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Dietary exposure to total and inorganic arsenic via rice and rice-based products consumption

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ABSTRACT

Arsenic (As) is a toxic metal known for its carcinogenic potential, especially the inorganic species. In turn, it has been extensively reported that the major route of exposure is the diet, being rice and rice products one of the food groups with the highest arsenic concentrations. This study was aimed at determining the concentrations of total arsenic (total As) and inorganic arsenic (InAs) in rice and rice products. Furthermore, the dietary exposure and health risks for infant and adult population were also estimated. Brown varieties of rice showed higher arsenic concentrations than white rice. Regarding the dietary exposure to As by groups of population, toddlers and infants presented the highest exposure to total As, but unlike the rest of population groups, the main contributor was organic arsenic. Focusing on the contribution of each food item, rice represents the major contributor to InAs exposure by the adult population, while baby cereals and breakfast cereals are the most important contributors for infant exposure. Anyhow, none of the population groups exceeded the lower limit of the BMDL₀₁ range (from 0.3 to 8.0 µg/kg body weight/day) set by EFSA in any of the three exposure scenarios (high, mean, and low) hereby considered. Finally, consumption of white rice varieties, as well as rice washing before cooking, are recommended in order to minimize the exposure to arsenic.

Keywords: arsenic; dietary exposure; rice; rice products; risk assessment

1. Introduction

Arsenic (As) is a metalloid that generally acts as a metal. It is widely distributed in the Earth's crust and can react with oxygen, chlorine and sulphur to form inorganic compounds, and with carbon and hydrogen to form organic compounds (Jomova et al., 2011). Arsenic is on the top 1 on the substance priority list of the Agency for Toxic Substances and Disease Registry (ATSDR, 2017).

The natural release of inorganic arsenic (InAs) to the environment is caused by the alteration and erosion of rocks and soil, where it is present as arsine, arsenite, arsenate, and oxide. In turn, anthropogenic sources include mining, metallurgical activity, use of pesticides, and combustion of different materials, such as coal and wood. The incineration of domestic and urban waste is also an important source (Margallo et al., 2015; Rovira et al., 2018, 2015).

The major route of exposure to arsenic is diet, while other pathways, like dermal and inhalation are less important (Chung et al., 2014). Organic arsenic is mainly found in products of marine origin, such as fish and seafood. This food group contains foodstuffs with the highest concentrations of the organic form of arsenic: dimethylarsenic (DMA) (Taylor et al., 2017). In fact, fish, crustaceans, molluscs and other aquatic animals have the ability to metabolize arsenic and accumulate it as DMA. DMA has a notable lower toxicity than the inorganic forms, being primarily excreted through the urine (Hughes, 2002).

On the other hand, InAs is found in water in certain geographical areas, and in rice and rice products (Hojsak et al., 2015). In addition, it should be highlighted that the inorganic forms of arsenic are the most toxic. The International Agency for Research on Cancer (IARC) catalogues arsenic as a known carcinogen, category 1 (carcinogenic to humans, with sufficient epidemiological evidence), while the US Environmental Protection Agency (EPA) classifies it in group A (human carcinogen, with enough evidence obtained from epidemiological studies) and establishes a risk of cancer through oral exposure (EPA, 2016; IARC, 2012). A number of studies have shown that intake of InAs can increase the risk of developing cancer of lung (Hubaux et al., 2013), skin (Bailey et al., 2009), bladder (Bailey et al., 2012), liver (Sung et al., 2012) and kidney (Yuan et al., 2010), among others.

Based on the fact that arsenic is one of the most dangerous trace elements for human health, in 2009 the European Food Safety Authority (EFSA) re-evaluated the toxicity and

the health effects of InAs. According to human lung cancer data, the EFSA proposed to use the lowest limit of the 95 percentile of the experimental dose, associated with a 1 % of incidence or extra risk (BMDL₀₁). As a result, a range from 0.3 to 8.0 µg/kg body weight/day was set (EFSA, 2014). In 2010, the Joint FAO/WHO Expert Committee on Food Additives (JECFA) established a BMDL_{0.5} of 3 µg/kg body weight/day (with an interval between 2 and 7 µg/kg body weight/day). Moreover, the provisional tolerable weekly intake (PTWI) established for InAs of 15 µg/kg body weight/week was withdrawn (FAO/WHO, 2010).

