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**Exposure assessment to ochratoxin A in Catalonia (Spain) based on consumption of cereals, nuts, coffee, wine, and beer**

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Abstract:	Ochratoxin A (OTA) was analysed in composite samples of cereal-based baby foods, beer, breakfast cereals (corn- and rice and wheat-based), loaf bread, peanuts, and pistachios. Foodstuffs were collected in supermarkets and supermarkets of twelve cities of the Spanish region of Catalonia, and composite samples were prepared for analysis: liquid-liquid extraction, followed by immunoaffinity column clean-up and HPLC-fluorescence detection. Consumption data of the selected foodstuffs were collected by means of a food frequency questionnaire. The studied population was grouped by age in infants, children, adolescents, and adults, and exposure to OTA through the mentioned foodstuffs, and through wine and coffee, was assessed. Exposure assessment was done through deterministic and probabilistic modelling of the contamination and consumption data. OTA occurrence and mean of positive samples ( $\text{ng g}^{-1}$ or $\text{ng mL}^{-1}$ , for beer) were the following: 8.7% and 0.233 in baby foods; 88.7% and 0.022 in beer; 2.8% and 0.728 in corn-based breakfast cereals; 25% and 0.293 in wheat-based breakfast cereals; 12.9% and 0.283 in loaf bread; 41.7% and 0.241 in peanuts; 2.9% and 0.228 in pistachios. The median estimated daily intake of OTA through the considered foodstuffs by each age group was below the latest provisional tolerable daily intakes (PTDIs) of 17 and

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	14 ng kg <sup>-1</sup> bw day <sup>-1</sup> recommended by EFSA (2006) and JECFA (2007), respectively, ranging from 1 and 2% of those values in adolescents and children, to 3 and 11% in adults and infants.

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## Exposure assessment to ochratoxin A in Catalonia (Spain) based on consumption of cereals, nuts, coffee, wine, and beer

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### Abstract

Ochratoxin A (OTA) was analysed in composite samples of cereal-based baby foods, beer, breakfast cereals (corn- and rice and wheat-based), loaf bread, peanuts, and pistachios. Foodstuffs were collected in hypermarkets and supermarkets from twelve cities in the Spanish region of Catalonia, and composite samples were prepared for analysis involving liquid-liquid extraction, followed by immunoaffinity column clean-up and HPLC with fluorescence detection. Consumption data for the selected foodstuffs were collected by means of a food frequency questionnaire. The studied population was grouped by age in infants, children, adolescents, and adults, and exposure to OTA through the specified foodstuffs, and through wine and coffee, was assessed. Exposure assessment was done through deterministic and probabilistic modelling of the contamination and consumption data. OTA occurrence and mean of positive samples ( $\text{ng g}^{-1}$  or  $\text{ng mL}^{-1}$ , for beer) were the following: 8.7% and 0.233 in baby foods; 88.7% and 0.022 in beer; 2.8% and 0.728 in corn-based breakfast cereals; 25% and 0.293 in wheat-based breakfast cereals; 12.9% and 0.283 in loaf bread; 41.7% and 0.241 in peanuts; 2.9% and 0.228 in pistachios. The median estimated daily intake of OTA through the foodstuffs by each age group were below the latest provisional tolerable daily intakes (PTDIs) of 17 and 14  $\text{ng kg}^{-1} \text{bw day}^{-1}$  recommended by EFSA (2006) and JECFA (2007), respectively, ranging from 1 and 2% of those values in adolescents and children, to 3 and 11% in adults and infants.

**Keywords:** ochratoxin A; daily intake; foodstuffs; exposure assessment; modelling; deterministic analysis; probabilistic analysis.

## Introduction

Ochratoxin A (OTA) is a fungal secondary metabolite produced by some species of the genera *Aspergillus* and *Penicillium*. Studies on animals have characterised this mycotoxin as nephrotoxic, hepatotoxic, neurotoxic, immunotoxic, teratogenic and carcinogenic. Chronic human exposure to OTA has been related to the development of urinary tract tumours and the Balkan Endemic Nephropathy, and the International Agency for Research on Cancer classified OTA as possibly carcinogenic to humans (group 2B) (IARC, 1993).

Sources of human exposure to OTA are mainly foodstuffs of vegetal origin, and it is possible to find OTA in cereals and derivatives, wines and grape juices, coffee, beer, nuts and dried fruits, spices, and in a minor extent, in animal by-products. Considering such ubiquity and the mentioned toxic effects, international authorities have proposed values of tolerable daily or weekly intakes of the toxin, which indicate the dose that can be safely consumed daily/weekly over a lifetime without incurring any appreciable adverse health effects (WHO, 1999). The provisional tolerable daily intakes (PTDIs) of 17 and 14 ng kg<sup>-1</sup> bw day<sup>-1</sup> were recommended by EFSA (2006) and JECFA (2007), respectively.

Control of the presence of mycotoxins in the EU is based on maximum levels in certain foodstuffs. In the case of OTA, maximum levels were set for unprocessed cereals and derivatives, cereal-based baby foods, coffee, wines, dried vine fruit and grape juices, ranging from 0.5 µg kg<sup>-1</sup> in foodstuffs intended for babies and infants, to 10 µg kg<sup>-1</sup> in dried vine fruit and soluble coffee (European Commission, 2006). More recently, maximum levels for liquorice and some spices have also been set (European Commission, 2010).

Exposure to OTA by humans can therefore be assessed by the detection of the toxin in possibly contaminated foodstuffs, as well as by the evaluation of the dietary habits of a population, especially of the consumption of those foodstuffs. Thus, the evaluation of the exposure of the inhabitants of the Spanish region of Catalonia to OTA was the aim of this study. For this, certain possibly contaminated foodstuffs were collected in several localities of the region and OTA levels were therein determined. The following step was to estimate the intake of OTA due to the consumption of the analysed foodstuffs. Therefore consumption data of Catalan individuals were used together with the contamination data to quantitatively estimate the daily intake of OTA. Two methodologies were used to perform this estimation: an analysis by simple distributions (deterministic analysis) and a probabilistic analysis. The first one is a method that employs

distributions of food consumption, but uses a fixed value for the concentration variables, whereas probabilistic analysis utilises distributions of both the food consumption and contamination data, and simulates dietary exposure by drawing random values from each input distribution (Kroes et al., 2002).

## Materials and methods

### *Sampling*

Samples of breakfast cereals made of corn and of wheat and rice, cereal-based baby foods (multi-cereals), beer, loaf bread (white and wholemeal), peanuts, and pistachios, were purchased in the months of June to November 2008 in hypermarkets and supermarkets of twelve cities of the region of Catalonia, Spain: Barcelona, Girona, L'Hospitalet de Llobregat, Lleida, Manresa, Mataró, Reus, Sabadell, Tarragona, Terrasa, Tortosa, and Vilanova i la Geltrú. These cities account for 72% of the total population of Catalonia.

Samples were purchased in six stores per city, and three samples of each foodstuff, when available, were randomly picked in each store. Samples corresponding to each store were pooled to obtain a composite sample per store. For this, 50 g were taken from the package of each sample, and thus the total weight of the composite sample was 150 g. The number of composites per foodstuff is listed in Table 2.

### *OTA chemical analysis*

#### *Preparation of food samples*

*Breakfast cereals and loaf bread:* Breakfast cereals were crushed (Moulinex crusher DPA139).

Loaf bread was dried and afterwards crushed.

*Beer:* Samples were degassed by ultrasound treatment for 40 min, and the pH was adjusted to 7.2 by adding 2M NaOH.

*Peanuts:* Most of the samples were purchased unshelled. If peanuts were shelled, shells were removed and the nuts were milled (Moulinex crusher DPA139).

*Pistachios:* Whole pistachios (shells and nuts) were milled (FOSS 1093 Cyclotec™ Sample Mill).

#### *Extraction of OTA*

5g of sample were mixed with 20 mL (peanuts and pistachios) or 25 mL (breakfast cereals, loaf, and cereal-based baby food) of 60% acetonitrile in an amber flask. The mixture was blended for 10 min in the capped flask by means of a magnetic stirrer and afterwards filtered (Whatman N° 1 filter).

### *Clean-up of samples by immunoaffinity chromatography columns (IACs)*

This step consisted on mixing certain volumes of the filtered liquid extract of a foodstuff (except beer) with a certain volume of phosphate buffered saline (PBS) solution, and then on loading this mixture onto the IAC (Ochraprep, R-Biopharm, Rhône Ltd). The mixture was allowed to pass by gravity. PBS was prepared by dissolving in 1 L of water the following: 0.2 g potassium chloride, 0.2 g potassium di-hydrogen phosphate, 1.2 g di-sodium hydrogen phosphate anhydrous and 8 g sodium chloride (Panreac, Barcelona, Spain). The pH was adjusted to 7.4 with sodium hydroxide. For each foodstuff, the volumes of extract and PBS were as follows:

*Breakfast cereals, loaf bread, and cereal-based baby food:* 2 mL of filtrate were diluted with 22 mL PBS.

*Peanuts and pistachios:* 4 mL of filtrate were diluted with 44 mL PBS.

*Beer:* samples were not mixed with PBS; 150 mL of the sample (adjusted to pH 7.2) was allowed to pass through the IAC.

In all cases, after the diluted extracts passed through the IACs, the columns were washed with 20 mL PBS, then air was passed through and the wash liquid was discarded. The final step of the clean-up procedure was the elution of OTA into an amber vial. For that, 1.5 mL desorption solution (methanol: acetic acid, 98:2) was loaded onto the IAC. During elution, back-flushing (reversing the flow in the IAC) was performed 3 times. Finally, 1.5 mL Milli-Q water was passed and a final volume of 3 mL was obtained. Air was passed to collect the last drops of eluate.

### *HPLC analysis*

Analysis of the clean-up final extracts was by HPLC using a Waters 2695 Separations Module (Alliance) coupled to the Waters 2475 Multi  $\lambda$  fluorescence detector. Waters Spherisorb ODS2 C18 column (5  $\mu$ m, 4.6 x 150 mm) equipped with a Waters Spherisorb ODS2 guard column (5  $\mu$ m, 4.6 x 10 mm) (Waters, Ireland) was used. The integration software used to manage the chromatographic data was Empower 2 (2006 Waters Corporation, Database Version 6.10.00.00). Mobile phase consisted of acetonitrile:Milli-Q water:acetic acid (51:47:2). Flow-rate was 1 mL min<sup>-1</sup>, and injection volume was 100  $\mu$ L. Excitation and emission wavelengths were 333 nm and 443 nm, respectively. Temperature of column and guard column was maintained at 40°C. OTA retention time was 5.4 min.

