



Consultation with Industry Organisations on Diet, Nutrition and the Prevention of Chronic Diseases

Comments from the International Dairy Federation

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- **Organisation:** International Dairy Federation
- **Address:** Boulevard A Reyers, 80
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- **Scope of activities:** International
- **Mission:** The mission of IDF is to promote and enhance the image, trade, production and consumption of milk and milk products world-wide by collecting and disseminating scientific, technical and economic information and providing a platform for meaningful exchange of professional knowledge and discussion.
- **IDF and nutrition:** For over 30 years IDF has included the study of nutrition matters on its programme of work. A permanent IDF task force (Standing Committee on Nutrition and Health, SCNH) with more than 25 nutrition experts is fully dedicated to this topic. The main area of work is relation between nutrition and health, including: nutrients (lipids, proteins, calcium, probiotics...) diseases prevention (osteoporosis, CVD, obesity...) population groups (adolescent, pregnant women, elderly...). On national basis SCNH is involved in research, clinical trials, nutrition information and training, relation with health authorities...Material has been published by IDF itself including in peer-reviewed scientific press.
- **Funding:** IDF is largely funded by membership fees from its national members (approx. 80% of budget). These are representative bodies ("national committees") established with representatives of all parts of the dairy sector. Funds thus come mostly from the private sector, though some national committees are supported financially by government.
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This IDF report is mainly based on the first one sent on 12 April and presented with oral comments during the industry consultation in Geneva on 16 April 2002. As deadline was extended to submit the comments, experts from the IDF Standing Committee on Nutrition and Health have added additional comments.

Again, IDF, the International Dairy Federation, would like to thank WHO for the opportunity to comment on the draft report of the Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases.

IDF nutrition experts were impressed by the quality of the report developing a global approach to draft recommendations and action plan for NCDs nutrition prevention. Overall IDF experts share most of the WHO/FAO recommendations. However IDF thinks milk and dairy products nutrition benefits are underestimated in the report and would like WHO to reconsider some recommendations based on recent scientific evidences especially in the area of CVD, obesity and osteoporosis that were probably not available at the time WHO/FAO experts draft their report.

1 - General comments

We agree that the 3 main risks factors for NCDs are the non modifiable, the behavioural and societal risks factors. We would have included in a fourth category the pathological conditions: risk factors for NCDs are multifactorial and not always related to diet. NCDs are also risk factors without relation with diet (for instance obesity is a risk factor for CHD).

Well balanced diet

The basis for any recommendations dealing with diet and health should start by promoting the health benefits of the combination of a well balanced diet and healthy life style. There are no good or bad nutrients but there are well balanced or unbalanced diets.

The way diet recommendations are presented in the report, mixing nutrients and foods, is sometimes confusing: we are eating foods and not nutrients. The classification “decreased risk” or “increased risk” could let people think there are good and bad foods which is in contradiction with the principle of a well balanced diet including the balance between animal and vegetal foods. As for all foods, milk and dairy products are fully part of a well balanced diet.

Due to the variety of dairy products including low fat products, dairy products are an answer to many nutritional situations allowing intake of energy, proteins, minerals and vitamins.

Life style

We agree there is a relation between nutrition and health but giving too much focus on diet will let consumers think there is no need to change life style.

We think the report underestimates the impact of smoking, alcohol and physical inactivity on NCDs, especially regarding cancer, obesity, CVD and osteoporosis. In this respect studies like the one carried out by S. Grover (1) on life expectancy, dietary modification and smoking cessation should be mentioned.

That is the reason why IDF suggests that title of the WHO/FAO report should be “Life Style, Diet, Nutrition and Prevention of Chronic Disease” and that specific part of the report should provide more information on life style, diet behaviours (snacking, eating out...) and consequences of physical inactivity.

Environment

While there is no question that protection of environment is imperative and sustainable agriculture is a key issue, IDF thinks there is a need for more input based on a specific expert consultation as it is a complex matter.

For instance more discussions are required when comparing animal and vegetal production (water use, number of people fed per hectare...) as such comparisons should be balanced with the nutrient content of each type of foods.

Nutrients and energy intakes

The term “high intake” is often used in the report (for instance high fat diet, high energy dense diets...). Reference levels should be provided at the beginning of the report in order to make more understandable the concept of unbalanced diet.

But we understand it is a challenge to draft such recommendations that take into account each local situation. The report should start with global information on definition of a well balanced diet, consequences on health of life style and some targets in terms of % of nutrients intake. Global information could be then adapted according local situations.

