

## SCIENTIFIC OPINION

### **Scientific Opinion on the substantiation of health claims related to acacia gum and maintenance of normal blood cholesterol concentrations (ID 1976) pursuant to Article 13(1) of Regulation (EC) No 1924/2006<sup>1</sup>**

**EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA)<sup>2</sup>**

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#### **SUMMARY**

Following a request from the European Commission, the Panel on Dietetic Products, Nutrition and Allergies was asked to provide a scientific opinion on a list of health claims pursuant to Article 13 of Regulation 1924/2006. This opinion addresses the scientific substantiation of health claims in relation to acacia gum (gum Arabic) and maintenance of normal blood cholesterol concentrations. The scientific substantiation is based on the information provided by the Member States in the consolidated list of Article 13 health claims and references that EFSA has received from Member States or directly from stakeholders.

The food constituent that is the subject of the health claim is acacia gum (gum Arabic). Acacia gum is a water-soluble type of fibre non-digestible in the human small intestine. The Panel considers that acacia gum is sufficiently characterised.

The claimed effect is “cholesterol”. In the context of the proposed wordings the Panel assumes that the claimed effect relates to the maintenance of normal blood cholesterol concentrations. The Panel considers that maintaining normal blood cholesterol concentrations is beneficial to human health.

Five intervention studies investigating the effects of acacia gum on serum lipids in humans have been provided.

In weighing the evidence the Panel took into account that acacia gum has a relatively low viscosity, and that its effects on blood cholesterol have been weak or non-detectable in the small, and often uncontrolled, clinical trials presented despite the relatively high doses used.

On the basis of the data available, the Panel concludes that a cause and effect relationship has not been established between the consumption of acacia gum and maintenance of normal blood cholesterol concentrations.

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**KEY WORDS**

Acacia gum, blood lipids, blood cholesterol, LDL-cholesterol concentrations, health claims.

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The members of the Claims Sub-Working Group on Cardiovascular Health/Oxidative Stress: Antti Aro, Marianne Geleijnse, Marina Heinonen, Ambroise Martin, Wilhelm Stahl and Henk van den Berg.

## INFORMATION AS PROVIDED IN THE CONSOLIDATED LIST

The consolidated list of health claims pursuant to Article 13 of Regulation (EC) No 1924/2006<sup>3</sup> submitted by Member States contains main entry claims with corresponding conditions of use and literature from similar health claims. The information provided in the consolidated list for the health claims subject to this opinion is given in Table 1.

Table 1. Main entry health claims related to acacia gum, including conditions of use from similar claims, as proposed in the Consolidated List.

ID	Food or Food constituent	Health Relationship	Proposed wording
1976	Acacia gum (gum arabic)	Acacia gum and cholesterol	<ul style="list-style-type: none"> <li>- gum acacia helps to reduce blood cholesterol;</li> <li>- gum acacia contribute to maintain a good cardiovascular health;</li> <li>- gum acacia helps to control blood cholesterol level.</li> </ul>
	<b>Conditions of use</b> <ul style="list-style-type: none"> <li>- at least 15 g/day</li> </ul>		

## ASSESSMENT

### 1. Characterisation of the food/constituent

The food constituent that is the subject of the health claim is acacia gum (gum Arabic).

Acacia gum is a water-soluble type of fibre made of hardened sap taken from two species of the acacia tree: *Acacia senegal* and *Acacia seyal*. Acacia gum is a complex mixture of polysaccharides and glycoproteins, namely branched galactan composed of a backbone of D-galactose units and side chains of D-glucuronic acid with terminal L-rhamnose or L-arabinose units. Acacia gum is non-digestible in the human small intestine. The molecular weight is between 200 and 600 kDa. Acacia gum does not occur naturally in foods, is used primarily in the food industry as a stabilizer (E414) and is usually consumed in the form of food supplements.

The Panel considers that the food constituent, acacia gum, which is the subject of the health claim, is sufficiently characterised.

### 2. Relevance of the claimed effect to human health

The claimed effect is “cholesterol”. The Panel assumes that the target population is the general population.

In the context of the proposed wordings, the Panel assumes that the claimed effect relates to the maintenance of normal blood cholesterol concentrations.

<sup>3</sup> Regulation (EC) No 1924/2006 of the European Parliament and of the Council of 20 December 2006 on nutrition and health claims made on foods. OJ L 404, 30.12.2006, p. 9–25.

Low-density lipoproteins (LDL) carry cholesterol from the liver to peripheral tissues, including the arteries. Elevated LDL-cholesterol, by convention >160 mg/dL, may compromise the normal function of the arteries.