The last total diet study (TDS) conducted in Catalonia (Spain) in 2017 showed that rice is one of the food groups containing the highest concentrations of arsenic and InAs (González et al., 2019). Since the content of organic and InAs in rice and rice products might vary, the Catalan Agency of Food Safety (ACSA) has launched a study aimed at: i) determining the concentration of this toxic trace element in these foodstuffs; ii) evaluating the exposure and the potential risks for the children and the adult population.

2. Materials and methods

2.1. Sampling

In September 2018, rice and rice products were purchased in different stores located in Reus and Tarragona (Catalonia, Spain). Rice samples counted with 7 rice varieties: white long rice from Spain; white long rice from Asia (India/Pakistan); white round rice from Spain; white round rice from Asia (Japan); brown long rice from Spain; brown long rice from Asia (India/Pakistan) and brown round rice from Spain. Pre-cooked rice was also included, but a geographical differentiation was not considered. Rice products included rice flour, rice grits, bread with cereals other than wheat, rice cakes, Chinese noodles, rice cookies, breakfast cereals containing rice, rice desserts, rice milk, baby cereals containing rice, baby food with fish and rice, and baby food with chicken and rice. Once in the laboratory, composite samples were prepared with 121 individual samples of rice and rice products. Each composite contained 7 individual samples of the 7 rice varieties, and 6 individual samples of 12 rice products. Each composite included samples from different locations and stores. Food samples were mixed and homogenized with a domestic shredder and stored until further analysis.

2.2. *Analysis of arsenic*

The sample treatment to analyse the content of total As has been recently reported by González et al. (2019). Briefly, 9 ml of HNO₃ diluted 1/3 (65% Suprapur, E. Merck, Darmstadt, Germany; Purified water; 1:2) and 0.5 ml of H₂O₂ (30% Suprapur, E. Merck, Darmstadt, Germany) were added to 0.5 g of sample. Subsequently, a microwave digestion was performed up to a final temperature of 200 °C for a total program time of 30 minutes. Finally, purified water was added to the extracts until a final volume of 30 ml.

On the other hand, InAs was determined using 0.25 g of sample and 10 mL of an acidic-oxidant solution (0.2% w/v nitric acid + 1% w/v hydrogen peroxide). Sample extraction lasted for 1 h up to a final temperature of 95 °C (Llorente-Mirandes et al., 2012). InAs was determined by means of liquid chromatography (HPLC, Agilent Series 1100) coupled to the ICP-MS was used. For Total organic arsenic content species, an inductively coupled plasma mass spectrometry (ICP-MS, Agilent 7700x, with collision cell) was used. The microwave system for Total As digestion and InAs extraction, was an Ethos One from Milestone.

Quality control/quality assurance (QC/QA) of the analytical method was ensured by analyzing standards and blanks every batch of samples, plus spiked samples and reference materials (from several FAPAS interlaboratory proficiency tests). Both methods are accredited under ISO 17025.

2.3. *Dietary exposure assessment*

The dietary exposure to total As and InAs was calculated by groups of population according to age: toddlers (6 – 11 months), infants (12 – 36 months), children (3 – 9 years), adolescents (10 – 17 years), young adults (18 – 39 years), adults (40 – 64 years), seniors (65 – 74 years) and pregnant women. The mean body weight for each population group was obtained from the literature (Table 1).

Data on food consumption were obtained from the Spanish National Food Survey in Children and Adolescents (ENALIA) and the Spanish National Food Survey in Adults, Elderly and Pregnant Women (ENALIA2). Both surveys were conducted by the Spanish Agency of Consumption, Food Safety and Nutrition (AECOSAN) (AECOSAN, 2016a,b).

For calculations, when the concentration of total As or InAs in the analysed composites were under the respective limit of detection (LOD), that value was assumed to be one-half of that limit ($ND=1/2LOD$).

Risk assessment was conducted considering three exposure scenarios, which were considered taking into account that brown round rice from Spain contained the highest concentration of InAs, while the lowest levels corresponded to pre-cooked rice. These 3 simulated exposure scenarios were: a) high exposure, considering that the rice consumed is brown round rice from Spain; b) mean exposure, based on the mean value of all varieties; and c) low exposure, considering that only pre-cooked rice is consumed.

