CODEX ALIMENTARIUS COMMISSION

Food and Agriculture Organization of the United Nations

World Health Organization

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Agenda Item 6a and 6b **NFSDU/41 CRD 26**

Original language only

JOINT FAO/WHO FOOD STANDARDS PROGRAMME
CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES

Forty-first Session

Dusseldorf, Germany
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Comments by IDF/FIL

AGENDA ITEM 6A)

IDF (International Dairy Federation) strongly recommends that any consideration of claims related to trans fatty acids be reconsidered in the context of reduction of *industrially-produced trans fatty acids.*

Approximately 540,000 deaths each year can be attributed to intake of industrially produced trans-fatty acids (Wang et al 2016) and these trans fats have no known health benefits.

REPLACE the WHO action plan targets the elimination of industrially produced trans fatty acids from the food supply.

The European Commission has also restricted the usage of trans fat other than trans fat naturally occurring in fat of animal origin (EC 2019/649)

We have noted that the draft WHO Guidelines: Saturated fatty acid and trans fatty intake for adults and children does not support making a distinction between industrial and ruminant trans-fatty acids. The basis for the decision was that the differences in health outcomes observed in many studies are most likely to be due to differences in dose of trans fatty acids rather than differences in type of trans-fatty acids.

We do have strong opposition regarding this interpretation, as the report cites evidence of no effect of ruminant trans fatty acid intake on a host of cardiometabolic outcomes.

In addition the WHO draft guidelines on SFA and TFA intakes for adults and children excludes one systematic review and meta-analysis commissioned by WHO and published in a peer reviewed journal in July 2015 on trans fatty acids and health outcomes.

This 2015 Systematic Reviews (de Souza et al 2015) indicated the following:

- Industrial, but not ruminant, trans fats were associated with coronary heart disease mortality and coronary heart diseases.
- Ruminant trans-palmitoleic acid, considered as a biomarker of dairy intake, was inversely associated with type 2 diabetes. This finding is said to be “quite consistent and compatible with a 26-54% reduction in risk across an estimated threefold intake range.”

In another review, a daily intake of 5 g of primarily industrial TFA was associated with a 29% increased risk of CHD whereas no such association was found for a daily intake of 4 g of ruminant TFA (Stender et al., 2008).

Furthermore, despite dairy providing TFAs, intake of full-fat milk and dairy products is either inversely or not associated with heart disease and stroke (Alexander et al. 2016; Qin et al. 2015), as well as several cardiovascular risk factors such as blood pressure (Soedamah-Muthu et al. 2012), obesity (Rautiainen et al. 2016; Lu et al. 2016), type 2 diabetes (Drehmer et al. 2015; Aune et al. 2013), and risk of metabolic syndrome (Chen et al. 2015; Kim et al. 2015). This adds to the evidence that fat present in dairy is not detrimental for cardiovascular health. Overall, if TFA labelling encouraged reduced intakes of dairy, this may lead to unintended negative health outcomes.

The implementation measures targeting food and beverages ‘high’ in trans-fatty acids may well unfairly and detrimentally target milk and dairy products, unless clear distinctions are made in recommendations about industrial produced trans fatty acids, as done for the WHO global plan to eliminate all industrially produced TFA.

Therefore we would suggest that the recommendation be amended to:

Component	Claim	Conditions (not more than)
Industrially produced - trans fatty acids	Free	1 g of **industrially-produced trans fatty acids** per 100g of fat And must meets the conditions for "low" in saturated fats[5]

References:

Alexander DD, Bylsma LC, Vargas AJ et al. (2016) Dairy consumption and CVD: a systematic review and meta-analysis. Brit J Nutr 115:737-750.

Aune D, Norat T, Romundstad P, Vatten LJ. (2013) Dairy products and the risk of type 2 diabetes: a systematic review and dose-response meta-analysis of cohort studies. Am J Clin Nutr;98:1066–83.

Brouwer IA. Effects of trans fatty acid intake on blood lipids and lipoproteins: A systematic review and meta-regression analysis. Geneva: World Health Organization; 2016.

Chen GC, Szeto IMY, Chen LH et al. (2015) Dairy products consumption and metabolic syndrome in adults: systematic review and meta-analysis of observational studies. Scientific Reports 5:14606.

Dawczynski Ch and Lorkowski S. (2016) Trans fatty acids and cardiovascular risk: does origin matter?, Expert Review of Cardiovascular Therapy, DOI:10.1080/14779072.2016.1199956

de Souza RJ, Mente A, Maroleanu A, et al. Intake of saturated and trans unsaturated fatty acids and risk of all cause mortality cardiovascular disease, and type 2 diabetes: Systematic review and metaanalysis of observational studies. BMJ. 2015;351:h3978.

Drehmer M, Pereira MA, Schmidt MI et al. (2015) Associations of dairy intake with glycemia and insulinemia, independent of obesity, in Brazilian adults: the Brazilian Longitudinal Study of Adult Health (ELSA-Brasil). Am J Clin Nutr, doi:10.3945/ajcn.

