

Nutrition Society Congress 2024, 2-5 July 2024

## Consumption of a milk low in lactose high in intrinsic fiber is associated with improved nutrient intake adequacies in Chinese adults: a diet modelling study

F. Zhang<sup>1</sup>, C. Debras<sup>2</sup>, J. Matta<sup>2</sup> and D. Wang<sup>2</sup> <sup>1</sup>Nestlé Institute of Health Sciences, Nestlé Research, Beijing, China

<sup>2</sup>Nestlé Institute of Health Sciences, Nestlé Research, Lausanne, Switzerland

Despite national dietary guidelines, dairy intakes remain low in China, partially because of high prevalence of lactose malabsorption<sup>1</sup>. The fibre intake adequacy is also low comparing to the recommendation in China<sup>2</sup>. Milk-N is a new range of fortified and non-fortified low-lactose/highfibre milk products. In this study we analyzed the associations between consumption of Milk-N products and nutritional status using diet modelling<sup>3</sup>.

We used data from China Health and Nutrition Survey-2011<sup>4</sup>, participants above 20y were included in the analysis (n = 12127, 47% men, 53% women). Nutrient intakes were estimated through 3 days dietary record and household food inventory. Two diet scenarios were modelled: A) Adding a serving (200ml) of generic milk or of Milk-N to participants not meeting the dairy recommendation, and B) Substituting dairy food intakes with Milk-N in equivalent amount for dairy consuming participants. Paired t-test and Pearson's Chi-squared test were used to compare the amount of intake and prevalence of nutrient intake adequacy between the two types of addition, and before and after the substitution.

Overall, 17.4% of participants consumed dairy foods with an average intake of 160.5g/day, among those 81.2% consumed milk. Only 1.1% of the population met dairy intake recommendations.

In the addition scenario, compared to the addition of generic milk, adding one serving of fortified or non-fortified Milk-N increased fibre intake by 25-35% (from 17.6g/day to 22-23.8 g/day), leading to increased fibre intake adequacy from 16.4% to 27.0-32.8%, i.e. 65-100% increase. Addition of fortified Milk-N improved daily average intakes of calcium, iron, zinc, vitamins A and C by 27-31%, 9%, 8%, 3%, and 16%, respectively. Consequently, the proportion of the population with inadequate intakes decreased (p<0.01) for generic milk vs fortified Milk-N as follows, for calcium (66.3% vs. 23.4-29.6%), iron (5.5% vs. 2.2%), zinc (28.1% vs. 18.9%), vitamin A (61.7% vs. 52.7%) and vitamin C (62.4% vs. 51.5%).

In the substitution scenario, replacing current dairy food intake with fortified or non-fortified Milk-N increased fibre intake by 20-27% (from 18.4 to 22.0-23.4g/day), leading to increased proportion of dairy consumers with adequate fibre intake from 18.7% to 28.2-32.3%, i.e., 51-73% increase. Substitution with fortified Milk-N improved intakes of calcium, iron, zinc, vitamins A and C by 2327%, 7%, 7%, 10%, and 12%, respectively. Consequently, the proportion of dairy consumers with inadequate micronutrient intakes significantly decreased (p<0.01) for calcium (from 72.9% to 50.353.3%), iron (from 7.5% to 4.7%), zinc (from 33.0% to 26.1%), vitamin A (from 56.9% to 47.4%), and vitamin C (from 60.2% to 50.8%).

In addition to the reduced lactose that helps to address lactose malabsorption, consumption of any Milk-N alternative could improve fibre intake, while fortified Milk-N could also contribute to reducing micronutrient inadequacies in Chinese adults.

## Acknowledgments

This research uses data from China Health and Nutrition Survey (CHNS). We are grateful to research grant funding from the National Institute for Health (NIH), the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) for R01 HD30880 and R01 HD38700, National Institute on Aging (NIA) for R01 AG065357, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) for R01 DK104371 and P30 DK056350, National Heart, Lung, and Blood Institute (NHLBI) for R01 HL108427, the NIH Fogarty grant D43 TW009077, the Carolina Population Center for P2C HD050924 and P30 AG066615 since 1989, and the China- Japan Friendship Hospital, Ministry of Health for support for CHNS 2009, Chinese National Human Genome Center at Shanghai since 2009, and Beijing Municipal Center for Disease Prevention and Control since 2011. We thank the National Institute for Nutrition and Health, China Center for Disease Control and Prevention, Beijing Municipal Center for Disease Control and Prevention, and the Chinese National Human Genome Center at Shanghai.

## References

- 1. Yang S, Bhargava N, O'Connor A et al. (2023) BMC Nutr 9, 116.
- 2. Yu D, Zhao L & Zhao W (2020) Nutr Rev 78, 43-53.
- 3. Sunardi D, Wibowo Y, Mak TN et al. (2023) Front Nutr 10, 1169904.
- 4. Zhang B, Zhai FY, Du SF et al. (2014) Obes Rev 15 (S1), 2-7.