### *Validation of the analytical methods*

Validation of the methods of analysis of the different foodstuffs was performed by the evaluation of

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2 their linearity, recovery, repeatability, and limit of detection (LOD). LOD was calculated using the  
3 signal-to-noise ratio of 3. A calibration curve was built for the analysis of each foodstuff by serial  
4 dilution of a stock solution in the range 0.012 – 12.5 ng mL<sup>-1</sup> and it was linear in that range.  
5 Coefficient of determination ( $R^2$ ) was higher than 0.998 for all cases. Recovery rates were evaluated  
6 by spiking samples ( $n = 3$ ) with certain amounts of OTA standard solutions. Results were not  
7 corrected by recovery. Inter-day repeatability was evaluated in three different days for a certain  
8 concentration in each foodstuff. Results of the validation assays are shown in Table 1.  
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14 (Table 1)  
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### 16 17 18 **Consumption data**

19 Data of consumption of the listed foods were obtained by means of a food frequency questionnaire  
20 (FFQ), which included 33 foodstuffs possibly contaminated by OTA (Coronel et al., 2009). The  
21 survey was administered by trained interviewers from January 2008 to February 2009 to inhabitants  
22 of several localities in the Catalan province of Lleida. Gender, age and weight of the participants  
23 were also recorded. The population was classified according to their age in infants (0-3 years old,  $n$   
24 = 164), children (4-9 years old,  $n = 68$ ), adolescents (10-17 years old,  $n = 211$ ), and adults (18-65  
25 years old,  $n = 905$ ). Parents were interviewed for infants' responses. The number of participants  
26 classified by gender was, in the adolescent group, 89 males and 122 females; and in the adult group,  
27 396 males and 509 females. Food consumption of infants and children was assumed to be equal for  
28 both genders.  
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37 For calculation purposes, individual consumption data (g foodstuff person<sup>-1</sup> day<sup>-1</sup>) obtained from the  
38 FFQs was normalised by dividing them by the corresponding individual body weight (g foodstuff  
39 kg<sup>-1</sup> body weight day<sup>-1</sup>).  
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### 44 **Estimation of the daily intake of OTA**

45 Estimation of the OTA daily intake (ng OTA kg<sup>-1</sup> bw day<sup>-1</sup>) was carried out by deterministic and  
46 probabilistic procedures, taking into account the contamination data of OTA in the analysed  
47 foodstuffs (ng OTA g<sup>-1</sup> foodstuff) and the normalised consumption data (g foodstuff kg<sup>-1</sup> bw day<sup>-1</sup>)  
48 of the surveyed population. Results of the intake estimations were listed as descriptive statistics  
49 such as means, median and high quantiles of the obtained distributions. Measures of asymmetry of  
50 the distributions (skewness and kurtosis) were also shown.  
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1 Data of the contamination distribution in coffee were taken from a previous publication (Coronel et  
2 al.2011), in which the sampling procedure was the same as in this work. Additional contamination  
3 data for red and dessert wine were also included: distribution data of OTA presence in samples  
4 previously collected in Spain (Bellí et al., 2004; Valero et al., 2008) were incorporated in this work  
5 in order to complete the analysis of the exposure to OTA, as wines consumption is considered to be  
6 an important source of OTA in the diet.  
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13 *Treatment of contamination censored data: Alternatives for the values below the limit of*  
14 *detection of the method of analysis*

15 Contamination censored data (values below the LOD or non-detectable results, from now on: ND)  
16 were treated as advised by GEMS/FOOD-Euro (1995) to obtain a simple estimate of the mean. The  
17 alternatives depend on the proportion of results below the LOD:  
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21 A) If the proportion is  $\leq 60\%$ , the value of LOD/2 should be used for the results less than  
22 LOD.  
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24 B) If the proportion is  $>60\%$  but  $\leq 80\%$ , and with at least 25 results quantified, two  
25 estimates should be produced: using zero and LOD for the results less than LOD.  
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28 C) If the proportion is  $>80\%$ , two estimates should be produced: using zero and LOD for the  
29 results less than LOD and the estimation of other descriptive statistics will not be  
30 practicable.  
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34 Thus, values for mean contamination could be one value if ND data were replaced by LOD/2, or  
35 two if ND were replaced by zero and LOD.  
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39 *Deterministic approach*

40 The deterministic estimation of the intake was achieved by the analysis of simple distributions,  
41 which consider the average value of contamination of a foodstuff, and the individual values of  
42 consumption of the study population (Kroes et al., 2002). Contamination mean values were  
43 calculated according to the above mentioned criteria (*Treatment of censored data*). The estimation  
44 of the daily intake was performed by multiplying the individual consumption data of each foodstuff  
45 by its mean contamination obtained after the treatment of the ND. Total OTA daily intake was the  
46 sum of the individual OTA intakes through the different foodstuffs, and therefore two exposure  
47 scenarios were obtained (ND replaced by zero and ND replaced by the LOD). The values replaced  
48 by the LOD/2 were included in both estimations.  
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### Probabilistic approach

The probabilistic or stochastic procedure used was based on the Mixed Parametric-Parametric (*MP-P*) method reported extensively in Gauchi and Leblanc (2002) and Cano-Sancho et al. (2011).

Advantages against non parametric methods were hence elucidated, the *MP-P* method leading to more reliable estimations, especially of the high quartiles.

In this methodology, a mixed probability density function (*pdf*) was fitted to each food consumption, and a parametric *pdf* was fitted to each food contamination (Gauchi and Leblanc, 2002):

- (1) The appearance of the consumption histograms was irregular (Figure 3), especially for those foods whose consumption is seasonal or sporadic, such as dessert wine, pistachios or peanuts. Data in the histograms could be divided in two: non consumers and consumers. Thus, a mixed distribution was fitted as follows:

$$U_{\pi_0, j}^{[D]} = \left\{ \left[ U(0, c_{i_{\min}(\pi_0), j}) \right]_j, h; \left[ \Gamma(r, \lambda, \theta) \right]_{\pi_0, j}, (1-h) \right\} \quad (1)$$

Where  $\left[ U(0, c_{i_{\min}(\pi_0), j}) \right]$  is the continuous uniform distribution defined on the interval  $(0, c_{i_{\min}(\pi_0), j})$  with  $c_{i_{\min}(\pi_0), j}$  as the minimal consumption of the foodstuff  $j$ , in the sample  $\pi_0$  (this part corresponds to the non consumer class).  $\left[ \Gamma(r, \lambda, \theta) \right]_{\pi_0, j}$  is the Gamma or Lognormal fitted consumption distribution for the foodstuff  $j$  (this part corresponds to the consumers class).  $U_{\pi_0, j}^{[D]}$  means a sampling from a discrete uniform distribution: a random number  $u$  is drawn from a continuous uniform distribution defined on  $[0; 1]$ . If  $u$  is less than or equal to  $h$  (proportion of non consumers), then a new random number  $u'$  is drawn from  $\left[ U(0, c_{i_{\min}(\pi_0), j}) \right]_j$ , otherwise a new random number is drawn from  $\left[ \Gamma(r, \lambda, \theta) \right]_{\pi_0, j}$ .

- (2) Food contamination treated censored data (as stated in *Treatment of censored data*) were fitted in most cases to the gamma distribution and in some cases to the lognormal distribution for each population group. As in the deterministic estimation, two exposure scenarios were obtained (ND replaced by zero and ND replaced by the LOD).
- (3) The *MP-P* method used to estimate the normalised exposure  $k$  of the  $S$  simulation set was built as follows:

$$\hat{E}_k^{[MP-P]} = \sum_{j=1}^p \tilde{c}_{k(\hat{F}_{U,j}), j} \tilde{f}_{k(\hat{F}_{Tj}), j} \quad (2)$$

Where  $\tilde{c}_{k(F_{U,j}),j}$  is a random normalised consumption for the foodstuff  $j$ ; the random deviate  $k$  is drawn from  $\hat{F}_{U,j}$ , the corresponding cumulative distribution function (*cdf*) adjusted of the distribution consumption defined above.  $\tilde{t}_{k(F_{T,j}),j}$  is a random contamination for the foodstuff  $j$ ; the random deviate  $k$  is drawn from  $\hat{F}_{T,j}$ , the fitted gamma *cdf* of contamination. In case of wheat flakes, the mean contamination was used in the simulations because not enough data were available for computations.

The mean of normalised exposures over the simulation set  $S$  was then estimated using the following equation, where  $n$  was the number of random deviates drawn (10000 in the present study):

$$\hat{E}_S^{[MP-P]} = \frac{1}{n} \sum_{k=1}^n \hat{E}_k^{[MP-P]} \quad (3)$$

Other descriptive statistics were directly computed on the histogram built with the simulations of the  $S$  set.

Pseudo-parametric bootstrap confidence intervals were built as reported by Gauchi and Leblanc (2002), by randomly drawing  $B$  samples of size  $n_{\pi_0}$  in the exposure simulation set  $S$  (being  $B$  equal to 10000). The boundaries of the 95% confidence interval were calculated taking the 0.025<sup>th</sup> and 0.975<sup>th</sup> empirical quantiles of the final bootstrap distribution.

Statistical program SAS 9.0 (Cary, NC, USA) was used for the probabilistic analysis.

### ***Other statistical analysis***

Differences between population groups (sorted by gender and age) were evaluated by means of the non-parametric tests Wilcoxon and Kruskal-Wallis.

## **Results and discussion**

### ***Presence of OTA in foodstuffs sampled in Catalonia***

Table 2 shows the occurrence of OTA in the foodstuffs considered in this work, and Figures 1 and 2 show the distributions of the contamination by OTA. Data of contamination in loaf bread were corrected for water content, as the measured dry weight was 77% of the fresh samples. The correction factor was then 0.77. Data of contamination in pistachios were corrected for the shells proportion. It was observed that the edible part comprised 56% of the total weight. Thus, assuming the worst case in which all the detected toxin was in the edible portion, the correction factor was  $0.56^{-1}$ , which equals to 1.79.

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2 (Table 2)

