

## SCIENTIFIC OPINION

### **Scientific Opinion on the substantiation of health claims related to foods with reduced amounts of saturated fatty acids (SFAs) and maintenance of normal blood LDL-cholesterol concentrations (ID 620, 671, 4332) 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, 3</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 (EC) No 1924/2006. This opinion addresses the scientific substantiation of health claims in relation to foods with reduced amounts of saturated fatty acids and maintenance of normal blood LDL-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 constituents that are the subject of the health claim are “saturated fats/saturated fatty acids (decrease)” and “decrease of saturated fatty acids”. This opinion applies to mixtures of saturated fatty acids as present in foods. The Panel considers that saturated fatty acids (SFAs) are sufficiently characterised.

The claimed effects are “blood cholesterol and artery/heart health”, and “cardio-vascular system”. The target population is assumed to be the general population. In the context of the proposed wordings and clarifications provided by Member States, the Panel assumes that the claimed effects refer to the maintenance of normal blood LDL-cholesterol concentrations. The Panel considers that maintenance of normal blood LDL-cholesterol concentrations is a beneficial physiological effect.

The evidence provided by consensus opinions/reports from authoritative bodies and reviews shows that there is good consensus that a mixture of SFAs increases blood total and LDL-cholesterol concentrations relative to carbohydrates, which are considered neutral regarding their effects on

<sup>1</sup> On request from the European Commission, Question No EFSA-Q-2008-1407, EFSA-Q-2008-1458, EFSA-Q-2010-00285, adopted on 28 January 2011.

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LDL-cholesterol concentrations. The effect shows a linear dose-response relationship with blood LDL-cholesterol concentrations, indicating that the effect is proportional to the amounts of SFAs consumed. It is also well established that consumption of a mixture of SFAs results in increased blood HDL-cholesterol concentrations compared with consumption of mixtures of *cis*-MUFAs or *cis*-PUFAs, and that, in comparison with other fatty acids except *trans* fatty acids, SFAs increase the total-to-HDL cholesterol ratio.

The Panel concludes that a cause and effect relationship has been established between the consumption of mixtures of dietary SFAs and an increase in blood cholesterol concentrations, and that consumption of foods with reduced amounts of SFAs may help to maintain normal blood LDL-cholesterol concentrations.

The Panel considers that in order to bear the claim, foods should contain reduced amounts of saturated fatty acids as per Annex of Regulation (EC) No 1924/2006 and in accordance with the Guidance on the implementation of Regulation (EC) No 1924/2006 of the Standing Committee on the Food Chain and Animal Health for comparative nutrition claims made on foods.

#### **KEY WORDS**

Saturated fatty acids, LDL-cholesterol, health claims.

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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 1924/2006<sup>4</sup> submitted by Member States contains main entry claims with corresponding conditions of use and literature for similar health claims. EFSA has screened all health claims contained in the original consolidated list of Article 13 health claims which was received by EFSA in 2008 using six criteria established by the NDA Panel to identify claims for which EFSA considered sufficient information had been provided for evaluation and those for which more information or clarification was needed before evaluation could be carried out<sup>5</sup>. The clarifications which were received by EFSA through the screening process have been included in the consolidated list. This additional information will serve as clarification to the originally provided information. The information provided in the consolidated list for the health claims which are the subject of this opinion is tabulated in Appendix C.

## ASSESSMENT

### 1. Characterisation of the food/constituent

The food constituents that are the subject of the health claim are “saturated fats/saturated fatty acids (decrease)” and “decrease of saturated fatty acids”.

In the context of the proposed wordings and clarifications provided by Member States, the Panel assumes that the food constituent, which is the subject of the health claim, is saturated fatty acids (SFAs). SFAs should be “decreased” or “reduced” in foods in order to obtain the claimed effect.

SFAs are aliphatic monocarboxylic acids with (generally) an even number of carbon atoms (usually from 4 to 20) and no double bonds, that can be liberated by hydrolysis of triacylglycerols from fats and oils. The most prevailing SFAs in the diet are lauric acid (12:0), myristic acid (14:0), palmitic acid (16:0) and stearic acid (18:0).

This opinion applies to mixtures of SFAs as present in foods.

