Calorie Control Council

Commentary

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Commentary: "Lite" Reading from the Calorie Control Council

The Calorie Control Council (the "Council") is an international association representing the low-calorie and reduced-fat food and beverage industry. Companies that make and use low-calorie sweeteners are among the Council's members. Now, more than ever consumers are seeking diet and health information from credible and reliable sources. The Calorie Control Council serves as a reliable health information resource with experts available to assist with questions and concerns from consumers, health professionals, and the media.

Please use the Council as a resource when looking for information on low calorie and "lite" ingredients and the products that contain them. For more information, visit the Council's website at **www.caloriecontrol.org**.

Sweet Substitutes

Collaboration needed to Battle Sweetener Misinformation

Experts Weigh In

Report of 2010 Dietary Guidelines Advisory Committee Released; New Guidelines Issued Soon

FDA Grants GRAS Status for Reb D and F

Fructose Study Misleading

Ramazzini Study Findings Questioned by NTP, EPA and Others

Feed Your Mind

Health Care Spending Increases for Obese Individuals

Obesity in the Workplace Costs Employers Billions

What's New and What's True?

Study of Diet Soda Use in Pregnancy Unduly Alarming

Get Physical

***JAMA* Study Finds More Exercise Needed to Maintain Weight**

Sweet Substitutes

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Nutrition experts at the recent 2nd World Congress of Public Health Nutrition stressed the importance of regulatory authorities and the media working together with healthcare professionals "to separate low-calorie sweetener fact from fiction in a concerted effort to finally banish misinformation." More than 1500 public health nutrition professionals and researchers attended the symposium held in Porto, Portugal, September 23-25, to learn about the most recent advances in human nutrition, including up-to-date information about low-calorie sweeteners. Leading experts in the field of food additive safety and risk communication led a session, hosted by the Nutrition Research Foundation (FIN) on the safety and approved uses of low-calorie sweeteners, as well as the positive role they can play in the diet.

A focus of the discussion was the challenge that healthcare professionals face in communicating effectively to consumers that low-calorie sweeteners are safe, approved ingredients that can be helpful in providing a variety of low-calorie food and beverage choices as well as certain health benefits. "The benefits of low-calorie sweeteners are undisputed amongst the credible scientific community, and certain sectors of the population that consume them can enjoy their benefits regularly – such as people with diabetes. FIN believes that this message must now filter through to the wider population so that they can make informed choices about whether they include low-calorie sweeteners in their diets too," said FIN President, Professor Lluis Serra-Majem.

Dr. Adam Drewnowski, a leader in innovative research approaches for the prevention and treatment of obesity at the University of Washington, highlighted the important role low-calorie sweeteners can play in managing weight and diabetes, commenting, "Based on a review of the current epidemiologic and clinical evidence, low calorie sweeteners remain a powerful tool for the management of body weight, obesity and diabetes and it is important that consumers are made aware of this."

The session also addressed the important role the media plays in the communication process. Andrew Renwick, Professor Emeritus from the University of Southampton (UK), who is an expert on the safety assessment of low-calorie sweeteners noted, "Given the massive amount of misinformation on low-calorie sweeteners, which is continuously being recycled, it is important that responsible media sources provide consumers with information about the conclusions of safety assessments that are undertaken by independent regulatory authorities such as the WHO/FAO Joint Expert Committee on Food Additives and the European Food Safety Authority."

Session moderators Professor Carlo La Vecchia and Professor Tur-Mari concluded by noting that healthcare professionals cannot overcome the communication challenge on their own: "Despite a large amount of evidence of absence of health risk of low-calorie sweeteners, the public is subject to repeated alarms. We'd like to see regulatory authorities and media professionals, as trusted advisors to consumers, continuing to work together as a combined force."

Experts Weigh In

Report of 2010 Dietary Guidelines Advisory Committee Released

The United States Department of Agriculture (USDA) and the Department of Health and Human Services (HHS) announced the availability of the Report of the Dietary Guidelines Advisory Committee (DGAC) on the Dietary Guidelines for Americans, 2010 (Advisory Report). As part of the Committee's discussion of carbohydrates, the DGAC addressed the relationship between consumption of non-caloric sweeteners and energy intake and body weight, noting:

> *Moderate evidence shows that using non-caloric sweeteners will affect energy intake only if they are substituted for higher calorie foods and beverages. A few observational studies reported that individuals who use non-caloric sweeteners are more likely to gain weight or be heavier. This does not mean that non-caloric sweeteners cause weight gain rather that they are more likely to be consumed by overweight and obese individuals.*

According to a press release issued by the USDA, the DGAC report "reflects the most current, comprehensive, evidence-based nutritional science available." The 2010 Advisory Committee is comprised of 13 independent experts who are nationally recognized in the fields of nutrition and health. The press release further reports the process has been open and transparent, with the use of webinar technology increasing public access and audience participation throughout the process.