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4 With the exception of beer, the frequency of contamination of the analysed foodstuffs was lower  
5 than 50%. The mean of positives, as well as maximum values of baby foods, breakfast cereals, and  
6 loaf bread, were below the maximum levels established by the European Commission (2006): 0.50  
7 and 3 ng g<sup>-1</sup>, respectively, considering breakfast cereals and loaf bread as products derived from  
8 cereals. Still no legislation has been set regarding beer and nuts, but the mean of positives of these  
9 foodstuffs were lower than the levels found in the rest of foodstuffs.  
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12 As concerns baby foods, the mean contamination of the positive samples was similar to the mean  
13 contamination levels found in Turkey (0.221 ng g<sup>-1</sup>) (Kabak, 2009) but higher than those found in a  
14 previous study in Spain, in which the mean level was 0.187 ng g<sup>-1</sup> (Araguás et al., 2005). However,  
15 two samples in that survey exceeded the European limit of 0.5 ng g<sup>-1</sup> (0.706 and 0.740 ng g<sup>-1</sup>), while  
16 the maximum level found in the current survey was 0.293 ng g<sup>-1</sup>. The observed mean contamination  
17 was lower than the found in a study in Canada, where means of positive samples ranged from 0.28  
18 ng g<sup>-1</sup> to 2.40 ng g<sup>-1</sup>, according to the type of cereal used in the formula (Lombaert et al., 2003).  
19 Considering ranges, levels detected in an Italian study were in the range of <0.06-0.74 (Beretta et  
20 al., 2002), with four samples above the European limit of 0.5 ng g<sup>-1</sup>. In Portugal, levels of OTA in  
21 baby foods ranged between 0.034-0.212 ng g<sup>-1</sup> (Alvito et al., 2010). The percentage of positive  
22 samples in the present study (8.7%) was lower than in the rest of the named studies: Canada  
23 (26.1%), Italy (16.8%), Portugal (37%), Spain (70%), and Turkey (17%).  
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27 Many studies on the occurrence of OTA in beer have been done. A summary of the sample  
28 collections carried out from 1992 to 2007 in several countries of beers from diverse origins was  
29 presented by Kabak (2009). Apart from those, there are studies done in Belgium (Anselme et al.,  
30 2006), Brazil (Kawashima et al., 2007), and Japan (Kumagai et al., 2008; Aoyama et al., 2010). In  
31 most cases, mean OTA levels were below 0.070 ng mL<sup>-1</sup>, with the exception of those found in  
32 Korea (0.25 ng mL<sup>-1</sup>, Park et al., 2005), a sample of Scottish origin (0.201 ng mL<sup>-1</sup>, Medina et al.,  
33 2005), Belgian beers (0.103 ng mL<sup>-1</sup>, Anselme et al., 2006) and non alcoholic beers purchased in  
34 Iranian supermarkets (0.108 ng mL<sup>-1</sup>, Mahdavi et al., 2007). Incidence ranged from zero to 100%,  
35 but was mostly above 50%. Bertuzzi et al. (2011) analysed 106 beer samples collected in 25  
36 European countries. The incidence was 67.9% and levels ranged between <0.002-0.189 ng mL<sup>-1</sup>,  
37 with a mean of the total samples of 0.019 ng mL<sup>-1</sup>. Particularly, we could observe that the mean  
38 value of this study (0.022 ng mL<sup>-1</sup>) was lower than other mean values found in Spain: 0.044  
39 (Araguás et al., 2005) and 0.0358 ng mL<sup>-1</sup> (Medina et al., 2005). Thus, the mean level of this study  
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1 was in the range of those found in the literature, and incidence was also similar to the observed in  
2 previous studies.  
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6 Mean contamination levels of positive samples in corn-based breakfast cereals were around two-  
7 fold higher than in the case of wheat and rice-based breakfast cereals, and the same was observed in  
8 the median and maximum values of both distributions, although the occurrence was higher in the  
9 second case. Roscoe et al. (2008) and Ibáñez-Vea et al. (2011) determined the contamination of  
10 OTA and other mycotoxins in breakfast cereals of different compositions sampled in Canada and  
11 Spain, respectively. In both cases a higher incidence was also observed in the wheat and rice-based  
12 ones, but mean contamination was lower in the corn-based ( $0.12$  and  $0.10$   $\text{ng g}^{-1}$ , respectively) than  
13 in the wheat and rice-based ( $0.30$  and  $0.16$   $\text{ng g}^{-1}$ , respectively). Both studies showed lower mean  
14 contaminations than in this study, which also occurred in samples collected in Greece ( $0.18$   $\text{ng g}^{-1}$ ,  
15 Villa and Markaki, 2009). Mean contamination of positive samples in the two types of cereals of  
16 this study matched with the observed by Araguás et al. (2005) ( $0.265$   $\text{ng g}^{-1}$ ) and Kabak (2009)  
17 ( $0.752$   $\text{ng g}^{-1}$ ). In this study, incidence in both types of breakfast cereals was low, especially in the  
18 case of the corn-based. Such incidences were lower than the found in other studies: up to 100%,  
19 (Araguás et al., 2005); 60% (Villa and Markaki, 2009); 18% (corn-based) to 38% (wheat-based)  
20 (Roscoe et al., 2008); 5% (corn-based) to 88% (wheat and rice-based) (Ibáñez-Vea et al., 2011).  
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33 Regarding bread contamination, Duarte et al. (2010) compiled the occurrence of OTA in different  
34 types of bread worldwide. Mean values of wheat bread positive samples ranged from  $0.07$   $\text{ng g}^{-1}$  in  
35 Switzerland (Legarda and Burdaspal, 2001) to  $13$   $\text{ng g}^{-1}$  in Morocco (Zinedine et al., 2007a),  
36 although most of them were below  $0.50$   $\text{ng g}^{-1}$ . Incidence was between 65 and 100% for most of the  
37 listed studies, and in some exceptions it was below 20%. Therefore, the present results were similar  
38 to most of the data of previous studies. In addition, when comparing our results with other samples  
39 collected in Spain, we could observe that mean values were lower than those found by Legarda and  
40 Burdaspal (2001) and Osnaya et al. (2006), with  $0.45$   $\text{ng g}^{-1}$  and  $2.19$   $\text{ng g}^{-1}$ , respectively.  
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48 Few data are available on OTA contamination of nuts. From these, we could observe that OTA  
49 levels in this study were below those found in Tunisia ( $0.1$ - $3$ , Ghali et al., 2009, and  $11$ - $203$   $\text{ng g}^{-1}$ ,  
50 Zaied et al., 2010). The low incidence of OTA in pistachios observed here (2.9%) was even lower  
51 than the observed in the mentioned studies (16% and 25%, respectively), whereas in Morocco,  
52 Zinedine et al. (2007b) found no contamination above the limit of quantification of their detection  
53 method ( $0.027$   $\text{ng g}^{-1}$ ). A higher incidence than in the pistachio samples was observed for peanuts  
54 (41.7%), and it was similar to the observed in Tunisia (44%, Ghali et al., 2009) and higher than in  
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1 the samples analysed in Morocco and in other study in Tunisia (25 and 24%, Zinedine et al., 2007b  
2 and Zaied et al., 2010, respectively). Mean of positives were lower than the observed in Côte  
3 d'Ivoire (0.373 ng g<sup>-1</sup>, Sangare-Tigori et al., 2006), Morocco (0.68 ng g<sup>-1</sup>, Zinedine et al., 2007b),  
4 and Tunisia (2.4 ng g<sup>-1</sup> and 60 ng g<sup>-1</sup>, Ghali et al., 2009 and Zaied et al., 2010, respectively).  
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10 Contamination and occurrence data of red and dessert wines and coffee were previously discussed  
11 in the articles from which data were taken (Bellí et al., 2004, Valero et al., 2008, Coronel et al.,  
12 2011).  
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16 The comparison of the present results with other works indicates that most of the values found were  
17 similar or lower than previously published data. Figures 1 and 2 show the histograms for  
18 contamination levels of the foodstuffs listed in Table 2. In all cases it can be observed that the shape  
19 of the distributions does not show any pattern in common, and that for most of the samples the  
20 levels of contamination were non detectable.  
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26 (Figure 1a) (Figure 1b)

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28 (Figure 1c) (Figure 1d)

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30 (Figure 1e) (Figure 1f)

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32 (Figure 1g) (Figure 1h)  
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36 Figure 1. Contamination histograms (relative frequencies vs. OTA contamination, ng g<sup>-1</sup>, and ng  
37 mL<sup>-1</sup> in the case of beer) in food composites. In order to build these plots, non detected values were  
38 replaced by zero (baby foods, breakfast cereals, loaf bread, pistachios) or by the LOD/2 (beer,  
39 coffee, peanuts).  
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46 (Figure 2a) (Figure 2b)

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48 Figure 2. Contamination histograms in wine samples (relative frequencies vs. OTA contamination,  
49 ng mL<sup>-1</sup>). In order to build these plots, non-detected values were replaced by zero (red wine) or by  
50 the LOD/2 (dessert wine).  
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### 55 *Consumption of foodstuffs*

56  
57 Table 3 shows the proportion of the total population, classified by age groups, of the people who  
58 consumed the studied foods, sorted by each kind of foodstuff. In the case of infants, even though  
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1 there was only one surveyed food product, a high percentage of consumers could be observed. FFQ  
2 for children included the same foodstuffs as for adolescents and adults (except alcoholic beverages),  
3 however, this age group showed no consumption of nuts nor coffee. Clear differences were  
4 observed in the percentages of consumers of each foodstuff when comparing the age groups. For  
5 example, in the case of breakfast cereals and loaf bread, the consumer percentage decreased as the  
6 age increased. These foodstuffs presented the highest percentages of consumers in the groups of  
7 children and adolescents. Regarding adults, the highest consumer percentages were observed for  
8 beer, coffee, and red wine.  
9

10 (Table 3)

11 Further information about the normalised quantities of food consumption is listed on Tables 4 and  
12 5, for the total population and the consumer population.  
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14 (Table 4)

15 (Table 5)

16 As an example, histograms of consumption for each foodstuff by the adults are shown in Figure 3.  
17 The shapes of these histograms were irregular, and showed the proportion of consumers and non  
18 consumers.  
19

20 (Figure 3a) (Figure 3b)

21 Figure 3. Consumption histograms (relative frequencies) of the adult population for each foodstuff  
22 ( $\text{g kg}^{-1} \text{ bw day}^{-1}$ ).  
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### 24 *Estimation of the daily intake of OTA*

#### 25 *Deterministic estimation*

26 The results of the mean contamination values derived from the treatment of the ND data are listed  
27 in Table 6. These alternatives were used in the calculation of the OTA daily intake of each  
28 foodstuff, and results of the estimations for the total population are shown in Table 7.  
29

30 (Table 6)

31 The total population (consumers and non-consumers) of each age group was considered in this  
32 analysis, as the percentage of consumers in all cases was high (above 80%), and in the case of  
33 adolescents and adults, above 95%. Another reason was to obtain results to make possible the  
34 comparison with the probabilistic estimation, in which the percentages of consumers and non  
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1 consumers were taken into account. An example of the shapes of the estimated daily intake  
2 distribution obtained by the deterministic method is shown in Figure 4, where adult exposure in the  
3 two exposure scenarios (ND = 0 and ND = LOD) is described.  
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7 (Table 7)  
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9 (Figure 4a) (Figure 4b)  
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12 Figure 4. Histograms of the OTA daily intake by the adult population estimated by the deterministic  
13 method, in the ND = 0 and ND = LOD scenarios.  
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17 In the best case exposure scenario (ND = 0), adults presented the highest mean daily intake,  
18 followed by infants, adolescents, and children. In the worst case scenario (ND = LOD), the highest  
19 mean was observed for infants, followed by adults, children, and adolescents. The observed  
20 increase in the descriptive values was not proportional for each age group, instead, depended on the  
21 values of the LOD of the different methods of analysis of the considered foodstuffs (consumption of  
22 each age group was the same for both estimations). However, results agreed in the fact that the most  
23 exposed groups were infants and adults.  
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29 In all groups, mean and median estimated OTA daily intakes due to the consumption of the studied  
30 foodstuffs were below the latest PTDI for both exposure scenarios, and the same was observed for  
31 the high quantiles: values reached a 14% of the PTDI of  $14 \text{ ng kg}^{-1} \text{ bw day}^{-1}$  and a 11% of the PTDI  
32 of  $17 \text{ ng kg}^{-1} \text{ bw day}^{-1}$ , respectively, excluding the infants. The highest values were observed for the  
33 high quantiles in the infants group, especially in the ND = LOD scenario and these were closer to  
34 the PTDI (65% and 53% of the mentioned PTDI). Even though the contamination of the baby  
35 foods was similar to the foods consumed by the rest of the population (Table 6), it is worth to note  
36 that infants have a less varied diet than the rest of the population, and thus the contribution of a  
37 specific foodstuff to the total diet (in this case baby foods) may be higher when comparing it with  
38 the dietary habits of the other age groups.  
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48 Differences among age groups were tested in total and by pairs taking into account data of the total  
49 population (consumers and non consumers). These resulted significant in all cases ( $p < 0.0001$ , both  
50 for ND = 0 and ND = LOD) but not when comparing children and adolescents ( $p = 0.4882$  for ND  
51 = 0 and  $p = 0.1083$  for ND = LOD). In a further analysis, adult population group was divided in  
52 three sub-groups of age: group A (18-29 years old,  $n = 314$ ), group B (30-44 years old,  $n = 308$ ),  
53 and group C ( $\geq 45$  years old,  $n = 283$ ). Significant differences were also found among these groups  
54 ( $p < 0.0001$ ), with medians of 0.30, 0.42 and  $0.45 \text{ ng kg}^{-1} \text{ bw day}^{-1}$ , respectively (for ND = 0), and  
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0.42, 0.47 and 0.52 ng kg<sup>-1</sup> bw day<sup>-1</sup>, respectively (for ND = LOD). When analysing differences between age groups by pairs, differences were significant between groups A and B ( $p = 0.0006$  for ND = 0 and  $p = 0.0362$  for ND = LOD) and A and C ( $p < 0.0001$  for ND = 0 and  $p = 0.0001$  for ND = LOD).

Gender was also considered to evaluate differences in the exposure of the adolescent and adult population. Thus, total OTA daily intake by adolescents showed no significant differences ( $p = 0.4229$  for ND = 0 and  $p = 0.3720$  for ND = LOD), whereas in adults, differences were indeed significant ( $p = 0.0175$  for ND = 0 and  $p = 0.0027$  for ND = LOD), men presenting higher median intake (0.41 and 0.50 ng kg<sup>-1</sup> bw day<sup>-1</sup> for each scenario) than women (0.36 and 0.44 ng kg<sup>-1</sup> bw day<sup>-1</sup>).

Taking into account the significant differences between genders in the adult population, it could be expected that such differences were found within the age groups. Therefore, differences were analysed in the same gender, for age groups and by pairs. For men, differences were significant between groups A and B ( $p = 0.0182$  for ND = 0 and  $p = 0.1871$  for ND = LOD) and A and C ( $p = 0.0021$  for ND = 0 and  $p = 0.0077$  for ND = LOD). Similarly, in the case of women, differences were significant between groups A and B ( $p = 0.0206$  for ND = 0 and  $p = 0.1734$  for ND = LOD) and A and C ( $p < 0.0001$  for ND = 0 and  $p = 0.0057$  for ND = LOD). It could be observed that when testing differences between groups A and B in men and women, differences were significant when ND = 0, but not when ND = LOD.

#### *Probabilistic estimation and confidence intervals*

Table 8 shows the results of the probabilistic estimation of the daily intake of OTA in the different population age groups, for the two alternatives of replacement of the ND values.

