

Invitation to an open discussion on the political outcome document of the ICN

Comment Form

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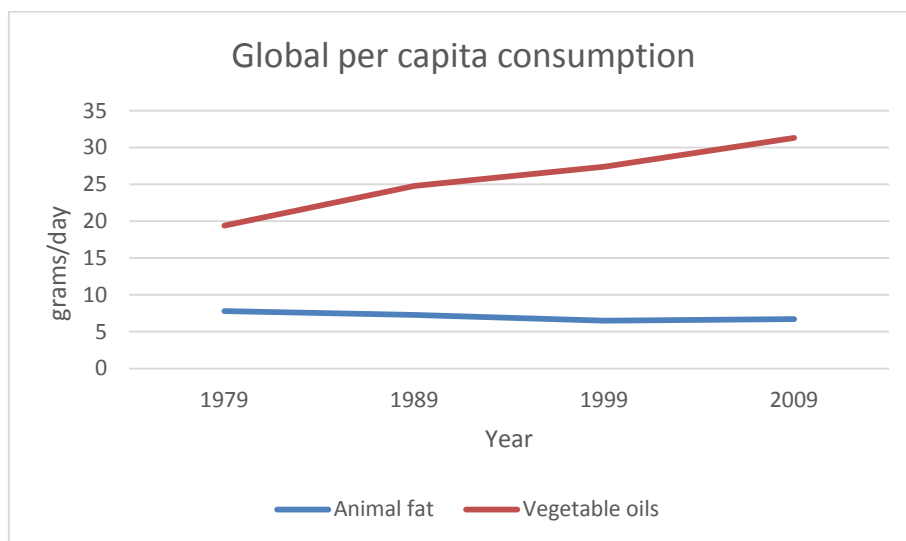
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The International Dairy Federation (IDF) is grateful for the opportunity to submit comments to this important effort.

1. Do you have any general comments on the draft political declaration and its vision (paragraphs 1-3 of the zero draft)?

Paragraph 3, what is the evidence that saturated fat consumption has increased globally, fuelling the global epidemic of NCDs?

- There are no global estimates for saturated fat consumption, but there are per capita statistics for animal fat. These indicate that, according to FAO food balance sheets, per capita global intake has **declined**, not increased over the past four decadesⁱ. In contrast, intake of vegetable oils has increased.



- Similarly, in the UK, saturated fat intake fell from 17% energy in 1986/7 to about 13% in 2001, where it has remained sinceⁱⁱ.
- Saturated fat intake over the past 30-40 years in the US has not changed dramatically, accounting for approximately 11% of daily energyⁱⁱⁱ.
- Oliveira Otto stated that "Although dietary recommendations have focused on restricting saturated fat consumption to reduce cardiovascular disease (CVD) risk, evidence from prospective studies has not supported a strong link between total saturated fat intake and CVD events" and they concluded that "Associations of saturated fat with health may depend on food specific fatty acids or other nutrient constituents in foods that contain saturated fat, in addition to saturated fat." ^{iv}
- A recently published systematic review and meta-analysis concluded that 'Current evidence does not clearly support cardiovascular guidelines that encourage high consumption of polyunsaturated fatty acids and low consumption of total saturated fats.'^v
- **The evidence outlined above is not consistent with the conclusion that consumption of saturated fat has fuelled the global epidemic in NCDs. Therefore, mention of saturated fat should be removed from point 3.**
- **Alternatively, if the text is aiming to point out that:**
 - **consumption of processed foods (and in particular the sugar, fats and salt within them) has increased globally, fuelling the global epidemic of NCDs, then the wording needs to change to make that clear. Evidence needs to be presented for that claim, and processed foods need to be defined.**

2. Do you have any comments on the background and analysis provided in the political declaration (paragraphs 4-20 of the zero draft)?

The term 'nutritious foods' needs to be defined

- We suggest that the term 'nutritious foods' should be defined as 'Foods that naturally make a substantial contribution towards providing a range of nutrients, have an appropriate nutrient density, and are part of a dietary pattern associated with health and reduced risk of chronic disease.' The document should make clear that highly processed foods that naturally contain little or no whole foods, but that have vitamins and minerals added are not considered to be nutritious foods.

