Personalised Nutrition Workshop
Science and technology hand in hand: How can we make personalised nutrition a reality for the mass market?

Speaker:
Monica Feldman, President, Consumer Health Strategy Inc/ Lead of Retail Business - L-Nutra Inc., US
Science and technology hand in hand: How can we make personalised nutrition a reality for the mass market?

OVERVIEW OF BUSINESS OPPORTUNITIES

MONICA FELDMAN
CONSUMER HEALTH STRATEGY INC
Agenda

• Introduction
• Meaning of personalisation
• Market trends
• Business opportunities in the personalisation of health and nutrition
• Challenges and prospects
As unique individual, I am...

What I eat
How I live
My own physiology

Image: iStock
The evolution of wellness in modern times

It used to be one-way flow

Now it becomes a virtual circle with the feedback of patients and consumers

Doctor to patient

Recommendation on nutritional deficiencies

Pharmacist to consumer

Recommendation on supplements for purchase

Self empowered

Internet

Dr. Google

Doctissimo

Genomics

Blood panel

Habit

Inside Tracker

Artificial intelligence

Alexa/Echo

Google Home
Consumers are the new drivers of health on their own terms:

- Age
- Gender
- Lifestyle
- Stage of life
- What is in it for me
Personalisation levels that optimize health

- Lifestyle programmes
- Concierge medicine
- Anti-aging medicine
The influence of the environment in nutrition

Who eats right, and who does not?

Our local diet influences the manner we metabolize nutrients according to our environment.

The personal nutritional needs are shaped by where people grow up and live.
It is not “one size fits all”
Each individual has an optimal color combination of nutrition
Racing to offer personalised nutrition

**Academia**
- Supplement and pharma companies
  - Consumer segmentation
  - Individual packs
  - Personalized blends

**Science**
- Food and beverages companies
  - DNA testing
  - Meal plans

**Technology**
- Ingredient companies
  - Testing for recommendation
  - 3D printing of customised nutritional plan

- Lifestyle programmes
  - Wearable tracking
  - Individualised plans

- Clinics and health practitioners
  - Wellness programs
  - Lab work, personal testing, and medical plans

- Retailers
  - Walk-in clinics
  - Wellness programs
Basic nutrition expands to personalisation

By gender and specific health concern

Source: https://www.doppelherz.com/products/health-products-for-women/ as of 6 May 2018

Personalisation by health benefit

Source: https://www.upplement.com/ as of 6 May 2018

Online Quiz + vitamin plan

Source: https://www.vitaminbuddy.co.uk/ as of 6 May 2018

DNA + blood work + supplement + fresh foods

Source: https://habit.com/ as of 6 May 2018
Trends on Do-It-Yourself Personalised Nutrition

Convenient consultation

Scientific support

Metabolism of nutrients – food sensitivity

At-home testing
Emerging technology in personalized nutrition

3D Printing

Artificial intelligence: In the quest to live longer nutrients may help to delay the onset of ageing

Pill-free at home device delivers pure nutrition
Is Europe ready for personalised nutrition?*

Top concerns of consumers:

• Scientific/clinical proof that works
• Unquestionable safety
• Easy to digest/easy on the stomach
• Knowing the source of the ingredients
• From natural sources
• Easy to swallow

* Results from What values drive consumer behavior? (Europe) – Natural Marketing Institute (NMI SORD 2016)
Great excitement, but challenges persist

Daily recommendations of nutrients
- Harmonisation of dietary reference intakes
- How much is too much?
- Customization to local markets

Allowed health claims
- EFSA scientific opinions
- Market notifications

Approved technologies
- Direct to consumer

Privacy
- Health records
- New compliance GDPR

Allowed health claims
Putting value to the business of personalised nutrition

GLOBAL NUTRITIONAL MARKET (€ BILLION)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2020</th>
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<tbody>
<tr>
<td>Nutritional Supplements</td>
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<td>150</td>
</tr>
<tr>
<td>Functional Foods and Beverages</td>
<td>250</td>
<td>300</td>
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TECHNOLOGY MARKET (MILLION UNITS)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2020</th>
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<tbody>
<tr>
<td>Smartphones (units)</td>
<td>2000</td>
<td>2500</td>
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<tr>
<td>Wearables</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