The Panel considers that the food constituent, saturated fatty acids, which is the subject of the health claim, is sufficiently characterised.

### 2. Relevance of the claimed effect to human health (ID 620, 671, 4332)

The claimed effects are “blood cholesterol and artery/heart health”, and “cardio-vascular system”. The Panel assumes that the target population is the general population.

In the context of the proposed wordings and clarifications provided by Member States, the Panel assumes that the claimed effects refer to the maintenance of normal blood LDL-cholesterol concentrations.

Low-density lipoproteins (LDL) carry cholesterol from the liver to peripheral tissues, including the arteries. Elevated LDL-cholesterol, by convention >160 mg/dL (>4.1 mmol/L), may compromise the normal structure and function of the arteries.

The Panel considers that maintenance of normal blood LDL-cholesterol concentrations is a beneficial physiological effect.

<sup>4</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.

<sup>5</sup> Briefing document for stakeholders on the evaluation of Article 13.1, 13.5 and 14 health claims: <http://www.efsa.europa.eu/en/ndameetings/docs/nda100601-ax01.pdf>

### 3. Scientific substantiation of the claimed effect (ID 620, 671, 4332)

The evidence provided by consensus opinions/reports from authoritative bodies and reviews shows that there is good consensus that a mixture of SFAs increases blood total and LDL-cholesterol concentrations relative to carbohydrates, which are considered neutral regarding their effects on LDL-cholesterol concentrations (EFSA, 2004; EFSA Panel on Dietetic Products Nutrition and Allergies (NDA), 2010; IoM, 2005; Lichtenstein et al., 2006; Mensink et al., 2003; WHO/FAO, 2003). The effect shows a linear dose-response relationship with blood LDL-cholesterol concentrations, indicating that effects are proportional to the amounts of SFAs consumed. It is also well established that consumption of a mixture of SFAs results in increased blood HDL-cholesterol concentrations compared with consumption of mixtures of *cis*-MUFAs or *cis*-PUFAs, and that, in comparison with other fatty acids except *trans* fatty acids (TFAs), SFAs increase the total-to-HDL cholesterol ratio.

SFAs differ in their potential to change blood lipid and lipoprotein concentrations. While lauric, myristic and palmitic acid raise blood total and LDL-cholesterol concentrations, effects of stearic acid and of short and medium chain SFAs (with 4-10 carbon atoms) are similar to those of carbohydrates (EFSA Panel on Dietetic Products Nutrition and Allergies (NDA), 2010; Mensink et al., 2003). However, SFAs are present in foods as mixtures, so that stearic acid and short-medium chain SFAs are consumed in foods, which also contain considerable amounts of other long-chain SFAs (with 12 to 16 carbon atoms) and which are known to increase LDL-cholesterol concentrations.

The Panel concludes that a cause and effect relationship has been established between the consumption of mixtures of dietary SFAs and an increase in blood cholesterol concentrations, and that consumption of foods with reduced amounts of SFAs may help to maintain normal blood LDL-cholesterol concentrations.

### 4. Panel's comments on the proposed wording (ID 620, 671, 4332)

The Panel considers that the following wording reflects the scientific evidence: "Consumption of saturated fat increases blood cholesterol concentrations; consumption of foods with reduced amounts of saturated fat may help to maintain normal blood cholesterol concentrations".

### 5. Conditions and possible restrictions of use (ID 620, 671, 4332)

The Panel considers that in order to bear the claim, foods should contain reduced amounts of saturated fatty acids as per Annex of Regulation (EC) No 1924/2006 and in accordance with the Guidance on the implementation of Regulation (EC) No 1924/2006 of the Standing Committee on the Food Chain and Animal Health for comparative nutrition claims made on foods<sup>6</sup> (section 2.2.3).

## CONCLUSIONS

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

- The food constituent, saturated fatty acids (SFAs), which is the subject of the health claim, is sufficiently characterised.
- The claimed effects are "blood cholesterol and artery/heart health", and "cardio-vascular system". The target population is assumed to be the general population. Maintenance of normal blood LDL-cholesterol concentrations is a beneficial physiological effect.
- A cause and effect relationship has been established between the consumption of mixtures of dietary SFAs and an increase in blood cholesterol concentrations, and that consumption of foods with reduced amounts of SFAs may help to maintain normal blood LDL-cholesterol concentrations.