Commission Regulation (EU) 2019/649 of 24 April 2019 amending Annex III to Regulation (EC) No 1925/2006 of the European Parliament and of the Council as regards trans fat, other than trans fat naturally occurring in fat of animal origin (Text with EEA relevance.) (accessed 23 October 2019: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32019R0649)

C/2019/2902Hu F B (2010). Are refined carbohydrates worse than saturated fat? Am J Clin Nutr 91(6):1541-1542.

Kim Y, Je Y (2015) Dairy consumption and risk of metabolic syndrome: a meta-analysis. Diabetic Medicine doi:10.1111/dme.12970.

Lu L, Xun P, Wan Y et al. (2016) Long-term association between dairy consumption and risk of childhood obesity: a systematic review and meta-analysis of prospective cohort studies. Eur J Clin Nutr doi:10.1038/ejcn.2015.226.

Mozaffarian (2016) Dietary and policy priorities for cardiovascular disease, diabetes, and obesity. A comprehensive review. Circulation 133:187-225.

Qin LQ, Xu JY, Han SF et al. (2015) Dairy consumption and risk of cardiovascular disease: an updated meta-analysis of prospective cohort studies. Asia Pac J Clin Nutr 24(1):90-100.

Rautiainen S, Wang L, Lee IM et al. (2016) Dairy consumption in association with weight change and risk of becoming overweight or obese in middle-aged and older women: a prospective cohort study. Am J Clin Nutr doi: 10.3925/ajcn.115.118406.

Stender S, Astrup A, Dyerberg J.(2008) Ruminant and industrially produced trans fatty acids: health aspects. Food Nutr Res.;52

Soedamah-Muthu SS,Verberne LDM, Ding EL, Engberink MF, Geleijnse JM. (2012) Dairy Consumption and Incidence of Hypertension : A Dose-Response Meta-Analysis of Prospective Cohort Studies. Hypertension, published online September 17, 2012.

Uauy R, Aro A, Clarke R. WHO scientific update on trans fatty acids: Summary and conclusions. Eur J Clin Nutr. 2009;63:S68-S75

Wang Q, Afshin A, Yakoob MY, Singh GM, Rehm CD, Khatibzadeh S, et al. Impact of nonoptimal intakes of saturated, polyunsaturated, and trans fat on global burdens of coronary heart disease. Journal of the American Heart Association. 2016;5(1):e002891.

WHO REPLACE AN ACTION PACKAGE TO ELIMINATE INDUSTRIALLY-PRODUCED TRANS-FATTY ACIDS http://www.who.int/docs/default-source/documents/replace-transfats/replace-action-package.pdf?Status=Temp&sfvrsn=64e0a8a5_10 (accessed on 11 July 2018)

AGENDA ITEM 6B)

Following the agreement at CCNFSDU40 to suspend work on conditions for a "free of" trans fatty acids (TFA) claim, Canada has prepared a discussion paper to present potential risk management roles for Codex in the context of various options to reduce population-level intake of TFA. IDF would suggest that before further work is undertaken there is consideration of whether it is still necessary in light of both regulatory and voluntary actions already taken to reduce dietary intakes of TFA.

IDF reiterates comments made previously regarding the "free of" claim, that any risk management options related to trans fatty acids be considered in the context of reduction of *industrially produced trans fatty acids.*

We have noted that the draft WHO Guidelines: Saturated fatty acid and trans-fatty intake for adults and children does not support making a distinction between industrial and ruminant trans-fatty acids. The basis for the decision was that the differences in health outcomes observed in many studies are most likely to be due to differences in dose of trans-fatty acids rather than differences in type of trans-fatty acids.

We do have strong opposition regarding this interpretation, as the report cites evidence of no effect of ruminant trans fatty acid intake on a host of cardiometabolic outcomes.

In addition, the WHO draft guidelines on SFA and TFA intakes for adults and children excludes one systematic review and meta-analysis commissioned by WHO and published in a peer reviewed journal in July 2015 on trans fatty acids and health outcomes (de Souza et al 2015).

Dairy foods (which contain inherent levels of rTFA) play a key role in human nutrition, especially in childhood (FAO, 2013). Intake of full-fat milk and dairy products is either inversely or not associated with heart disease and stroke (Alexander et al 2016; Qin et al 2015), as well as several cardiovascular risk factors such as blood pressure (Soedamah-Muthu et al 2012), obesity (Rautiainen et al 2016; Lu et al 2016), type 2 diabetes (Drehmer et al 2015; Aune et al 2013), and risk of metabolic syndrome (Chen et al 2015; Kim et al 2015).

