



On 14 April 2018, the CPME Board adopted the 'CPME Policy on Trans Fats' (CPME 2018/017 FINAL).

CPME Policy on Trans Fats

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.¹

Building on its previous policies on healthy lifestyles, CPME reaffirms its commitment to contribute to the fight against nutrition-related diseases. Unhealthy diets and physical inactivity are among the leading risk factors for cardiovascular disease, the leading cause of death in Europe. One of the main dietary risk factors for adverse health effects is the consumption of trans fats, which significantly increase the risk of coronary heart disease.

What do we know about trans fats

Trans fats, trans-unsaturated fatty acids or trans fatty acids (TFAs), are particular types of unsaturated fats that are present in foods. They can be industrially produced as partially hydrogenated oils or as hydrogenated fats but they can also be naturally present in small amounts in food products derived from ruminant animals, such as cows, sheep and goats.

Trans fats are characterised by the near elimination of double bonds in unsaturated fats induced by chemical transformation². Industrial and ruminant trans fats are similar but differ in their formulation. Industrial trans fats are mostly contained in vegetable oils, which are used for example to produce bakery products, deep fried food or popcorn.³ These products, in particular, may contain as much as 40-50 g of trans fats per 100 g of fat.⁴ According to the World Health Organization (WHO), less than 30% of total daily energy intake should come from fats.⁵ With a 2000 calories diet, this would represent approximately 70 g of fat per day.

¹ CPME is registered in the Transparency Register with the ID number 9276943405-41. More information about CPME's activities can be found on www.cpme.eu.

² [Trans fats: What physicians should know \(2010\)](#)

³ [European Parliament Briefing: Trans Fats – Overview of recent developments \(2016\)](#)

⁴ [European Commission report regarding trans fats in foods and in the overall diet of the Union population \(2015\)](#)

⁵ [WHO Fact Sheet on Healthy Diet \(2015\)](#)



The World Health Organization (WHO) recommends consuming not more than 1% of the daily energy intake as trans fats. The European Food Safety Authority (EFSA) suggests that intake should be as low as possible. According to WHO, consuming 2% of the daily energy intake in form of trans fats increases the risk of dying from heart disease by 23%.⁶

Trans fats mainly increase the 'bad' low-density lipoprotein (LDL) cholesterol and lower the 'good' high-density lipoprotein (HDL) cholesterol, increasing the risk of developing heart disease or a stroke. Their consumption is also associated with an increased risk of developing type 2 diabetes. As stated already, cardiovascular diseases are the most frequent cause of death in Europe, accounting for 45% of all deaths in Europe and costing the EU economy €210 billion every year.⁷ Therefore, reducing the consumption of trans fats could not only reduce health costs but, more importantly, would also save lives.

At the moment, the average daily intake per capita of trans fats in Europe is below the recommended 1% maximum consumption level. However, certain population groups, such as students, young adults between 18-30 years and lower income population groups, are at risk of having higher trans fat intakes. This creates health inequalities between different population groups.⁸ Moreover, there are differences in the foods produced in different European countries. In particular, in eastern and southeastern countries the intake of industrial trans fats is very high.⁹

There are also different levels of nutritional literacy and consumer awareness of the negative effects of trans fats on health within the different population groups and in different countries. Furthermore, there is a lack of consumer information about the presence of trans fats, especially in non-prepacked foods, such as bakery products.¹⁰

What has been done

Increasingly, legislators around the world, including in the US and in several European countries,¹¹ have taken measures to limit industrially produced trans fats in foodstuffs. Mostly, they have opted for legislative measures that limit the amount of industrially produced trans fats in foods to 2g per 100g of fat. Also, in some European countries, the food industry has taken voluntary food reformulation actions to decrease the level of trans fats. However, some European countries have not taken action.

In 2004, Denmark was the first country to introduce legislative limits to eliminate trans fats from the food supply. Before the policy was implemented, the annual mean number of deaths attributable to

⁶ [WHO Policy Brief : Eliminating trans fats in Europe \(2015\)](#)

⁷ [European Heart Network: European Cardiovascular Disease Statistics \(2017\)](#)

⁸ [Trans fatty acids in Europe - Where do we stand? : a synthesis of the evidence: 2003-2013 \(2015\)](#)

⁹ [Tracing artificial trans fat in popular foods in Europe: a market basket investigation \(2014\)](#)

¹⁰ [European Commission report regarding trans fats in foods and in the overall diet of the Union population \(2015\)](#)

¹¹ By 2018, Austria, Denmark, Hungary, Iceland, Latvia, Norway, Slovenia and Switzerland have limited the trans fats content in foods.



cardiovascular diseases added up to 442 per 100 000 people. After three years of implementation, the mortality attributable to cardiovascular diseases had decreased by 14 deaths per 100 000 people per year.¹² While cardiovascular mortality is multifactorial, it would seem that the Danish legislation has been successful as a population health measure.

In 2016, the Members of the European Parliament adopted a non-binding resolution¹³ to impose an EU-wide limit on the amount of industrial trans-fats in food.

Recommendations

CPME is concerned about the effects of consumption of trans fats on the health of the population and, therefore, calls on the European Commission:

- to propose a legislative limit for the amount of industrially produced trans fats in foods of 2g per 100g of fat. Legislation would be an effective step towards significantly reducing the content of trans fats originating from partially hydrogenated oils in all foods. CPME believes that there is added value of an EU-wide action, as legislation will ensure a high level of protection of consumers' health throughout the member states.
- or to prohibit the use of partly hydrogenated oils in foods manufacturing/preparation through a legally-binding measure.
- and to introduce mandatory labelling of the trans fats content of foods in the nutrition declaration on food labels. At the moment, Regulation (EU) No 1169/2011 on the provision of food information to consumers states that the mandatory nutrition declaration shall include the amounts of fat, saturates, carbohydrate, sugars, protein and salt, but does not mention trans fats. CPME also highlights that the information on the label should be clear for consumers, taking into account people with lower literacy skills. Understandable labelling would increase people's awareness of trans fats' health effects and enable consumers to make healthier food choices in general.

CPME calls on all doctors and other healthcare workers to be aware of the negative health effects of trans fats. Adequate skills training to provide information for patients should be included in undergraduate and postgraduate medical education. Moreover, the National Medical Associations should disseminate the results of nutrition-research and recommendations to their members who can further inform their patients. Doctors should all be aware of the negative health impacts of trans fats on their patients and promote healthy lifestyles with healthy diets and adequate exercise.

¹² [Denmark's Policy on Artificial Trans Fat and Cardiovascular Disease \(2016\)](#)

¹³ [European Parliament resolution on trans fats \(TFAs\) \(2016\)](#)