



Letter to the Editor

RE: "EFFECT OF SUPPLEMENTAL FOLIC ACID IN PREGNANCY ON CHILDHOOD ASTHMA: A PROSPECTIVE BIRTH COHORT STUDY"

We read with interest the recent article by Whitrow et al. (1) showing a relation between maternal consumption of folic acid supplements in late pregnancy and an increased risk of childhood asthma 5.5 years later.

The authors state that their maternal dietary intakes, on which data were collected in 1998–2000, occurred prior to the introduction of voluntary folic acid fortification in Australia. This is not correct. Voluntary fortification of flour, savory biscuits, breads, breakfast cereals, fruit and vegetable juices and drinks, and various other foods was permitted in 1995 (2). In 1998, on the basis of the folate-neural tube defect link, a health claims system for Australia and New Zealand was piloted. By mid-2000, 100 products, including foods fortified with folic acid, such as juice and breakfast cereal, had been approved to carry the claim (3); so pregnant women's attention was being drawn to folic acid-fortified foods during the recruitment phase of this study.

Maternal intake of dietary folate is likely to have been underestimated, because the 1991–1992 Australian nutrient data tables (4) listed free folate only. More recent releases have given total folate values, which are generally higher and include folic acid from voluntary fortification as appropriate (5, 6). Because the median intake from supplements in late pregnancy was 300 µg in the study population (1), failure to include folic acid from food among women consuming fortified products might have been enough to alter the classification of a sufficient number of women in the lower part of the intake distribution to affect the relative risk importantly.

Consumption of folic acid by the children was not considered in the analysis because the authors regarded the low reported use of supplements as indicating that folic acid intake was low (1). We estimated that the mean and 95th percentile of intake of folic acid from voluntarily fortified foods in about 2004 were 112 µg and 207 µg, respectively, for children aged 2–3 years and 123 µg and 243 µg, respectively, for children aged 4–8 years (2). Intake would have been higher among regular consumers of fortified products and negligible among nonconsumers.

It is possible that the lack of inclusion of data on dietary folic acid consumption by the mothers and/or the children influenced the results of this study. However, it is not possible to predict whether this would have increased or decreased the relative risk.

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Conflict of interest: none declared.

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