

Reminiscences of my life as a nutritionist - and looking to the future

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Iron rusts from disuse; stagnant water loses its purity and in cold weather becomes frozen; even so does inaction sap the vigour of the mind.

Leonardo da Vinci (The Notebooks of Leonardo Da Vinci, translated by Jean Paul Richter 1883 <http://www.gutenberg.org/cache/epub/5000/pg5000.html>)

Abstract

In this invited article for the Crystal Ball series I have tried to briefly cover my undergraduate and post-graduate training and subsequent career in nutrition, and end with some thoughts about the future. It has not been possible to give a comprehensive account of my many years of nutrition research, so I have selected a few events that might amuse readers. Also, due to lack of space, I have been unable to mention all the wonderful colleagues and friends with whom I have interacted, but, if they read this article, they know who they are... Unfortunately, a growing number are no longer with us and I would like to pay tribute to them and their important contribution to human nutrition.

1 **Early days**

2 Food played an important part in my early life, being the daughter of a grocer, but I
3 only became aware of the discipline of nutrition when I was an undergraduate food
4 scientist at Queen Elizabeth College (QEC). The Nutrition Department at QEC was
5 one of the best in the world, with many inspiring lecturers, and this is where my
6 passion for nutrition originated. I was fortunate to be accepted by Professor Arnold
7 Bender as a PhD student, subject to passing the Masters in Nutrition, and very
8 grateful to the Head of Department, Professor Stewart Truswell, for insisting that I
9 had a thorough and comprehensive training in nutrition before launching into my
10 speciality area of research. I chose to study factors affecting iron bioavailability after
11 reading an interesting article in the BMJ on the effect of gastric mucopolysaccharide
12 on iron absorption by Professor Alan Jacobs [1].

13

14 Professor Bender was a great PhD supervisor - he allowed me total freedom to
15 undertake experiments designed to address the many intriguing questions relating to
16 iron availability. He shared endless interesting anecdotes and had widespread
17 connections throughout the world of nutrition and food science, thanks to which I
18 secured a part-time job teaching nutrition to catering students at Middlesex
19 Polytechnic and ran adult education classes at City University, both of which were
20 great experiences for a PhD student and boosted my meagre stipend. One
21 invaluable lesson I learnt was to look carefully through slides before using them.
22 Professor Bender kindly lent me a set of slides depicting nutritional deficiencies,
23 which I used for an adult evening class, mostly attended by middle-class women (the
24 group we might today refer to as the 'worried well'). Unfortunately, I had no idea that
25 these included graphic photographs of naked babies with vitamin and mineral

26 deficiencies (e.g. acrodermatitis enteropathica) and a post-mortem photograph of a
27 baby who had died of marasmus. The room became very silent when I showed these
28 slides, and unsurprisingly attendance dropped the following week. Apart from
29 allowing me to learn through my own mistakes, Professor Bender had an amazing
30 ability to look at a page of data in my lab book and find, within seconds, any errors in
31 the midst of all the numbers. Thanks to the vibrant postgraduate community at QEC I
32 was exposed to a wide variety of research techniques, although one 'exposure' was
33 rather unfortunate. I was macerating rat carcasses, labelled with ^{59}Fe and ^{55}Fe from
34 iron absorption experiments, when the macerator lid flew open (the extract pipes had
35 been blocked by the person before me putting paper down the macerator) and I was
36 showered with radioactive sludge! This was when I began to consider the alternative
37 of using stable isotopes for iron absorption studies.

38

39 At the end of my PhD, Professor Bender introduced me to Professor John Dickinson,
40 who was looking for an RA at Surrey. I applied for the post, but had not read the
41 letter inviting me to an interview carefully enough and was late. Not surprisingly, I
42 was not offered the job, but luckily Donald Hicks, with whom I had undertaken a
43 summer project, offered me a job with Beecham Products to work on Horlicks,
44 Ribena and Lucozade. It was very educational working for the food industry,
45 although I had to put up with Donald calling me "the iron lady", presumably because
46 my father was a grocer, I had a degree in Food Science, and my PhD was on iron,
47 but there, I hope, the similarity with Margaret Thatcher ends.

48

49 About a year after joining Beecham Products, I attended a Food Science and
50 Technology conference in Japan, and during the post-congress tour I met Frank

51 Curtis. He told me about a new Nutrition Division that David Southgate was setting
52 up at the Food Research Institute (FRI) in Norwich. He suggested I visited to talk
53 about jobs. When we got to Heathrow airport and were all saying goodbye, I
54 summoned the courage to ask if he would mind 'putting in a good word for me' with
55 David Southgate, and he handed me his card. I was so embarrassed to find he was
56 the new FRI director. I eventually went to Norwich to meet David Southgate and took
57 my mother with me as my parents lived in Norfolk. I left her in the car, saying I
58 wouldn't be long because I wasn't thinking about leaving Beecham's, but emerged
59 after quite some time feeling very excited. It was mid-winter and she was cold but
60 forgave me when she learnt that I was considering moving closer to home. I applied
61 for one of the vacancies when they were advertised and this was the beginning of
62 my long career at the Institute in Norwich.

63

64 **From radio- to stable isotopes**

65 When I started working at FRI (later to be renamed the Institute of Food Research)
66 the funding body, the Agricultural Research Council (later to be renamed the
67 Agricultural and Food Research Council, and then the BBSRC), forbade work on
68 humans as this was considered to be MRC territory, and I had to use animal models.
69 Initially, with Professor David Southgate's interest in dietary fibre, we demonstrated
70 that phytate (not fibre *per se*) reduced iron bioavailability [2, 3]. We commissioned a
71 small animal whole body counter that had to be built from low radioactive steel, for
72 which a scuttled Scapa Flow German WW1 Battleship was located. The counter
73 worked well and we completed a number of experiments measuring factors that
74 affect iron absorption, including the effect of timing of an iron dose on subsequent
75 iron absorption [4]. Our findings stimulated Fernando Viteri to undertake research on

76 different dosing regimens for iron [5], which resulted in new WHO guidelines for
77 pregnant women. They recommend intermittent oral iron and folic acid
78 supplementation with 120 mg of elemental iron and 2800 µg (2.8 mg) folic acid once
79 weekly for pregnant women to improve maternal and neonatal outcomes if daily iron
80 is not acceptable due to side effects, and in populations with an anaemia prevalence
81 among pregnant women of less than 20% [6]. A recent Cochrane review concluded
82 that in comparison with daily supplementation, the intermittent provision of iron
83 supplements is probably as effective as daily iron in preventing or controlling
84 anaemia and it has fewer side effects [7]. The translation of our early (1984)
85 research into a new (2016) improved policy for iron supplementation is very
86 rewarding.

87

88 Since rodents are not an ideal model for studying iron bioavailability, we tried ferrets
89 and guinea pigs but with little success. Next, knowing that pigs are a good model for
90 the human gut, we bought some mini-pigs from Leeds University. We transported
91 them back to Norwich in a cardboard box in an Institute car, in total ignorance of
92 livestock regulations. This was our first problem. The second problem became
93 apparent as the piglets grew ... and grew. I was informed that they were several
94 generations on from the original mini-pigs from the Yucatan, so their phenotype was
95 changing. The stainless steel metabolic crates that I had specially built to house
96 them so we could undertake short-term balance experiments were obviously going to
97 be too small, and the pigs began to eat the concrete walls of the animal house, so
98 they had to go. Fortunately, as this door closed another one opened, namely the
99 rules about using human volunteers changed and ARC Institutes were allowed to do
100 research on human subjects. The ARC was charged with focusing on health

101 whereas the MRC would carry out research on nutrition and disease; thus was
102 nutrition divided between the two research councils, although it does sometimes fall
103 in the crack between the two.