3. Results and discussion

Mean concentrations of total As and InAs are summarized in Table 2. In general, brown varieties of rice contained higher concentrations of total As and InAs than white rice. Specifically, the highest levels of total As and InAs were found in the brown round rice from Spain (229 and 190 $\mu\text{g/kg}$, respectively). This difference between brown and white rice is most probably due to the removal of the bran during the polishing of white rice, where most of the arsenic is accumulated. These findings are in agreement with other studies (Althobiti et al., 2018; Chen et al., 2015; Lee et al., 2018; Yim et al., 2017).

On the other hand, few variations in the concentrations of total As and InAs are found when the origin of the rice is considered. Spanish rice has a slightly higher amount of total As and InAs than Asian rice: 169 vs 141 $\mu\text{g/kg}$ for total As, and 122 vs 92 $\mu\text{g/kg}$ for InAs, which means a difference of 17 and 25%, respectively, between both origins.

The concentrations of total As and InAs among rice from Asia were also different. Asian white, long rice was harvested in India and Pakistan, while white, round rice was from Japan. In terms of As, Japanese white rice was more contaminated than Indian/Pakistani white rice. Thus, total As and InAs content was 55% and 33% lower in rice from India and Pakistan than that from Japan, respectively. On the other hand, Asian brown long rice was also harvested in India and Pakistan. As expected, a difference of 57% and 53% were observed between brown and white long rice for total As and InAs.

The concentrations of total As and InAs were also dependent on the variety as well as the grain length. The average content of total As and InAs in long grains were 142 and 99 $\mu\text{g/kg}$, respectively. In turn, concentrations of total As and InAs were 177 and 122

µg/kg, respectively, in round grains. Hence, round rice contained a concentration about 30% higher of As (both total As and InAs) than that of long grains.

Interestingly, pre-cooked rice contains less than the half of the concentration of As and InAs contained in dry rice. In fact, pre-cooked rice has already been boiled, and consequently, the content of arsenic has been partially removed. Indeed, it has been reported that simply washing the rice before cooking, or boiling it with plenty of water, could reduce the arsenic content up to 60% (Althobiti et al., 2018; Jitaru et al., 2016; Gray et al., 2015).

Regarding rice products, rice flour and rice cakes showed the highest concentration of total As (208 and 173 µg/kg, respectively) and InAs (112 and 135 µg/kg, respectively). In contrast, the lowest levels of both total As and InAs were found, by far, in the baby food with chicken and rice (9.1 and 3.1 µg/kg, respectively). Anyhow, none of the analysed rice-based food products exceeded the maximum InAs level, 0.3 mg/kg, set by the European Commission (EC) (EC, 2015)

There is a huge difference between the concentration of total As in baby food containing fish and rice and that of baby food made with chicken and rice (163 vs 9.1 µg/kg, respectively). This finding is in agreement with the fact that fish and seafood is the food group with the highest arsenic content (González et al., 2019; Perelló et al., 2014). Regarding InAs, the EC established in 2015 a limit of 100 µg/kg for InAs for the rice intended for the production of food for infants and young children (EC, 2015). None of the baby products exceeded that threshold, being levels actually well below: 4.0 µg/kg for baby food with fish and rice, and 3.1 µg/kg for baby food with chicken and rice (Table 2).

The estimated dietary intake of total As and InAs by the adult population of Catalonia is shown in Table 3. Baby products were excluded because they are not consumed by the adult population (AECOSAN, 2016b). As expected, rice is the major contributor to As and InAs exposure (1.61 and 1.11 µg/day, respectively). It means that rice accounts with more than the 80% of the total exposure to both arsenic species. In fact, rice is the most consumed food item with relatively high amount of arsenic species among all the rice foodstuffs under study.

Figure 1 depicts the estimated dietary exposure to InAs and organic arsenic by population groups. Toddler and infants were the population group presenting the highest exposure to total As (4.08 and 3.99 µg/day, respectively). Looking into the contribution of each arsenic species, the main contribution comes from organic arsenic (57% and 55%,

respectively) in toddler and infants. In contrast, remaining groups of population (children, adolescents, young adults, adults, seniors and pregnant women) were more exposed to InAs than organic Arsenic, being the former responsible for up to 68% of total exposure.

As aforementioned, fish and seafood are the major contributors to the total As exposure. Hence, calculating the total dietary exposure to As considering the two main contributors would provide a comprehensive approach. With this purpose, data recently published by González et al., (2019) – together with the present exposure findings – has been used. Thus, the estimated exposure to total As considering rice, rice-based products, fish and seafood by population groups is as follows: toddlers, 64 µg/day; infants, 191 µg/day; children, 134 µg/day; adolescents, 173 µg/day; young adults, 94 µg/day; adults, 128 µg/day; seniors, 138 µg/day; and pregnant women, 102 µg/day.

