

SCIENTIFIC OPINION

Scientific Opinion on the substantiation of health claims related to linoleic acid and maintenance of normal blood cholesterol concentrations (ID 489) pursuant to Article 13(1) of Regulation (EC) No 1924/2006¹

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 linoleic acid and the 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 linoleic acid. The Panel considers that linoleic acid is sufficiently characterised.

The claimed effect is “blood cholesterol”. The Panel considers that the maintenance of normal blood cholesterol concentrations is beneficial to human health.

On the basis of the data available, the Panel concludes that a cause and effect relationship has been established between the dietary intake of linoleic acid and the reduction of blood cholesterol concentrations.

In order to bear the claim a food should contain at least 15% of the proposed labelling reference intake values of 10 g linoleic acid per day. Such an amount can be easily consumed as part of a balance diet. The target population is the general population.

KEY WORDS

Linoleic acid, n-6 fatty acids, blood cholesterol, health claims.

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TABLE OF CONTENTS

Summary	1
Table of contents	2
Background as provided by the European Commission	3
Terms of reference as provided by the European Commission	3
EFSA Disclaimer.....	3
Acknowledgements	3
Information as provided in the consolidated list	4
Assessment	4
1. Characterisation of the food/constituent	4
2. Relevance of the claimed effect to human health.....	5
3. Scientific substantiation of the claimed effect	5
4. Panel’s comments on the proposed wordings	5
5. Conditions and possible restrictions of use	5
Conclusions	5
Documentation provided to EFSA	6
References	6
Appendices	7
Glossary and Abbreviations	12

BACKGROUND AS PROVIDED BY THE EUROPEAN COMMISSION

See Appendix A

TERMS OF REFERENCE AS PROVIDED BY THE EUROPEAN COMMISSION

See Appendix A

EFSA DISCLAIMER

See Appendix B

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INFORMATION AS PROVIDED IN THE CONSOLIDATED LIST

The consolidated list of health claims pursuant to Article 13 of Regulation (EC) No 1924/2006³ submitted by Member States contains main entry claims with corresponding conditions of use and literature from similar health claims.

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

ID	Food or Food constituent	Health Relationship	Proposed wording
489	Linoleic acid (LA – omega 6)	Blood cholesterol	<ul style="list-style-type: none"> - Linoleic acid (omega 6) contributes to healthy blood cholesterol level; - Linoleic acid (omega 6) helps to maintain normal cholesterol level; - Maintenance of healthy cholesterol level.
<p>Conditions of use</p> <ul style="list-style-type: none"> - Linoleic acid (omega 6) lowers blood cholesterol. - min 10% fat (product basis), min 70% UFA (fat basis), max 2% TFA (fat basis) ; min 2,1g Linoleic Omega6 per 100g/ml and 100kcal (product basis), based on 15% of 14g GDA for Omega 6. - Immunonutrition. - Erwachsene Tagesdosis Fischöl: 500 mg davon 17% EPA und 11% DHA. - Standardisierter EPA und DHA-Gehalt– Erwachsene: Tagesdosis Lachsöl: 500 mg–davon 17% EPA und 11% DHA. - Für alle Bevölkerungsgruppen geeignet–Tagesdosis: 1000 mg. - 5-8 energy% (around 13-22 g/day); The product shall contain a significant amount of n-6 PUFA compared to the recommended daily allowance. Health claims can be applied on foods complying with requirements of nutrition claims “High polyunsaturated fatty acids”. 			

ASSESSMENT

1. Characterisation of the food/constituent

The food constituent that is the subject of the health claim is linoleic acid (LA) which is a polyunsaturated omega-6 fatty acid with 18 carbon atoms and two double bonds, and is present in various vegetable oils and legumes. In humans, LA is elongated and desaturated to arachidonic acid that is further metabolised into eicosanoids of the 2-series. LA is bioavailable and can be measured in foods by established methods.

The Panel considers that the food constituent, linoleic acid (LA), which is the subject of the health claim, is sufficiently characterised.

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.

2. Relevance of the claimed effect to human health

The claimed effect is “blood 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.

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

The Panel considers that the maintenance of normal blood cholesterol concentrations is beneficial to human health.

3. Scientific substantiation of the claimed effect

In a meta-analysis of 60 randomised controlled clinical trials, polyunsaturated fatty acids (PUFA), mainly as LA, significantly reduced serum LDL-cholesterol concentrations. Replacing 1% of energy from carbohydrates with PUFA reduced LDL-cholesterol concentrations by 0.02 mmol/L (Mensink et al., 2003). The estimated change in the total/high-density lipoprotein (HDL) cholesterol ratio was -0.032. LA was the main source of PUFA in the studies. Smaller amounts of alpha-linolenic acid were used in some of the studies, but the effects on lipoproteins of LA and alpha-linolenic acid are similar and the n-6/n-3 ratio of dietary PUFA does not affect the serum lipid profile (Goyens and Mensink, 2005).

No specific data on the effects of LA intake on cholesterol concentrations have been presented for children, but there is no scientific evidence for different effects in children as compared to adults.

The Panel concludes that a cause and effect relationship has been established between the dietary intake of LA and the reduction of blood cholesterol concentrations.

4. Panel’s comments on the proposed wordings

The Panel considers that the following wording reflects the scientific evidence:

“Linoleic acid may help to maintain normal blood cholesterol concentrations”.

5. Conditions and possible restrictions of use

The Panel considers that in order to bear the claim a food should contain at least 15% of the proposed labeling reference intake values of 10 g of LA per day. Such an amount can be easily consumed as part of a balanced diet. The target population is the general population.

CONCLUSIONS

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

- The food constituent, linoleic acid (LA), which is the subject of the health claims, is sufficiently characterised.
- The claimed effect is “blood 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 been established between the dietary intake of LA and the reduction of blood cholesterol concentrations.
- The following wording reflects the scientific evidence: “Linoleic acid may help to maintain normal blood cholesterol concentrations”.

Conditions and possible restrictions of use

- In order to bear the claim a food should contain at least 15% of the proposed labeling reference intake values of 10 g LA per day. Such an amount 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-2008-1276). 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

- Goyens PL, Mensink RP, 2005. The dietary alpha-linolenic acid to linoleic acid ratio does not affect the serum lipoprotein profile in humans. *J Nutr* 135, 2799-2804.
- Mensink RP, Zock PL, Kester AD, Katan MB, 2003. Effects of dietary fatty acids and carbohydrates on the ratio of serum total to HDL cholesterol and on serum lipids and apolipoproteins: a meta-analysis of 60 controlled trials. *Am J Clin Nutr* 77, 1146-1155.

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 foods⁴ (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 FOOD⁵

Foods are commonly involved in many different functions⁶ 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 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 AND ABBREVIATIONS

HDL	High-density lipoprotein
LA	Linoleic acid
LDL	Low-density lipoproteins
PUFA	Polyunsaturated fatty acids