

## **World Health Organization Nutrition Report Controversy Over Sugars Recommendation**

On April 23, 2003, the World Health Organization (WHO) and Food and Agriculture Organization of the United Nations (FAO) jointly released a Technical Report on *Diet, Nutrition and the Prevention of Chronic Diseases*. The report has raised global awareness of the need to focus on the essential role of both diet and physical activity as key determinants of health. At the same time, it has raised controversy over the scientific basis for a proposed goal that “free sugars” not exceed 10% of total caloric intake.

The proposed goal contradicts the findings of two recent comprehensive expert reports by the WHO/FAO and the US Institute of Medicine/Health Canada, which both concluded that there is no scientific evidence to justify a quantitative goal for sugars. No new evidence is provided in the 2003 WHO/FAO report to justify a different conclusion. Moreover, no evidence is provided linking sugars above 10% of calories to an increased risk of weight gain or poor nutrient quality, which are given as the reasons for setting the sugars goal. Thus, the sugars goal in the 2003 WHO/FAO report is not supported by scientific evidence.

The 2003 WHO/FAO report includes “population nutrient intake goals” for 13 nutrients and food components, as well as recommendations for physical activity. As stated in the report, it is intended to complement other “existing reports on energy and nutrient requirements issued by FAO and WHO”, including the 1998 *Report of a Joint FAO/WHO Expert Consultation on Carbohydrates in Human Nutrition*. That report provided a comprehensive assessment of the scientific literature specific to carbohydrates (sugars, starch, fibre) yet came to a very different conclusion. The experts found no evidence to set a specific “sugars” goal. Considering whether or not sugars and starches contribute to obesity, they concluded, “there is no direct evidence to implicate either of these groups of carbohydrates in the etiology of obesity.” The overall conclusion was that “there is no evidence of a direct involvement of sucrose, other sugars and starch in the etiology of lifestyle-related diseases”.

Controversy around the sugars guideline is not surprising given these contradictory conclusions. In fact, the WHO and FAO state in the 2003 report that, “The Consultation recognized that a population goal for ‘free sugars’ of less than 10% of total energy is controversial.” At the April 23<sup>rd</sup> launch of the report, the FAO stated that these goals are “not meant to be a precise quantitative limit derived from scientific experiments” or “a standard to be regulated” and that “research will have to continue in all the areas addressed in the Report”.

The WHO/FAO have also stated that, “In translating these goals into dietary guidelines, due consideration should be given to the process for setting up national dietary guidelines.” This requires “more reliable information on actual food consumption patterns and changing trends based on representative consumption surveys.”

In Canada and the United States, we are guided by the Dietary Reference Intakes (DRIs), which are based on the latest comprehensive review of scientific evidence by American and Canadian scientific experts. The September 2002 DRI report (published by the US Institute of Medicine of the National Academy of Sciences in collaboration with Health Canada) also contradicts the 2003 WHO/FAO report, as it found no evidence to set a quantitative recommendation for total or added

sugars. Specifically, the report concluded that, “based on the data available on dental caries, behaviour, cancer, risk of obesity and risk of hyperlipidemia, there is insufficient evidence to set a Tolerable Upper Intake Level for total or added sugars”.

The DRI report did, however, suggest a maximum intake of 25 % of calories from added sugars based on concerns about reduced consumption of certain vitamins and minerals when added sugars are consumed above this level. This level far exceeds the recommendation in the WHO/FAO report as well as current average intakes, which are estimated to be 16% of caloric intake in the US and 12% in Canada. Thus, Canada’s healthy eating guidelines, which do not recommend a specific reduction in sugars intake, continue to be consistent with this scientific assessment.

For more information, please see:

- [Canada-US Dietary Reference Intakes - Carbohydrates \(sugars, starch\)](http://www.sugar.ca/artMacroNutrients1.htm)  
<http://www.sugar.ca/artMacroNutrients1.htm>
- [Health Canada information on Dietary Reference Intakes](http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/diet_ref_e.html)  
[http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/diet\\_ref\\_e.html](http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/diet_ref_e.html)
- [FAO/WHO Report on Carbohydrates in Human Nutrition](http://www.sugar.ca/FAOset.htm)  
<http://www.sugar.ca/FAOset.htm>
- [FAO/WHO Report on Diet, Nutrition and the Prevention of Chronic Diseases](http://www.who.int/mediacentre/releases/2003/pr32/en/)  
<http://www.who.int/mediacentre/releases/2003/pr32/en/>

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*The Canadian Sugar Institute (CSI) is the national, non-profit association of Canada’s sugar manufacturers. CSI maintains a Nutrition Information Service managed by Registered Dietitians and research scientists. These qualified nutrition professionals maintain CSI’s scientific library and a comprehensive database of the latest research articles and technical information on carbohydrates, sugars and health. This service is also guided by a Scientific Advisory Council, a group of respected nutrition researchers from across Canada, to ensure an accurate interpretation of the scientific literature.*

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