

Polydextrose: Health Benefits and Product Applications



**Innovating to Meet Nutrition,
Health, and Wellness Needs Every Day**

STA-LITE® Polydextrose

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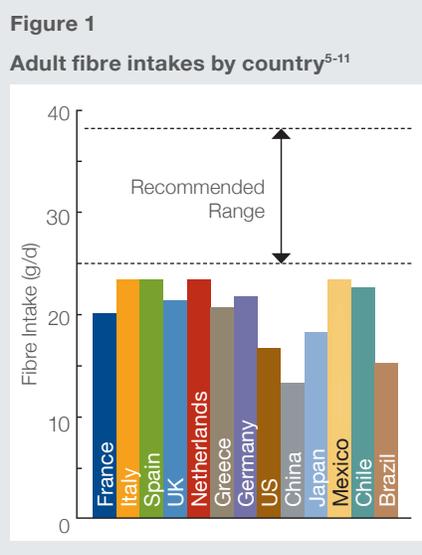


Fibre Intakes and Recommendations

- **Despite the fact that many consumers say that they are making efforts to consume diets high in dietary fibre, current fibre intakes remain low.**
- **Research indicates that diets higher in fibre are associated with improved health and reduced risk of certain diseases.**
- **Added and functional fibres can help bridge the gap between actual intake and global dietary recommendations.**
- **The physio-chemical and functional properties of STA-LITE® Polydextrose make it a good candidate for manufacturers to use in developing new and innovative products to meet the fibre needs of the population without increasing energy intake.**
- **Research demonstrates that polydextrose provides several physiological benefits that include supporting gastrointestinal health, lowering postprandial blood glucose response, and potentially aiding in weight management.**

Decades of research indicate that diets higher in fibre are associated with reduced risk for heart disease, diabetes^{1,2}, and obesity¹ as well as improved gut health and digestive health², yet fibre intakes are well below the recommended amount^{1,3}. Continued low fibre intakes among global populations have long-term public health implications^{1,3}.

Data indicate that consumers believe fibre is important to health and they recognize the lack of fibre in their diets⁴. Yet, closing the fibre intake gap historically has not been easy, as many diets continue to lack adequate servings of fruits, vegetables, whole grains, and fibre-fortified foods. Recent innovations are making it easier for food manufacturers to fortify their products with fibre to help increase fibre content and close this intake gap. An abundance of research continues to demonstrate that fibres added to foods provide similar benefits as “intact” fibres inherent to whole foods.



Tate & Lyle’s Polydextrose (STA-LITE®) is a low-calorie bulking and texturing ingredient commonly added to foods to boost fibre content and to replace sugar and fat without sacrificing taste, texture, or enjoyment. Studies have also demonstrated the health benefits of polydextrose, an added or functional fibre.

Dietary fibre gap: Intakes vs. recommendations

Recommendations for fibre intakes range from 25-38 g/day depending on country specific guidelines^{2,5}. The World Health Organization suggests worldwide recommendations of 25 g/day⁵, but fibre intakes in most countries are well below this level⁵⁻¹¹ (Figure 1). In the United States (US), for most age and gender groups, 5% or less meet the dietary recommendations for fibre¹² despite consistent messaging to the public to increase dietary fibre intake.

Fibre sources

Dietary fibres are non-digestible carbohydrates in the diet that, when consumed, pass through the small intestine into the large intestine where they may be partially or completely fermented by colonic microbiota². While traditional sources of fibre like whole grains, fruits, and vegetables should be encouraged, added fibres are also important contributors to dietary fibre intake. Added fibres, also known as “functional,” are isolated or synthesized non-digestible carbohydrates that have beneficial physiologic effects in humans². These fibres can be extracted from the original food source that they are being added back to (e.g., bran added to grain-based foods); or they can be manufactured from grains like corn or wheat (e.g., STA-LITE® Polydextrose and PROMITOR® Soluble Corn Fibre*), or from fruit, vegetables, legumes, nuts, and seeds²; or the fibres can be modified forms of traditional fibres². Adding fibre to commonly consumed foods or to new foods is one strategy to increase the dietary fibre intake of target populations in order to bridge the gap between usual intakes and recommended intakes. Polydextrose (STA-LITE®) is a source of dietary fibre that can be added to a variety of foods such as sugar-free products, cereals, snacks, bakery items, beverages, dairy products, and sauces.

* PROMITOR® Soluble Corn Fibre, PROMITOR® Soluble Gluco Fibre in Europe

Fibre Innovation for Health



Physiological functions and benefits of fibre

The physical and chemical structure of a dietary fibre and its fermentation capacity are partially responsible for the many physiological benefits associated with dietary fibre consumption. Dietary fibre has been inversely associated in epidemiological studies with the risk of coronary heart disease, stroke, hypertension, obesity, prediabetes, type 2 diabetes, certain gastrointestinal disorders, and various cancers¹. Evidence indicates that consumption patterns high in certain fibres are associated with lower total and LDL cholesterol, blood pressure, and blood glucose in healthy individuals and in those with prediabetes and type 2 diabetes; can help with both weight loss and maintenance; and can improve bowel regularity, laxation, and gastrointestinal health^{1,5,13-18}. While the breadth of scientific evidence supports these effects, science continues to build on other additional health benefits of fibre consumption such as fermentation by colonic microbiota and immunomodulation¹⁸.

