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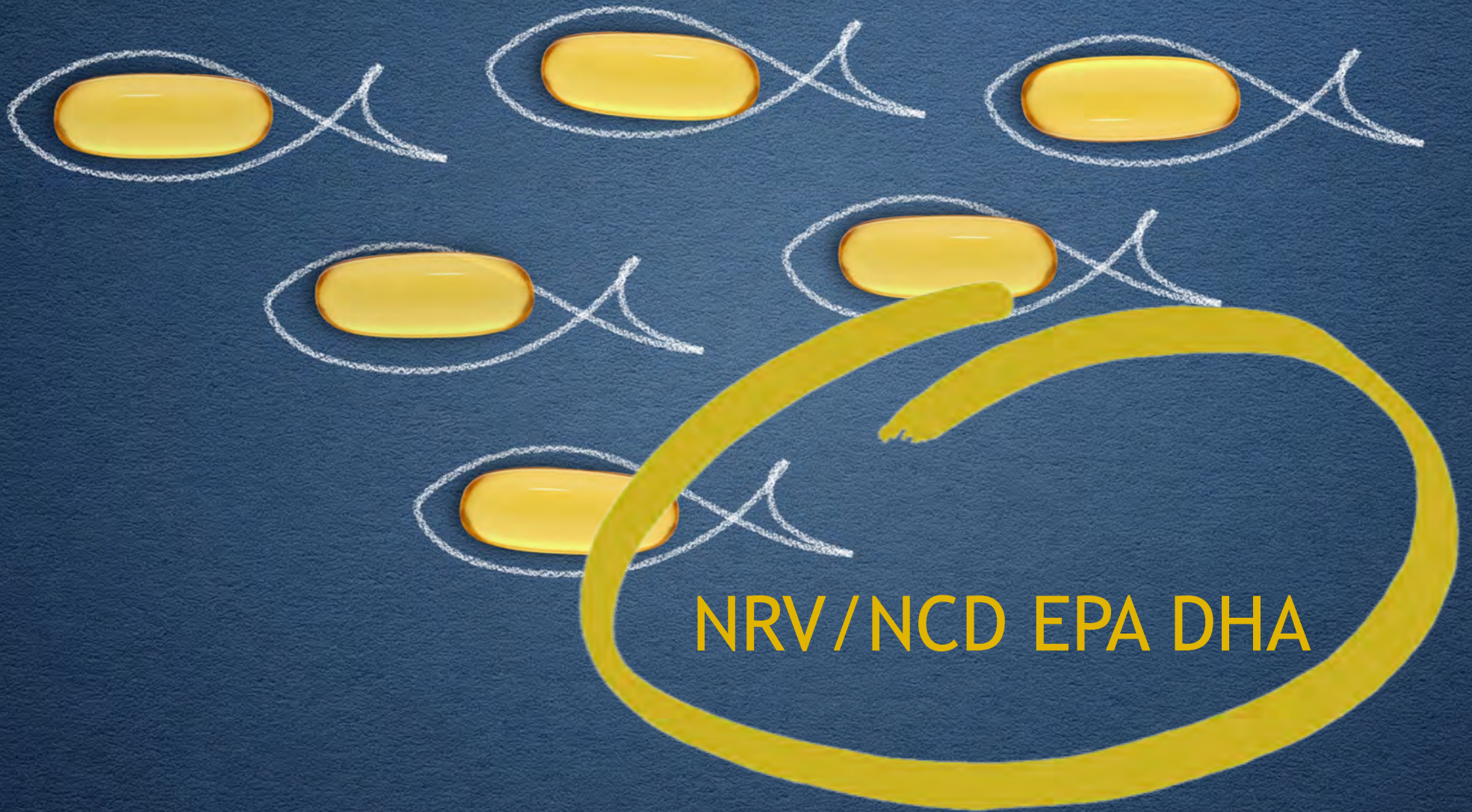
IADSA Annual General Meeting

Codex Alimentarius / Omega 3

Codex Alimentarius
CCNSFDU

IADSA

International Alliance of Dietary/
Food Supplement Associations



NRV / NCD EPA DHA

NRV NCD

What are NRVs-NCD?

NRVs-NCD stands for Nutrient Reference Values- Non-communicable Disease.

NRVs-NCD refer to NRVs that are based on levels of nutrients associated with the reduction in the risk of diet-related non-communicable diseases not including nutrient deficiency diseases or disorders.

Difference between NRVs-R & NRVs-NCD?

Nutrient Reference Values - Requirements (NRVs-R) refer to NRVs that are based on levels of nutrients associated with nutrient requirements. They are used for labeling purposes to help consumers make choices that contribute to an overall healthful dietary intake.

BASIS FOR NRVs-NCD

Need for:

- Relevant convincing/ generally accepted scientific evidence or the comparable level of evidence under the GRADE classification for the relationship between a nutrient and non-communicable disease risk, including validated biomarkers for the disease risk, for at least one major segment of the population (e.g., adults).
- Public health importance of the nutrient-non-communicable disease risk relationship(s) among Codex member countries.
- Relevant and peer-reviewed scientific evidence for quantitative reference values for daily intake should be available.
- Daily intake reference values from FAO/WHO or other recognized authoritative scientific bodies.

NRV NCD EPA DHA CCNFSDU

Work on the establishment of a new Codex NRV-NCD for omega-3 fatty acids based on EPA and DHA in order to achieve better public health and information to consumers. CCNFSDU supported new work to be co-chaired by Chile and the Russian Federation.

November 2014

First consultation on NRV-NCD for DHA & EPA.

April 2015

CCNFSDU discussed the establishment of the NRV-NCD based on the recommendations of the eWG.

December 2015

February 2015

Chile and The Russian Federation issued an invitation to join the 2015 eWG on February 6, 2015; 21 Codex members and 9 observers indicated their interest in participating in the 2015 eWG.

July 2015

NRV-NCD for EPA and DHA long chain omega-3 fatty acids adopted as new work by Codex Alimentarius Commission.

