechanisms result in a slower hydrolysis and absorption of lactose
 and consequently a more gradual and controlled release of glucose into the bloodstream
 and a lower glycaemic response

Collectively, the mentioned mechanisms explain why consuming lactose-containing foods,
 such as milk or yogurt, is unlikely to cause a sharp rise in blood glucose levels

There is a synergy between the dairy matrix and the human body that results in glycaemic response control, allowing milk to supply a substantial amount of energy in the form of lactose without significantly raising blood glucose levels



 Despite the importance of calcium for human health, calcium absorption from different foods varies considerably, with net absorption ranging from less than 10% to more than 50%



- Dairy products make a substantial contribution to calcium intake due to:
 - High proportion of calcium in dairy
 - Calcium in the dairy matrix is more bioavailable than calcium in other foods







Intestinal calcium absorption has been described to be positively modulated by lactose,
 a fact that has been established in several animal studies

Replacing lactose with glucose or galactose does not notably influence calcium
absorption (possibly because the products of lactose hydrolysis, namely, glucose and
galactose, also enhance calcium absorption); however, lactose does show enhanced
absorption of calcium in humans compared with other types of nonabsorbable sugars
(such as mannitol, lactitol or corn starch)



In infants, lactose may enhance the absorption efficacy of calcium from formula

The absorption of calcium was significantly higher in infants fed a lactose-containing formula than in those fed a lactose-free formula that contained corn maltodextrin and corn syrup solids





A variety of factors play a role in calcium absorption:

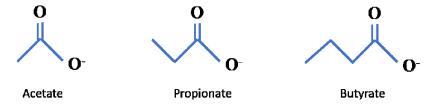
- Before it can be absorbed, calcium must be in solution in the ionized form (Ca2+)
- Two different transport methods, namely, transcellular active transport and paracellular passive transport, are used to absorb calcium in the gastrointestinal tract lactose increases passive intestinal calcium absorption
- Although some calcium may already be in ionized form when eaten, the acidic environment of the stomach increases the solubility of calcium salts and complexes that are not ionized
- The brush border enzyme intestinal alkaline phosphatase is stimulated by calcium





In contrast to sucrose, lactose may modulate the gut to improve calcium absorption

- The pH reduction caused by lactose fermentation in the large intestine produces shortchain fatty acids (SCFAs), which enhance calcium solubility and osmotic pressure
- Lactose may further encourage the formation of nondigestible oligosaccharides such as trans-galacto-oligosaccharides, also increasing the production of SCFAs and other organic acids that promote the growth of lactic acid bacteria and the absorption of calcium







 People with lactase non-persistence, who have reduced lactase activity, may limit their intake of dairy, thus compromising their calcium intake



However, those with lactase non-persistence may exhibit enhanced calcium absorption from dairy products, possibly owing to the prebiotic effect of lactose in sustaining the growth of gut flora such as bifidobacteria and lactobacilli

Conclusion



Dairy intake is fundamental to the health of people In SA, dairy consumption is largely inadequate

Consuming milk or yogurt is unlikely to cause a sharp rise in blood glucose levels

Dairy enhances the absorption of calcium





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