

General Discussion

Introduction

For an easier comparison of the 25 European countries participating in the present report, four regions were distinguished: North (Denmark, Estonia, Finland, Latvia, Lithuania, Norway, Sweden), West (Belgium-Luxembourg, France, Ireland, The Netherlands, the UK), Central and East (Austria, the Czech Republic, Germany, Hungary, Poland, Romania, Slovenia) and South (Cyprus, Greece, Italy, Portugal, Spain). However, it has to be kept in mind that some of these regions are made up of countries with rather different dietary patterns and food preferences despite a general trend to a modern so-called Westernized diet. This is particularly true for the Central and Eastern region of the European Union encompassing nations as different as Germany and Austria on the one hand and Romania and Bulgaria on the other. Besides cultural differences, the economic gap between these countries alone entails differences in food choice. The other regions are more homogeneous in this regard, although discrepancies between single countries exist as well.

Nutrition Surveillance Methods – Potential and Limitations

The ENHR 2009 contains data on nutrition surveillance derived from Food Balance Sheets (FBS), Household Budget Surveys (HBS), and specifically designed individual nutrition surveys. As a novelty in the recent report, a chapter on data from individual nutrition surveys re-codified as consumption of food categories was included.

FBS of the Food and Agriculture Organization of the United Nations (FAO) provide detailed information on the patterns of a country's food supply from 1961 on, up to 2003. The total food supply is calculated from production, imports, stock changes and exports. For the determination of per capita average food supply, feed, seed, losses through processing, storage and transportation as well as waste and other uses are considered [FAO, 2001]. On the one hand, FBS allow reliable comparisons within one country and amongst countries, as the methods for obtaining data are completely harmonized. On the other hand, several limitations do exist. Food supply is not equal

to the real intake of food. Moreover, they do not give any indication of different population groups (age and ethnic groups), ecological zones, geographical areas, or seasonal variations. They are in general higher than the actual intake [Elmadfa and Weichselbaum, 2004].

HBS as evaluated through the EU-supported DATA Food Networking (DAFNE) initiative gathered data on food availability on household level. Like FBS, the HBS enable comparisons within one and amongst different countries. By describing results on the household level, they enable a description of population subgroups defined by their demographic and socioeconomic characteristics [Elmadfa and Weichselbaum, 2004]. Food consumed in restaurants, canteens, and comparable establishments is not consistently available in the DAFNE database.

The database on individual food consumption has been compiled by the European Food Safety Authority (EFSA). Participating countries re-codified their latest and most recent dietary survey according to harmonized guidelines. This evaluation enables a view on how much of different food types were effectively consumed. As a limitation, it has to be mentioned that the methods used, as well as age groups and duration of surveillance, are inhomogeneous in this compilation. Furthermore, these data are limited to adults and were available for only 16 countries with Italy being the only representative of the Southern region.

Table 10.1 shows a comparison of food supply, food availability, and food consumption using Portuguese data from the year 2000. All across the selected categories, FBS consistently presented higher values than HBS. On average, considering all food groups HBS generated data on food availability (g/capita/day), which were about half the calculated food supply based on the FBS. In general, values assessed with HBS were lower than those reported with Food Frequency Questionnaires (FFQ), but exceptions were noticed for oils and fats, as well as for meat, potatoes, and sugar.

HBS and FFQ yielded equal results for energy and carbohydrate intake. However, HBS lipids (+29%) were above and protein (-15%) as well as alcohol (-27%) below the values from the FFQ. For energy and all macronutrients, FBS generated the higher values than HBS and FFQ (table 10.2) [Rodriguez et al., 2007].