The Panel considers that maintaining normal blood cholesterol concentrations is beneficial to human health.

### 3. Scientific substantiation of the claimed effect

Out of the 10 references provided for the substantiation of the claimed effect, three were general reviews on the effects of fibre on blood lipids, one was on the metabolism of acacia gum and one was on the effects of acacia gum on outcomes other than blood lipids. The Panel considers that no conclusions can be drawn from these references in relation to the claimed effect.

Five intervention studies investigating the effects of acacia gum on serum lipids in humans have been provided.

Haskell et al. (1992) and Jensen et al. (1993) compared the effects of the low-viscosity fibre acacia gum at doses of 15 g/d to a mixture of high viscosity water-soluble fibre (psyllium, pectin, guar and locust bean gum) on blood lipids in hypercholesterolaemic males and females. The fibre mixture reduced serum total cholesterol concentrations by about 10 % and LDL-cholesterol by 14 %, whereas the acacia gum alone showed no effect on either total or LDL-cholesterol in both studies.

In a single-arm, non-controlled intervention, McLean Ross et al. (1983) studied five men on 25 g/d acacia gum for 3 weeks and found a significant 6.3 % decrease in serum total cholesterol. In a similar single-arm, non-controlled intervention, Sharma (1985) studied seven men on 30 g/d acacia gum for 30 days and found a significant 10 % decrease in serum total cholesterol. Owing to the small number of subjects studied, to the very high doses of acacia gum administered as compared to those proposed in the conditions of use, and to the uncontrolled nature of the study design, the Panel considers that no conclusions can be drawn from these studies with regards to the claimed effect.

Mee and Gee (1997) studied the effects of a mixture of apple fibre and acacia gum (10 g/d, approximately half apple fibre and half acacia gum) in a crossover study in 27 men and found a significant 10 % reduction in serum cholesterol and a significant 14 % reduction in LDL-cholesterol concentrations with the fibre mixture as compared to the non-fibre control. The Panel considers that no conclusions can be drawn from this study with regards to effects of the food component (acacia gum) for which the claim is made in relation to the claimed effect.

The cholesterol-lowering effect of water-soluble fibre depends on increased viscosity that reduces the reabsorption of bile acids, increases the synthesis of bile acids from cholesterol, and reduces circulating (LDL) cholesterol concentrations. Acacia gum has a relatively low viscosity, and its effects on blood cholesterol have been weak or non-detectable in the small, and often uncontrolled, clinical trials presented despite the relatively high doses used.

The Panel concludes that a cause and effect relationship has not been established between the consumption of acacia gum and maintenance of normal blood cholesterol concentrations.

## CONCLUSIONS

On the basis of the data presented, the Panel concludes that:

- The food constituent, acacia gum, which is the subject of the health claim, is sufficiently characterised.

- The claimed effect is “cholesterol”. The target population is assumed to be the general population. Maintenance of normal blood cholesterol concentrations is beneficial to human health.
- A cause and effect relationship has not been established between the consumption of acacia gum and maintenance of normal blood cholesterol concentrations.

### **DOCUMENTATION PROVIDED TO EFSA**

Health claims pursuant to Article 13 of Regulation (EC) No 1924/2006 (No: EFSA-Q-2008-2709). The scientific substantiation is based on the information provided by the Member States in the consolidated list of Article 13 health claims and references that EFSA has received from Member States or directly from stakeholders.

The full list of supporting references as provided to EFSA is available on: <http://www.efsa.europa.eu/panels/nda/claims/article13.htm>.

### **REFERENCES**

- Haskell WL, Spiller GA, Jensen CD, Ellis BK, Gates JE, 1992. Role of water-soluble dietary fiber in the management of elevated plasma cholesterol in healthy subjects. *Am J Cardiol*, 69, 433-439.
- Jensen CD, Spiller GA, Gates JE, Miller AF, Whittam JH, 1993. The effect of acacia gum and a water-soluble dietary fiber mixture on blood lipids in humans. *J Am Coll Nutr*, 12, 147-154.
- McLean Ross AH, Eastwood MA, Brydon WG, Anderson JR, Anderson DM, 1983. A study of the effects of dietary gum arabic in humans. *Am J Clin Nutr*, 37, 368-375.
- Mee KA and Gee DL, 1997. Apple fiber and gum arabic lowers total and low-density lipoprotein cholesterol levels in men with mild hypercholesterolemia. *J Am Diet Assoc*, 97, 422-424.
- Sharma RD, 1985. Hypocholesterolemic effect of gum acacia in men. *Nutr Res*, 5, 1321-1326.