Mean values were similar to the obtained by the deterministic estimation, slightly higher for infants and children, and slightly lower for adolescents and adults. As regards to medians, all of them were slightly lower, and an especial case could be observed for the infant population, in which the median was almost equal to zero. Taking into account the high quantiles, in most of the cases these were higher than the deterministic estimations, but in all cases OTA daily intake was lower than the latest PTDI for both exposure scenarios (ND = 0 and ND = LOD). Infant population was the most exposed group, too.

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2 Regarding the analysis of differences between population groups, it was performed for the same  
3 groups and pairs as in the deterministic estimation. Thus, in all cases differences were significant  
4 and in all cases  $p$  was  $<0.0001$ , with only one exception: differences between age groups B and C in  
5 men were not significant ( $p = 0.1365$ ) in the  $ND = 0$  scenario.  
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9 (Table 8)  
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11 (Figure 5a) (Figure 5b)  
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14 Figure 5. Histograms of the OTA daily intake by the adult population estimated by the probabilistic  
15 method, in the  $ND = 0$  and  $ND = LOD$  scenarios.  
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20 Figure 5 shows the distribution of the exposure obtained through the probabilistic method, for the  
21 adult population. The shape of the distribution is much more defined than the obtained by the  
22 deterministic approach. This can be explained by the number of samples included in the analysis ( $n$   
23 = 10000) and the model used to perform the simulations. In this case, the simulation process  
24 achieved exposure values that were not obtained by the deterministic estimation, as the probability  
25 to obtain a higher number of different exposures cases was higher, which is confirmed by the high  
26 values of skewness and kurtosis. The mentioned characteristics make possible the calculation of  
27 confidence intervals of the estimated distribution descriptives. These confidence intervals are listed  
28 in Table 6, and complete the description of the probabilistic estimation. In all cases but one the  
29 estimated daily intake values of Table 6 remained within the range defined by the confidence  
30 intervals. The range of the intervals increased in the highest quantiles, which was expected as the  
31 precision in the estimation of the confidence intervals of these quantiles is lower than in the case of  
32 mean or median values (Beirlant and Devroye, 1999; Breiman et al., 1990).  
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44 When checking the deterministic estimations against the probabilistic confidence intervals, it could  
45 be observed that all but seven values were within these ranges. Taking into account that in addition  
46 similar descriptive statistics were obtained through the deterministic method, we can state that the  
47 probabilistic method is a useful tool for the estimation of the exposure descriptives and the  
48 obtainment of precision indicators related to those values.  
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## 52 53 54 **Conclusions**

55  
56 The present work assessed the exposure of the Catalan population to OTA by determining the  
57 contamination levels of certain foodstuffs sampled in Catalonia, and by considering data of  
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1 consumption of this population. The levels of contamination by OTA of the sampled foodstuffs  
2 were below the limits established by the European Commission, and the consumer population was  
3 almost the total surveyed population, which indicates that although the contamination levels were  
4 low, a major part of the population was exposed to OTA. However, a more complete exposure  
5 assessment could be reached by the inclusion of other foodstuffs previously shown to be  
6 contaminated by OTA, raisins and spices, or animal by-products, which were not included in this  
7 study due to the lack of consumption data. The analysis of pasta would have added important  
8 information to this study, but unfortunately this food product was not selected for sampling.  
9

10 Exposure was quantified by the estimation of the daily intake of OTA, which was achieved by  
11 deterministic and probabilistic methods. Both estimations showed that the exposure levels were  
12 lower than the PTDIs, but differences among population groups were confirmed and still  
13 differences among adult population subgroups were also found. However, non significant  
14 differences between population groups could be observed only when the deterministic data was  
15 analysed for differences. We could observe that the probabilistic estimation gave similar results to  
16 the obtained by the deterministic methodology, but had the additional feature of the calculation of  
17 confidence intervals for the estimated descriptive values of the exposure distributions.  
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Table 1. Results for recovery in the different spiking levels, repeatability (intra- and inter-day), and LOD for each foodstuff.

Foodstuff	Spiking level (ng g <sup>-1</sup> )*	Recovery rate (%)	RSD intra- day (%)	RSD inter- day (%)	LOD (ng g <sup>-1</sup> )*
Baby foods	0.3	101.67	7.90		0.180
	0.5	102.00	1.47		
	0.8	99.06	2.38		
	1	93.25	0.46	4.27	
Beer	0.05	89.40	4.06		0.003
	0.2	85.73	2.95		
	0.5	89.91	12.59	6.30	
Breakfast cereals	0.8	90.94	2.82		0.098
	1.5	106.83	2.93	2.59	
	3	100.42	3.96		
	5	100.45	2.65		
Loaf bread	0.5	103.90	4.32		0.139
	0.8	104.00	0.72		
	1.5	110.13	2.27		
	3	99.65	1.02	2.24	
Peanuts	0.5	71.48	7.79		0.072
	0.8	99.30	4.98		
	1	93.94	1.37	4.19	
Pistachios	0.5	100.96	0.73		0.129
	1	88.76	1.39		
	1.5	96.08	1.85	7.45	
	2	97.84	6.23		

\* ng mL<sup>-1</sup> in the case of beer.

Table 2. OTA levels ( $\text{ng g}^{-1}$ , and  $\text{ng mL}^{-1}$  for beer and wines) in food composites and samples of wines.

Foodstuffs	<i>n</i>	Positive samples	% of positive samples	Mean of positives	SD	Median	Minimum	Maximum
Baby foods	69	6	8.7	0.233	0.036	0.225	0.195	0.293
Beer	71	63	88.7	0.022	0.023	0.015	0.004	0.126
Breakfast cereals								
Corn-based	71	2	2.8	0.728	0.764	0.728	0.188	1.268
Wheat/rice-based	28	7	25.0	0.293	0.141	0.270	0.180	0.570
Coffee <sup>a</sup>	72	35	48.6	2.171	0.790	1.960	1.210	4.210
Loaf bread	70	9	12.9	0.283	0.181	0.196	0.162	0.658
Peanuts	72	30	41.7	0.214	0.138	0.173	0.084	0.774
Pistachios	70	2	2.9	0.228	0.133	0.228	0.134	0.321
Red wine <sup>b</sup>	120	18	15.0	0.513	0.807	0.165	0.070	3.190
Dessert wine <sup>c</sup>	141	70	49.6	3.288	6.890	0.797	0.057	48.680

<sup>a</sup> Data taken from Coronel et al., 2011.

<sup>b</sup> Data taken from Bellí et al., 2004.

<sup>c</sup> Data taken from Bellí et al., 2004 and Valero et al., 2008.



Table 3. Percentage of the consumer population for each foodstuff.

	INFANTS (n=164)		CHILDREN (n=68)		ADOLESCENTS (n=211)		ADULTS (n=905)	
	<i>n</i> consumers	Consumer population (%)	<i>n</i> consumers	Consumer population (%)	<i>n</i> consumers	Consumer population (%)	<i>n</i> consumers	Consumer population (%)
Baby foods	133	81.1						
Beer					44	20.9	586	64.8
Breakfast cereals (corn)			49	72.1	143	67.8	382	42.2
Breakfast cereals (wheat and rice)			49	72.1	143	67.8	383	42.3
Coffee			0	0	93	44.1	767	84.8
Loaf bread			38	55.9	140	66.4	440	48.6
Peanuts			0	0	84	39.8	407	45.0
Pistachios			0	0	71	33.6	460	50.8
Red wine					26	12.3	597	66.0
Dessert wine					25	11.8	184	20.3
Total	133	81.1	55	80.9	201	95.3	900	99.4

Table 4. Descriptives of the normalised consumption (g kg<sup>-1</sup> bw day<sup>-1</sup>) of foodstuffs by population groups, considering all the surveyed population.

ALL POPULATION	Mean	SD	Median	99th quantile	Mean	SD	Median	99th quantile
	<b>INFANTS (n = 164)</b>				<b>CHILDREN (n = 68)</b>			
Baby foods	12.65	12.20	10.00	49.13				
Breakfast cereals (corn)					0.71	0.81	0.26	3.26
Breakfast cereals (wheat and rice)					0.71	0.81	0.26	3.26
Loaf bread					0.53	0.83	0.08	3.00
Total consumption	12.65	12.20	10.00	49.13	1.94	1.80	1.86	7.21
	<b>ADOLESCENTS (n = 211)</b>				<b>ADULTS (n = 905)</b>			
Beer	0.19	0.71	0.00	3.34	1.30	2.20	0.38	9.63
Breakfast cereals (corn)	0.26	0.40	0.08	2.05	0.10	0.19	0.00	0.60
Breakfast cereals (wheat and rice)	0.26	0.40	0.08	2.05	0.10	0.19	0.00	0.60
Coffee	0.03	0.07	0.00	0.30	0.14	0.14	0.11	0.56
Loaf bread	0.36	0.62	0.07	2.78	0.22	2.18	0.00	1.74
Peanuts	0.05	0.19	0.00	0.82	0.03	0.15	0.00	0.57
Pistachios	0.03	0.12	0.00	0.78	0.03	0.19	0.00	0.48
Red wine	0.05	0.34	0.00	0.98	0.93	1.94	0.22	7.66
Dessert wine	0.02	0.17	0.00	0.46	0.03	0.20	0.00	0.41
Total consumption	1.25	1.54	1.07	6.02	2.89	4.07	1.83	13.88

Table 5. Descriptives of the normalised consumption (g kg<sup>-1</sup> bw day<sup>-1</sup>) of foodstuffs by population groups, considering the consumer population.

ONLY CONSUMERS	Mean	SD	Median	99th quantile	Mean	SD	Median	99th quantile
<b>INFANTS (n = 133)</b>				<b>CHILDREN (n = 55)</b>				
Baby foods	133.00	15.60	15.00	50.08				
Breakfast cereals (corn)					0.98	0.81	1.00	3.37
Breakfast cereals (wheat and rice)					0.98	0.81	1.00	3.37
Loaf bread					0.94	0.93	0.54	3.00
Total consumption	133.00	15.60	15.00	50.08	2.40	1.70	2.22	7.32
<b>ADOLESCENTS (n = 201)</b>				<b>ADULTS (n = 900)</b>				
Beer	0.91	1.34	0.48	5.89	2.01	2.47	1.14	11.39
Breakfast cereals (corn)	0.38	0.44	0.24	2.43	0.24	0.22	0.18	0.85
Breakfast cereals (wheat and rice)	0.38	0.44	0.24	2.43	0.24	0.22	0.18	0.85
Coffee	0.07	0.09	0.02	0.35	0.16	0.14	0.13	0.59
Loaf bread	0.54	0.70	0.20	2.85	0.46	3.12	0.12	2.43
Peanuts	0.12	0.29	0.03	1.16	0.08	0.22	0.02	1.16
Pistachios	0.10	0.19	0.05	0.94	0.06	0.26	0.02	0.57
Red wine	0.43	0.90	0.12	3.65	1.42	2.25	0.75	7.88
Dessert wine	0.21	0.48	0.03	1.88	0.14	0.43	0.04	2.44
Total consumption	1.32	1.56	1.12	6.13	2.91	4.07	1.86	13.88

Table 6. Mean values of OTA contamination in different foodstuffs derived from treated ND data used to perform the deterministic estimation.

	<i>n</i>	% ND	Censored data treatment*	Mean contamination, ND replaced by:		
				LOD/2	ZERO	LOD
Baby foods	69	91.3	C	-	0.020	0.185
Beer	71	11.3	A	0.020	-	-
Breakfast cereals						
Corn-based	71	97.2	C	-	0.020	0.195
Wheat/rice-based	28	75.0	C	-	0.073	0.208
Coffee	72	51.4	A	1.354	-	-
Loaf bread	70	87.1	C	-	0.036	0.158
Peanuts	72	58.3	A	0.110	-	-
Pistachios	70	97.1	C	-	0.007	0.132
Red wine	120	85.0	C	-	0.077	0.119
Dessert wine	141	50.4	A	1.639	-	-

\*According to criteria described in Materials and Methods.

Table 7. Deterministic estimation of the daily intake of OTA ( $\text{ng kg}^{-1} \text{bw day}^{-1}$ ) for the total surveyed population.