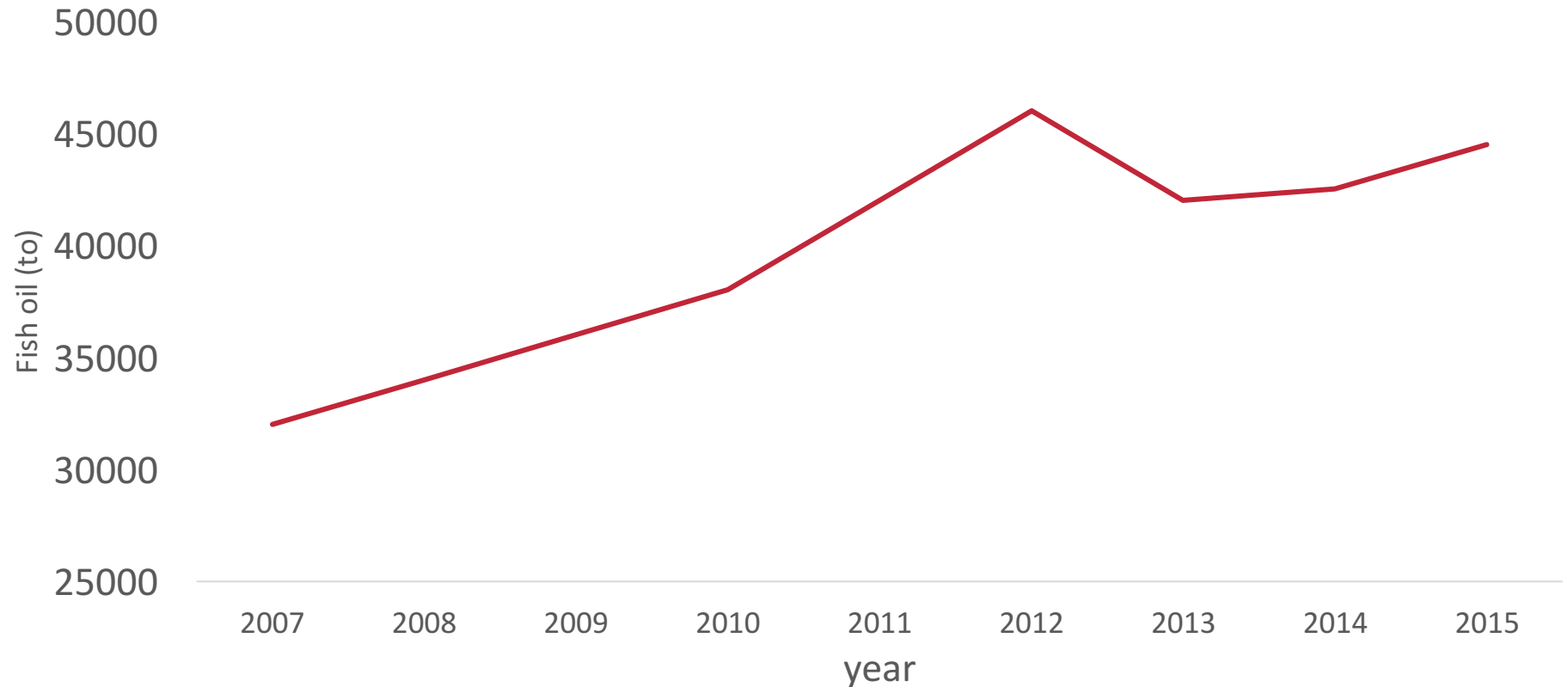
December 2016

Decision to take into account the work of NUGAG, Decision differed to next session.

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Impact negative news on sales volume Fish oil in US



- Before Crisis: annual growth rate of 6-9 %
- drop by 10 % follow year stagnation at low level
- slow recovery by annual growth rate of 4 %



Preparing for CCNFSDU39 NRV-NCD EPA+DHA



Harry B. Rice
IADSA AGM
Seoul, South Korea
16-18 May 2017

GOED
OMEGA-3

WHO PUFA Report

- At CCNFSDU38, the representative from WHO, Dr. Chizuru Nishida, informed the Committee of the status of the systematic reviews being carried out on PUFAs as part of the guideline development by the NUGAG Subgroup on Diet and Health.
- cardiovascular mortality, cardiovascular events, coronary heart disease (including lipids), stroke, all-cause mortality, neuro-cognition (including dementia), type 2 diabetes, depression, breast cancer, atrial fibrillation, inflammatory bowel disease and measures of adiposity.

Cardiac Death

- Since 2004, every one of the 13 meta analyses on EPA/DHA and cardiac death have found statistically significant reductions (9-35%) in mortality.

CHD Meta-Analysis

RCTs and Prospective Cohorts

Model	SRRE	Lower 95% CI	Upper 95% CI
CHD Risk (RCTs) all studies	0.94	0.85	1.05
CHD Risk (RCTs) LDL > 130 mg/dL	0.86	0.76	0.98
CHD Risk (RCTs) TGs > 150 mg/dL	0.84	0.72	0.98
CHD Risk (Prospective Cohorts)	0.82	0.74	0.98
Coronary Death (all RCTs; 5 studies)	0.81	0.65	1.00
Coronary Death (1^o prevention; 2 studies)	1.09	0.81	1.46
Coronary Death (2^o prevention; 4 studies)	0.80	0.64	0.99

Cardiac Death Meta-Analysis RCTs

Model	SRRE	Lower 95% CI	Upper 95% CI
Cardiac Death Risk all studies	0.921	0.864	0.982
Cardiac Death Risk >1 g/day EPA+DHA	0.709	0.508	0.990
Cardiac Death Risk LDL > 130 mg/dL	0.829	0.726	0.947
Cardiac Death Risk TGs > 150 mg/dL	0.826	0.723	0.944
Cardiac Death Risk <40% statin use	0.864	0.794	0.940

Cardiac Death Risk Reduction Conclusion

- There is sufficient evidence to conclude that EPA/DHA intake reduces the risk of cardiac death.

Preparation Work

- Determine if the available published research meets the Cochrane criteria.
- Identify key opinion leaders (KOL) with whom we can engage to interact with and/or sit on different country and observer delegations.
- Write short (max 2-3 pages) position paper to share with country and observer delegations.