0
50
100
150
200
250
300
350

Smartphones (units)
Wearables

2017 2020

2017 2020
Final thoughts

• Personalisation of nutrition is here to stay

• Advances in technology will continue to build the path of personalisation – we are not there yet, but progress creates excitement

• Seek economies of scale – how can we make the personalisation of nutrition more affordable to consumers

• National health systems that already measure the chronological age of citizens can open up business opportunities for the industry

• Listen to the voice of the consumer

• Invest in good science and be transparent
Let’s continue the conversation

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Showcasing the possibilities of phenotypic flexibility (PhenFlex) testing as a new measure for health status and indicator for personalised dietary advice

Speaker:
Suzan Wopereis, Senior Scientist, Dutch Organisation for Applied Scientific Research (TNO), The Netherlands
PERSONALIZED NUTRITION FROM THE PERSPECTIVE OF PHENOTYPIC FLEXIBILITY

Suzan Wopereis
TNO - BETTER WORLD THROUGH APPLIED RESEARCH

- Research and Technology Organisation
- Independent, not for profit
- Founded by law (1932)
- > 3000 employees
OUR MISSION

TNO connects people and knowledge to create innovations that boost the sustainable competitive strength of industry and well-being of society.
My personal objective: identification of biomarkers of (optimal) health

Biomarker Definition:
‘a characteristic that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes, or responses to an intervention’

{Biomarkers definition working group, 2001}
Phenotypic flexibility: next generation biomarker for health!
The challenge concept:
Study and quantification of the stress response curve

- Fat
- Sugar
- Protein

Resilience
Phenflex challenge test:

- 320 ml tapwater
- 60 grams palm olein
- 75 grams of glucose
- 20 grams of Protifar
- 0.5 gram / 20 droplets of artificial aroma
Time course studies to monitor challenge test response

Blood sampling at multiple time points after challenge, up to 10 hours

Measuring a total of ~150 different markers representing ~25 health related processes
Variation in phenotypic flexibility in healthy subjects

Age 20-29, L-N
Age 60-69, N-H

Age 30-59
LOW FAT%
NORMAL FAT%
HIGH FAT%

Based on ~160 markers
Challenge test as sensitive toolbox for personal health diagnosis
What nutrition best optimize the systems flexibility of this lady?
Personalised advice for healthy muscles

SenTo
N=800

N=59 (63% female)
Age 60 – 79y
Sedentary behaviour ≥ 10h/day
BMI 20-30
Good general health

Personalised advice:
7 x nutrition, 2 x exercise
Personalisation based on:
• Content: Muscle health, wellbeing, lifestyle
• Form: freedom of choice

Generic advice:
Leaflet Dutch food based dietary guidelines
(Voedingscentrum)
Study design: measurements, feedback & advice

9 week intervention period DiY@home

Baseline assessment @location

Measurements:
- Muscle health
- Wellbeing
- Socio-psychology

Generic advices

Monitoring:
- Weekly: physical activity
- Every 3 weeks: Food intake
- Every 3 weeks: Compliance & self-efficacy

Personalised advices

End assessment @location

Measurements:
- Muscle health
- Wellbeing
- Socio-psychology

Feedback & Advice
- Baseline & end: Feedback on health
- Every 3 weeks: Feedback & advice on lifestyle behaviour
Individual feedback on health

Muscle

Wellbeing

Optimal
Reduced
You

Group

Wellbeing

Muscle

your score

your score

0.0

2.5

5.0

7.5

10.0
Do it yourself (DIY) tools: muscle health & wellbeing

Measures included in muscle score:

- Handgrip strength
- Weight & fat percentage
- Lean mass
- Arm & thigh circumference

Short Physical Performance Battery
- Chair stand
- Balance
- Speed

Measures included in wellbeing score:

- Weight & fat percentage
- BMI, Body Fat
- Waist, length
- Total cholesterol
- HDL & LDL
- Ratio tot Chol/HDL
- Triglycerides
- Glucose