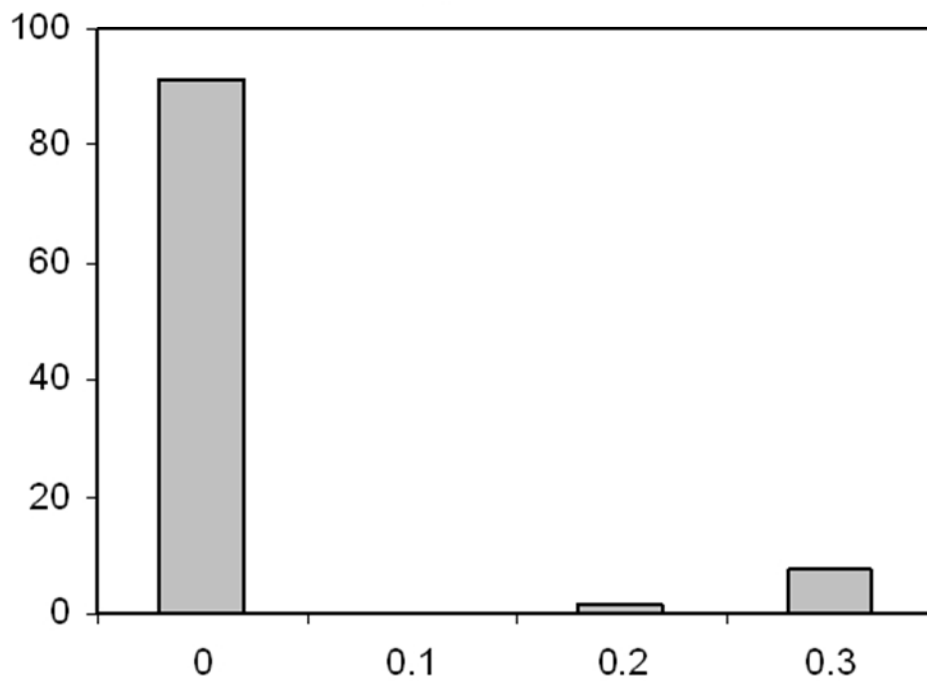
	ND =		ND =	
	ND = 0	LOD	ND = 0	ND = LOD
	<b>Infants</b>		<b>Children</b>	
N	164	164	68	68
Mean	0.25	2.34	0.08	0.37
SD	0.24	2.26	0.08	0.35
Median	0.20	1.85	0.07	0.32
0.90th quantile	0.51	4.69	0.19	0.81
0.95th quantile	0.73	6.79	0.19	0.84
0.99th quantile	0.98	9.09	0.33	1.42
Skewness	1.07	1.07	1.05	1.05
Kurtosis	1.17	1.17	1.26	1.25
	<b>Adolescents</b>		<b>Adults</b>	
N	211	211	905	905
Mean	0.16	0.29	0.47	0.57
SD	0.40	0.45	0.53	0.68
Median	0.06	0.21	0.39	0.47
0.90th quantile	0.33	0.63	0.87	1.01
0.95th quantile	0.58	0.81	1.03	1.22
0.99th quantile	1.24	1.42	1.76	1.91
Skewness	8.08	6.73	7.30	9.36
Kurtosis	80.82	63.08	84.49	125.55

Table 8. Probabilistic estimation of the daily intake of OTA and confidence intervals of the descriptive statistics.

	OTA daily intake (ng kg <sup>-1</sup> bw day <sup>-1</sup> )				Confidence intervals			
	ND =0	ND = LOD	ND =0	ND = LOD	ND =0	ND = LOD	ND =0	ND = LOD
	Infants		Children		Infants		Children	
N	10000	10000	10000	10000				
Mean	0.28	2.42	0.09	0.39	[0.14; 0.47]	[2.05; 2.81]	[0.06; 0.14]	[0.32; 0.46]
SD	1.11	2.48	0.16	0.30	[0.44; 2.07]	[2.03; 2.97]	[0.07; 0.39]	[0.24; 0.40]
Median	0.0012	1.77	0.05	0.32	[0.0003;0.0042]	[1.34; 2.19]	[0.03; 0.07]	[0.24; 0.40]
0.90th quantile	0.58	5.74	0.21	0.80	[0.24; 1.06]	[4.72; 6.74]	[0.14; 0.33]	[0.63; 1.03]
0.95th quantile	1.46	7.23	0.30	0.98	[0.65; 2.77]	[5.85; 8.87]	[0.19; 0.55]	[0.75; 1.27]
0.99th quantile	4.94	11.00	0.68	1.39	[2.23; 12.33]	[8.18; 15.34]	[0.29; 3.20]	[0.97; 2.36]
Skewness	9.17	1.69	8.40	1.40				
Kurtosis	129.70	4.15	128.13	3.08				
	Adolescents		Adults		Adolescents		Adults	
N	10000	10000	10000	10000				
Mean	0.14	0.28	0.37	0.53	[0.10; 0.24]	[0.23; 0.36]	[0.30; 0.45]	[0.46; 0.60]
SD	0.46	0.45	0.53	0.48	[0.12; 1.12]	[0.18; 0.23]	[0.31; 0.93]	[0.34; 0.81]
Median	0.07	0.20	0.23	0.41	[0.05; 0.08]	[0.17; 0.23]	[0.19; 0.27]	[0.35; 0.47]
0.90th quantile	0.28	0.52	0.79	1.05	[0.21; 0.38]	[0.44; 0.62]	[0.62; 1.00]	[0.87; 1.21]
0.95th quantile	0.44	0.68	1.14	1.31	[0.30; 0.61]	[0.54; 0.85]	[0.83; 1.54]	[1.07; 1.58]
0.99th quantile	1.04	1.37	2.39	2.14	[0.58; 5.39]	[0.81; 5.36]	[1.46; 5.71]	[1.51; 3.87]
Skewness	25.56	15.22	6.86	4.42				
Kurtosis	1015.77	364.75	86.05	50.95				