According to a recent *Washington Post* article, the 2010 Dietary Guidelines are scheduled to be released in December.

The Report of the DGAC is available here

FDA Grants GRAS Status for Reb D and F

In response to a Generally Recognized as Safe (GRAS) notification submitted to the FDA, the Agency stated it has no questions regarding the conclusion of expert panels that a stevia blend combining previous "no objection" steviol glycosides as well as Rebaudioside D (Reb D) and Rebaudioside F (Reb F) is GRAS for use in reduced-sugar and reduced-calorie products. Reb D and Reb F were recently reviewed by the Joint Expert Committee on Food Additives (JECFA) and included in revised specifications for steviol glycosides. Steviol glycosides are the sweet components isolated and purified from stevia leaves.

For more information about stevia/steviol glycosides visit: http://www.steviabenefits.org.

A stevia self-study (originally recorded as a webinar with the American Dietetic Association's Weight Management Dietetic Practice Group) will be available on Council web sites in the near future. Health professionals can receive one credit of continuing education with this self-study, free!

Continued on page 4

Experts Weigh In

Continued from page 3

Fructose Study Presumptive, Misleading

The August 1 issue of *Cancer Research* includes a study, "Fructose induces transketolase flux to promote pancreatic cancer growth," which is misleading and perpetuates confusion about this sweetener. The use of fructose has been well studied in both humans and animals for a variety of health conditions and its safety has been thoroughly documented by the U.S. Food and Drug Administration (FDA) and other health and scientific organizations worldwide. The public, the press and even scientists have confused fructose with high fructose corn syrup (which contains nearly equal amounts of glucose and fructose and is handled by the body in the same way as sucrose).

It is important to note this study was conducted "in vitro," not in humans or animals. No controlled human studies exist to suggest that the authors' allegation is true or a major consequence of fructose consumption. Further, this study tests the simple sugars fructose and glucose in isolation. Fructose and glucose are nearly always consumed together in natural forms (e.g., fruits, vegetables and nuts) or in added sugars such as sucrose, high fructose corn syrup, honey, etc. The study findings also do not demonstrate differences in cell growth between fructose and glucose; if anything, cell growth and associated measures were worse for glucose than for fructose. In addition, suggestions by the authors that fructose at typical human intake levels is linked to obesity, diabetes, or other health conditions are not supported by science. A Joint Consultation of the World Health Organization and the United Nations Food and Agriculture Organization found that consumption of sugars is not a causative factor in any disease, including obesity.

Health professionals can learn more about current fructose research at http://www.fructose.org

Ramazzini Study Findings Questioned by NTP, EPA and Others

In light of the wide body of research confirming aspartame's safety, many health professionals have had good reason to be skeptical about claims from the Ramazzini Institute regarding an alleged link between aspartame and cancer. In fact, several regulatory bodies including the European Food Safety Authority (EFSA) and the U.S. Food and Drug Administration (FDA) have dismissed the Ramazzini findings and questioned their study protocols (which do not follow the standard, widely accepted toxicological testing methods). The U.S. Environmental Protection Agency (EPA) has also decided to discontinue their review of methanol, due to questions about Ramazzini studies upon which the EPA methanol review was based. In April 2010, a team from the National Toxicology Program (NTP) visited the Ramazzini Institute and concluded that there were problems with the study findings. The NTP team, for example, recommended changes in Ramazzini study protocols. Thus, the EPA announced in June it is suspending further action on its health assessment of methanol, pending additional review of the Ramazzini studies.

Allegations made by Ramazzini researchers in two studies published in 2005 and 2006 continue to be contradicted by the extensive scientific research and regulatory reviews confirming that aspartame is safe and not a carcinogen. Following its review of the Ramazzini aspartame study, an EFSA panel noted, "After its evaluation the Panel considers that the study has flaws which bring into question the validity of the findings, as interpreted by the ERF (European Ramazzini Foundation)." In a statement about the same study, FDA commented, "Based on the available data (Ramazzini refused to submit all the study data to the Agency), however, we have identified significant shortcomings in the design, conduct, reporting, and interpretation of this study."

Feed Your Mind

Health Care Spending on the Rise When it Comes to Obesity

A recent analysis by the Congressional Budget Office (CBO) revealed that health care spending for the obese has increased at a rate much higher than health care spending in general. In 2007, per capita spending for obese adults (defined as those with a body mass index of greater than or equal to 30) was 38 percent higher than for their normal weight counterparts, compared to a more modest 8 percent in 1987. The CBO attributed much of this discrepancy in spending to cost-intensive advances in medical treatment for diseases related to obesity, such as coronary heart disease, diabetes, and hypertension.