Instruments
- DIY tools: muscle health & wellbeing

Questionnaires
- Motivation
- Energy
- Resilience

BMI, Body Fat
SBP, DBP
Personalized advices based on health status, intake & knowledge on mechanisms

Food diary

Genetic variation
ACE, TCF7L2, FTO, FADS1, GDF5, VDR
All these elements together make up TNO’s Nutritional Systems Toolbox (NuSyBox). NuSyBox is the core design engine that allows to efficiently capture nutritional knowledge substantiated by literature, as well as to develop science-based intelligent algorithms that can be used to provide personalized advice and predictions.
Advies

Wij raden U aan om voor minimaal 2 rode of oranje aspecten een doelstelling te formuleren.
Bij voorkeur 1 op voeding (dit is één van de bovenste 7 aspecten) en 1 op bewegen (dit is één van de onderste 2 aspecten, Kracht of Beweging). Voor groene aspecten hoeft u geen doelstelling te formuleren.
Klik op een aspect om een doelstelling te formuleren.

Een voorbeeld van een doelstelling is:
Als ik 's ochtends ontbijt, dan vervang ik een boterham met hagelslag door een gekookt ei
Als ik 's avonds eet, eet ik meer vis.
Als ik naar mijn werk ga, dan ga ik op de fiets.

- Vitamine D inname
- Verzadigd vet inname
- Calorie inname
- Zout inname
- Water inname
- Eiwit inname
- Omega-3 inname
- Kracht
- Beweging
Vitamine D inname

U krijgt niet voldoende vitamine D binnen. Vitamine D is belangrijk in het vergroten van uw spieren en zorgt ervoor dat u zich energiek voelt. U heeft een genetische variatie waardoor het voor u extra belangrijk is om te zorgen dat u voldoende vitamine D binnen krijgt. Dit kunt u op de volgende manieren doen: • Eet meer voeding met veel vitamine D, zoals vette vis. Vitamine D wordt ook toegevoegd aan halvarine, margarine en bak- en braadproducten (geldt niet voor olie). • Slik elke dag een vitamine D supplement. Let bij het kopen van supplementen goed op de hoeveelheid vitamine D per tablet, zodat u niet te veel binnenkrijgt; de maximale hoeveelheid is 100 microgram per dag. Laat u zo nodig adviseren.

Als ik lunch, dan neem ik meer [Gekookt ei]

Verzadigd vet inname

Calorie inname

Zout inname

Water inname

Eiwit Inname

Omega-3 inname

Kracht

Beweging
Summary of health results

- Both groups showed an improved muscle health and wellbeing after 9 weeks of being provided with lifestyle advice.

- Personalisation is beneficial especially for subjects with a low self-efficacy.

- Only the personalised advice group showed reduced weight, fat % and waist circumference and improved vitamin D & n-3 levels.

- The personalised advice group showed more improved resilience!
This laid the foundation for three new initiatives…
Personalised nutrition in healthy range of population

THE HABIT CHALLENGE™ SHAKE

To help determine the ratio of carbs, fats, and protein that may be best for you, you are given a metabolic challenge beverage that is nutritionally equivalent to a large American breakfast. A lab measures indicators in your blood using samples you collected at different points before and after you drank the shake. Your results show us how your body responded to carbs, fats, and protein during the testing process.
Systems biology of personalized nutrition

Ben van Ommen, Tim van den Broek, Iris de Hoogh, Marjan van Erk, Eugene van Someren, Tanja Rouhani-Rankouhi, Joshua C. Anthony, Koen Hogenelst, Wilrike Pasman, André Boorsma, and Suzan Wopereis

Personalized nutrition is fast becoming a reality due to a number of technological, scientific, and societal developments that complement and extend current public health nutrition recommendations. Personalized nutrition tailors dietary recommendations to specific biological requirements on the basis of a person’s health status and goals. The biology underpinning these recommendations is complex, and thus any recommendations must account for multiple biological processes and subprocesses occurring in various tissues and must be formed with an appreciation for how these processes interact with dietary nutrients and environmental factors. Therefore, a systems biology–based approach that considers the most relevant interacting biological mechanisms is necessary to formulate the best recommendations.
A consortium to research the technology and knowledge to make personalised food & health advice possible on a large scale.
Highly Motivated People: Prevention of Metabolic Syndrome