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### Baby foods

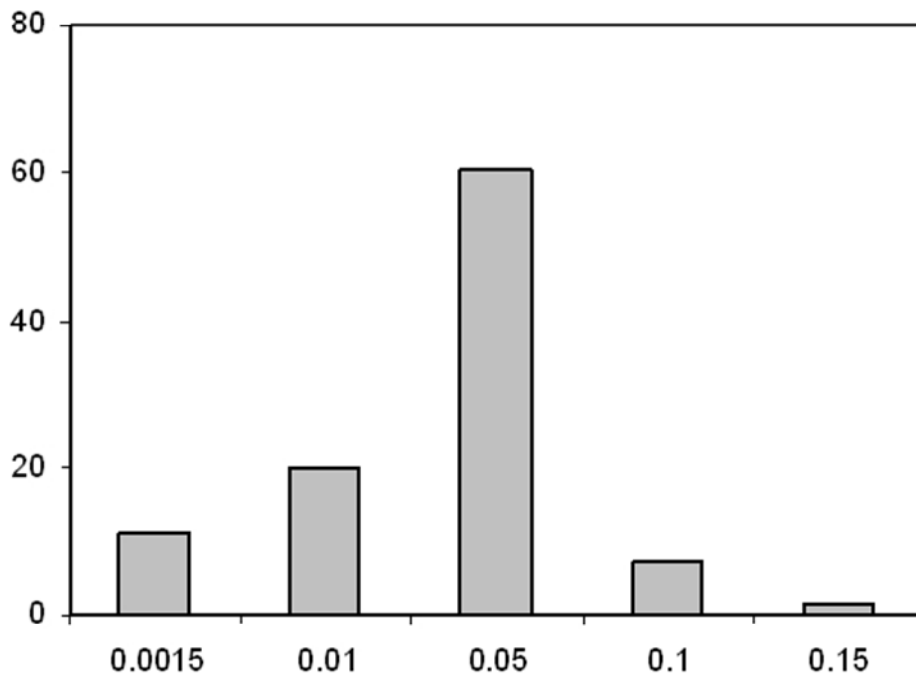


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### Beer

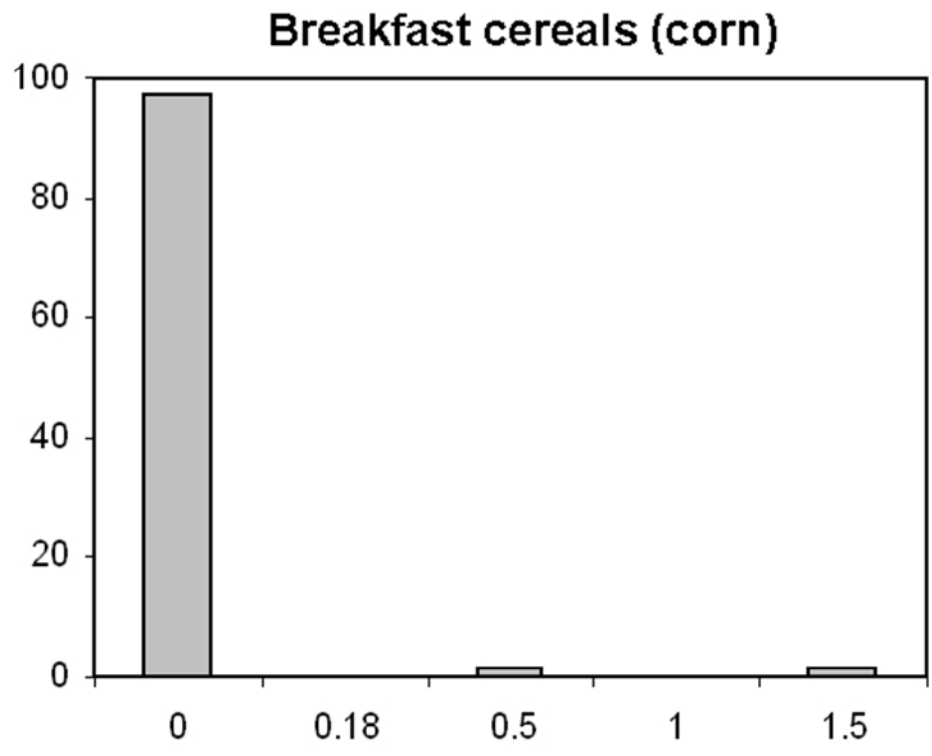


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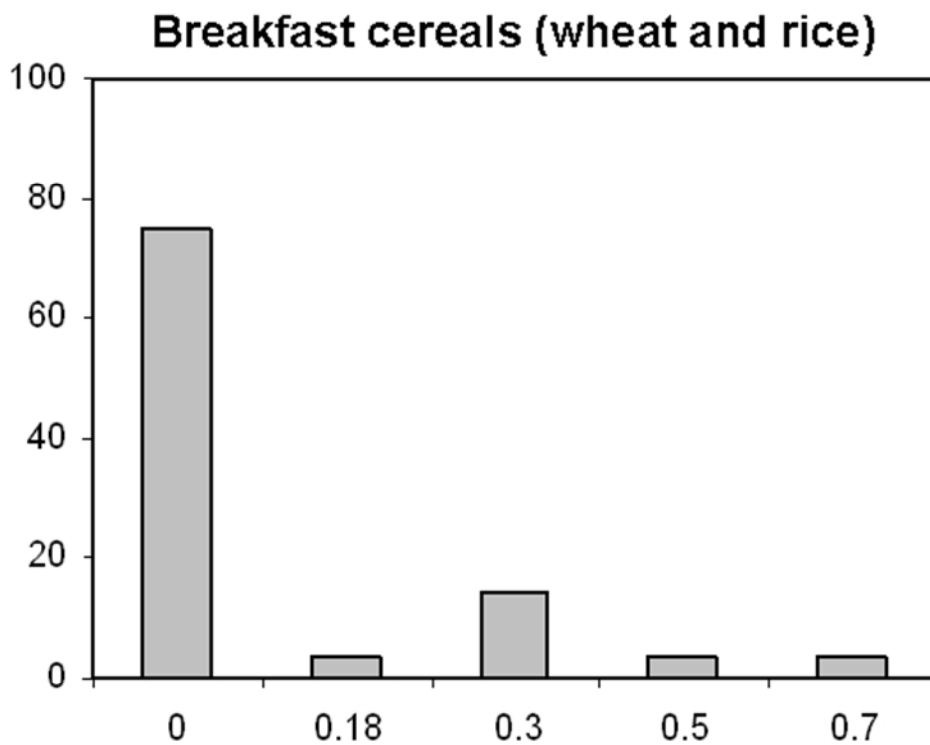
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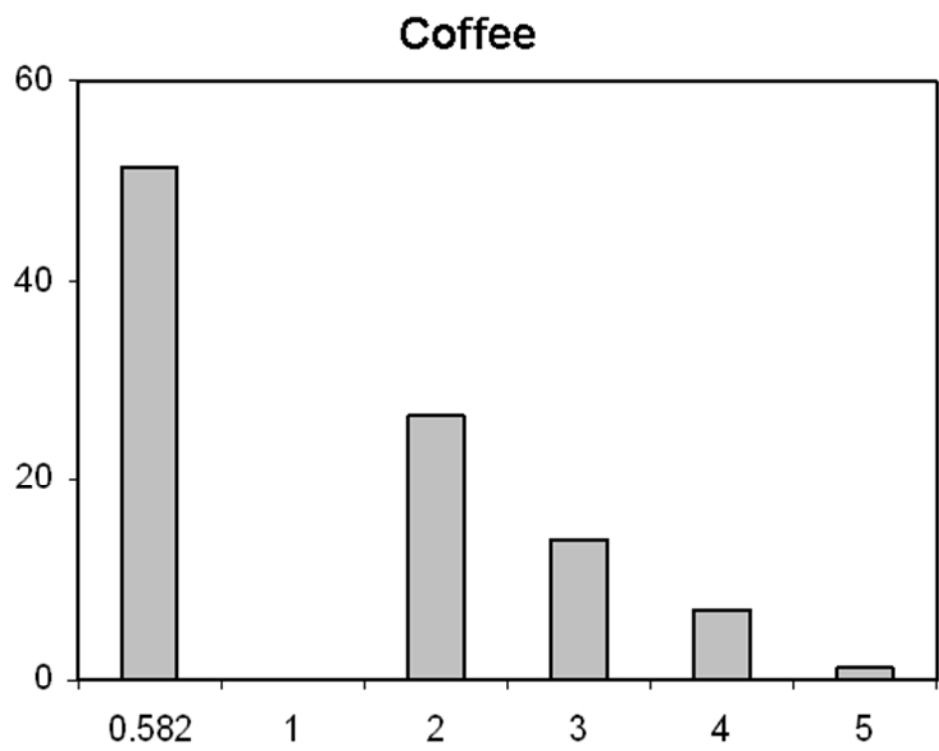
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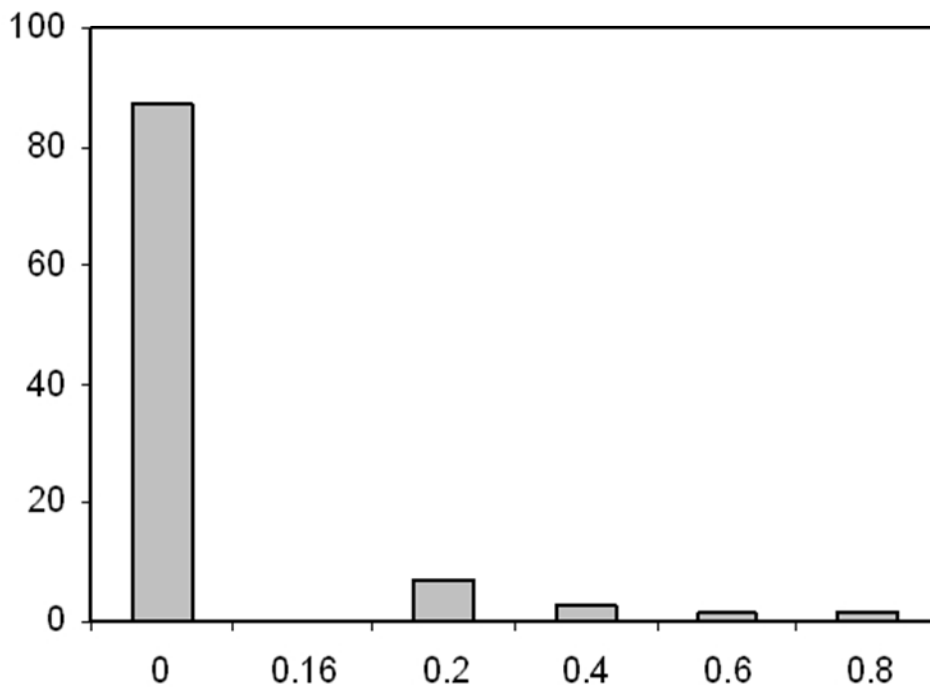


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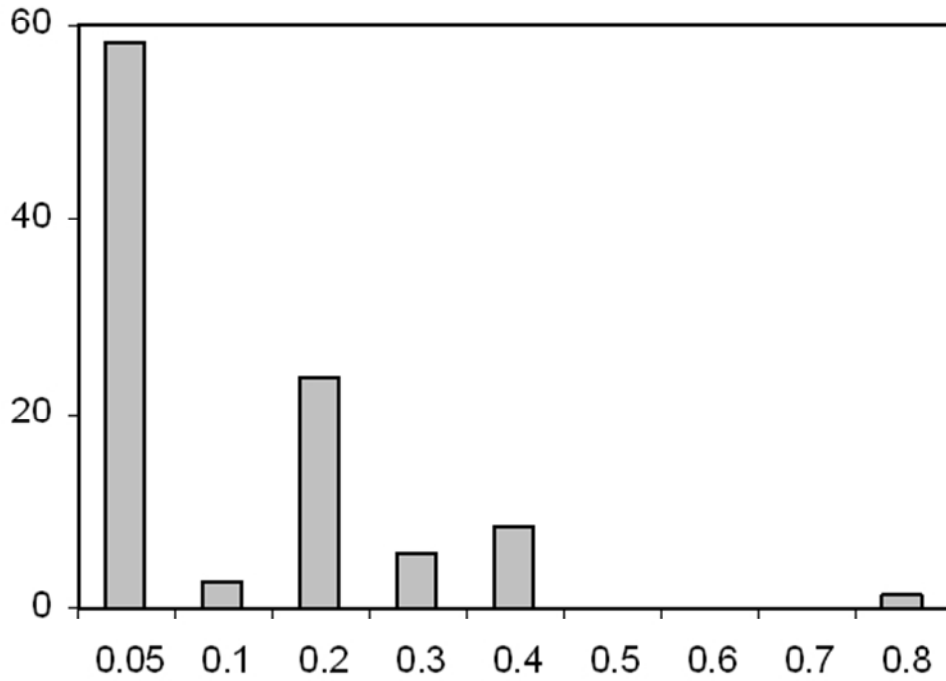


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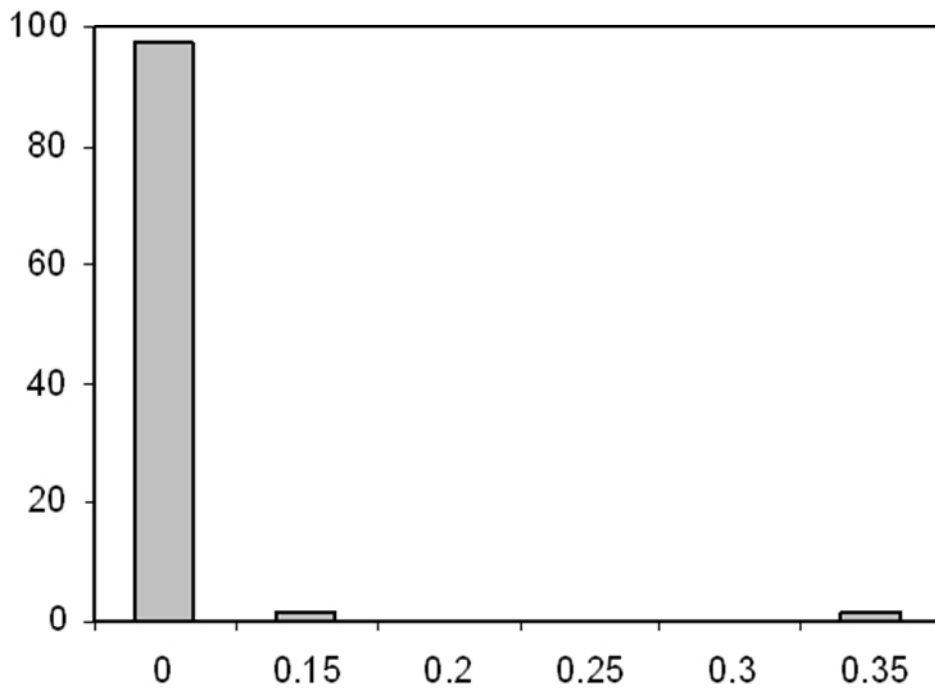


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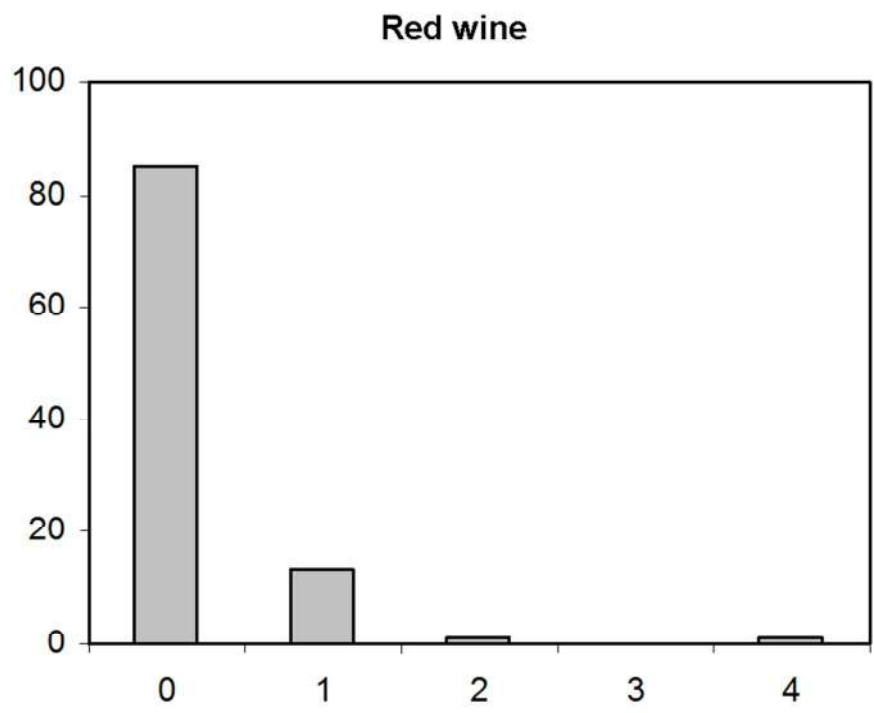
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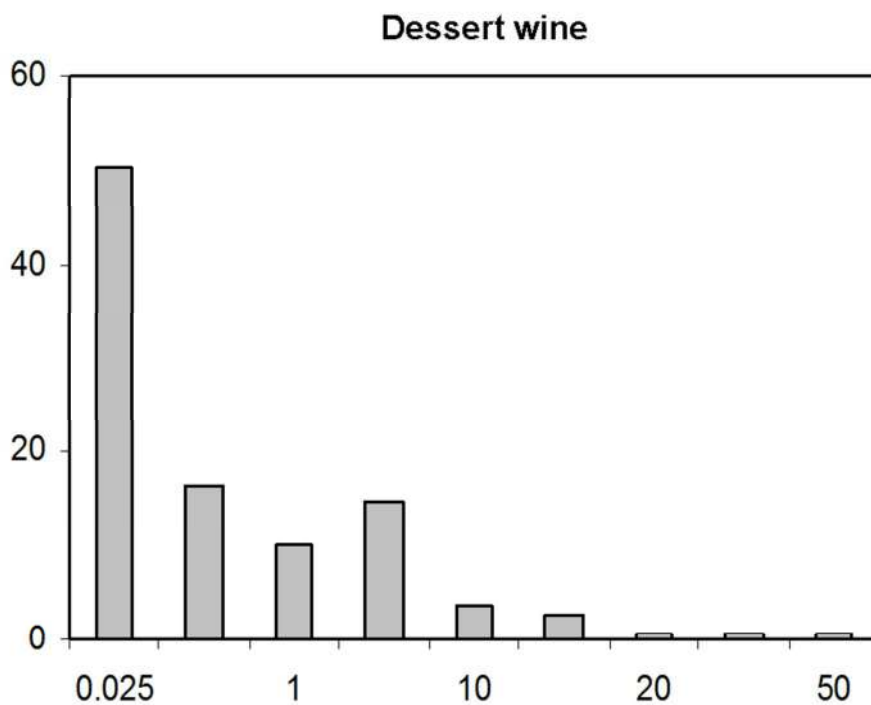
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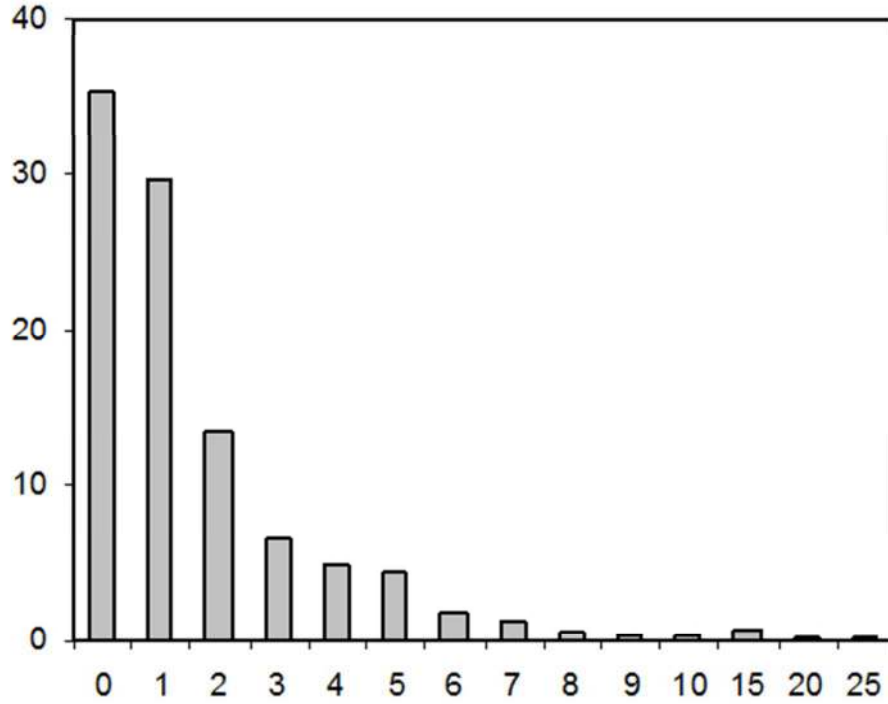
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### Beer