Trans-fats – the type needs specifying

- Whenever the term *trans* fats is used, it should be specified that this relates to industrially produced *trans* fat, **NOT** the trans fatty acids that are naturally present in ruminant fat.
- This is because the detrimental effects of industrial TFA on heart health are well accepted. For example:

- A 2009 WHO Scientific update on TFA concluded that:

*‘The current growing body of evidence from controlled trials and observational studies indicates that TFA consumption from **partially hydrogenated oils** adversely affects multiple cardiovascular risk factors and contributes significantly to increased risk of CHD events.*

*TFA produced by **partial hydrogenation** of fats and oils should be considered industrial food additives having no demonstrable health benefits and clear risks to human health.’*^{vi}

- The 2010 FAO/WHO Expert Consultation on Fats and Fatty Acids in Human Nutrition contain similar conclusions on industrial TFA:

*‘There is convincing evidence that TFA from commercial **partially hydrogenated vegetable oils** (PHVO) increase CHD risk factors and CHD events – more so than had been thought in the past.*

There is also probable evidence of an increased risk of fatal CHD and sudden cardiac death in addition to an increased risk of metabolic syndrome components and diabetes.’^{vii}

- However, the conclusions of the 2009 WHO Scientific update on TFA about ruminant TFA were very different to those relating to industrial TFA:

*Although **ruminant** TFAs cannot be removed entirely from the diet their intake is **low** in most populations and to date there is **no conclusive evidence** supporting an association with CHD risks **in the amounts usually consumed.***^v

- The 2010 FAO/WHO Expert Consultation on Fats and Fatty Acids in Human Nutrition concluded:

*Among adults, the estimated average daily **ruminant TFA intake in most societies is low.***^{vi}

- A systematic review and meta-analysis of cohort studies concluded that ‘industrial TFA may be positively related to CHD, whereas ruminant TFA is not, but the limited number of available

studies prohibits any firm conclusions concerning whether the source of TFA is important. The null association of ruminant TFA with CHD risk may be due to lower intake levels.^{viii}

- In a 2013 review of randomised controlled trials, Brouwer and colleagues found that gram for gram, ruminant TFA, CLA and industrial TFA had largely the same effect on blood lipoproteins, but commented that the question whether ruminant TFA cause cardiovascular disease is irrelevant, because their intake is too low.^{ix}
- **In light of the evidence outlined above, we recommend that all mentions of *trans*-fats should be changed to ‘industrial *trans*-fats’.**

Recommendations should be food-based rather than nutrient-based

- As people consume foods rather than single nutrients in isolation, recommendations based on nutrients such as saturated fat can be difficult to put into practice.^x
- Also, the health effect of nutrients such as saturated fat vary according to what other nutrients are present within the food matrix.^{xi} Blanket generalisations can be misleading.

For example, the effect of saturated fatty acids from cheese on blood lipids and CHD may be counterbalanced by the addition of protein, calcium and other components in cheese. In addition, the **special fatty acid profile** (ruminic acid, *trans* vaccenic acid and short-chain fatty acids) may modify the effect on CHD risk.^{xii} Also, **dairy calcium** has a beneficial effect on blood lipids which may, at least partly, explain the inverse association between dairy intake and risk of CVD. The cholesterol-lowering effect of dairy calcium may be partly explained by increased faecal fat excretion. It may also be due to increased calcium causing increased faecal excretion of bile acids, leading to increased cholesterol uptake from the circulation into the liver for *de novo* synthesis of bile acids.^{xiii}

- **Nutrient-based recommendations should be changed to food-based recommendations throughout the document.**

Acknowledge that more ‘nutritious foods’ should be the focus.

- The importance of nutrient dense foods is that they provide not only significant amounts of micronutrients but also high amounts of essential amino acids and adequate amounts of essential fatty acids.
- Animal-source foods are essential for improving dietary quality and are the only source of some nutrients. Many studies show positive associations between intake of animal-source foods and child development.^{xiiii} In developing countries, where diets are often nutrient deficient, intake of animal-source foods, including milk, stimulates linear growth and weight gain in infancy, childhood, and adolescence. Research on the consumption of animal-source foods by children,

including dairy foods and meat, has convincingly demonstrated improved growth, micronutrient status, cognitive performance and a level of physical activity.^{xiv}

- Milk and dairy products are nutrient-dense foods supplying energy and significant amounts of protein and micronutrients. It contains numerous nutrients and it makes a significant contribution to meeting the body's needs for calcium, magnesium, selenium, riboflavin, vitamin B12 and pantothenic acid. Milk and dairy products can add much needed diversity to plant-based diets.^{xv}
- Food systems should focus on foods that provide many essential nutrients, rather than on single nutrients, as this can lead to sufficiency in several micronutrients and macronutrients, improved growth and overall better health.