<sup>6</sup> Guidance on the implementation of Regulation (EC) No 1924/2006 on nutrition and health claims made on foods. Conclusions of the Standing Committee on the Food Chain and Animal Health, 14 December 2007.

- The following wording reflects the scientific evidence: “Consumption of saturated fat increases blood cholesterol concentrations; consumption of foods with reduced amounts of saturated fat may help to maintain normal blood cholesterol concentrations”.
- In order to bear the claim, foods should contain reduced amounts of saturated fatty acids as per Annex of Regulation (EC) No 1924/2006 and in accordance with the Guidance on the implementation of Regulation (EC) No 1924/2006 of the Standing Committee on the Food Chain and Animal Health for comparative nutrition claims made on foods.

## DOCUMENTATION PROVIDED TO EFSA

Health claims pursuant to Article 13 of Regulation (EC) No 1924/2006 (No: EFSA-Q-2008-1407, EFSA-Q-2008-1458, EFSA-Q-2010-00285). 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

- EFSA (European Food Safety Authority), 2004. Opinion of the Scientific Panel on Dietetic Products, Nutrition and Allergies (NDA) related to the presence of trans fatty acids in foods and the effect on human health of the consumption of trans fatty acids (Request No EFSA-Q-2003-022). EFSA Journal, 81, 1-49.
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- WHO/FAO (World Health Organization/Food and Agriculture Organization), 2003. Expert Report: Diet, nutrition and prevention of chronic diseases. Report of a Joint WHO/FAO Expert Consultation. WHO Technical Report Series. WHO Technical Report Series 916.

## 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>7</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>8</sup>

Foods are commonly involved in many different functions<sup>9</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.

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

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<sup>7</sup> OJ L12, 18/01/2007

<sup>8</sup> The term 'food' when used in this Terms of Reference refers to a food constituent, the food or the food category.

<sup>9</sup> The term 'function' when used in this Terms of Reference refers to health claims in Article 13(1)(a), (b) and (c).

## **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.

## APPENDIX C

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

ID	Food or Food constituent	Health Relationship	Proposed wording		
620	Saturated fats/fatty acids (decrease).	Blood cholesterol and artery/heart health. <u>Clarification provided</u> Decreasing the intake of saturated fat in the diet maintains heart health by controlling blood (LDL) cholesterol.	Decreasing saturated fatty acids helps to maintain healthy cholesterol level.		
			Maintenance of normal cholesterol level. Supports healthy cholesterol.		
<b>Conditions of use</b>					
- min 10% fat (product basis), min 70% UFA (fat basis) and based on max 15% of 20g GDA for SAFA, max 2% TFA (fat basis).					
ID	Food or Food constituent	Health Relationship	Proposed wording		
671	Decrease of saturated fatty acids.	Cardio-vascular system.	Reduction of saturated fatty acid intake below 10 % of the daily energy intake is beneficial for the blood total cholesterol and LDL cholesterol levels.		
			<b>Conditions of use</b>		
			- Less than 10 energy %. Health claims can be applied on foods complying with requirements of nutrition claims “Low saturated fat” and “Saturated fat-free”.		
<b>No clarification provided by Member States</b>					
<b>Comments from Member States</b>					
This health relationship can be classified as a general dietary guideline, but as a part of commercial communication it should be handled under Reg. 1924/2006/EK.					
ID	Food or Food constituent	Health Relationship	Proposed wording		
4332	Decrease of saturated fatty acids.	Cardio-vascular system.	Reduction of saturated fatty acid intake below 10 % of the daily energy intake is beneficial for the blood total cholesterol and LDL cholesterol levels.		
			<b>Conditions of use</b>		
- Less than 10 energy %. Health claims can be applied on foods complying with requirements of nutrition claims “Low saturated fat” and “Saturated fat-free”.					

## GLOSSARY AND ABBREVIATIONS

HDL	High-density lipoproteins
LDL	Low-density lipoproteins
SFA	Saturated fatty acid
TFA	<i>Trans</i> fatty acid