Food Supply, Availability and Consumption in European Regions

Although the relation between supply, availability and consumption was not consistent across the described food categories, the three surveillance methods mostly agreed with differences between the ENHR 2009 regions. FBS, HBS and food consumption yielded highest values for fruits and vegetables in the South region and low values for the North region. For fruit and vegetable juices highest values appeared in the Central and East regions. Vegetable oils were most common in the South region. The recommendation to eat at least 400 g of vegetables and fruit per day was only achieved in four countries, Austria, Germany, Italy and Poland with the latter reporting the

Table 10.1. Portuguese average food and beverages supply/consumption/availability derived from FBS, HBS and FFQ (g/capita/day) (%E)

	FBS	HBS	FFQ
Milk and dairy products	587 (10.0)	263 (10.4)	389 (11.5)
Meat and offal	266 (11.4)	161 (13.2)	146 (16.1)
Fish and seafood	153 (2.2)	83 (4.5)	91 (6.3)
Eggs	27 (1.0)	10 (0.7)	12 (0.9)
Cereals	369 (27.9)	221 (34.6)	260 (26.3)
Potatoes and other starchy roots	352 (6.2)	137 (4.7)	136 (8.4)
Vegetables	493 (3.1)	133 (1.9)	189 (2.8)
Fruits	341 (4.2)	202 (4.8)	297 (7.4)
Oils and fats	77 (17.3)	42 (14.5)	16 (5.5)
Sugar and sweeteners	94 (8.4)	26 (4.2)	23 (3.8)
Alcoholic beverages	338 (3.6)	112 (3.4)	192 (5.1)

Table is limited to selected food groups which were comparable. Hence, the sum of %E from the food groups does not reach 100%

Source: Rodriguez et al. [2007].

Table 10.2. Portuguese average supply/availability/consumption of energy and macronutrients derived from FBS, HBS, and FFQ

	FBS	HBS	FFQ
Energy, kcal	3,751	2,249	2,199
Protein, g (%E)	118 (12.6)	85 (16.3)	100 (18.4)
Lipids, g (%E)	140 (33.5)	93 (34.0)	72 (29.3)
Carbohydrates, g (%E)	468 (46.8)	266 (46.7)	268 (48.9)
Alcohol, g (%E)	38 (7.1)	11 (3.1)	15 (4.6)

Source: Rodriguez et al. [2007].

highest consumption according to the individual consumption data from the EFSA. When fruit and vegetable juices were included, Hungary and Belgium also reached the recommended amount, albeit only just. In this context, it is interesting to consider that programs to enhance the consumption of fruit and vegetables, namely the 5-a-day campaign, are in action in some of these countries but also in those reporting low intakes such as Norway and France. Denmark, where fruit and vegetable intake was also rather low even has a 6-a-day campaign, while in Poland, so far, there is no program at all.

Furthermore, FBS, HBS and consumption data agreed that for sugar and sugar products, a north-south gradient could be observed. In addition, results from the DAFNE database indicated that the availability of fish and seafood was related to costs and proximity to the sea. Highest values for milk and milk products were found in the North and West regions where milk traditionally plays an important role in nutrition. However, cheese consumption was lowest in the countries of the region North and highest in Italy followed by Germany. Overall, supply of milk and milk products based on FAO food balance sheets increased over the last four decades in all regions of the European Union but the North where it stayed quite constant. The largest rise in milk supply was seen in the South. This region also experienced the sharpest increase in meat supply that was less marked in the other regions. Over the same period, fish and seafood supply also increased in all regions albeit to different degrees. Highest levels were reached in the North and South regions. The latter showed a particular rise in minimum supply resulting in a narrowing of the gap between maximum and minimum levels. These trends led to a higher contribution of animal products to total energy supply in the South while in the other regions, no major changes in this regard were observed except for a sharp rise in Romania. This development mirrors the economic development in the concerned countries.

Trends in Food Supply

Concerning trends in food supply several changes could be observed. Since 1961, the average supply of fruits increased in the EU from 68 to 94 kg/capita/year. Likewise the supply of vegetables increased from 82 to 119 kg/capita/year. Outstandingly high increases in the supply during the last four decades were observed for poultry meat (5–21 kg/capita/year), pork (22–42 kg/capita/year), and beer (41–80 kg/capita/year). Declines were assessed for potatoes (104–85 kg/capita/year), pulses (4–3 kg/capita/year), and wine (28–23 kg/capita/year).