STA-LITE® Polydextrose is an ingredient developed by Tate & Lyle as one of its solutions to help increase fibre intake. Polydextrose is approved as a food additive in the US (21 CFR 172.841), the European Union [(EC) No 1333/2008], and most other countries worldwide.

Characterization of STA-LITE® Polydextrose

Polydextrose is a highly branched, randomly bonded glucose polymer produced by the condensation of glucose in the presence of sorbitol and small amounts of food grade citric acid or phosphoric acid¹⁹.

Benefits

Polydextrose has been tested by a number of independent researchers to validate its effectiveness and to demonstrate its physiological health benefits. The following are some highlights of the research on the health benefits of polydextrose:

- **Is well-tolerated^{19,21-25}, even up to 90 g/day or 50 g as a single dose¹⁹**
- **Supports healthy blood glucose management by eliciting a lower blood glucose response, which is considered better for overall health^{24,26-29}**
- **May assist in regularity, as a result of its faecal bulking effect^{22-24,30-32}**
- **May support the growth of beneficial gut bacteria^{24,33-35}**
- **May support a healthy gut by producing short chain fatty acids (SCFAs) which feed the beneficial bacteria in the colon^{23,24,36}**
- **Is ideal for reduced calorie foods and may assist with weight control by providing negligible calories (1 kcal/g)^{20,25,37} and a satiety benefit, as suggested by emerging data³⁸⁻⁴⁰**

Polydextrose has a broad molecular weight range (162-20,000 mw) with 90% of the molecules being between 504 and 5,000 mw. Its high stability in heat and acidic environments, low viscosity, high solubility in water, bulking and texturing properties, and bland taste²⁰ lends itself to a wide variety of food and beverage formulations.

Polydextrose resists digestion and absorption and has the physiological effects of dietary fibre. In most countries, polydextrose is usually declared as a dietary fibre, and depending on its usage level, fibre claims can normally be made for foods containing polydextrose.

STA-LITE® Polydextrose ingredient provides a minimum of 90% polydextrose and contains a maximum of 4% sugar with a caloric content of 1 kcal/g.

Resists digestion and fermented in the gut

Polydextrose is minimally absorbed in the small intestine and is fermented in the large intestine by gut microbiota,

leading to the production of the SCFAs propionate, butyrate, and acetate. Butyrate is a preferred energy source for colonocytes and has been studied for its anticarcinogenic properties⁴¹. Propionate is readily taken up by the liver and is linked with inhibiting cholesterol synthesis and enhancing satiety^{41,42}. Acetate enters peripheral circulation and is metabolized, but may also increase cholesterol synthesis; hence it has been suggested that substrates that decrease the acetate to propionate ratio may help to decrease the risk of cardiovascular disease⁴¹.

Polydextrose resists digestion due to the atypical linkages found between glucose units in its structure²⁰; about 30-50% is excreted undigested^{20,25}. In vitro experiments that simulate human colon fermentation by using human faecal inoculum demonstrate that polydextrose is slowly fermented and produces less gas^{36,43} compared to many other dietary fibres. Most in vitro studies of polydextrose observe an increase in the production of the SCFA propionate^{34-36,43-45} followed by butyrate^{34,35,44-46} and acetate^{34,35,44-46}. Studies in rats and pigs also support an increase in propionate⁴⁷⁻⁴⁹ and



butyrate^{47,49} but not in acetate concentrations after polydextrose feeding. While some clinical evaluations²¹⁻²³ report no significant increase in faecal SCFAs, one study²⁴ observed a significant increase in faecal acetate and butyrate levels with the intake of 8 g/day and 12 g/day of polydextrose for 28 days. In the case of SCFAs production, in vitro and animal studies may be more indicative of fermentation patterns than human studies as SCFAs are readily absorbed from the colon^{41,50,51}.

Products produced from the fermentation of protein by gut microbiota such as phenol, indole, iso-butyrate, iso-valerate, valerate, and ammonia are harmful to gut epithelia and may be potential promoters of colon cancer. Some clinical trials conducted in healthy adults report a reduction in these substances following polydextrose supplementation in the range of 8-21 g/day^{23,30,52}.