The contribution of each food item to the total exposure to InAs is depicted in Figure 2. Baby cereals and breakfast cereals containing rice, are the highest contributors to InAs exposure for toddlers and infants, while rice is the major contributor to InAs exposure for the rest of population groups.

The comparison between the estimated dietary exposure for the three scenarios and the BMDL₀₁ is shown in Figure 3. The average dietary intake of InAs was estimated in 0.02 µg/kg bw/day for the adult population. Even though the highest exposure corresponded to the toddlers (0.22 µg/kg bw/day), none of the population groups exceeded the established threshold in any of the considered scenarios.

For comparison purposes, the concentrations of the total As and InAs in rice from various countries are summarized in Table 4. The high variability among the results of these studies suggest that the content of arsenic does not depend on the region or either the continent. In Europe, levels of total As range from 76 (Spain) to 400 µg/kg (Italy), while in Asia, total As content varies from 56 (Bangladesh) to 872 µg/kg (Iran). In turn, in Oceania, total As concentrations found in Australia vary between 283 and 438, while in America, As concentrations are notably different from Canada (28 µg/kg) to Argentina (858 µg/kg). Similar findings were found for InAs, as its content in rice varies among countries and within continents. This variability is mainly attributed to the fact that the content of arsenic in the soil and in the irrigation water is directly related with the content of arsenic in the harvested rice (Sofuoglu et al., 2014), regardless the socioeconomic status of the country.

Finally, data regarding the intake of InAs in different countries are presented in Table 5. In general terms, the current dietary exposure to InAs for the Catalan population is

lower than those reported by the scientific literature in other countries. However, the contribution of rice to the total As exposure is in the upper part of the range in comparison with those levels of total As reported in other studies. As expected, Asian countries show a higher exposure to InAs mainly because rice is highly consumed since it is an essential food in their dietary habits (Lin et al., 2015; Naito et al., 2015).

4. Conclusions

In this study, the concentrations of total As and InAs in rice and rice-based products, as well as the dietary exposure considering different population groups and exposure scenarios, have been assessed. Brown varieties of rice presented higher concentrations of total As and InAs than white rice varieties, being the variety “brown, round rice from Spain” the one with the highest concentration of total As and InAs. In general, Spanish rice contained more total As and InAs than Asian rice. However, the difference was not significant, and it could be more due to the differential content of As and InAs in different rice varieties rather than geographical variations. According to the scientific literature, the concentrations of total As and InAs vary considerably among countries and continents. Regarding rice products, rice flour and rice cakes were the food items with the highest content of total As and InAs.

The average dietary intake of InAs was estimated in 0.02 µg/kg bw/day for the adult population. This value is below the threshold set by EFSA (0.3 µg/kg bw/day). According to present findings, none of the population groups surpassed this safety limit, even though under a high exposure scenario. Furthermore, it is in the lower range when compared with data from other studies.

Finally, although the current results show a low-risk exposure to arsenic, consumption of white rice varieties, as well as a pre-rinsing before cooking, is recommended.

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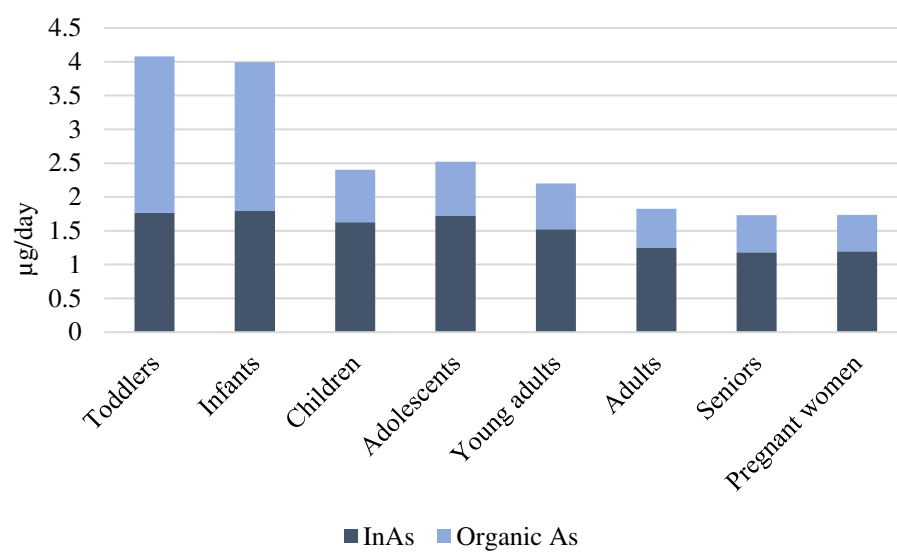


