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Agenda Item 10 **NFSDU/39 CRD/18**

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Comments of *Malaysia*

Agenda Item 10

Conditions for a "free" of Trans Fatty Acids (TFAs) Claim

With reference to the conditions for a 'free' of Trans Fatty Acid (TFAs) Claim, Malaysia strongly objects the proposal by Canada that conditions for the TFA-free claim must meet the conditions set for "low" in saturated fats.

Malaysia understands that Canada has cited the two systematic reviews by WHO in 2016 as the reasons and justification for the inclusion of low in saturated fat in the condition for the claim. However owing to the fact that the two reviews were directed to effects of saturated fats on intermediate markers and not clinical end points, as well with the latest development on saturated fats from a prospective cohort study from 18 countries in five continents published in The Lancet on 4 November 2017 (Dehghan et al, 2017), Malaysia as in last CCNFSDU38 meeting, reiterates our previous position that saturated fatty acids (SFAs) and TFAs are two independent fatty acid classes which are not linked to each other in any way or form and each exhibit different characteristics and physiological effects as well as metabolic outcomes, and should not be placed together in the conditions for the TFA free claim.

The detrimental health effects of TFAs have been well established. However, Malaysia maintains that there is increasing evidence over the recent years to show that there is no association of saturated fats to all-cause mortality including cardiovascular disease, coronary heart disease and ischemic stroke, hence should not be associated with TFAs.

The recent prospective cohort study mentioned above, reported that saturated fat consumption shows no association with cardiovascular disease, myocardial infarction, or cardiovascular disease mortality, instead saturated fat had an inverse association with stroke. On the other hand, there is an association between high carbohydrate intake and mortality especially in countries where the intakes of carbohydrates are particularly high.

It is important to note that saturated fats may be essential for those affected by high carbohydrate intake and an informed trans-free choice of such fat should be available. An approach such as the proposal by Canada to limit the choice of trans-free products to those only low in saturated fat would deprive the consumers of the correct choice of food.

Another study published in September 2017 (Nettleton et al, 2017) also reports that a higher intake of SFAs were not associated with higher risks of CHD or stroke, and that food matrix and source of SFAs have important health effects. The intake of SFA is inevitable as their functional properties make them virtually indispensable for production of fat containing food. As such consumers need to be informed if a trans-free option of such food is available.

Malaysia reiterates that the two systematic reviews by WHO (2016) stating that saturated fatty acids have negative effects on the blood lipid profile, including total cholesterol/HDL cholesterol ratios and LDL cholesterol/HDL cholesterol ratios and ApoB levels, were based on surrogate or intermediate markers. It is important not to ignore the increasing number of systematic reviews and meta-analysis that were based on actual cardiovascular disease risks which are hard clinical end-points (CHD and stroke) including the very recent ones stated above. Recently, several meta-analyses of randomised trials and prospective cohort studies and ecological studies, largely done in European and North American countries, showed either no association or a lower risk between saturated fatty acid consumption with total mortality and cardiovascular disease events. The uncertainty regarding the effect of saturated fatty acids on clinical outcomes in part

might be due to the fact that most observational cohort studies have been done in high-income countries where saturated fatty acid intake is within a limited range (about 7–15% of energy). Furthermore, it is not known whether findings obtained from European and North American countries where nutritional excess is more common, can be extrapolated to other regions of the world where nutritional inadequacy might be more common. The Prospective Urban Rural Epidemiology (PURE) study provides a unique opportunity to study the impact of diet on total mortality and cardiovascular disease in diverse settings, such as those where over-nutrition is common and where undernutrition is of greater concern.

As emphasized by Malaysia at the last CCNFSDU38 (CRD 10) and previous sessions and recent development provided in this document, it is therefore evident that trans and saturates should not be linked in any labeling effort since their health outcomes are so significantly different from each other.

Therefore, the current proposal to associate TFAs with saturated fats takes a step backwards and will do significant injustice to the scientific principles already well-established on the differences between TFAs and SFAs. Malaysia strongly urges this committee not to ignore the mounting strength of recent scientific evidence that show that saturated fats have no association with final endpoints.

In view of the above, Malaysia does not support the proposal that the trans-fatty acid free claim must meet the conditions for ‘low’ in saturated fat.

As for the levels proposed, Malaysia has no objections on the proposal that in order to carry a trans-fat free claim, the food should contain no more than 1 g per 100 g of fat.

REFERENCES

1. *Dehghan M, Mente A, Zhang X et al. Associations of fats and carbohydrate intake with cardiovascular disease and motality in 18 countries from five continents (PURE): a prospective cohort study. The Lancet, Vol 390, November 4 2017:2050-2062.*
2. *Nettleton JA, Brouwer IA, Geleijnse JM and Hornstra G. Saturated fat consumption and risk of coronary heart disease and ischemic stroke: A Science Update. Ann. Nutr. Metab. 2017; 70:26-33.*
3. *CRD 10, CCNFSDU38, 2016.*