Concerning % of nutrients, we agree on the principle of decreasing energy intake but realistic, safe and achievable target should be given otherwise people will never comply with the diet and there is a risk of deficiency for some nutrients.

For instance, at the lower range of 15% energy as total fat (especially when total energy intake is low) there is a risk of deficiency in fat soluble vitamins and essential fatty acids as well as a risk of increasing free sugars consumption. At the opposite a target of less than 7% energy as saturated fatty acid is not only controversial but also difficult to implement.

We suggest as many national nutrition guidelines including the AHA (2) the following target: total fat 30% and SFA less than 10%. This is more achievable on a daily diet basis and will already have an impact on health.

Too much focus is made on SFA in the report while there is now more knowledge on the impact on health of PUFA and probably the most important is to recommend first a ratio n-6/n-3 around 5. In the Lyon Diet Heart Study (3), decreasing SFA and increasing PUFA intake failed to improve clinical prognosis while decreasing n-6 and increasing n-3 lowered cardiovascular and mortality.

Recommendations to International agencies

Overall IDF agrees with WHO proposals and is already involved in many countries in such actions.

WHO recommendations for fiscal pricing policies should be discussed as there is a risk of discrimination: low income would probably have a benefit of such policies but the impact on high-income population is questionable. On the other hand impact on emerging country export economy should be analysed.

Recommendations to the private sector and industry

Again IDF is ready to collaborate with WHO based on the proposals.. Labelling of foods with symbols should be carefully addressed as there is a risk of discrimination (good and bad) between foods which is in contradiction with the principle of a well balanced diet.

2 - Specific comments

CVD

- There is room for more discussion as it is a complex area. For instance it is not sure that the whole population should be on a low fat diet and there are differences between primary and secondary prevention of CVD. Plasmatic lipids and cholesterol levels should be taken into account. Existing data (4) suggest there is no benefit to promote low fat diet in normolipidemic people.
- There is a need to differentiate the trans fatty acids. We agree on the negative impact of hydrogenated oils and fats but natural trans fatty acid like CLAs (conjugated linoleic acids) present in meat and dairy products play a specific role on plasma lipids and cardiovascular function (5).
- The hypercholesterolemic effect of myristic acid has been demonstrated at a level of 20% of total energy which is not the case when using nutritional level (6)
- We are very surprised by the assertion “dietary cholesterol consumption should be restricted to less than 300 mg per day, mainly by the restriction of dairy fats” which seems not supported by any scientific evidence.
- As for alcohol, we think there is a need to split stroke and CHD regarding effect of dairy products as there are data supporting a benefice of dairy products on stroke and hypertension (7,8,9).
- A recent report (10) shows that the intake of milk and cheese and consequently of calcium does not increase the risk of acute myocardial infarction.
- The DASH study (11) is analysed in the report but we think more attention should be paid to the conclusion showing the effect of a diet with high intake of fruits and vegetables and low fat dairy products and low sodium intake that lowers blood pressure. This is a typical example of the complexity of nutrition when we take into account foods and not just nutrients.

Cancer

CLAs (conjugated linoleic acid) have anticarcinogenic properties, blocking tumour growth and metastasis from the breast (12,13). In the Kuopio Breast Cancer Study, breast cancer patients had lower serum CLA, myristic and trans vaccenic acid (precursor of CLA) than control (14)

Obesity

New data are available showing a specific role of dietary calcium in regulation of adiposity and obesity risk. (15,16)

Osteoporosis

This part of the report was written by one expert only. IDF thinks it should have been more opened to discussion. Without arguing with the expert's conclusions we would like WHO to take into consideration the following points.

- Based on enclosed references adequate calcium and protein intake (17,18,19) are important at every stage of life and not only in older people to prevent osteoporosis. This includes acquisition of an optimal bone mass in young girl (20,21,22) and increase of radial bone mineral density in healthy adult women (23).
- In addition, we think it is confusing to recommend calcium intake without mentioning the foods containing calcium. This could let the door open to drug calcium supplementation that is expensive and not available everywhere while it is obvious that dairy products are a low cost, easy available source of calcium which also contain some other nutrients (like phosphate and potassium) playing a role in calcium absorption.
- Overall, we think the best way for older people to maintain or increase their calcium intake is to keep people used to a well balanced diet all over life cycle. Based on recent WHO recommendation for daily calcium intake this could be easy achievable.

Probiotics

On the other hand IDF suggests to WHO/FAO to include in the report a specific analysis of the health benefits in relation with fermented milk and probiotics

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