Figure 1. Dietary intake of total As and InAs by different population groups

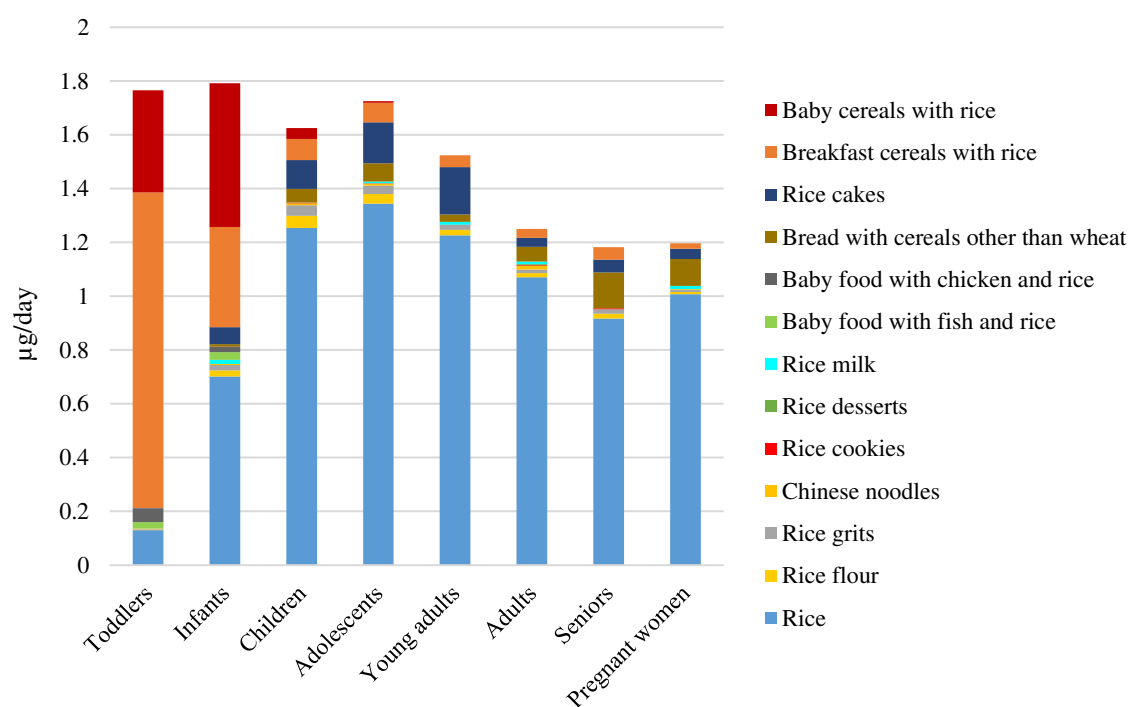


Figure 2. Contribution of individual food items to the exposure of InAs for different population groups.