## APPENDICES

### APPENDIX A

#### BACKGROUND AND TERMS OF REFERENCE AS PROVIDED BY THE EUROPEAN COMMISSION

The Regulation 1924/2006 on nutrition and health claims made on foods<sup>4</sup> (hereinafter "the Regulation") entered into force on 19<sup>th</sup> January 2007.

Article 13 of the Regulation foresees that the Commission shall adopt a Community list of permitted health claims other than those referring to the reduction of disease risk and to children's development and health. This Community list shall be adopted through the Regulatory Committee procedure and following consultation of the European Food Safety Authority (EFSA).

Health claims are defined as "any claim that states, suggests or implies that a relationship exists between a food category, a food or one of its constituents and health".

In accordance with Article 13 (1) health claims other than those referring to the reduction of disease risk and to children's development and health are health claims describing or referring to:

- a) the role of a nutrient or other substance in growth, development and the functions of the body; or
- b) psychological and behavioural functions; or
- c) without prejudice to Directive 96/8/EC, slimming or weight-control or a reduction in the sense of hunger or an increase in the sense of satiety or to the reduction of the available energy from the diet.

To be included in the Community list of permitted health claims, the claims shall be:

- (i) based on generally accepted scientific evidence; and
- (ii) well understood by the average consumer.

Member States provided the Commission with lists of claims as referred to in Article 13 (1) by 31 January 2008 accompanied by the conditions applying to them and by references to the relevant scientific justification. These lists have been consolidated into the list which forms the basis for the EFSA consultation in accordance with Article 13 (3).

#### ISSUES THAT NEED TO BE CONSIDERED

##### IMPORTANCE AND PERTINENCE OF THE FOOD<sup>5</sup>

Foods are commonly involved in many different functions<sup>6</sup> of the body, and for one single food many health claims may therefore be scientifically true. Therefore, the relative importance of food e.g. nutrients in relation to other nutrients for the expressed beneficial effect should be considered: for functions affected by a large number of dietary factors it should be considered whether a reference to a single food is scientifically pertinent.

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<sup>4</sup> OJ L12, 18/01/2007

<sup>5</sup> The term 'food' when used in this Terms of Reference refers to a food constituent, the food or the food category.

<sup>6</sup> The term 'function' when used in this Terms of Reference refers to health claims in Article 13(1)(a), (b) and (c).



It should also be considered if the information on the characteristics of the food contains aspects pertinent to the beneficial effect.

#### **SUBSTANTIATION OF CLAIMS BY GENERALLY ACCEPTABLE SCIENTIFIC EVIDENCE**

Scientific substantiation is the main aspect to be taken into account to authorise health claims. Claims should be scientifically substantiated by taking into account the totality of the available scientific data, and by weighing the evidence, and shall demonstrate the extent to which:

- (a) the claimed effect of the food is beneficial for human health,
- (b) a cause and effect relationship is established between consumption of the food and the claimed effect in humans (such as: the strength, consistency, specificity, dose-response, and biological plausibility of the relationship),
- (c) the quantity of the food and pattern of consumption required to obtain the claimed effect could reasonably be achieved as part of a balanced diet,
- (d) the specific study group(s) in which the evidence was obtained is representative of the target population for which the claim is intended.

EFSA has mentioned in its scientific and technical guidance for the preparation and presentation of the application for authorisation of health claims consistent criteria for the potential sources of scientific data. Such sources may not be available for all health claims. Nevertheless it will be relevant and important that EFSA comments on the availability and quality of such data in order to allow the regulator to judge and make a risk management decision about the acceptability of health claims included in the submitted list.

The scientific evidence about the role of a food on a nutritional or physiological function is not enough to justify the claim. The beneficial effect of the dietary intake has also to be demonstrated. Moreover, the beneficial effect should be significant i.e. satisfactorily demonstrate to beneficially affect identified functions in the body in a way which is relevant to health. Although an appreciation of the beneficial effect in relation to the nutritional status of the European population may be of interest, the presence or absence of the actual need for a nutrient or other substance with nutritional or physiological effect for that population should not, however, condition such considerations.

Different types of effects can be claimed. Claims referring to the maintenance of a function may be distinct from claims referring to the improvement of a function. EFSA may wish to comment whether such different claims comply with the criteria laid down in the Regulation.

#### **WORDING OF HEALTH CLAIMS**

Scientific substantiation of health claims is the main aspect on which EFSA's opinion is requested. However, the wording of health claims should also be commented by EFSA in its opinion.

There is potentially a plethora of expressions that may be used to convey the relationship between the food and the function. This may be due to commercial practices, consumer perception and linguistic or cultural differences across the EU. Nevertheless, the wording used to make health claims should be truthful, clear, reliable and useful to the consumer in choosing a healthy diet.

In addition to fulfilling the general principles and conditions of the Regulation laid down in Article 3 and 5, Article 13(1)(a) stipulates that health claims shall describe or refer to "the role of a nutrient or other substance in growth, development and the functions of the body". Therefore, the requirement to

describe or refer to the 'role' of a nutrient or substance in growth, development and the functions of the body should be carefully considered.

The specificity of the wording is very important. Health claims such as "Substance X supports the function of the joints" may not sufficiently do so, whereas a claim such as "Substance X helps maintain the flexibility of the joints" would. In the first example of a claim it is unclear which of the various functions of the joints is described or referred to contrary to the latter example which specifies this by using the word "flexibility".

The clarity of the wording is very important. The guiding principle should be that the description or reference to the role of the nutrient or other substance shall be clear and unambiguous and therefore be specified to the extent possible i.e. descriptive words/ terms which can have multiple meanings should be avoided. To this end, wordings like "strengthens your natural defences" or "contain antioxidants" should be considered as well as "may" or "might" as opposed to words like "contributes", "aids" or "helps".

In addition, for functions affected by a large number of dietary factors it should be considered whether wordings such as "indispensable", "necessary", "essential" and "important" reflects the strength of the scientific evidence.

Similar alternative wordings as mentioned above are used for claims relating to different relationships between the various foods and health. It is not the intention of the regulator to adopt a detailed and rigid list of claims where all possible wordings for the different claims are approved. Therefore, it is not required that EFSA comments on each individual wording for each claim unless the wording is strictly pertinent to a specific claim. It would be appreciated though that EFSA may consider and comment generally on such elements relating to wording to ensure the compliance with the criteria laid down in the Regulation.

In doing so the explanation provided for in recital 16 of the Regulation on the notion of the average consumer should be recalled. In addition, such assessment should take into account the particular perspective and/or knowledge in the target group of the claim, if such is indicated or implied.

## **TERMS OF REFERENCE**

### **HEALTH CLAIMS OTHER THAN THOSE REFERRING TO THE REDUCTION OF DISEASE RISK AND TO CHILDREN'S DEVELOPMENT AND HEALTH**

EFSA should in particular consider, and provide advice on the following aspects:

- Whether adequate information is provided on the characteristics of the food pertinent to the beneficial effect.
- Whether the beneficial effect of the food on the function is substantiated by generally accepted scientific evidence by taking into account the totality of the available scientific data, and by weighing the evidence. In this context EFSA is invited to comment on the nature and quality of the totality of the evidence provided according to consistent criteria.
- The specific importance of the food for the claimed effect. For functions affected by a large number of dietary factors whether a reference to a single food is scientifically pertinent.

In addition, EFSA should consider the claimed effect on the function, and provide advice on the extent to which:

- the claimed effect of the food in the identified function is beneficial.

- a cause and effect relationship has been established between consumption of the food and the claimed effect in humans and whether the magnitude of the effect is related to the quantity consumed.
- where appropriate, the effect on the function is significant in relation to the quantity of the food proposed to be consumed and if this quantity could reasonably be consumed as part of a balanced diet.
- the specific study group(s) in which the evidence was obtained is representative of the target population for which the claim is intended.
- the wordings used to express the claimed effect reflect the scientific evidence and complies with the criteria laid down in the Regulation.

When considering these elements EFSA should also provide advice, when appropriate:

- on the appropriate application of Article 10 (2) (c) and (d) in the Regulation, which provides for additional labelling requirements addressed to persons who should avoid using the food; and/or warnings for products that are likely to present a health risk if consumed to excess.

## **APPENDIX B**

### **EFSA DISCLAIMER**

The present opinion does not constitute, and cannot be construed as, an authorisation to the marketing of the food/food constituent, a positive assessment of its safety, nor a decision on whether the food/food constituent is, or is not, classified as foodstuffs. It should be noted that such an assessment is not foreseen in the framework of Regulation (EC) No 1924/2006.

It should also be highlighted that the scope, the proposed wordings of the claims and the conditions of use as proposed in the Consolidated List may be subject to changes, pending the outcome of the authorisation procedure foreseen in Article 13(3) of Regulation (EC) No 1924/2006.

## **GLOSSARY / ABBREVIATIONS**

LDL            Low-density lipoproteins