



**THE AMERICAN DIETETIC ASSOCIATION**

216 WEST JACKSON BOULEVARD  
CHICAGO, ILLINOIS 60606-6995  
www.eatright.org  
312/899-0040

POLICY INITIATIVES AND ADVOCACY  
1120 CONNECTICUT AVENUE, NW #480  
WASHINGTON, DC 20036  
202/775-8277 FAX 202/775-8284

2532 '01 JAN 25 P4:26

January 19, 2001

Dockets Management Branch (HFA-305)  
Food and Drug Administration  
5630 Fishers Lane, Room 1061  
Rockville, MD 20852

**Comments of the American Dietetic Association on the Food and Drug Administration's Proposed Rule on Food Labeling: Trans Fatty Acids in Nutrition Labeling, Nutrient Content Claims, and Health Claims**

RE: Docket No. 94P-0036

The American Dietetic Association (ADA) represents nearly 70,000 food and nutrition professionals who serve the public by promoting good health through diet and physical activity. The ADA appreciates this additional opportunity to submit comments in response to the Food and Drug Administration's (FDA) proposed rulemaking on the labeling of trans fatty acids. These comments address specifically the agency's request for guidance on the appropriate labeling of foods that display nutrient content claims. ADA commends FDA for their continuing efforts to help consumers understand the information provided on nutrition labels. This information is relied upon by many Americans who use the food label as a convenient reference when making food choices.

**General Comments**

The effects of saturated fat on total and low-density lipoprotein (LDL) cholesterol are well established and dietary recommendations, including the *Dietary Guidelines for Americans*, suggest reducing intakes of foods high in saturated fat. Clinical studies demonstrate that partially hydrogenated unsaturated fat (or, trans fat) also raises blood cholesterol and presents relative risks for coronary heart disease (CHD) that are similar to those for saturated fat.

In light of this evidence, ADA reaffirms its support of FDA's proposal to amend its food labeling regulations to include information about trans fat on the labels of foods and dietary supplements. Label information about a product's trans fat content will help consumers who wish to reduce overall consumption of foods that may increase their risk of CHD. ADA believes the addition of label information about trans fat content will

94P-0036

C2199

allow consumers to choose more healthful diets and help them to place individual food selections within the context of their total diet.

However, ADA believes the best scientific evidence suggests that consumers should focus first on total fat and saturated fat. And, because dietary intake of saturated fat is significantly higher than intake levels of trans fat, saturated fat presents a greater health risk to most Americans.

In the December 5, 2000 *Federal Register*, FDA requested additional advice in determining legal requirements for nutrient content claims on products that contain reduced levels of trans fat and/or saturated fat.

### **Claims for “low saturated fat” and “reduced saturated fat”**

ADA notes that section 403(r)(2)(A)(vi) of the Food, Drug and Cosmetic Act prohibits a claim if it is misleading in light of the level of another nutrient in a food. For this reason, “low saturated fat” or “reduced saturated fat” claims may be misleading if the same food or dietary supplement also contains measurable amounts of trans fatty acids. Consumers who select certain foods because they contain “low” or “reduced” levels of saturated fat are likely to assume that the product does not contain other components that may adversely affect serum LDL cholesterol levels.

ADA recommends that products labeled “low saturated fat” contain 1 gram or less of saturated fat and 0.5 gram of trans fat per reference amount and not more than 15 percent of total calories from saturated and trans fat combined. ADA also recommends that products labeled “reduced saturated fat” should require a 25 percent minimum reduction in saturated fat and a total combined reduction of at least 25 percent of saturated fat and trans fat. Products that reduce both saturated and trans fat by 25% should be permitted to display a combined claim, “reduced saturated and trans fat.”

### **Claims for “low trans fat” and “reduced trans fat”**

The November 17, 1999 *Federal Register* states that FDA “considered, but rejected, proposing definitions for “low” and “reduced” trans fat. Because the claim “low” generally relates to the total amount of the nutrient recommended for daily consumption, and because there is no quantitative recommendation for daily intake of trans fat, ADA agrees with the agency’s conclusion that the claim “low trans fat” cannot be adequately defined.

However, ADA recognizes that the food industry may wish to identify products formulated to contain a reduced level of trans fats. ADA recommends that a trans fat claim is permitted when stated together with a “reduced saturated fat” claim. Allowing the claim “reduced trans fat” to be made for products that are also qualified to display a “reduced saturated fat” claim provides industry an incentive to remove or reduce trans fat from foods that contain trans fat without abandoning the saturated fat message. Therefore, ADA would support a provision permitting a “reduced trans fat” claim when

the amount of trans fat contained in a product is reduced by 25 percent or more, and the amount of saturated fat is also reduced by 25 percent.

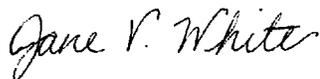
Because Americans generally consume significantly greater amounts of saturated fats relative to trans fats, ADA shares the concern of the agency that “use of the claim [“reduced trans fat”] could detract from educational messages that emphasize saturated fatty acids.” ADA believes that a combined trans fat and saturated fat claim will ameliorate this concern while providing more complete and simplified information about atherosclerotic fats. In summary, ADA would support a rule that permits food manufacturers and marketers to make a reduced trans fat claim when combined with a reduced saturated fat claim.

### **Concluding Remarks**

Continued consumer nutrition education efforts must also accompany our ever-evolving knowledge of science as well as changes in the marketplace and on food labels. As new information emerges about the physiologic function of various fatty acids, even sophisticated consumers are likely to grow increasingly confused in the absence of clear consumer messages, including claims made in food labeling. ADA members have the appropriate skills and training to provide nutrition guidance to consumers and remain committed to its mission to “promote optimal nutrition and well being for all people.”

I am pleased to provide the above comments on behalf of the ADA and its members. If you have any questions or would like additional guidance on this issue, please contact Kate Gorton at (202) 775-8277.

Sincerely,



Jane V. White, PhD, RD, LD  
President