Good digestive tolerance

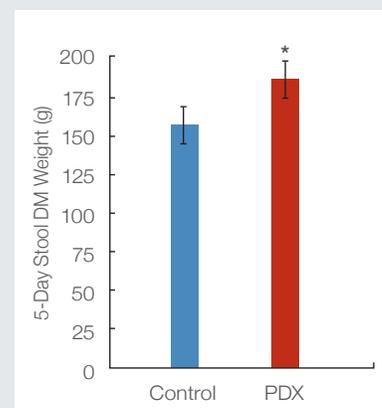
Polydextrose is well recognized as a fibre with excellent digestive tolerance. Several clinical studies have evaluated the gastrointestinal tolerance of polydextrose and have found that it is generally well tolerated^{19,25,21-24,53}. The fact that less gas^{36,43} is produced during fermentation is likely a contributing factor. The Joint FAO/WHO Expert Committee on Food Additives and the European Commission Scientific Committee for Food concluded that up to 90 g/day or 50 g as a single dose of polydextrose may be consumed without any detrimental effects (maximum laxative threshold)¹⁹.

Improves laxation

Polydextrose has been shown to have positive bowel function benefits. In many developed countries, chronic constipation is a common condition among adults and children¹. The European Food Safety Authority (EFSA) Panel on Dietetic Products, Nutrition, and Allergies has noted that changes in bowel function such as reduced transit time, more frequent bowel movements, increased faecal bulk, or softer stools may be considered beneficial physiological effects [in the context of the European Health Claims Regulation (Regulation EC 1924/2006)] provided they do not result in diarrhea⁵⁴. Increased faecal bulk and reduced intestinal transit time are also believed to reduce colon cancer risk by decreasing the exposure of colonocytes to potential gut carcinogens⁵⁵. Clinical studies to date have demonstrated that polydextrose consumption increases faecal bulk/weight^{22-24,30-32}, faecal consistency^{21,22,31}, ease of defecation²⁴, and faecal frequency^{22,24} and decreases transit time⁵² in healthy adults. Faecal bulk effects were shown to be effective between 8-30 g/day across studies from the US, Britain, Germany, China, and Japan. A randomized, double-blind, placebo-controlled study of 21 healthy, overweight men observed an increase of 29 g in faecal weight on a dry matter (DM) basis over a five-day period when 21 g of polydextrose was consumed compared to the control (Figure 2); an increase in faecal mass of 4.3 g was found per gram of fibre consumed²³. The lowest effective dose was 8 g/day for improvements in faecal bulk²⁴ and faecal consistency²¹, whereas ease of defecation and faecal frequency was enhanced with a dose as low as 4 g/day²⁴.

Figure 2

Faecal weight with 21 g/day polydextrose vs. control for 21 days in males²³



* Significantly different from control, P<0.05.

Prebiotic benefits

Polydextrose intake is associated with increased prebiotic activity. It is generally believed that a prebiotic should selectively increase the growth of beneficial gut bacteria such as lactic acid bacteria and/or bifidobacteria. 120 subjects consumed 4 g, 8 g, or 12 g of polydextrose for 28 days in a randomized, parallel-group, double-blind, placebo-controlled trial and significant increases of 0.84-1.64 x 10⁹ per gram of faeces for *Lactobacillus* and 1.08-4.77 x 10⁹ per gram of faeces for *Bifidobacterium* species were detected in their faeces compared to an increase of only 0.03 x 10⁹ per gram of faeces for *Lactobacillus* and a decrease of 0.09 x 10⁹ per gram of faeces for *Lactobacillus* and *Bifidobacterium*, respectively, for the control²⁴. At the same time, concentrations of pathogenic species *Bacteroides fragilis*, *Bacteroides vulgatus*, and *Bacteroides intermedius* were significantly reduced by 0.96-1.13 x 10⁹ per gram of faeces, 0.39-0.64 x 10⁹ per gram of faeces, and 0.0-0.28 x 10⁹ per gram of faeces, respectively, in the



treatment groups compared to small to moderate increases in the control group.

Live bacteria, usually *Lactobacillus* and *Bifidobacterium* species, are often consumed as a dietary supplement (i.e. probiotics), but their survival in the gastrointestinal tract for extended periods has been questioned. Hence, one study evaluated whether the addition of prebiotics such as polydextrose to the live probiotic mixture would improve the survival of probiotics³³. A sample of 20 healthy adults consumed 5 g of polydextrose with a probiotic mixture of lactic acid bacteria and bifidobacteria for two weeks. At baseline the faecal bifidobacteria count was $7.0 \pm 2.2 \log_{10}$ cfu per gram weight faeces, which increased, to $7.6 \pm 2.0 \log_{10}$ cfu per gram weight faeces with the supplementation of the probiotic mixture. The addition of polydextrose to the probiotic mixture significantly increased the count to $8.9 \pm 2.5 \log_{10}$ cfu per gram weight faeces compared to baseline, demonstrating an additive benefit of the polydextrose. *Lactobacillus* counts, on the other hand, did not increase with polydextrose intake. In vitro studies also support the increased growth of bifidobacteria with the addition of polydextrose^{34,35}.