104

105 David Southgate rapidly established a Human Research Ethics Committee at IFR
106 and we began to undertake studies in human volunteers. I established a
107 collaboration with Margaret Minski from Silwood Park, Imperial College, who could
108 measure stable isotopes by neutron activation analysis. We undertook our first
109 human study at IFR using stable isotopes with support from my MSc supervisor at
110 QEC, David Richardson, who was then working for Cadbury Schweppes in Reading.
111 The aim was to compare the bioavailability of two types of iron (ferrous sulphate and
112 ferric phosphate) commonly used to fortify foods, when added to a malted cocoa
113 drink. We measured iron absorption using faecal monitoring, but my first human
114 study using stable isotopes was almost a disaster because the autoclave (that I used
115 to make the faecal material safe for subsequent processing) over-heated and the
116 plastic bags split. I spent several hours removing faecal slurry from the autoclave
117 with help from good colleagues who have never forgotten the experience, but still
118 speak to me. Thankfully, the volunteers generously agreed to repeat the absorption
119 test, and we were able to demonstrate that the two forms were equally well absorbed
120 [8]. I had another bad experience with the faecal monitoring technique when I
121 undertook an iron absorption study in the Gambia [9]. On X-raying the bags
122 containing autoclaved faeces to count the number of radio-opaque pellets (which
123 were given in capsules to determine the completeness of faecal collection), I found
124 at least one bag with more pellets than the volunteer had been given. Subsequent
125 detective work revealed that some of the volunteers were swapping bags, without

126 realising that each had been given a set of bags with a unique number. It turned out
127 that the number meant nothing to them because some were unable to read, and I
128 had not thought about this, even though they signed the consent form with a cross.

129 *Mea culpa.*

130

131 Eventually, thanks to the development of more sensitive methods for detecting stable
132 isotopes using mass spectrometry, I was able to replace the faecal monitoring
133 technique with blood isotope ratio measurements [10]. The next 10+ years was the
134 golden era of stable isotope research. With generous funding from the Food
135 Standards Agency, together with EU and other grants, and a wonderful multi-
136 disciplinary team of scientists at IFR plus fantastic collaborators from Europe and
137 worldwide, we studied the metabolism of several minerals (calcium, zinc, selenium,
138 copper, and cadmium) and continued research on iron bioavailability. When it was
139 not possible to extrinsically label minerals in foods, we grew plants hydroponically
140 and intrinsically labelled them with stable isotopes. We also labelled fish with stable
141 isotopes of selenium but, as long ago as 2004, climate change had an impact on our
142 research. The codfish were in tanks at the MAFF laboratories in Lowestoft into which
143 seawater was pumped, but we had a very hot summer and the sea became very
144 warm, resulting in some of the valuable, isotopically-labelled fish leaping out of the
145 top of the tank. Fortunately, their unanticipated voyage was discovered in time to
146 rescue sufficient fish to undertake our human study [11].

147

148 **Moving on from stable isotopes**

149 In 2005-6, major structural changes took place in the Institute and the departments
150 were abolished. As a now ex-Head of Department I realised it was time to move on,

151 although leaving my excellent research group and the Institute, my 'family' for over
152 25 years, was a real wrench. I was grateful to be given a position at UEA, and
153 became Professor of Mineral Metabolism in 2007. At first, I was able to continue
154 undertaking stable isotope studies because the mass spectrometer and the scientist
155 who operated the machine also moved to UEA, but this situation was short-lived
156 because he soon went to New Zealand, taking the mass spectrometer with him,
157 attracted by the beautiful scenery and opportunities outside nutrition e.g. forensic
158 science. Our last stable isotope study, completed in 2010, showed that low pH
159 beverages do not affect native non-haem iron absorption but whether they enhance
160 iron absorption from partially soluble fortification iron (through increased solubility)
161 remains to be tested [12]. I made use of the cell culture facilities at UEA, which, with
162 the help of PhD students, provided me with an opportunity to undertake mechanistic
163 studies on iron metabolism using Caco-2 cells [13, 14, 15]. I also belonged to an EU
164 Network of Excellence (EURRECA) and worked with a dedicated team of scientists
165 at UEA who undertook systematic searches and reviews aimed at characterising the
166 links between micronutrient intake, status and health. In 2009, I was delighted to be
167 appointed an Expert for the European Food Safety Authority (EFSA) NDA Panel,
168 which entailed regular trips to Parma, Italy. This was a very worthwhile and
169 enjoyable commitment, providing me with a great learning experience, in particular
170 participating in the Working Groups on Health Claims and Dietary Reference Values
171 (DRVs). In the process of updating the DRVs it became apparent to us that there
172 are enormous gaps in knowledge, not only in our fundamental understanding of
173 nutrient metabolism but also in the levels of intake required for optimal health,
174 namely preventing deficiency and reducing the risk of chronic diseases. Then there
175 is the added complication of individual variability, which has to be taken into account