Based upon the FBS a trend for the proportion of macronutrients was calculated. During the past four decades the proportion of protein (12%E) remained almost unchanged. However, the proportion of fat (30–35%E) has increased and the proportion of carbohydrates (58–53%E) has decreased.

Reported Daily Energy and Macronutrient Intake in the EU Regions

The reported daily intake levels of energy and nutrients show a wide variation across the 25 European countries having participated in this report and also within regions. Nevertheless, some regional characteristics appear across all age groups. The most consistent fact was that contribution of carbohydrate to reported total energy intake was highest in Northern as well as Central and Eastern Europe and lowest in Southern

regions. In turn, in these latter, reported total fat intake was highest except for the elderly. The South also showed the highest intake of monounsaturated fatty acids (MUFA) in accordance with the predominant use of olive oil in the Mediterranean diet. In Northern, Central and Eastern Europe, bread and potatoes traditionally have an important place in nutrition possibly contributing to the reported comparatively high carbohydrate intake. This is supported by the observation that Northern countries also showed the lowest sucrose intake while it was highest in the South. The Central and Eastern region showed the highest average intake of saturated fatty acids (SFA) as well as total fat in the elderly. However, looking at the single countries, it becomes apparent that the very high SFA intake of Romanian subjects (26.3 and 24.8%E in adult men and women, respectively) contributed the major part of this value, while the other countries had a SFA intake close to average. Moreover, the high total fat intake of the South was largely accounted for by the Greek collective while Portugal showed the lowest of all participants. This may exemplify the inhomogeneity of the regions in many a way.

Selected Micronutrients

However, average folate equivalents intake was below the recommended level in all the participating countries, the only exception being seen for Estonian men between 19 and 64 years. Austria, Hungary and The Netherlands showed the lowest reported intake levels in all age groups while intake was best in the Baltic States (data for adults only), Italy, Portugal and Denmark. For children, the South showed the highest intake levels of most vitamins with exception of vitamin D. For all age groups, reported intake of this vitamin was markedly higher in the Northern region, especially in the Scandinavian countries characterized by a traditionally high consumption of fatty fish and fish liver. This is mirrored in a low prevalence of vitamin D deficiency and a good overall biochemical status in Northern populations [Ovesen et al., 2003; Meyer et al., 2004]. Mean supply of vitamins B₆ and B₁₂ was generally sufficient in all regions and countries with the latter even much above the reference level. In the Central and Eastern region, namely Austria, Germany, Hungary and Poland, intake of vitamin E was above average. Interestingly, a reported high intake does not necessarily entail a good biochemical status of a nutrient. Indeed, in elderly Austrians aged ≥ 70 years, intake of folate equivalents was much below the recommended level while that for the vitamins B₆ and B₁₂ was closer to the references. Nevertheless, a higher percentage of people showed inadequate status of these latter two than of folate (32, 47 and 10%, respectively; see figure in the Austrian National Report).

Reported calcium intake was also generally high in the Northern region, albeit again mainly in the Scandinavian countries and particularly for men. The Central and Eastern region had lower intakes except for Germany situated on the upper end, with lowest levels found in Poland and the Czech Republic. The Northern countries

also showed a rather high reported iodine intake although the paucity of data on this trace element does not allow an in-depth analysis of regional differences. Indeed, consumption of both, fish and milk was high in this region [see chapter on 'Food Availability' and Gil et al., 1999] and this diet pattern is mirrored in the micronutrient intake. In turn, the Central and East region had the highest iron intake that was lowest in the North. Here again, the very high intake levels of two countries, Romania and the Czech Republic, contributed the major part.

Overweight/Obesity, Physical Activity and Health Indicators in the EU

Concerning overweight and obesity, the Northern and Western regions showed the lowest average prevalence. Especially, obesity was lower. However, with Finland and the UK, each of both regions also contained a country with a very high percentage of overweight and obese subjects, once again suggesting a high degree of inhomogeneity within the regions. The Southern region had the highest overweight and obesity rates for both genders, although they were low in Italians and Spanish women.