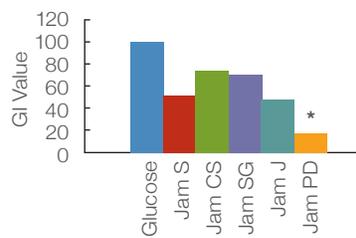
Favorable blood glucose and insulin response

There is increasing evidence that polydextrose decreases postprandial glycaemic and insulinaemic responses. Compared to glucose, which has a glycaemic index of 100, polydextrose has a glycaemic index of 7²⁶. In their evaluation of multiple doses of polydextrose, Jie et al.²⁴ reported that 12 g of polydextrose ingested with 50 g of glucose significantly lowered the glycaemic response compared to a 50 g glucose

control in healthy adults. Kurotobi et al.²⁷ compared the glycaemic index of five strawberry jams made with sugar (Jam S), corn syrup and sugar (Jam CS), sugar and glucose (Jam SG), apple juice (Jam J), and 40%

Figure 3

Glycaemic index for jams²⁷



* Significant difference compared to all groups at $P < 0.01$.

polydextrose (Jam PD) in 30 healthy adults. The glycaemic index for the polydextrose jam was significantly lower than the glucose control and all the other jams²⁷ (Figure 3).

The EFSA Panel recently provided a positive scientific opinion on the replacement of sugar with polydextrose and the reduction of postprandial glycaemic responses²⁸. The EFSA opinion noted that reducing postprandial glucose responses may be beneficial, particularly in those who have impaired glucose tolerance, as long as postprandial insulin responses are not disproportionately increased. The Panel concluded that a cause-and-effect relationship has been established between the consumption of foods/drinks containing polydextrose and the reduction of postprandial blood glucose responses as compared to sugar-containing foods/drinks.

Clinical studies have reported significantly lower blood glucose and insulin responses with polydextrose consumption. Konings et al.³⁸ conducted a randomized, single-blind, crossover study in 18

overweight adults, finding a lower postprandial peak glucose response accompanied by a reduction in insulin following the consumption of 57 g of polydextrose split between two meals compared to similar full-calorie meals. The acute effects of a commercial fat- and lactose-free milk enriched with polydextrose was compared with a regular, fat-free milk or a fat- and lactose-free milk in the study by Lummela et al⁵⁶. After an overnight fast, 26 healthy adults consumed the milks in a randomized block design. A significantly lower rise in blood insulin was observed after consumption of the polydextrose milk compared to the other two milks. The reduction in postprandial blood glucose and insulin responses has also been observed in individuals with type 2 diabetes when the consumption of sweetened, dried cranberries was compared to polydextrose-containing, reduced-sugar cranberries in a randomized, controlled, crossover study²⁹.

Weight management

Polydextrose may help support weight management strategies through its incorporation into lower calorie food formulations, given its calorie contribution is only 1 kcal/g. Further, emerging data suggests a relationship between polydextrose and satiety and/or reduced energy intake at a subsequent meal. Subjective satiety ratings by overweight³⁸ adults were increased with the consumption of a 57 g/day dose of polydextrose. True satiety, however, is determined by whether there is a reduction in energy intake. Some studies with polydextrose have reported this to be the case.

Two studies with a polydextrose dose of about 12 g observed reductions in calorie consumption of approximately 50–100 kcal in a subsequent meal. In an acute single-meal, randomized, controlled crossover study, 26 healthy males significantly reduced



Nutritional Impact of the Use of STA-LITE® Polydextrose

their energy intake by approximately 100 calories at an *ad libitum* lunch when they drank a fruit smoothie with 12 g of polydextrose versus the same smoothie without polydextrose one hour before lunch³⁹. Another single meal study was conducted as a randomized, placebo-controlled crossover study in which adults consumed a drinkable yogurt with 0.0 g (control), 6.25 g, or 12.5 g of polydextrose 90 minutes before an *ad libitum* lunch⁴⁰. Energy intake at lunch was significantly decreased by approximately 52 calories with the intake of 12.5 g polydextrose compared to the control. The deficit in energy intake at lunch was not compensated for at dinner and therefore total energy intake for the day was 3.4% lower than the control. While this daily difference was not statistically significant, it is relevant because over time this decrease in energy intake could potentially impact weight management. While additional studies are needed, the findings suggest polydextrose, through its low-calorie value and its potential effect on satiety and energy intake, may support weight management efforts.

STA-LITE® Polydextrose is a source of dietary fibre that can be added to a variety of foods such as sugar-reduced, no-added sugar, and sugar-free cereals, snacks, bakery items, beverages, dairy products, and sauces. It can also be used in bakery items, beverages, dairy products, and sauces.

To learn more about STA-LITE® Polydextrose and other Tate & Lyle ingredients and innovation, please visit www.tateandlyle.com.

