

MDPI

Ahstraci

Micronutrient Status of Vegetarians and Non-Vegetarians in a Sample of New Zealand Female Adolescents [†]

Jennifer Gale ^{1,*}, Jillian Haszard ², Tessa Scott ¹, Rachel Brown ¹, Lisa Houghton ¹, Anne-Louise Heath ¹ and Meredith Peddie ¹

- Department of Human Nutrition, University of Otago, Dunedin 9016, New Zealand; tessa.scott@otago.ac.nz (T.S.); rachel.brown@otago.ac.nz (R.B.); lisa.houghton@otago.ac.nz (L.H.); anne-louise.heath@otago.ac.nz (A.-L.H.); meredith.peddie@otago.ac.nz (M.P.)
- Division of Sciences, University of Otago, Dunedin 9016, New Zealand; jill.haszard@otago.ac.nz
- * Correspondence: jen.gale@otago.ac.nz
- † Presented at the Nutrition Society of New Zealand Annual Conference, Online, 2–3 December 2021.

Abstract: Vegetarianism appears to be increasing in Western countries. The health benefits of following a vegetarian diet include improved cardiovascular health, lower body mass, and a decreased risk of non-communicable diseases. However, restrictive food selection can result in suboptimal intakes of critical nutrients, increasing the risk of deficiencies. This is particularly important for female adolescents who have increased nutritional requirements. Most of the information on vegetarian diets and adolescent health was collected decades ago. Much less is known about the micronutrient status of modern female adolescent vegetarians. We aimed to compare the nutritional and biochemical status of vegetarian and non-vegetarian adolescent females in New Zealand. Adolescent females aged 15-18 years were recruited from eight locations throughout New Zealand. Micronutrient intakes were assessed via two 24 h diet recalls, which were adjusted to represent usual intakes. Blood samples were analysed for haemoglobin, and serum concentrations of ferritin, soluble transferrin receptor, zinc, selenium, retinol binding protein, folate, B12, C-reactive protein, and alpha-1-acid glycoprotein. Of the 182 participants who provided a blood sample, 15% self-identified as vegetarian (n = 27). Vegetarians had significantly lower daily mean intakes of vitamin B12 (p < 0.001), zinc (p < 0.001) and selenium (p = 0.039). On average, vegetarians had 3.1% (95% CI -5.8 to -0.4, p = 0.025) lower haemoglobin, 9.5% (95% CI –15.4 to –3.2, p = 0.004) lower selenium, and 80.5% (95% CI 45.7 to 123.7, p < 0.001) higher serum folate concentrations. Serum B12 concentrations were also lower (-18.2%(95% CI -33.7 to 0.9)), although not statistically significantly different (p = 0.060). The prevalence of anaemia, zinc, and selenium deficiency among vegetarians (15%, 50% and 54%, respectively) was higher than for non-vegetarians (5%, 21%, and 30%, respectively). Female adolescent vegetarians may be at increased risk of deficiency of nutrients commonly found in animal products, including iron, selenium and zinc. It is important for vegetarian adolescent females to follow dietary practices that enhance micronutrient intake and absorption.

Keywords: vegetarian; female adolescents; micronutrient status; iron status; iron deficiency; vegetarianism



Citation: Gale, J.; Haszard, J.; Scott, T.; Brown, R.; Houghton, L.; Heath, A.-L.; Peddie, M. Micronutrient Status of Vegetarians and Non-Vegetarians in a Sample of New Zealand Female Adolescents. *Med. Sci. Forum* 2022, *9*, 16. https://doi.org/10.3390/msf2022009016

Academic Editors: Sally Mackay, Helen Eyles and Shabnam Jalili-Moghaddam

Published: 28 April 2022

Publisher's Note: MDPI stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.



Copyright: © 2022 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (https://creativecommons.org/licenses/by/4.0/).

Author Contributions: Conceptualization, J.H., M.P., R.B., A.-L.H. and L.H.; methodology, J.H. and M.P.; formal analysis, J.G. and J.H.; investigation, M.P., J.H., T.S. and J.G.; resources, M.P. and L.H.; data curation, J.H.; writing—original draft preparation, J.G.; writing—review and editing, J.G., J.H., T.S., R.B., L.H., A.-L.H. and M.P.; supervision, J.H. and M.P.; project administration, T.S.; funding acquisition, L.H. All authors have read and agreed to the published version of the manuscript.

Funding: This research was funded by a Lotteries Health Research Grant, grant number R-LHR-2019-102520. Gale, J was supported by the University of Otago Postgraduate Publishing Bursary. Peddie, M was supported by a National Heart Foundation Research Fellowship that is partly funded by the Southland Medical Foundation, grant number 1745 during data collection.

Med. Sci. Forum 2022, 9, 16 2 of 2

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by University of Otago Human Research Ethics Committee (H19/004). This trial was registered on the Australia, New Zealand Clinical trial website (ACTRN12619000290190).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Data described in the manuscript will be made available upon request to the corresponding author.

Conflicts of Interest: The authors declare no conflict of interest.