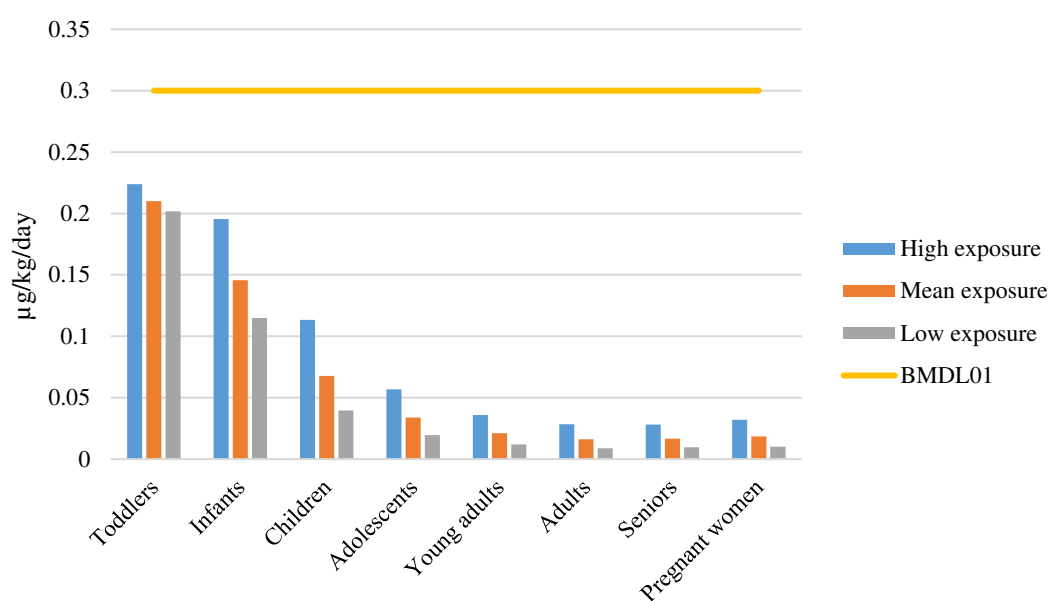


Figure 3. Dietary intake of InAs by various population groups in three exposure scenarios, and comparison to the safety level established by EFSA

Table 1

Population groups in this study

Population group	Age (years)	Body weight (kg)	Reference
Toddlers	6 – 11 months	8.4	WHO, 2003
Infants	12 – 36 months	12.3	Carrascosa et al., 2010
Children	3 – 9	24	Carrascosa et al., 2010
Adolescents	10 – 17	51	Carrascosa et al., 2010
Young adults	18 – 39	72	López-Sobaler et al., 2016
Adults	40 – 64	77	López-Sobaler et al., 2016
Seniors	65 – 74	70.5	INE, 2001
Pregnant women	-	65	Martínez et al., 2017

Table 2

Concentrations ($\mu\text{g/kg}$) of total As and InAs in marketed rice and rice products food items in Catalonia, Spain

Food item	As	InAs
White long rice from Spain	151	90
White long rice from Asia (India/Pakistan)	76	60
White round rice from Spain	132	87
White round rice from Asia (Japan)	169	89
Brown long rice from Spain	162	119
Brown long rice from Asia (India/Pakistan)	177	127
Brown round rice from Spain	229	190
Pre-cooked rice	73	47
<i>Rice from Spain</i>	<i>169</i>	<i>122</i>
<i>Rice from Asian countries</i>	<i>141</i>	<i>92</i>
<i>Mean rice</i>	146	101
Rice flour	208	112
Rice grits	162	100
Chinese noodles	65.3	45.8
Rice cookies	18.0	13.2
Rice desserts	18.1	9.3
Rice milk	16.0	13.1
Baby food with fish and rice	163	4.0
Baby food with chicken and rice	9.1	3.1
Bread with cereals other than wheat	72	49
Rice cakes	173	135
Breakfast cereals with rice	72	40
Baby cereals with rice	85	47

Table 3

Food consumption (g/day) and estimated dietary intake of total As and InAs (µg/day) by the adult population from Catalonia, Spain

Food item	Consumption (g/day)	As (µg/day)	InAs (µg/day)
Rice	11	1.61	1.11
Rice flour	0.15	0.03	0.02
Rice grits	0.15	0.02	0.02
Chinese noodles	0.15	0.01	0.01
Rice cookies	0.14	0.003	0.002
Rice desserts	0.18	0.003	0.002
Rice milk	0.69	0.01	0.01
Bread with cereals other than wheat	1.10	0.08	0.05
Rice cakes	0.68	0.12	0.09
Breakfast cereals with rice	0.98	0.07	0.04
TOTAL	15.3	1.96	1.35

Table 4Concentration ($\mu\text{g/kg}$) of total As and InAs in commercial rice grain from different countries.