Current fibre intakes are very low at about one-half of the daily fibre recommendation of 25-38 g/day for women and men^{2,58}. Diets high in fibre have been associated with lower risk of heart disease and improved blood glucose control while also supporting digestive

health and laxation and aiding in weight management^{59,60}. STA-LITE® Polydextrose is a soluble fibre used to provide body and texture in reduced-calorie and reduced-fat foods. Simple substitutions of similar foods made with STA-LITE® Polydextrose can help to close the fibre gap and may help to lower calorie intake. In this menu example, fibre increases by 12 g and total fat and saturated fat are lowered by 11% and 25%, respectively. STA-LITE® Polydextrose is well tolerated and research to date suggests that it supports digestive health and laxation, may help decrease postprandial glycaemic response, may have prebiotic benefits, and may support weight management strategies.

Nutrition Facts		Change	% Change
Baseline menu:	Menu with STA-LITE®:		
Calories 2,040	Calories 1,950		
Total Fat 61 g Saturated Fat 20 g	Total Fat 54 g Saturated Fat 15 g	-7 g total fat -5 g sat fat	-11% -25%
Cholesterol 165 mg	Cholesterol 150 mg		
Sodium 2,370 mg	Sodium 2,220 mg		
Total Carbohydrate 280 g Dietary Fibre 21 g Sugars 140 g	Total Carbohydrate 280 g Dietary Fibre 33 g Sugars 133 g	+12 g fibre	+57%
Protein 102 g	Protein 99 g		

2,000-calorie menu, baseline*	With STA-LITE® Polydextrose substitutions
Breakfast: 2 buttermilk waffles 1 tsp tub margarine 2 tbsp maple syrup 1 cup strawberries 1 cup fat-free milk	Breakfast: 2 buttermilk waffles, made with STA-LITE® Polydextrose 1 tsp tub margarine 2 tbsp maple syrup 1 cup strawberries 1 cup fat-free milk
Lunch: Grilled ham and Swiss sandwich: 2 slices wheat bread, 1.5 oz lean ham, 1 ½ oz reduced fat Swiss cheese 2 tsp tub margarine 1 cup garden vegetable soup 1 apple 1 cup water	Lunch: Grilled ham and Swiss sandwich: 2 slices wheat bread, 1.5 oz lean ham, 1 ½ oz reduced fat Swiss cheese 2 tsp tub margarine 1 cup garden vegetable soup 1 apple 1 cup water
Dinner: 4 oz broiled salmon 1 cup pasta w/ pesto sauce 1 cup green beans 1 cup fat-free milk ½ cup cookies and cream ice cream	Dinner: 4 oz broiled salmon 1 cup pasta w/ pesto sauce 1 cup green beans 1 cup fat-free milk ½ cup low-fat cookies and cream ice cream, made with STA-LITE® Polydextrose
Snack: 1 cup low-fat fruit yogurt 2 graham crackers	Snack: 1 cup low-fat fruit yogurt 1 chewy granola bar, made with STA-LITE® Polydextrose

*Menu based on USDA Food Pattern, Dietary Guidelines for Americans, 2010.

Innovating to Meet Nutrition, Health, and Wellness Needs Every Day

Nutrition professionals opportunity to educate consumers

While many consumers indicate that they are making efforts to consume diets high in dietary fibre and that they review labels for dietary fibre content when purchasing products, current fibre intakes remain low^{4,5}. This has long-term implications for public health related to risk of coronary heart disease, stroke, hypertension, certain gastrointestinal disorders, obesity, and the continuum of metabolic dysfunctions including prediabetes and type 2 diabetes^{1,18}. According to a 2014 food and health survey of US consumers by the International Food Information Council, 53% of Americans stated that they are trying to consume more dietary fibre⁴. The food industry and nutrition professionals can help to move consumers toward the goal of increasing fibre intake with efforts to educate consumers on the sources and the benefits of foods fortified with fibres like polydextrose, with a goal to increase fibre intakes and provide valuable health benefits. They can also suggest that foods with added fibre sources such as polydextrose can be useful in boosting fibre intake.

Conclusions

Average dietary fibre intakes globally are well below recommended levels. While individuals should increase their consumption of naturally-occurring dietary fibre from legumes, other vegetables, fruits, and whole grains, the consumption of foods with added fibres such as STA-LITE® Polydextrose is an additional strategy towards closing the gap between recommended and actual intakes. A recent comparison has shown that polydextrose has many of the same functionalities as grain fibre, particularly in the gastrointestinal tract⁵⁷. The physio-chemical and functional properties of STA-LITE® Polydextrose make it a good candidate for manufacturers to use in developing new and innovative products to meet the fibre needs of the population without increasing energy intake. Further, research to date suggests physiological benefits include supporting gastrointestinal health, lowering postprandial blood glucose response, and potentially aiding in weight management.