176 when setting values for population groups, and requires an appreciation of the
177 importance of quantifying uncertainty for risk assessment.

178

179 In setting the DRVs for iron, we had to select a value for dietary iron bioavailability,
180 and because EFSA is committed to produce transparent reports, the DRV WG had
181 to provide an evidence-based value for iron bioavailability. Fortunately, I had been
182 working on this problem for some time with a statistician, Jack Dainty, who was
183 developing a probability model to predict dietary iron bioavailability [16] and we
184 managed to publish this in time for EFSA to use it for the iron DRVs [17]. We
185 subsequently refined the model using data from Ireland [18] and, more recently, we
186 collaborated with ETH Zurich to make use of data collected in Benin, and we were
187 able to validate the model prediction using the stable isotope absorption data [19].
188 We believe this is the best approach for deriving country-specific values for dietary
189 iron bioavailability for setting DRVs and for developing public health policies to
190 reduce the risk of iron deficiency.

191

192 There have been two main drivers behind my research at UEA, both of which relate
193 to public health problems and therefore priority areas for funding (a) the
194 demographics of ageing and the role of nutrition in preventing non-communicable
195 diseases, and (b) ways to improve the nutritional quality of plant foods. I helped
196 develop a proposal, coordinated by the University of Bologna, for a one-year
197 intervention trial in elderly Europeans from five different countries (NU-AGE). The
198 aim was to provide tailored individual advice (to maximise compliance) to adopt a
199 Mediterranean-style diet and the primary end-point was inflammatory status. We
200 have published various papers on secondary end-points, including positive effects of

201 the Mediterranean diet on bone health [20] and blood pressure [21] but no effect on
202 iron and selenium status [22]. I have also collaborated with plant scientists, including
203 Janneke Balk at JIC, examining iron bioavailability in vegetables, and the potential of
204 pea ferritin as a plant supply of iron [23].

205

206 **My heroes**

207 In the company of many of my contemporaries, I considered Elsie Widdowson to be
208 an inspirational nutritionist. She undertook research in so many fundamental areas,
209 and her approach and interpretation provided unique insights into nutritional science,
210 with just rudimentary tools and techniques as her disposal. This is such a contrast
211 from today where we are data rich, but making only incremental increases in our
212 understanding of nutrition. However, it is only fair to point out that most of the major
213 questions in nutrition have been answered, and we are now left with the more
214 difficult, and sometimes intransigent, problems to solve.

215

216 In the early days of iron research, my three heroes were Thomas Bothwell, Jim Cook
217 and Leif Hallberg. I had the honour of being selected for a SUSTAIN Task Force
218 evaluating the usefulness of elemental iron for cereal fortification [24] and in 2000 I
219 was invited to a workshop in Monterrey, Mexico, at which my heroes were present,
220 together with other international experts. I arrived late at night and set my alarm
221 clock ready for the morning meeting, but instead I was woken by the telephone call
222 in my hotel room asking where I was. I had set the 24h time on my alarm clock
223 incorrectly (a 'Mainwaring' moment for fans of Dad's Army), and had the
224 embarrassing task of explaining to my heroes why I was 2 hours late for the meeting!
225 Since those early years, I have thoroughly enjoyed working with so many people,

226 including staff at IFR and UEA, PhD students, and national/international
227 collaborators. I am particularly indebted to Ros Gibson, Janet King and Christine
228 Williams, each of whom has been kind enough to give me significant personal
229 support at different stages of my career.