Country	Total As	Inorganic As	Reference
Spain	76 – 169 (white rice)	60 – 90 (white rice)	Present study
	162 – 229 (brown rice)	119 – 190 (brown rice)	
Italy	400	271	Rahman et al., 2014
Italy	180 to 280	80 to 110	Sommella et al., 2013
Kazakhstan	240	360	Tattibayeva et al., 2016
Spain	280	250	Tattibayeva et al., 2016
Portugal	360	180	Tattibayeva et al., 2016
Belgium	216 (white rice)	172 (white rice)	Ruttens et al., 2018
	200 (brown rice)	167 (brown rice)	
	148 (Thai rice)	77 (Thai rice)	
	61 (basmati rice)	30 (basmati rice)	
	108 (wild rice)	80 (wild rice)	
Bangladesh	126	11 to 502	Islam et al., 2017
Bangladesh	56	68	Rahman et al., 2014
India	92	94	Rahman et al., 2014
India	283	194	Halder et al., 2014
Japan	239	208	Narukawa et al., 2014
China	116.5	90.9	Huang et al., 2015
China	129.4	111.8	Ma et al., 2016
Pakistan	82	83	Rahman et al., 2014
Iran	91 to 872	-	Djahed et al., 2018
Qatar	41.3 to 169	-	Rowell et al., 2014
Thailand	172	168	Rahman et al., 2014
Taiwan	116.6 (white rice)	70 (white rice)	Chen et al., 2015
	215.5 (brown rice)	110 (brown rice)	
Korea	247	-	Kwon et al., 2017
Korea	112 to 161 (white rice)	76 to 130 (white rice)	Lee et al., 2018
	157 to 260 (brown rice)	103 to 158 (brown rice)	
Australia	283 (white rice)	165 – 177 (white rice)	Rahman et al., 2014
	438 (brown rice)	178 – 276 (brown rice)	
USA	250	100	Meharg et al., 2009
Canada	28	19	Rahman et al., 2014
Argentina	67 – 858	-	Londonio et al., 2019

1 **Table 5**

2 Recent data (2013-2019) on the dietary intake of InAs and percentage of rice contribution to the total exposure in various countries.

Country	InAs (µg/kg bw/day)	Food items	Reference
Spain	0.02 (82%)	Rice, rice flour, rice grits, Chinese noodles, rice cookies, rice desserts, rice milk, bread with cereals other than wheat, rice cakes, breakfast cereals, baby cereals with rice, baby food with rice	Present study
Spain	0.61 to 0.78*	Rice-based pasta, rice-based bread, rice-based breakfast cereals, rice-based chocolate wafers, rice-based biscuits	Munera-Picazo et al., 2014
Hong Kong	0.22 (45.2%)	Cereals and their products, vegetables and their products, legumes, nuts and seeds, fruits, meat and meat products, eggs and their products, fish and seafood, dairy products, fats and oils, alcoholic beverages, non-alcoholic beverages, mixed dishes, snack foods, sugars and confectionery, condiments, sauces and herbs	Wong et al., 2013
Qatar	0.26	Rice	Rowell et al., 2014
Korea	0.2 (54%)	Grains, potatoes, sugars, pulses, seeds, vegetables, mushrooms, fruits, meats, eggs, fish and shellfish, seaweeds, milks, oils, beverages, flavourings	Seo et al., 2016
Italy	0.074 to 0.086 (36%)	Cereals and cereal products, pulses, vegetables, potatoes and tubers, fruit, meat and meat products, fish and seafood, milk and milk products, oils and fats, eggs, alcoholic beverages, sweet products, water and non-alcoholic beverages	Cubadda et al., 2016
Brazil	0.188 (78.7%)	Beans, beef, cabbage, carrot, chicken breast, coffee, egg, fish, garlic, lettuce, milk, pasta, potatoes, rice, tomato	Ciminelli et al., 2017
Bangladesh	0.38 to 1.92	Rice	Islam et al., 2017
Switzerland	0.044*	Rice cereals, milk rice, baby food dry form, baby food ready-to-use form, rice cracker, rice drinks, rice grains, rice dishes	Guillod-Magnin et al., 2018
Belgium	0.04 (54%)	Rice, breakfast cereals with rice, pasta, bread, breakfast cereals without rice	Ruttens et al., 2018

Spain	0.04 (42%)	Meat and meat products, fish and seafood, vegetables, tubers, fruit, eggs, milk and dairy analogues, dairy products, bread and cereals, pulses, oils, industrial bakery, sauces, chocolates, infant food	González et al., 2019
Ecuador	0.55*	Rice cakes, breakfast cereals, cereal bars, baby and children products, biscuit, milk and cereal products	Gavilanes-Terán et al., 2019
Sweden	0.056 (18%)	Cereals, fruits, sweets and condiments, fish, pastries, vegetables, potatoes, meat, egg, dairy products, beverages	Kollander et al., 2019

3 *Rice was not analysed in these studies, therefore, percentage of rice contribution is not provided.

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