A commitment to innovation

Tate & Lyle, a global leader in wellness innovation, is committed to delivering innovative ingredients that can be incorporated into great-tasting foods to help consumers meet their nutrition, health, and wellness needs every day. That is because Tate & Lyle invests heavily in innovation and research and in developing ingredients that can be incorporated into a wide variety of great-tasting food and beverage solutions. Teams of food and nutrition scientists are continuously innovating, researching, and testing ingredients that will meet current and future health and nutrition needs.

At the same time, Tate & Lyle has a robust market research program designed to provide the necessary insights on market preferences around the world. The research program allows Tate & Lyle to customize its offerings and provide tailor-made solutions in local and regional markets.

Better-for-you ingredients for health and wellness

In response to global public health efforts calling for people to reduce calories and sodium and increase fibre intakes, Tate & Lyle offers a number of innovative ingredient solutions that meet these needs.



Tate & Lyle's global Commercial and Food Innovation Center, Hoffman Estates, Illinois, USA

To learn more about Tate & Lyle ingredients and innovation, please visit www.foodnutritionknowledge.info and www.tateandlyle.com.

References:

- 1 U.S. Department of Agriculture and U.S. Department of Health and Human Services. Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2010. <http://www.cnpp.usda.gov/dgas2010-dgareport.htm>
- 2 Institute of Medicine, Food and Nutrition Board. Dietary Reference Intakes: Energy, Carbohydrates, Fiber, Fat, Fatty Acids, Cholesterol, Protein and Amino Acids. Washington, DC: National Academies Press; 2002/2005.
- 3 Spiller GA (ed.) CRC Handbook of Dietary Fiber in Human Nutrition, 3rd Edition. CRC Press LLC, Boca Raton, Fla. 2001.
- 4 International Food Information Council Foundation. 2014 Food & Health Survey: The Pulse of America's Diet: From Beliefs to Behaviors. 2014.
- 5 Gray J. Dietary Fibre. Definition, Analysis, Physiology and Health. ILSI Europe Dietary Fibre Concise Monograph Series. 2006. http://www.ilsioi.org/biblioteca/ILSI_Europa_Monografias/DietaryFibre%5B1%5D.pdf
- 6 Murphy N, Norat T, Ferrari P, et al. Dietary fibre intake and risks of cancers of the colon and rectum in the European prospective investigation into cancer and nutrition (EPIC). *PLoS One*. 2012;7:e39361.
- 7 Clemens R, Kranz S, Mobley AR, et al. Filling America's fiber intake gap: summary of a roundtable to probe realistic solutions with a focus on grain-based foods. *J Nutr*. 2012; 142:1390S-401S.
- 8 Cho SS and M Dreher (eds.). Handbook of Dietary Fiber. Marcel Dekker Inc., NY. 2001.
- 9 King DE, Mainous AG, 3rd, Lambourne CA. Trends in dietary fiber intake in the United States, 1999-2008. *J Acad of Nutr Diet*. 2012;112(5):642-8.
- 10 Stookey, JD. Energy density, energy intake and weight status in a large free-living sample of Chinese adults: Exploring the underlying roles of fat, protein, carbohydrate, and fiber and water intakes. *EJCN*. 2001;55(5):349-359.
- 11 Public Health England and Food Standards Agency. National Diet and Nutrition Survey: Results from Years 1-4 (combined) of the Rolling Programme (2008-2009 - 2011-12): Executive Summary. PHE Publications; 2014.
- 12 Marriot BP, Olsho L, Hadden L, et al. Intake of added sugars and selected nutrients in the United States, National Health and Nutrition Examination Survey (NHANES) 2003–2006. *Crit Rev Food Sci Nutr*. 2010;50:228–258.
- 13 Howlett JF, Betteridge VA, Champ M, et al. The definition of dietary fiber – discussions at the ninth Vahouny fiber symposium: building scientific agreement. *Food Nutr Res*. 2010; 54:1–5.
- 14 Codex Alimentarius Commission. Guidelines on Nutrition Labeling: CAC/GL 2-1985. Joint AO/WHO Food Standards Programme, Secretariat of the CODEX Alimentarius Commission; Rome, Italy: 2010.
- 15 American Association of Cereal Chemists. Definition of dietary fiber. Report of the Dietary Fiber Definition Committee to the Board of Directors of the American Association of Cereal Chemists. *Cereal Foods World*. 2001;46:112–126.
- 16 Health Canada. Proposed Policy: Definition and Energy for Dietary Fibre. December 2010. <http://www.hc-sc.gc.ca/fn-an/consult/fibre-fibres/index-eng.php>.