Results of two recent studies by the U.S. Centers for Disease Control and Prevention (CDC) showed that in 2007-2008, 32.2 percent of men and 35.5 percent of women were obese. The CBO's calculations found that per capita health care spending would have been three percent less had the obesity rates in 2007 matched the overall 1987 rate of 13 percent. The CBO also found that if current obesity trends continue, by 2020, per capita spending on health care will be three percent higher. However, if obesity rates were to return to where they stood in 1987, health care spending per capita in 2020 would be four percent less compared to matching the 2007 rate.

Reiterating that lower rates of obesity are positively correlated with better health and lower per capita spending on health care, the CBO acknowledges that developing policies that reduce the overall obesity rate are garnering increasing interest, even though the obstacles to accomplishing this remain great.

The CBO report is available here

Obesity in the Workplace Costs Employers Billions

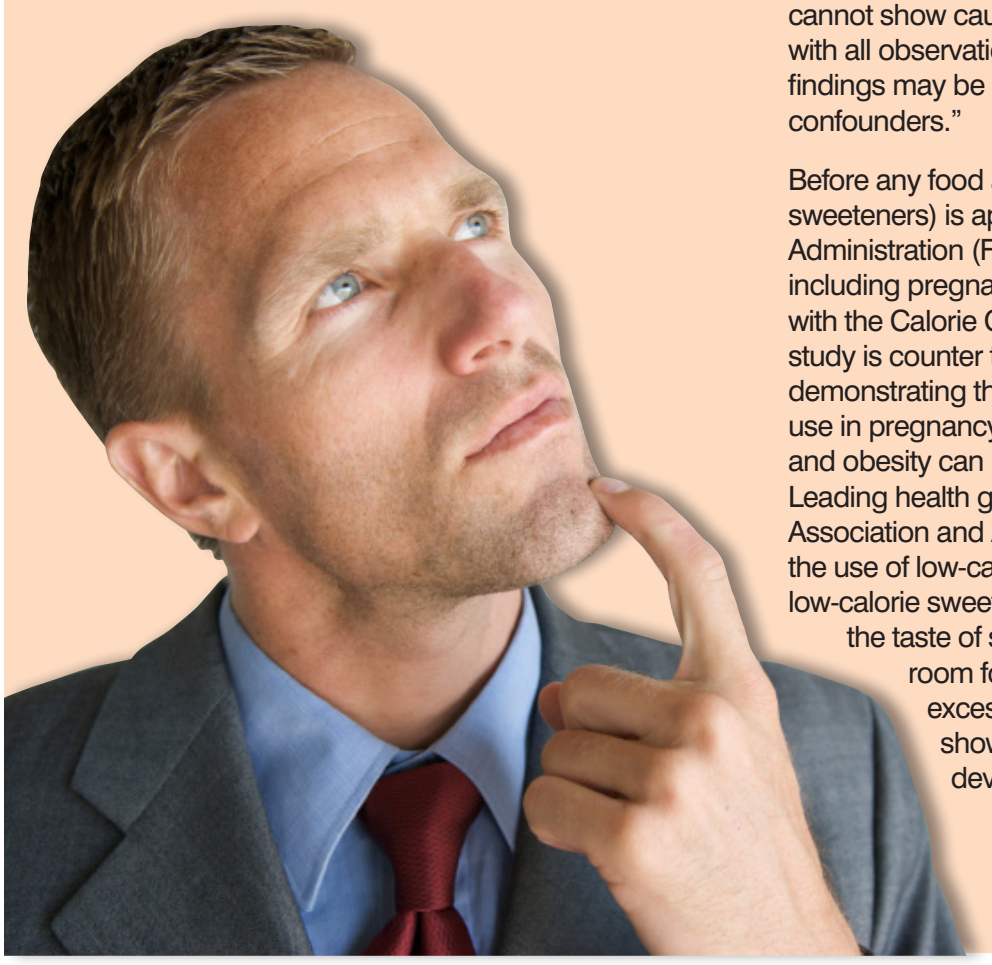
A new related study published in the *Journal of Occupational and Environmental Medicine* revealed that work-related factors may impact the total cost of obesity among U.S. full-time employees even more than direct medical costs. The Duke University research team reported the total per capita cost to employers of obesity among U.S. full-time employees to be a staggering $73.1 billion. The researchers reportedly factored in for the first time the total value of lost job productivity as a result of obesity-related health problems (presenteeism) and absence from work (absenteeism). The study included data from the 2006 Medical Expenditure Panel Survey and the 2008 U.S. National Health and Wellness Survey in the evaluation of individuals who were normal weight, overweight and obese, using body mass index calculations (BMI). While presenteeism was determined to represent the largest cost among employees at a healthy weight, researchers found that obese workers accounted for a disproportionately larger share of overall presenteeism, absenteeism and medical expenses. Further, obese individuals with a BMI greater than 35 represented 61 percent of all obese employee costs, though they represent only 37 percent of the overall obese population.