230

231 **The Crystal Ball**

232 Nutrition is of considerable interest to consumers and attracts a great deal of media
233 attention, some of which is sometimes unwelcome as it confuses the public and
234 results in general mistrust of nutrition advice. A great deal of emphasis is placed on
235 nutritional epidemiology because it is almost impossible to undertake RCTs (the
236 highest level of evidence) for a long enough period of time, sufficient to test for
237 causal relationships, hence the urgent need to develop more early biomarkers for
238 risk of chronic diseases, together with more accurate measures of habitual diet.
239 Furthermore, designing a 'clean' nutrition intervention, unlike drug trials where
240 placebos and drugs are blinded and everything else remains unchanged, is difficult.
241 Intervening with one aspect of the diet invariably has an effect on other dietary
242 constituents, and sophisticated statistical procedures are required to take into
243 account possible effects from these other changes. Nutritional epidemiology is only
244 able to identify associations, not cause and effect, and the findings are sometimes
245 misinterpreted and can lead to conflicting messages, but it is important for the public
246 to have consistent dietary advice to persuade them to take it seriously.

247

248 There is general agreement about what constitutes a 'healthy' diet at the population
249 level, but individuals differ in their response to diet, and the reasons for this needs to
250 be understood so that personalised nutrition has a more robust basis. It is

251 anticipated that future GPs will be provided with genotype profiles and they will need
252 to link these data to appropriate dietary recommendations, as well as other lifestyle
253 options, in order to manage their patients' health and reduce the risk of disease. The
254 current culture to diagnose and treat patients must embrace more emphasis on
255 prevention, because although this is more long-term, it will benefit both patients and
256 the health service. Increasing the quality of life should replace longevity as one of the
257 primary goals of medicine.

258

259 External drivers are going to have a major influence on our lifestyle. Climate change
260 and food security mean that plants will have a more important role in future. Red
261 meat consumption will fall, not only driven by adverse effects on health because the
262 evidence for this is surprisingly weak [25], but to help counteract global warming. As
263 meat is an important source of bioavailable iron, this may increase the prevalence of
264 anaemia, already estimated to affect one third of the world's population with iron-
265 deficiency anaemia being the most common aetiology [26]. Plant scientists now
266 include nutritional quality amongst the traits for which they are breeding, and I have
267 been peripherally involved in biofortification programmes supported by HarvestPlus,
268 mainly to do with iron and zinc bioavailability, which have been running for a number
269 of years. Last year I was delighted to be invited to collaborate on a BBSRC-funded
270 project measuring iron and zinc absorption from biofortified potatoes grown in Peru.
271 One of my early experiments at IFR was measuring iron absorption from potatoes by
272 rats [27] and I am fortunate to be collaborating with Michael Zimmermann's
273 laboratory at ETH Zurich, so it feels like I am closing a circle. It also means that I will
274 be following Leonardo da Vinci's advice (see quote above).

275

276 Finally, as diet and health moves forward into the 'systems' era , it is important to
277 remember that the building blocks for nutrition, namely nutrient requirements, are still
278 not fully secure. Gaps have been identified as part of the process of deriving DRVs,
279 many of which require mechanistic research, using physiological, biochemical and
280 molecular biology techniques in conjunction with the newer –omics technologies. We
281 need accurate values for nutrient requirements, both at an individual level to devise
282 strategies for personalised nutrition, and at the population level to develop effective
283 public health policies. Designing human studies to generate the information required
284 will be a challenge, but if we build the diet and health edifice too high on shaky
285 foundations, we may live to regret our haste. My surveyor husband has taught me to
286 appreciate that solid foundations are essential for any building, and this maxim is
287 equally applicable to nutrition research, training, and the application of nutrition
288 knowledge.

289

290 **Compliance with ethical standards**

291 Conflict of interest: the author declares no conflict of interest.

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