For countries having participated in both European Nutrition and Health Reports and provided data on overweight and obesity, it was possible to compare the prevalence in both years 2004 and 2009. The development showed a gender-specific difference with an average increase of overweight and obesity rates in men and a slight decrease and a stagnation, respectively, in women. Despite great differences between countries, less of them showed increases in women than in men. Higher rates of obesity were more common than of overweight. Considering that data are available for two years only and do not come from the same collective, it is difficult to draw conclusions from these results. Generally, prevalence of overweight is lower in women than in men, but this difference is less apparent for obesity.

The most likely cause for overweight are imbalances in energy metabolism resulting from an excessive intake and/or an insufficient expenditure. However, as the data for body weight and energy intake used in this report do not necessarily come from the same surveys and are therefore from different samples, they cannot be put in relationship to each other. Physical activity (PA) was assessed in completely separate studies. Thus, only careful assumptions could be made. Previous surveys on PA in Europe show a comparatively high level in the Nordic countries and The Netherlands [European Commission, 2004, 2006; Rütten and Abu-Omar, 2004]. Interestingly, in the current report, many of these countries also had lower percentages of persons with excessive body weight whereas energy intake was not lower. However, a comparable association cannot be seen for all countries.

Concerning the data on health indicators, many of the limitations encountered previously still exist in the current report. Data on blood lipids in adults were available for only eight of the participating countries and for only six of them in elderly. Besides, Finland, Romania and the UK did not supply the full range of parameters.

Information on alcohol consumption and smoking is also not universally available. Again, differences in survey design limit the comparability.

Data on total mortality in 2007 from the WHO's European Health for All database were available for ten countries with additional information about cardiovascular and cancer-related death cases for nine participating countries. In turn, data on incidence of some common malignant neoplasms in 2002 as well as diabetes mellitus in 2007 exist for all countries. These were obtained from the IARC's (International Agency for Research on Cancer) GLOBOCAN database and the International Diabetes Federation (IDF), respectively.

Overall, the European Nutrition and Health Report 2009 gives an overview of the nutritional situation and some important health indicators. However, comparability of these data is limited and there is still a need for harmonization in study design and methodologies.

Annex

Annex table 1. Classification of body weight in **children** and **adolescents** of the European countries according to Cole et al. [2000] and Cole et al. [2007], body height and body weight self-reported; n = 23,517

Country	Age years	Underweight %	Normal range %	Overweight %	Obese %
Female					
Austria	10–14	15	64	20	2
	15–18	n.a.	n.a.	9	2
Belgium	15–18	12	88	0	0
Denmark	4–6	0	84	14	2
	7–9	0	79	17	4
	10–14	0	87	11	2
	15–18	5	86	8	1
Estonia	10–14	59	39	2	0
	15–18	25	72	3	1
Italy	11–15	n.a.	n.a.	8	2
Latvia	11	n.a.	n.a.	5	1
	13	n.a.	n.a.	4	1
	15	n.a.	n.a.	6	0
Lithuania	11	21	73	6	1
	13	23	74	3	1
	15	21	75	3	1
Norway	4–6	13	75	9	4
	7–9	11	71	12	4
	10–14	12	77	10	1
Sweden	4–6	n.a.	82	16	2
	7–9	n.a.	80	17	3
	10–14	n.a.	83	16	1
Male					
Austria	10–14	13	76	10	1
	15–18	n.a.	n.a.	14	3
Belgium	15–18	6	83	10	1

Annex table 1. Continued

Country	Age years	Underweight %	Normal range %	Overweight %	Obese %
Denmark	4–6	0	87	11	3
	7–9	0	85	10	4
	10–14	0	88	10	2
	15–18	0	85	14	1
Estonia	10–14	50	44	5	1
	15–18	18	76	5	1
Germany	15–18	5	72	14	9
Italy	11–15	n.a.	n.a.	23	4
Latvia	11	n.a.	n.a.	9	2
	13	n.a.	n.a.	10	1
	15	n.a.	n.a.	7	1
Lithuania	11	10	75	14	1
	13	12	79	8	1
	15	8	83	8	1
Norway	4–6	16	76	5	3
	7–9	8	74	15	3
	10–14	8	80	9	3
Sweden	4–6	n.a.	81	15	4
	7–9	n.a.	81	16	3
	10–14	n.a.	85	13	2

n.a. = Not available.

Annex table 2. Classification of body weight in **female children** and **adolescents** of the European countries according to Cole et al. [2000] and Cole et al. [2007], body height and body weight measured; n = 59,401

Country	Age years	Underweight %	Normal range %	Overweight %	Obese %
Female					
Austria	7–9	4	71	17	7
	10–14	10	66	20	4
Belgium	4–6	9	78	9	4
	7–9	10	73	13	4
	10–14	13	72	13	3
	15–18	10	74	12	3
France	4–6	9	69	19	4
	7–9	10	69	19	2
	10–14	5	79	12	5
	15–17	13	72	11	5
Germany ¹	3–6	5	86	6	3
	7–10	9	77	9	6
	11–13	8	73	12	7
	14–17	6	77	8	9
Greece	12	n.a.	91	8	1
	13	n.a.	87	11	2
	14	n.a.	87	11	2
	15	n.a.	84	15	1
	16	n.a.	84	14	2
	17	n.a.	77	21	2
Hungary	7–14	7	67	20	6
	15–19	7	83	8	3
Italy	8–9	n.a.	n.a.	24	11
Latvia	7–9	9	78	11	2
	10–14	7	82	9	2
	15–17	10	81	9	1

Annex table 2. Continued

Country	Age years	Underweight %	Normal range %	Overweight %	Obese %
Poland	3–6	20	63	10	7
	7–9	19	64	15	3
	10–14	15	73	10	2
	15–18	11	80	8	1
Portugal	3–6	n.a.	n.a.	20	7
	7–9	n.a.	n.a.	21	12
	13	4	71	19	6
Slovenia	15–18	10.0	73.6	16	4
Spain	10–14	0	64	30	6
	15–18	8	74	19	0
The Netherlands	4–6	8	78	10	4
United Kingdom	2–10	n.a.	n.a.	13	13
	11–15	n.a.	n.a.	16	17

¹ BMI P3, P10, P90, P97: sex and age group-specific percentile according to Kromeyer-Hauschild et al. [2001]; n.a. = not available.

Annex table 3. Classification of body weight in **male children** and **adolescents** of the European countries according to Cole et al. [2000] and Cole et al. [2007], body height and body weight measured; n = 60,268

Country	Age years	Underweight %	Normal range %	Overweight %	Obese %
Male					
Austria	7–9	4	66	23	7
	10–14	5	71	16	7
Belgium	4–6	12	79	7	2
	7–9	9	78	9	3
	10–14	12	74	12	3
	15–18	9	78	9	3
France	4–6	8	80	8	5
	7–9	9	79	9	3
	10–14	10	70	18	2
	15–17	8	76	13	4
Germany ¹	3–6	5	86	6	3
	7–10	7	77	9	7
	11–13	10	72	11	7
	14–17	7	76	9	8
Greece	12	n.a.	86	11	3
	13	n.a.	81	16	3
	14	n.a.	82	14	4
	15	n.a.	74	20	6
	16	n.a.	66	29	5
	17	n.a.	59	34	8
Hungary	7–14	5	69	18	7
	15–19	7	73	16	4
Italy	8–9	n.a.	n.a.	23	13
Latvia	7–9	14	75	9	2
	10–14	13	76	9	2
	15–17	14	80	4	2

Annex table 3. Continued

Country	Age years	Underweight %	Normal range %	Overweight %	Obese %
Poland	3–6	20	59	13	9
	7–9	8	70	16	5
	10–14	12	69	17	2
	15–18	5	78	14	3
Portugal	3–6	n.a.	n.a.	17	7
	7–9	n.a.	n.a.	19	10
	13	5	68	21	7
Slovenia	15–18	4.1	77	19	4
Spain	10–14	6	60	31	3
	15–18	0	88	10	2
The Netherlands	4–6	9	80	8	3
United Kingdom	2–10	n.a.	n.a.	12	17
	11–15	n.a.	n.a.	15	18

¹ BMI P3, P10, P90, P97 sex and age group-specific percentile according to Kromeyer-Hauschild et al. [2001]; n.a. = not available.

Annex table 4. Classification of body weight in **men and women**, body height and body weight self-reported; n = 86,936

Country	Age years	Underweight %	Normal range %	Overweight %	Obese %
		<18.50 kg/m ²	18.50–24.99 kg/m ²	25.00–29.99 kg/m ²	≥30.00 kg/m ²
Female					
Austria	19–64	4	66	22	9
Belgium	19–63	4	62	21	13
Denmark	19–64	4	64	22	10
Estonia	19–63	5	52	24	18
Germany ¹	18–29	7	72	16	4
	30–39	2	56	28	11
	40–65	1	30	40	27
Hungary	18–34	9	69	14	9
	35–59	2	43	35	20
Ireland	18–64	3	57	27	13
Italy	18+	n.a.	n.a.	28	9
Lithuania	19–63	3	48	30	19
Norway	19–63	3	66	24	7
Poland	19–63	4	61	28	7
Portugal	20–64	3	51	30	15
Sweden	19–64	3	56	27	14
The Netherlands	20–25	7	74	14	5
	25–45	3	64	23	10
	45–65	1	54	30	14
Male					
Austria	19–64	1	47	39	13
Belgium	19–63	2	45	41	13
Denmark	19–64	1	50	39	11
Estonia	19–63	1	43	40	17
Germany ¹	18–29	2	65	29	4
	30–39	0	36	48	15
	40–65	0	19	56	24

Annex table 4. Continued

Country	Age years	Underweight %	Normal range %	Overweight %	Obese %
		<18.50 kg/m ²	18.50–24.99 kg/m ²	25.00–29.99 kg/m ²	≥30.00 kg/m ²
Hungary	18–34	2	58	33	7
	35–59	n.a.	40	39	21
Ireland	18–64	2	41	42	15
Italy	18+	n.a.	n.a.	44	11
Lithuania	19–63	1	42	36	21
Norway	19–63	0	54	40	6
Poland	19–63	0	53	38	10
Portugal	20–64	1	44	42	14
Sweden	19–64	0	43	45	12
The Netherlands	20–25	3	78	18	1
	25–45	1	53	38	9
	45–65	1	39	48	13

¹ Underweight: <19.00 kg/m², normal range: 19.00–24.99 kg/m², overweight 25.00–<27.50 kg/m², obese: 27.5–<30 kg/m²; n.a. = not available.

Annex table 5. Classification of body weight in **men and women**, body height and body weight measured; n = 73,926

Country	Age years	Underweight %	Normal range %	Overweight %	Obese %
		<18.50 kg/m ²	18.50–24.99 kg/m ²	25.00–29.99 kg/m ²	≥30.00 kg/m ²
Female					
Cyprus	19–64	10	38	26	26
Czech Republic	19–64	1	38	33	28
Finland	25–64		43	33	23
France	19–64	5	55	23	17
Germany	19–64	2	53	27	18
Greece	19–64	0	27	37	36
Ireland	19–64	1	50	33	16
Latvia	19–64	3	47	33	17
Lithuania	19–64	3	51	31	15
Poland	19–64	4	52	27	17
Portugal	18–64	3	49	34	15
Romania	19–64	n.a.	n.a.	35	24
Spain	19–64	3	56	28	13
United Kingdom	16–24	7	62	20	12
	25–34	2	50	29	18
	35–44	1	45	30	24
	45–54	1	37	35	27
	55–64	1	33	36	30
Male					
Cyprus	19–64	1	17	54	29
Czech Republic	19–64	0	25	47	28
Finland	25–64		30	48	22
France	19–64	1	43	40	16
Germany	19–64	1	36	45	19
Greece	19–64	0	19	53	28
Ireland	19–64	0	33	46	20