However it is too simplistic and not consistent with the available scientific evidence to imply that only animal foods containing reduced amounts of saturated fat are nutritious.

- Evidence reviews conducted for the Australian Dietary Guidelines indicate that intake of milk/dairy foods is associated with a reduced risk of ischaemic heart disease, myocardial infarction, stroke, hypertension, type 2 diabetes, metabolic syndrome and colorectal cancer^{ix} – the main causes of death in Australia. There is **no** evidence in these food specific evidence statements supporting the view that reduced-fat products are healthier than regular fat ones.
- A systematic review found that participants who consumed more dairy fat and/or 'high-fat' dairy foods at baseline were leaner and/or gained less weight over time than participants who consumed less.^{xvi} None of the 16 studies reported a positive association between baseline consumption of dairy fat or 'high-fat' dairy foods and measures of adiposity over time. The authors concluded that 'in contrast to the prevailing scientific and public sentiment, dairy fat consumption is not typically associated with an increased risk of weight gain, cardiovascular disease or type 2 diabetes.'
- Moreover, there is **no** evidence that consuming reduced-fat core dairy foods leads to a lower risk of weight gain, overweight or obesity:
 - In a 2011 systematic review of prospective cohort studies to assess the longitudinal relationship between habitual dairy consumption and the risk of overweight/obesity consumption of dairy foods showed **no harmful** effect on weight status, in either children or adults.^{xvii} Moreover, contrary to popular belief, low-fat dairy products were **not found** to be more beneficial to weight status than regular fat dairy products. In fact, the reverse may be true. The paper concludes '**In summary, there is currently insufficient evidence to conclude that increased dairy consumption, particularly of regular fat varieties, is associated with weight status.**'

- No relationship was found between consumption of either whole milk, or low fat/skim milk or cheese and weight gain in a 2011 pooled analysis of data from three prospective cohort studies in which the dietary intake of 120,877 US men and women was followed for 12 years or 20 years.^{xviii}
- Hendrie and Golley observed that changing from regular fat dairy foods to reduced-fat varieties had **no effect on total energy intake or adiposity measures** (BMI, BMI z-score or waist circumference) in a 24 week randomised controlled trial in Australian children.^{xix}
- By addressing the under consumption of core dairy foods such as milk, yogurt and cheese, substantial healthcare savings are likely to be achieved. Doidge et al., estimate these to be in the order of \$2 billion per year in Australia – an amount comparable to the entire public health budget.^{xx}
- **We recommend that the wording in point 10 is changed to:**
Acknowledge that food systems should produce more nutritious food, not just food, and guarantee adequate supply of nutritious foods that comprise a healthy diet, while avoiding excess intake of energy-dense, nutrient poor and highly processed foods.....

Avoiding the excess consumption of “added” sugars

- Whenever the excess of sugars is mentioned, it should be specified that this relates to the excess consumption of “added or free” sugars. As there is no evidence of adverse effects of consumption of intrinsic sugars.^{xxi}

3. Do you have any comments on the commitments proposed in the political declaration? In this connection, do you have any suggestions to contribute to a more technical elaboration to guide action and implementation on these commitments (paragraphs 21-23 of the zero draft)?

The term ‘nutritious foods’ needs to be defined

- We suggest that the term ‘nutritious foods’ should be defined as ‘Foods that naturally make a substantial contribution towards providing a range of nutrients, have an appropriate nutrient density, and are part of a dietary pattern associated with health and reduced risk of chronic disease.’ The document should make clear that highly processed foods that naturally contain little or no whole foods, but that have vitamins and minerals added are not considered to be nutritious foods.