Regarding analytical methodology, AOCS was concerned that low level of trans fatty acids cannot be routinely determined by the average laboratory with any high degree of reproducibility.[1]

Regarding the new discussion paper that Canada has recently released, IDF notes the following:

IDF prefers **Option C**, prohibition of Partially Hydrogenated Oils (PHO). There may be transitional requirements to allow formulation changes to be completed as has occurred in countries that have already removed permission for use of PHO. Further, we would suggest that existing limits for TFA in Codex Standards should be replaced by "partially hydrogenated oils and fats shall not be used in [name of food]" where this is appropriate.

IDF agrees that **Option D** could be helpful either alone or prior to the introduction of Option C. IDF would suggest this option is retitled as a Codex Code of Practice "to reduce or replace partially hydrogenated oils and fats in cooking and in foods made with these oils and fats".

IDF could support **Option G**, regulations requiring the mandatory labelling of PHO and fully hydrogenated oils and fats in the ingredient list. However, this would require consumer understanding of these terms which although well known within the industry may not be as well understood by the general population.

IDF has a number of concerns with the remaining options:

- These approaches do not distinguish between ruminant rTFA and iTFA. If these options were progressed, IDF would suggest that they should reflect limits for TFA levels in iTFA since this better reflects where action can be taken[2]. Any limit which was applied to blended spreads must allow for the rTFA naturally present in dairy.
- We note that limits set per 100g of fat does not recognize the actual quantity of TFA consumed which would vary depending on the total fat content of the product.
- Methodology difficulties as reported in NFSDU/40 CRD 7.
- IDF does not support mandatory declaration of TFA. Mandatory labelling of TFA does not differentiate between iTFA and rTFA and hence is not in line with public health objectives. In addition, it is confusing for consumers. For example, the United States has recently introduced TFA labelling. Customers have asked if PHO is being added to certain dairy products where labelling is required, despite the ingredient list clearly indicating that they are not. In other countries, concern

[1] NFSDU/40 CRD 7

[2] WHO REPLACE an action package to eliminate industrially-produced trans-fatty acids http://www.who.int/docs/default-source/documents/replace-transfats/replace-action-package.pdf?Status=Temp&sfvrsn=64e0a8a5_10 (accessed on 23 October 2019)

has been expressed regarding consumer confusion[3] or have identified that TFAs in the diet were below levels of concern.[4]

- IDF does not support a voluntary "free of" TFA claim. We note the difficulties raised in previous Committee discussions in establishing the criteria for the claim and in the methodology used to measure the TFA levels in various food types.

References

Alexander DD, Bylsma LC, Vargas AJ et al. (2016) Dairy consumption and CVD: a systematic review and meta-analysis. Brit J Nutr 115:737-750.

Aune D, Norat T, Romundstad P, Vatten LJ. (2013) Dairy products and the risk of type 2 diabetes: a systematic review and dose-response meta-analysis of cohort studies. Am J Clin Nutr;98:1066–83.

Chen GC, Szeto IMY, Chen LH et al. (2015) Dairy products consumption and metabolic syndrome in adults: systematic review and meta-analysis of observational studies. Scientific Reports 5:14606.

de Souza RJ, Mente A, Maroleanu A, et al. Intake of saturated and trans unsaturated fatty acids and risk of all cause mortality cardiovascular disease, and type 2 diabetes: Systematic review and metaanalysis of observational studies. BMJ. 2015;351:h3978.

Drehmer M, Pereira MA, Schmidt MI et al. (2015) Associations of dairy intake with glycemia and insulinemia, independent of obesity, in Brazilian adults: the Brazilian Longitudinal Study of Adult Health (ELSA-Brasil). Am J Clin Nutr, doi:10.3945/ajcn. .

FAO. 2013 Mild and dairy products in human nutrition (accessed on 10 october 2019: http://www.fao.org/3/i3396e/i3396e.pdf)

Kim Y, Je Y (2015) Dairy consumption and risk of metabolic syndrome: a meta-analysis. Diabetic Medicine doi:10.1111/dme.12970.

Lu L, Xun P, Wan Y et al. (2016) Long-term association between dairy consumption and risk of childhood obesity: a systematic review and meta-analysis of prospective cohort studies. Eur J Clin Nutr doi:10.1038/ejcn.2015.226.

Qin LQ, Xu JY, Han SF et al. (2015) Dairy consumption and risk of cardiovascular disease: an updated meta-analysis of prospective cohort studies. Asia Pac J Clin Nutr 24(1):90-100.

Rautiainen S, Wang L, Lee IM et al. (2016) Dairy consumption in association with weight change and risk of becoming overweight or obese in middle-aged and older women: a prospective cohort study. Am J Clin Nutr doi: 10.3925/ajcn.115.118406.

Soedamah-Muthu SS,Verberne LDM, Ding EL, Engberink MF, Geleijnse JM. (2012) Dairy Consumption and Incidence of Hypertension : A Dose-Response Meta-Analysis of Prospective Cohort Studies. Hypertension, published online September 17, 2012.

[3] Initiative to limit industrial trans fats intakes in the EU and https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32019R0649

[4] Technical evaluation for recommendation 13 (trans fatty acids)