Annex table 5. Continued

Country	Age years	Underweight %	Normal range %	Overweight %	Obese %
		<18.50 kg/m ²	18.50–24.99 kg/m ²	25.00–29.99 kg/m ²	≥30.00 kg/m ²
Latvia	19–64	1	49	41	10
Lithuania	19–64	1	40	49	11
Poland	19–64	1	43	40	15
Portugal	18–64	1	39	45	15
Romania	19–64	n.a.	n.a.	22	26
Spain	19–64	1	40	45	14
United Kingdom	16–24	6	61	25	9
	25–34	0	38	41	21
	35–44	0	27	48	25
	45–54	0	24	48	28
	55–64	1	20	47	33

n.a. = Not available.

Annex table 6. Classification of body weight in **elderly**, body height and body weight self-reported; n = 27,874

Country	Age years	Underweight %	Normal range %	Overweight %	Obese %
		<18.50 kg/m ²	18.50–24.99 kg/m ²	25.00–29.99 kg/m ²	≥30.00 kg/m ²
Female					
Austria	65+	3	40	35	22
Belgium	65+	4	44	38	15
Denmark	65+	4	49	35	12
Estonia	65+	2	30	39	30
Germany ¹	65+	1	19	44	29
Hungary	60+	0	36	40	23
Ireland	65+	4	49	35	12
Italy	65+	n.a.	n.a.	41	13
Lithuania	65–74	1	25	41	32
	75–84	1	39	40	20
	85+	4	56	29	11
Norway	65+	2	48	39	11
Poland	65+	0	46	46	8
Portugal	65+	3	38	38	21
Sweden	65+	0	48	41	11
The Netherlands	65+	2	45	37	16
United Kingdom	65–74	n.a.	n.a.	38	35
	75+	n.a.	n.a.	42	27
Male					
Austria	65+	0	22	60	18
Belgium	65+	1	42	45	12
Denmark	65+	1	40	47	12
Estonia	65+	1	40	43	17
Germany ¹	65+	0	17	58	23
Hungary	60+	n.a.	24	55	33
Ireland	65+	1	37	45	17
Italy	65+	n.a.	n.a.	52	13

Annex table 6. Continued

Country	Age years	Underweight %	Normal range %	Overweight %	Obese %
		<18.50 kg/m ²	18.50–24.99 kg/m ²	25.00–29.99 kg/m ²	≥30.00 kg/m ²
Lithuania	65–74	0	39	46	15
	75–84	1	37	52	10
	85+	0	48	45	7
Norway	65+	1	42	45	12
Poland	65+	0	29	43	29
Portugal	65+	2	35	46	18
Sweden	65+	0	32	59	9
The Netherlands	65+	1	42	33	12
United Kingdom	65–74	n.a.	n.a.	49	31
	75+	n.a.	n.a.	51	18

¹ Underweight: <19.00 kg/m², normal range: 19.00–24.99 kg/m², overweight 25.00–<27.50 kg/m², obese: 27.5–<30 kg/m²; n.a. = not available.

Annex table 7. Classification of body weight in **elderly**, body height and body weight measured; n = 25,805

Country	Age years	Underweight %	Normal range %	Overweight %	Obese %
		<18.50	18.50–24.99	25.00–29.99	≥30.00
Female					
Austria	65+	1	22	41	36
Cyprus	65+	10	38	26	26
Finland	65+	n.a.	25	40	34
France	65–74	3	41	35	22
Germany	65+	0	26	40	34
Greece	65+	0	11	37	52
Ireland	65+	0	30	37	33
Poland	65+	2	27	37	35
Portugal	65+	1	29	42	29
Spain	65+	1	19	47	33
Male					
Austria	65+	0	8	52	40
Cyprus	65+	1	17	54	29
Finland	65+	n.a.	20	55	25
France	65–74	0	19	53	28
Germany	65+	0	17	54	29
Greece	65+	0	20	49	30
Ireland	65+	1	27	45	27
Poland	65+	2	35	45	18
Portugal	65+	2	27	52	19
Spain	65+	0	31	41	28
n.a. = Not available.					