ⁱ http://faostat3.fao.org/faostat-gateway/go/to/download/FB/*/E

ⁱⁱ Sanders TA. (2013), Reappraisal of SFA and cardiovascular risk. *Proc Nutr Soc* 72(4): 390-8

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- ⁱⁱⁱ Todd, JE. Changes in Eating Patterns and Diet Quality Among Working-Age Adults, 2005-10, ERR-161. U.S. Department of Agriculture, Economic Research Service, January 2014.
- ^{iv} de Oliveira Otto et al., (2012) Dietary intake of saturated fat by food source and incident cardiovascular disease: the Multi-Ethnic Study of Atherosclerosis. *Am J Clin Nutr* 96(2):397-404.
- ^v Chowdhury R et al. (2014) Association of Dietary, Circulating, and Supplement Fatty Acids With Coronary Risk. *Ann Intern Med* 160; 398-406
- ^{vi} Uauy R et al., (2009) Review. WHO Scientific update on trans fatty acids: summary and conclusions. *EJCN* 63, S68-75.
- ^{vii} FAO (2010) Food and Nutrition Paper 91. Fats and fatty acids in human nutrition. Report of an expert consultation. (<http://foris.fao.org/preview/25553-ece4cb94ac52f9a25af77ca5cfba7a8c.pdf>, accessed 12 March 2014)
- ^{viii} Bendsen NT et al., (2011) Consumption of industrial and ruminant trans fatty acids and risk of coronary heart disease: a systematic review and meta-analysis of cohort studies. *Eur J Clin Nutr* 65;773-83.
- ^{ix} Brouwer IA et al. (2013) *Trans* fatty acids and cardiovascular health: research completed? *Eur J Clin Nutr* advance online publication, 27 March 2013; doi: 10.1038/ejcn.2013.43.
- ^x National Health and Medical Research Council (2013) Australian Dietary Guidelines. Canberra: National Health and Medical Research Council.
- ^{xi} Astrup A et al., (2011) The role of reducing intakes of saturated fat in the prevention of cardiovascular disease: where does the evidence stand in 2010? *Am J Clin Nutr* 93, 684-8.
- ^{xii} Lorenzen J K & Astrup A (2011) Dairy calcium intake modifies responsiveness of fat metabolism and blood lipids to a high-fat diet. *Br J Nutr*. 2011 Jan 31:1-10.
- ^{xiii} Allen L., (2013) Comparing the value of protein sources for maternal and child nutrition. *Food Nutr Bull*. 34(2):263-6.
- ^{xiv} Dror DK, Allen LH. (2011). The importance of milk and other animal-source foods for children in low-income countries. *Food Nutrition Bulletin*. 32 (3):227-43.
- ^{xv} FAO (2013) Milk and dairy products in human nutrition. Rome. (<http://www.fao.org/docrep/018/i3396e/i3396e.pdf> , accessed 12 March 2014)
- ^{xvi} Kratz M et al., (2012) The relationship between high-fat dairy consumption and obesity, cardiovascular, and metabolic disease. *Eur J Nutr* 52, 1-24.
- ^{xvii} Louie JYC et al., (2011) Dairy consumption and overweight and obesity: a systematic review of prospective cohort studies. *Obesity reviews* (7): e582-92.
- ^{xviii} Mozaffarian D et al., (2011) Changes in diet and lifestyle and long term weight gain in women and men. *New England Journal of Medicine* 364, 2392-404.



^{xix} Hendrie GA, Golley RK (2011) Changing from regular-fat to low-fat dairy foods reduces saturated fat intake but not energy intake in 4-13-y-old children. *American Journal of Clinical Nutrition*; 93,1117-27.

^{xx} Doidge JC *et al.*, (2012) Attributable risk analysis reveals potential healthcare savings from increased consumption of dairy products. *J Nutr* 142: 1772-8.

^{xxi} WHO (2003). Diet, nutrition and the prevention Diet, nutrition and the prevention of chronic diseases: Report of a Joint WHO/FAOExpert Consultation. WHO Technical Report Series, No. 916, Geneva, ([http://whqlibdoc.who.int/trs/WHO TRS 916.pdf](http://whqlibdoc.who.int/trs/WHO_TRS_916.pdf), accessed 12 March 2014).