Folic acid and the prevention of neural tube defects

Power of the state in attitudes to health has already expanded too much

EDITOR,—Nicholas J Wald and Carol Bower advocate the compulsory addition of folic acid to flour to prevent 1000 of the 1500 pregnancies in which the fetus has spina bifida that occur annually.¹ Few cases of children with spina bifida being born would be prevented. Most cases are already discovered in utero and terminations occur in most cases, so the main financial saving would be that of fewer terminations being performed. Ultrasound screening of pregnancies would undoubtedly continue, so there would be no savings there. Any savings made must be set against the cost of fortification.

When health policies entailing compulsion are proposed the transitory nature of medical "truths" must be borne in mind. Which general practitioner has not smiled wryly on going through an old patient's notes? Such records are a catalogue of misguided and unsafe medical ideas, though each was firmly held at the time. To make a treatment compulsory—fortification is a form of mass treatment of the population—is to imply that the medical belief on which it is based has achieved the status of permanent truth. If later the treatment is found to be either ineffective or dangerous for reasons not apparent when it was introduced the standing of medicine will suffer accordingly, and rightly so.

An extension of the fortification of flour or bread would bring with it detrimental social effects. There has already been too great an expansion of the power and influence of the state in attitudes to health. People are encouraged to see themselves as unhealthy, and the worried well are a growing group in general practitioners' surgeries. An extension of compulsory policies of the type advocated would serve to enhance the belief that the people of Britain need to have their dietary habits dictated. Where next? The compulsory skimming of milk?

Groups such as overweight people, those who are exercise shy, and parents opposed to vaccination of their children are increasingly seen as worthy of criticism. Those women of childbearing age who choose for whatever reason to avoid fortified flour would be at considerable risk of being seen as reckless, selfish, and undeserving of sympathy should they have the misfortune of giving birth to a child with spina bifida.

The weed that has been called "health fascism" and "coercive healthism"² is already well established. A policy of compulsory fortification of flour

with folic acid would be a fertiliser we can well do without.

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1 Wald NJ, Bower C. Folic acid and the prevention of neural tube defects. *BMJ* 1995;310:1019-20. (22 April.)

2 Skrabanek P. *The death of humane medicine*. London: Social Affairs Unit, 1994.

Chapati flour should be fortified as well

EDITOR,—All those who have a serious interest in improving the nation's health should endorse the recommendations made by Nicholas J Wald and Carol Bower to support the fortification of flour to prevent neural tube defects.¹ It is heartening to see a true population-wide strategy for a population-wide problem. Other solutions—such as pre-conceptional encouragement of an increased intake of folic acid—are not only naive but, like other pre-conceptional approaches, likely to be ineffective.

If the whole population at risk is to be reached effectively by this policy one caveat must be added to the proposals. Fortification of wheat flour and bread alone is not enough: the proposed policy will have no impact on those Asian communities who do not eat bread. To learn from the lessons of previous programmes against rickets and to prevent inequalities from creeping into the out-comes to be expected we should also aim to fortify chapati flour with folic acid.

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1 Wald NJ, Bower C. Folic acid and the prevention of neural tube defects. *BMJ* 1995;310:1019-20. (22 April.)

Most pregnant women do not take folic acid

EDITOR,—Preliminary results from a postal survey carried out by general practitioners along the Eden Valley in Cumbria support the assertions made by Nicholas J Wald and Carol Bower.¹ Three hundred and twenty one women who had delivered in the past year were asked anonymously whether they had taken folic acid during or before that pregnancy. Altogether 254 (79%) women replied, of whom 68 had taken folic acid before conception and 111 had started taking it only after finding that they were pregnant. The most common reported source of information about folic acid was the patient's general practitioner (131) followed by the media (67).

We are looking at ways of increasing awareness by means of leaflets given out with contraceptive advice, posters, and local media. We hope to show

an increase in women taking folic acid before conception as many now probably start taking it after closure of the neural tube. Should we fail to show an increase then presumably fortification of food should be considered.

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1 Wald NJ, Bower C. Folic acid and the prevention of neural tube defects. *BMJ* 1995;310:1019-20. (22 April.)

Preconceptional supplementation is impractical

EDITOR,—We agree with Nicholas J Wald and Carol Bower that the only way of ensuring an adequate intake of folic acid by pregnant women to prevent neural tube defects is by means of fortification of food as opposed to supplementation.¹ Supplements need to be started within 30 days of conception, and women would therefore need educating before conception.² There seems to be little demand for preconception clinics in primary care, and women of lower socioeconomic background (who are at higher risk of neural tube defects) are poor users of such preventive services.

It has been suggested that advice on folate supplementation could be given by general practitioners opportunistically at consultations about contraception. To see if this is a realistic way of targeting information at those likely to benefit we undertook a study in our inner city group practice. The available case notes of women who delivered in 1993 were examined. All consultations made by these 143 women (who represented 6.5% of the practice's population of 16-44 year old women) in the 12 months preceding conception were noted: 86% attended for general medical consultations and 46% for advice on contraception.

As one cannot predict who will conceive in the near future (and only two out of three pregnancies are planned), counselling on the use of folate supplements would need to be given to all women of childbearing age who consult. This would still capture only part of the population. Our calculations (table) show that advice would have to be given in 78 general medical consultations or 25 consultations about contraception to reach one woman who will deliver in the next year.

With the incidence of neural tube defects at one in 1000 and folate supplements being assumed to have a 70% protective effect, general practitioners would have to give advice during 35 714 consultations about contraception or 111 428 general medical consultations to prevent one neural tube defect.³ This is assuming that women plan their pregnancies, attend for consultations, remember and wish to comply with advice given, and can afford folate supplementation.

Number of consultations in practice of 9178 patients (of whom 2186 were aged 16-44) required to target one woman delivering in next year

	Consultations about contraception	General medical consultations (including for contraception)
Observed consulting rate among women/year	0.78	4.4
Total No of consultations/year	0.78 × 2186 = 1705	4.4 × 2186 = 9618
No of women delivering in 1993 who attended in 12 months before conception	69	123
No of consultations required to reach one woman delivering in next year	1705/69 = 25	9618/123 = 78

Advice to authors

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