- 17 European Food Safety Authority. Statement of the scientific panel on dietetic products, nutrition and allergies on a request from the commission related to dietary fibre (request No.EFSA-Q-2007-121). 17th plenary meeting corresponding to item 10.1; 6 July 2007. EFSA J. 2007. <http://www.efsa.europa.eu/en/efsajournal/pub/1060.htm>.
- 18 Kaczmarczyk MM, Miller MJ, Freund GG. The health benefits of dietary fiber: Beyond the usual suspects of type 2 diabetes mellitus, cardiovascular disease and colon cancer. *Metabolism*. 2012;61:1058-66.
- 19 Flood MT, Auerbach MH, Craig SA. A review of the clinical toleration studies of polydextrose in food. *Food Chem Toxicol*. 2004;42:1531-42.
- 20 Auerbach MH, Craig SA, Howlett JF, et al. Caloric availability of polydextrose. *Nutr Rev*. 2007; 65:544-9.
- 21 Costabile A, Fava F, Røytli H, et al. Impact of polydextrose on the faecal microbiota: a double-blind, crossover, placebo-controlled feeding study in healthy human subjects. *Br J Nutr*. www.cnpp.usda.gov/dgas2010-dgareport.htm
- 22 Timm DA, Thomas W, Boileau TW, et al. Polydextrose and soluble corn fiber increase five-day fecal wet weight in healthy men and women. *J Nutr*. 2013;143:473-478.
- 23 Vester Boler BM, Seroo MC, Bauer LL, et al. Digestive physiological outcomes related to polydextrose and soluble maize fibre consumption by healthy adult men. *Br J Nutr*. 2011;106:1864-71.
- 24 Jie Z, Bang-Yao L, Ming-Jie X, et al. Studies on the effects of polydextrose intake on physiologic functions in Chinese people. *Am J Clin Nutr*. 2000;72:1503-9
- 25 Achour L, Flourié B, Briet F, et al. Gastrointestinal effects and energy value of polydextrose in healthy nonobese men. *Am J Clin Nutr*. 1994;59:1362-8.
- 26 Foster-Powell K, Holt SH, Brand-Miller JC. International table of glycemic index and glycemic load values: 2002. *Am J Clin Nutr*. 2002;76:5-56.
- 27 Kurotobi T, Fukuhara K, Inage H, et al. Glycemic index and postprandial blood glucose response to Japanese strawberry jam in normal adults. *J Nutr Sci Vitaminol*. 2010;56:198-202.
- 28 EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA); Scientific Opinion on the substantiation of health claims related to the sugar replacers xylitol, sorbitol, mannitol, maltitol, lactitol, isomalt, erythritol, D-tagatose, isomaltulose, sucralose and polydextrose and maintenance of tooth mineralisation by decreasing tooth demineralisation (ID 463, 464, 563, 618, 647, 1182, 1591, 2907, 2921, 4300), and reduction of post-prandial glycaemic responses (ID 617, 619, 669, 1590, 1762, 2903, 2908, 2920) pursuant to Article 13(1) of Regulation (EC) No 1924/2006. EFSA J. 2011;9:2076. www.efsa.europa.eu/efsajournal.
- 29 Wilson T, Luebke JL, Morcomb EF, et al. Glycemic responses to sweetened dried and raw cranberries in humans with type 2 diabetes. *J Food Sci*. 2010;75:H218-H223.
- 30 Endo K, Kumemura M, Nakamura K, et al. Effect of high cholesterol diet and polydextrose supplementation on the microflora, bacterial enzyme activity, putrefactive products, volatile fatty acid (VFA) profile, weight and pH of the faeces in healthy volunteers. *Bifidobacteria Microflora*. 1991;10:53-64.
- 31 Saku K, Yoshinaga K, Okura Y, et al. Effects of polydextrose on serum lipids, lipoproteins, and apolipoproteins in healthy subjects. *Clin Therapeutics*. 1991;13:2:254-258.
- 32 Tomlin J, Read NW. A comparative study of the effects on colon function caused by feeding ispaghula husk and polydextrose. *Aliment Pharmacol Ther*. 1988;2:513-9.
- 33 Tiihonen K, Suomalainen T, Tynkynen S, et al. Effect of prebiotic supplementation on a probiotic bacteria mixture: comparison between a rat model and clinical trials. *Br J Nutr*. 2008;99:826-31.
- 34 Beards E, Tuohy K, Gibson G. Bacterial, SCFA and gas profiles of a range of food ingredients following *in vitro* fermentation by human colonic microbiota. *Anaerobe*. 2010; 16:420-5.
- 35 Probert HM, Apajalahti JH, Rautonen N, et al. Polydextrose, lactitol, and fructo-oligosaccharide fermentation by colonic bacteria in a three-stage continuous culture system. *Appl Environ Microbiol*. 2004;70:4505-11.
- 36 Hernot DC, Boileau TW, Bauer LL, et al. *in vitro* fermentation profiles, gas production rates, and microbiota modulation as affected by certain fructans, galactooligosaccharides, and polydextrose. *J Agric Food Chem*. 2009;57:1354-61.