The study is available here

What's New and What's True?

Study of Diet Soda Use in Pregnancy Unduly Alarming

A study published in the August issue of the *American Journal of Clinical Nutrition* alleging a link between the use of diet soft drinks during pregnancy and the risk of preterm delivery does not reflect the weight of scientific evidence and may unduly alarm pregnant women. "Intake of artificially sweetened soft drinks and risk of preterm delivery: a prospective cohort study of 59,334 Danish pregnant women," investigated an association between intakes of sugar-sweetened soft drinks and diet soft drinks and preterm delivery. Dietary information was collected at 25 weeks gestation through use of a food frequency questionnaire that covered intakes during the previous four-week period. The researchers noted their findings "suggest the daily intake of artificially sweetened soft drinks may be associated with an increased risk of preterm delivery" but also cautioned, "The replication or rejection of our findings in other independent data are warranted."



Interestingly, less than five percent of the women in the study experienced preterm labor and one-third of those were medically induced. Moderate preterm delivery (defined as delivery between 32 and 34 weeks) was found to be less than one percent and early preterm delivery (prior to 32 weeks) was less than half of one percent. The researchers used a questionable data analysis technique by merging data from the three highest intake groups into one group, which tends to enhance statistical significance. Given the large sample size, this merging of groups might predispose the analysis to biologically meaningless statistical significance.

Even though several factors including smoking and socioeconomic status were considered, there was a relatively "high" prevalence of smoking during pregnancy and women using diet beverages smoked on a daily basis, accounting for 12-31 percent of this group. Smoking has been linked to adverse outcomes in pregnancy, including preterm labor. Further, these same women were more likely to be part of a lower socioeconomic group (94 percent or higher), which can also play a role in prenatal care and appropriate treatment. Additionally, this study is epidemiological in nature and cannot show cause and effect. The authors note, "As with all observational studies, we cannot exclude that our findings may be a result of unidentified and unadjusted confounders."

Before any food additive (including low-calorie sweeteners) is approved, the U.S. Food and Drug Administration (FDA) must find it safe for ALL individuals, including pregnant women. Beth Hubrich, a dietitian with the Calorie Control Council, noted, "While this study is counter to the weight of the scientific evidence demonstrating that low-calorie sweeteners are safe for use in pregnancy, research has shown that overweight and obesity can negatively affect pregnancy outcomes. Leading health groups including the American Dietetic Association and American Diabetes Association support the use of low-calorie sweeteners in pregnancy. Further, low-calorie sweeteners can help pregnant women enjoy the taste of sweets without excess calories, leaving room for nutritious foods and beverages without excess weight gain – something that has been shown to be harmful to both the mother and developing baby."

Get Physical

JAMA Study Finds More Exercise Needed to Maintain Weight

A study recently published in the *Journal of the American Medical Association (JAMA)* found that for women consuming a normal diet, 60 minutes per day of sustained moderate-intensity exercise was required to maintain normal weight and avoid weight gain. Comparing this data to the federal exercise recommendations from 2008 of 150 minutes per week suggests that the recommendation is inadequate for weight loss or maintenance unless combined with limiting caloric intake.

Attempting to determine the effect of differing amounts of physical activity on long-term changes in weight, the researchers analyzed data from the Women's Health Study, which followed a large cohort of middle-aged and older women for 13 years. Overall the group experienced weight gain over time, but the women who engaged in less than 60 minutes of physical activity per day, even those following federal recommendations of 150 minutes per week, gained considerably more weight than those who exercised for 60 minutes or more per day. Women of normal weight who gained less than 5 pounds during the length of the study were found to have participated in roughly 60 minutes of moderate activity per day.

The study brings to light several points regarding weight gain prevention. For those already overweight, physical activity alone was not associated with less weight gain. In addition, 60 minutes or more per day of physical activity is necessary to maintain current weight and prevent weight gain for women with a normal diet, as even those who exercised for 150 minutes per week gained weight at a similar rate to those who were not as active.

The results of this study suggest that weight loss and weight maintenance should combine reducing calorie intake in addition to physical activity. Reducing calories by 300 per day and increasing daily physical activity by an additional 200 calories per day should result in a weight loss of one pound per week. For information on the calories burned with various exercises, visit the Get Moving Calculator at: http://www.caloriecontrol.org/healthy-weight-tool-kit

The *JAMA* study is available here: