SCIENTIFIC OPINION

Scientific Opinion on the substantiation of health claims related to calcium and vitamin D and maintenance of bone (ID 350) pursuant to Article 13(1) of Regulation (EC) No 1924/2006[1]

EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA)[2]

European Food Safety Authority (EFSA), Parma, Italy

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 calcium and vitamin D and the maintenance of bone. 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 calcium and vitamin D, both of which are well recognised nutrients and are measurable in foods by established methods. This evaluation applies to calcium and vitamin D naturally present in foods and those forms authorised for addition to foods. The Panel considers that calcium and vitamin D are sufficiently characterised.

The claimed effect is "bone health". In the context of the proposed wording, the Panel notes that the claimed effect relates to the maintenance of normal bone. The Panel considers that the maintenance of normal bone is beneficial to human health.

The evidence provided by consensus opinions/reports from authoritative bodies and reviews shows that there is good consensus on the roles of calcium and vitamin D in the maintenance of normal bone at all ages. Recommended intakes of calcium and vitamin D to meet requirements for the maintenance of normal bone have been established for all life-stage groups.

The Panel concludes that a cause and effect relationship has been established separately between the consumption of calcium and vitamin D and the maintenance of normal bone. The following wording reflects the scientific evidence: "Calcium and vitamin D are needed for the maintenance of normal bone".

1 On request from the European Commission, Question No EFSA-Q-2008-1137 adopted on 02 July 2009.

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In order to bear the claim a food should be at least a source of calcium and vitamin D as per Annex to Regulation 1924/2006. Such amounts can be easily consumed as part of a balanced diet. The target population is the general population.

KEY WORDS

Vitamin D, calcium, bone, health claims.

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The members of the Claims Sub-Working Group on Bone/Teeth/Connective Tissue: Rikke Andersen, Olivier Bruyère, Albert Flynn, Ingegerd Johansson, Jukka Meurman and Hildegard Przyrembel.

INFORMATION AS PROVIDED IN THE CONSOLIDATED LIST

The consolidated list of health claims pursuant to Article 13 of Regulation (EC) No 1924/2006[3] 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 calcium and vitamin D, including conditions of use from similar claims, as proposed in the Consolidated List.

ID	Food or Food component	Health Relationship	Proposed wording
350	Vitamin D + Calcium	Bone Health	- The content of calcium and vitamin D in the diet is important for formation and maintenance of healthy bones.
	Conditions of use - 15% RDA per 100 g.		

ASSESSMENT

1. Characterisation of the food/constituent

The food constituent that is the subject of the health claim is calcium and vitamin D, both of which are well recognised nutrients and are measurable in foods by established methods.

Calcium occurs naturally in foods and is authorised for addition to foods (Annex I of Regulation (EC) No 1925/2006 and Annex I of Directive 2002/46/EC). Vitamin D occurs naturally in foods as vitamin D3 (cholecalciferol). Both vitamin D3 and vitamin D2 (ergocalciferol) are authorised for addition to foods (Annex I of Regulation (EC) No 1925/2006 and Annex I of Directive 2002/46/EC). This evaluation applies to calcium and vitamin D naturally present in foods and those forms authorised for addition to foods (Annex II of Regulation (EC) No 1925/2006 and Annex II of Directive 2002/46/EC).

The Panel considers that the food constituent, calcium and vitamin D, which is the subject of the health claim, is sufficiently characterised.

2. Relevance of the claimed effect to human health

The claimed effect is "bone health". The Panel assumes that the target population is the general population.

In the context of the proposed wording, the Panel notes that the claimed effect relates to the maintenance of normal bone.

[3] 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.

The Panel considers that the maintenance of normal bone is beneficial to human health.

3. Scientific substantiation of the claimed effect

The evidence provided by consensus opinions/reports from authoritative bodies and reviews shows that there is good consensus on the roles of calcium and vitamin D in the maintenance of normal bone at all ages.