- 37 Figdor S, Bianchini J. Caloric utilization and disposition of [¹⁴C] polydextrose in man. *J Agri Food Chem*. 1983;31:389-393.
- 38 Konings E, Schoffelen PF, Stegen J, et al. Effect of polydextrose and soluble maize fibre on energy metabolism, metabolic profile and appetite control in overweight men and women. *Br J Nutr*. 2013;Jul 23:1-11. [Epub ahead of print].
- 39 Ranawana V, Muller A, Henry CJK. Polydextrose: its impact on short-term food intake and subjective feelings of satiety in males—a randomized controlled cross-over study. *Eur J Nut*. 2012; published online. DOI 10.1007/s00394-012-0395-4.
- 40 Hull S, Re R, Tiihonen K, et al. Consuming polydextrose in a mid-morning snack increases acute satiety measurements and reduces subsequent energy intake at lunch in healthy human subjects. *Appetite* 2012; published online. <http://dx.doi.org/10.1016/j.appet.2012.08.004>.
- 41 Wong JM, de Souza R, Kendall CW, et al. Colonic health: fermentation and short chain fatty acids. *J Clin Gastroenterol*. 2006;40:235-43.
- 42 Hosseini E, Grootaert C, Verstraete W, et al. Propionate as a health-promoting microbial metabolite in the human gut. *Nutr Rev*. 2011; 69:245-58.
- 43 Vester Boler BM, Hernot DC, Boileau TW, et al. Carbohydrates blended with polydextrose lower gas production and short-chain fatty acid production in an *in vitro* system. *Nutr Res*. 2009;29:631-9.
- 44 Mäkeläinen HS, Mäkiuokko HA, Salminen SJ, et al. The effects of polydextrose and xylitol on microbial community and activity in a 4-stage colon simulator. *J Food Sci*. 2007;72:M153-9.
- 45 Mäkiuokko H, Kettunen H, Saarinen M, et al. The effect of cocoa and polydextrose on bacterial fermentation in gastrointestinal tract simulations. *Biosci Biotechnol Biochem*. 2007;71:1834-43.
- 46 Pylkas AM, Juneja LR, Slavin JL. Comparison of different fibers for *in vitro* production of short chain fatty acids by intestinal microflora. *J Med Food*. 2005;8:113-6.
- 47 Fava F, Mäkiuokko H, Siljander-Rasi H, et al. Effect of polydextrose on intestinal microbes and immune functions in pigs. *Br J Nutr*. 2007;98:123-33.
- 48 Peuranen S, Tiihonen K, Apajalahti J, et al. Combination of polydextrose and lactitol affects microbial ecosystem and immune responses in rat gastrointestinal tract. *Br J Nutr*. 2004;91:905-14.
- 49 Weaver CM, Martin BR, Story JA, et al. Novel fibers increase bone calcium content and strength beyond efficiency of large intestine. *J Agric Food Chem*. 2010; 58:8952-57.
- 50 Roy CC, Kien CL, Bouthillier L, et al. Short-chain fatty acids: ready for prime time? *Nutr Clin Pract*. 2006;21:351-66.
- 51 Mortensen PB, Clausen MR. Short-chain fatty acids in the human colon: relation to gastrointestinal health and disease. *Scand J Gastroenterol Suppl*. 1996; 216:132-48.
- 52 Hengst C, Ptok S, Roessler A, et al. Effects of polydextrose supplementation on different faecal parameters in healthy volunteers. *Int J Food Sci Nutr*. 2009;60 Suppl 5:96-105.
- 53 Prończuk A, Hayes KC. Hypocholesterolemic effect of dietary polydextrose in gerbils and humans. *Nutr Res*. 2006; 26:27-31.
- 54 EFSA Panel on Dietetic Products, Nutrition and Allergies. Guidance on the scientific requirements for health claims related to gut and immune function. EFSA J. 2011; 9:1984. www.efsa.europa.eu/efsajournal.
- 55 Cummings JH, Bingham SA, Heaton KW, et al. Faecal weight, colon cancer risk, and dietary intake of nonstarch polysaccharides (dietary fiber). *Gastroenterology*. 1992;103:1783-9.
- 56 Lummela N, Kekkonen RA, Jauhiainen T, et al. Effects of a fiber-enriched milk drink on insulin and glucose levels in healthy subjects. *Nutr J*. 2009; 8:45.
- 57 Raninen K, Lappi J, Mykkänen H, et al. Dietary fiber type reflects physiological functionality: comparison of grain fiber, inulin, and polydextrose. *Nutr Rev*. 2011; 69:9-21.
- 58 U.S. Department of Agriculture. What We Eat in America: Nutrient Intakes from Food by Gender and Age. National Health and Nutrition Examination Survey (NHANES) 2007–2008. Revised 2010. http://www.ars.usda.gov/SP2User-Files/Place/12335000/pdf/0708/Table_1_NIN_GEN_07.pdf.
- 59 Anderson JW, Baird P, Davis RH Jr, et al. Health benefits of dietary fiber. *Nutr Rev*. 2009;67:188–205.
- 60 Slavin JL. Position of the American Dietetic Association: health implications of dietary fibre. *J Am Diet Assoc*. 2008;108:1716–31.

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