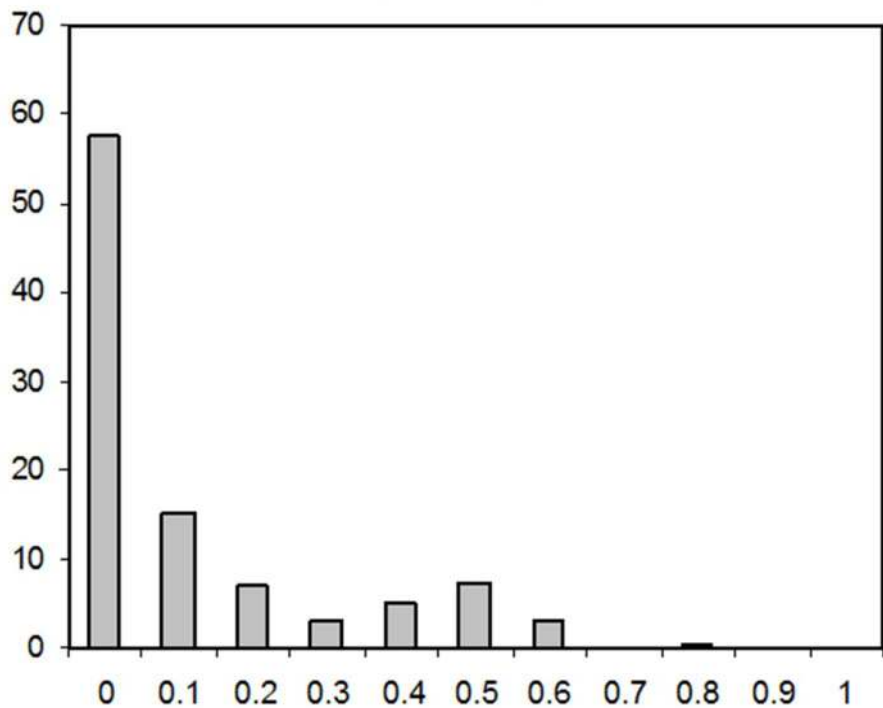


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### Breakfast cereals

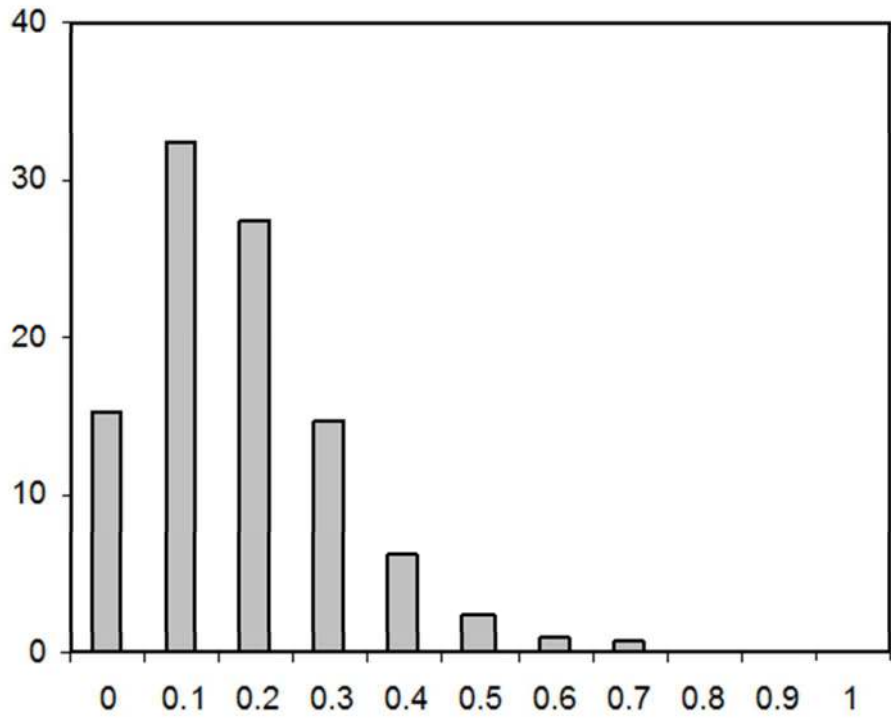


3b  
150x119mm (96 x 96 DPI)

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### Coffee



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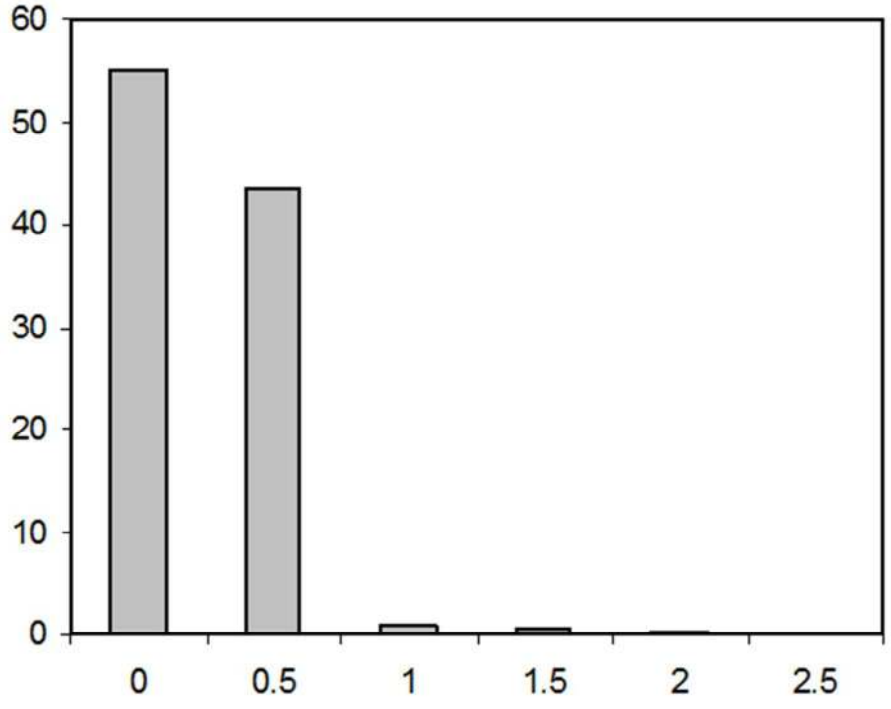
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### Peanuts