Calcium is an important structural component of bone. Adequate calcium intake throughout childhood and adolescence is needed to achieve maximum peak bone mass in young adulthood which is an important determinant of bone mineral status in later life. The growth, development and maintenance of bone is related to the quantity of dietary calcium consumed and recommended intakes of calcium to meet requirements for growth, development and maintenance of bone at all ages have been established by various authorities. Inadequate dietary calcium intake may contribute to impaired bone development in early life and to the accelerated loss of bone mass in adults and in the elderly. Available evidence indicates that calcium intakes may be inadequate in sub-groups of the population in some EU countries, especially children, women and the elderly (AAP, 1999; AFSSA, 2001; Branca, 1997; COMA, 1991; DGE, 2000; Elmadfa and Weichselbaum, 2004; FAO/WHO, 2001; FNB, 1999; Food Safety Authority of Ireland, 1999; Greer et al., 2006; JHCI, 2003; IoM, 1997; National Health and Medical Research Council, 2006; Nordic Council of Ministers, 2004; SCF, 2003; Theobald, 2005; WHO, 2003).

Adequate status for vitamin D is required for efficient calcium absorption and for the maintenance of normal blood levels of calcium and phosphate that are in turn needed for the normal mineralisation of bone. Serum 25(OH)D concentration is a good marker of status for vitamin D. Synthesis of vitamin D in the skin by the action of sunlight is insufficient to meet requirements in European countries, especially during winter months when there is little sunlight exposure. Adequate intake of vitamin D is needed to achieve a vitamin D status that is sufficient for normal bone mineralisation throughout childhood and adolescence and for bone maintenance in adults and the elderly. Sub-optimal vitamin D status has been shown to reduce bone mineral accretion in children and adolescents, and to accelerate bone loss in adults and the elderly. Recommended intakes of vitamin D to meet requirements for growth, development and maintenance of bones have been established for all life-stage groups by several expert committees. Sub-optimal vitamin D status has been reported in sub-groups of children, adolescents, adults and the elderly in a number of European countries, particularly in winter months, indicative of inadequate vitamin D intake (AFSSA, 2001; COMA, 1998; Cranney et al., 2007; Davies et al., 2005; DGE, 2000; EVM, 2002; FAO/WHO 2001; FNB, 1999; Greer et al., 2006; Holick, 2004, 2005; Nordic Council of Ministers, 2004; Norman et al., 2007; Ovesen et al., 2003; SACN, 2007; SCF, 1993, SCF 2003, WHO, 2003).

The Panel concludes that a cause and effect relationship has been established separately between the consumption of calcium and vitamin D and the maintenance of normal bone.

The Panel notes that the evidence provided does not establish that it is necessary for calcium and vitamin D to be consumed together in the same food in order to obtain the claimed effect.

4. Panel's comments on the proposed wording

The Panel considers that the following wording reflects the scientific evidence: "Calcium and vitamin D are needed for the maintenance of normal bone".

5. Conditions and possible restrictions of use

The Panel considers that in order to bear the claim a food should be at least a source of calcium and a source of vitamin D as per Annex to Regulation 1924/2006. Such amounts can be easily consumed as part of a balanced diet. The target population is the general population.

No Tolerable Upper Intake Levels (UL) have been established for calcium in children and adolescents; the UL for calcium in adults is 2500 mg (SCF, 2003). ULs have been established for vitamin D in children, adolescents, and adults (25µg/day up to age 10 years; 50µg/day for age ≥11 years) (SCF, 2002).

CONCLUSIONS

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

- The food constituent, calcium and vitamin D, which is the subject of the health claim, is sufficiently characterised.
- The claimed effect is "bone health". The target population is assumed to be the general population. Maintenance of normal bone is beneficial to human health.
- A cause and effect relationship has been established separately between the consumption of calcium and vitamin D and the maintenance of normal bone.
- The following wording reflects the scientific evidence: "Calcium and vitamin D are needed for the maintenance of normal bone".

Conditions and possible restrictions of use

- In order to bear the claim a food should be at least a source of calcium and vitamin D as per Annex to Regulation 1924/2006. Such amounts can be easily consumed as part of a balanced diet. The target population is the general population.

DOCUMENTATION PROVIDED TO EFSA

Health claims pursuant to Article 13 of Regulation (EC) No 1924/2006 (No: EFSA-Q-2008-1137). The scientific substantiation is based on the information provided by the Members 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

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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[4] (hereinafter "the Regulation") entered into force on 19th 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[5]

Foods are commonly involved in many different functions[6] 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.

[4] OJ L12, 18/01/2007
[5] The term 'food' when used in this Terms of Reference refers to a food constituent, the food or the food category.
[6] 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 DISCAIMER

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.