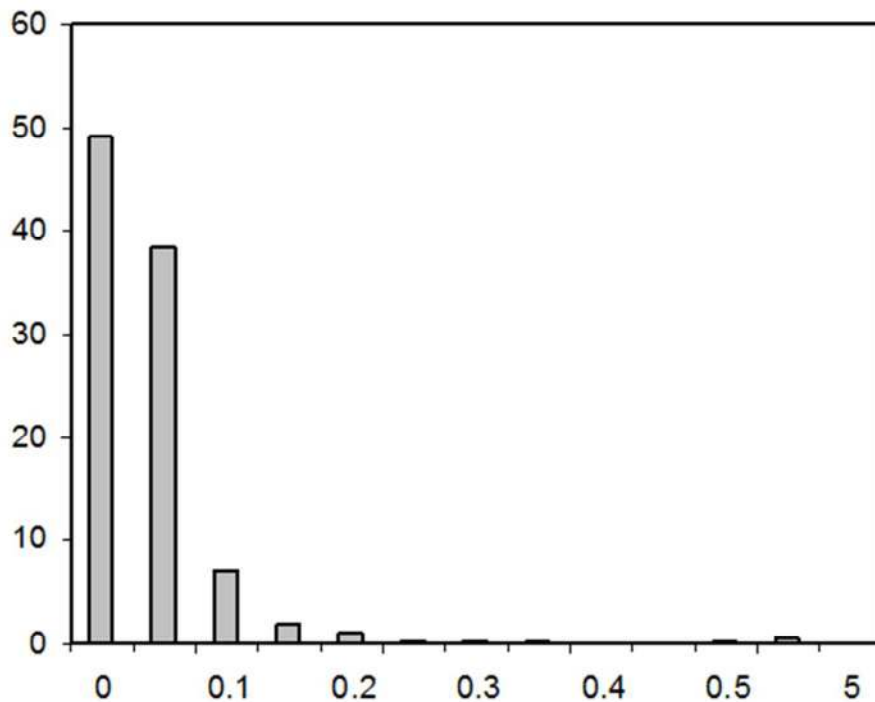


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### Pistachios

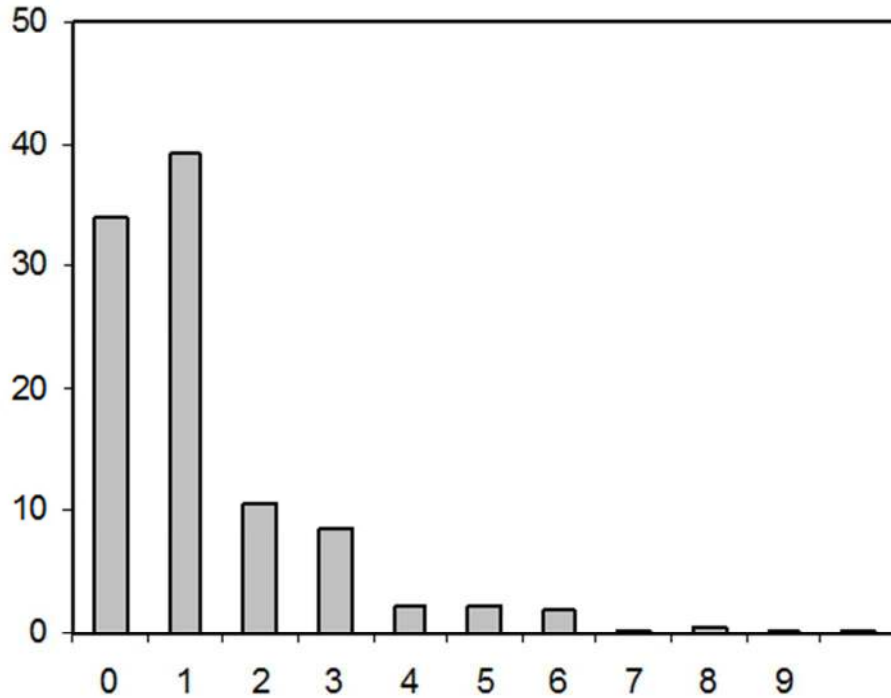


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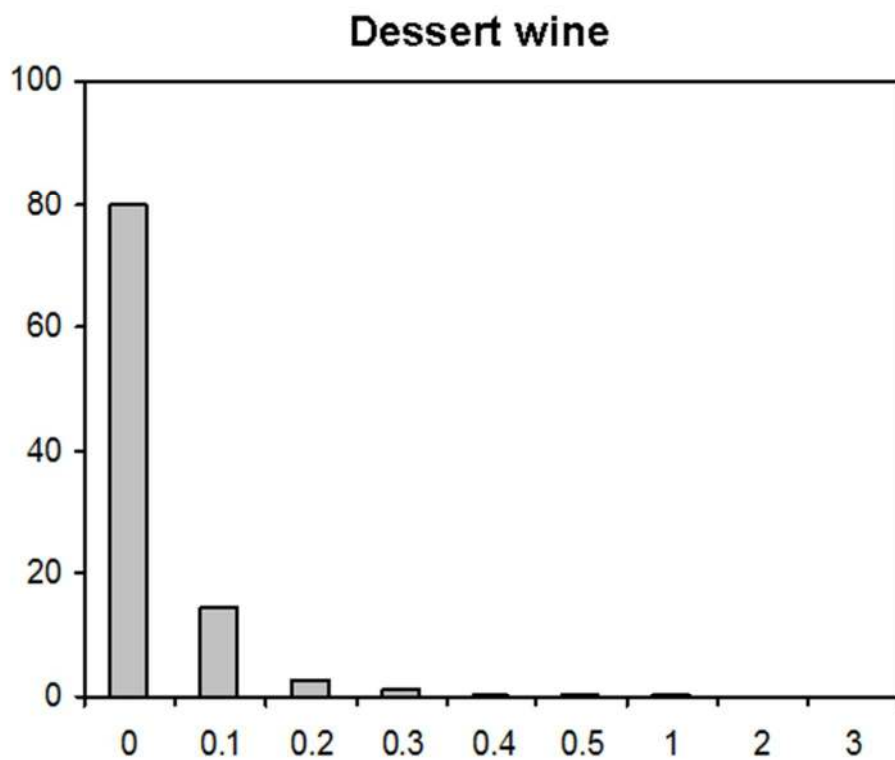
### Red wine



3g  
150x119mm (96 x 96 DPI)

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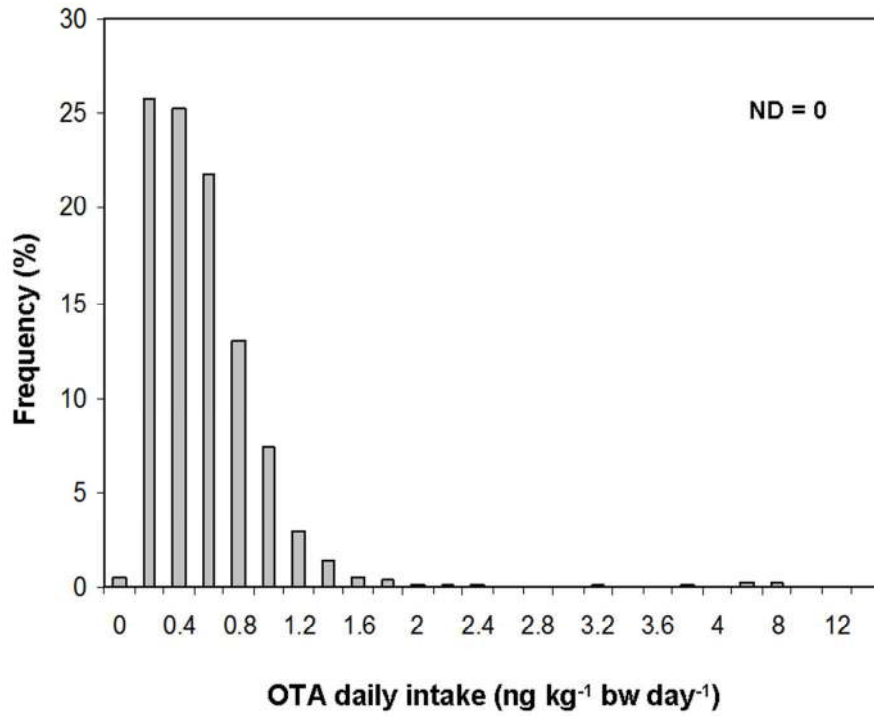
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3h  
150x119mm (96 x 96 DPI)

New Only

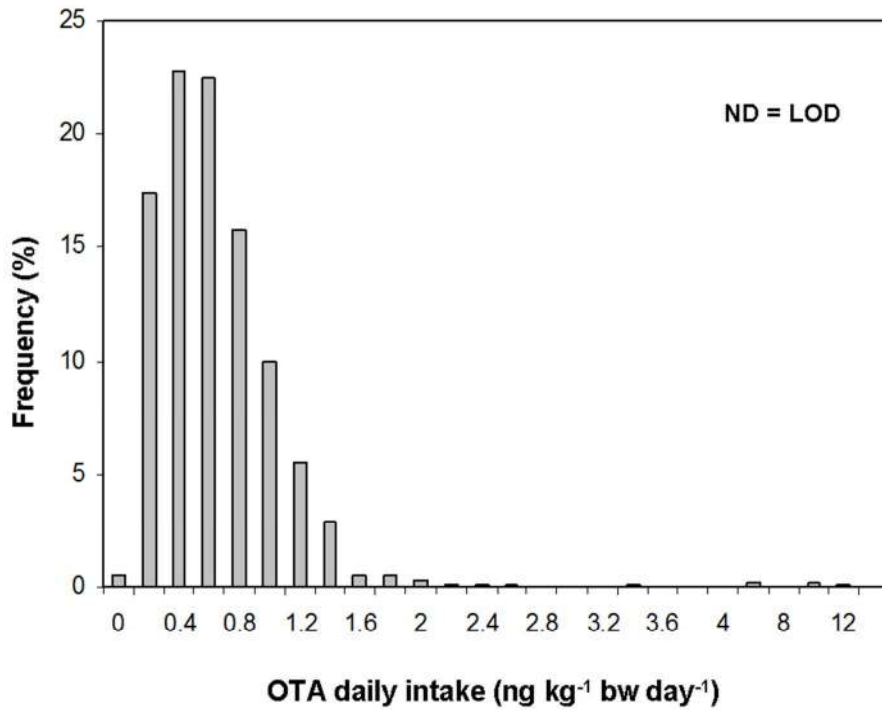




4a  
254x190mm (96 x 96 DPI)

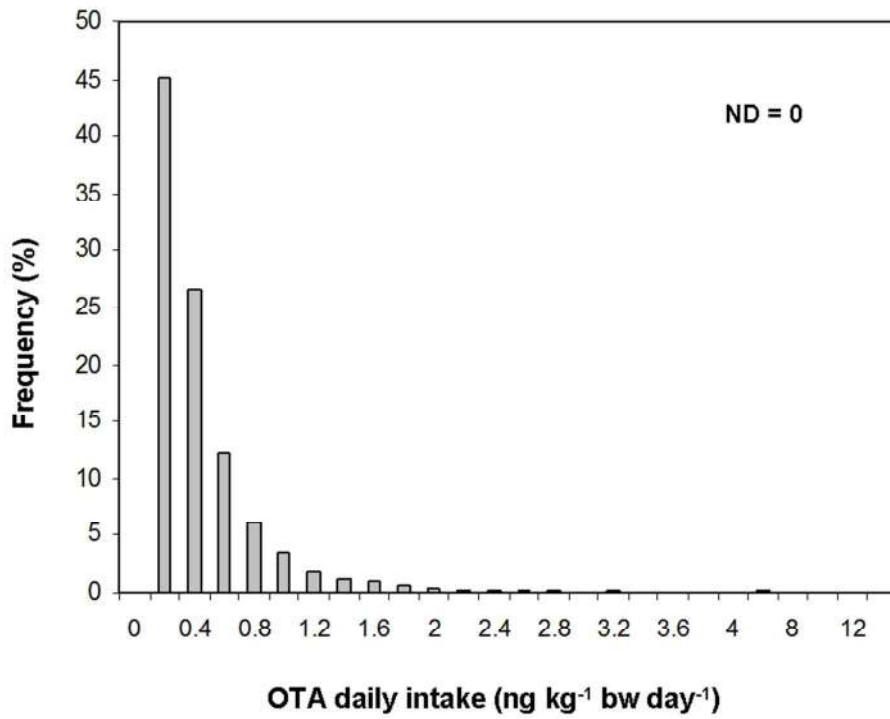
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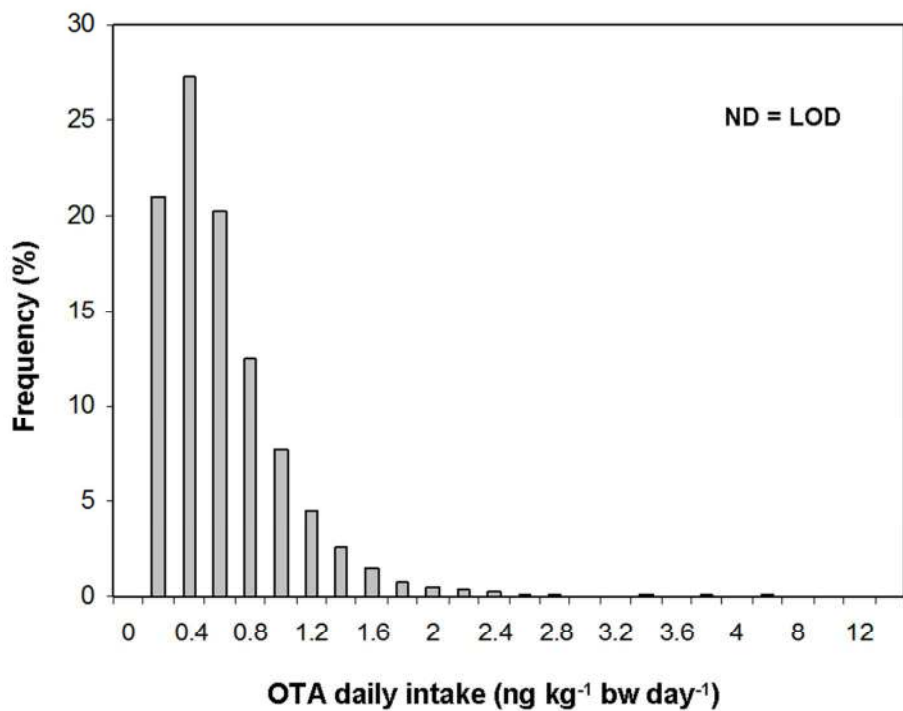
4b  
254x190mm (96 x 96 DPI)

only



5a  
254x190mm (96 x 96 DPI)

View Only



5b  
254x190mm (96 x 96 DPI)

View Only