People with Low Socio Economic Status

Wellbeing @ Work
Developing and using digital dietary advice knowledge rules

How to support people with metabolic syndrome in making food & lifestyle choices that better match their personal health targets

Using partner platforms and data
Effectiveness of personalized feedback and personalized advice in enhancing the diet of low SES households

Measurements and advice in the supermarket

In personalized small steps, aiming for long term change to more healthy lifestyle
Feasibility of self measurements @ work

Relation individual food intake, blood glucose level, cognition and wellbeing

Which should ultimately lead to new insights for personalized nutrition
Key take aways

- **Personalized advice and feedback**
  - empowers motivated and low SES consumers to eat more healthy and therefore they feel more healthy
  - has beneficial health effects on the short-term for highly motivated consumers

- **Personal attention is preferred**

- Self-measurements @work need to be adapted to employee context and have clear benefits

- For **men**: cognition after lunch is lower as compared to before lunch, whereas in **women** this is equal
Madam needed this examination as an eye opener: the results were very confronting and she especially learned from the dietary assessment. It made her realize that she had a unhealthy dietary behavior, which touched her. In the meantime, Madam indicates that she completely changed her diet and says the program pushed her in the right direction. She now consumes a lot of vegetables on her daily menu: paprika, cucumber, zucchini... This has also positive consequences for her diabetes. She noticed that especially in the evening her blood sugar does not peak as much as before. She now makes a shopping list and sticks to it, rather than taking what she wants in the store. She hopes that she will also lose a few pounds and is motivated to keep it going.
To demonstrate that a healthy or optimal diet in an intervention study can improve “metabolic age” and “metabolic stress”, which are composite biomarkers by quantifying phenotypic flexibility, within a healthy population. These composite markers validate previous findings from other intervention studies using phenotypic flexibility and could be the next generation biomarkers.
Breaking: EFSA Scientific Committee proposes "increased resilience to a challenge" as beneficial health effect
To show additional advantages of **personalization** / tailoring of dietary recommendations over general dietary recommendations. PhenFlex-2 delivers the scientific evidence that a healthy diet is beneficial for your health specially when this is tailored to the (nutritional) needs of a person.
So how will nutrition look like in 10 years?

1. It is personal
2. The intervention or advice is based on a diagnosis, i.e. my personal health data.
3. A (science based) model is used to translate diagnosis into advice
4. The model is tailored to specific conditions and goals from a large toolbox
5. The toolbox is continuously and systematically updated with all relevant scientific knowledge
6. Exploit/use information from large numbers of personal health data
Food and nutrition are hot!

There is a booming business of new technology and apps allowing a consumer to quantify aspects of health.

Phenotypic flexibility is a sensitive way to quantify health and effects of lifestyle on health.

Personalised dietary advices may empower individuals to make a sustainable healthy lifestyle choice.

Personalized nutrition from the perspective of phenotypic flexibility will bring the water from the fountain of youth on the shelves!
THANK YOU FOR YOUR ATTENTION
Personalised Nutrition - Regulatory framework for personalised nutrition

Speaker:
Brian Kelly, Partner, Covington & Burling LLP, UK
Regulatory Framework for Personalized Nutrition and Claims

Brian Kelly
bkelly@cov.com

Vitafoods 2018
Overview

- What is current state of play
- Communicating with consumers and nutritional/health professionals
- Legal boundaries
Current State of Play: Regulatory Framework (1)

- Regulatory Framework

Diagram:
- Food
- Medicine
- Cosmetic
- Medical Device
- Tobacco
- Consumer Product
Definition of Food

“Any substance or product, whether processed, partially processed or unprocessed, intended to be, or reasonably expected to be ingested by humans.” Article 2(1)(a) of Regulation (EC) No. 178/2002

Sub-categories include:

- **Food supplements** “… the purpose of which is to supplement the normal diet and which are concentrated sources of nutrients or other substances with a nutritional or physiological effect, alone or in combination, marketed in dose form, namely forms such as capsules, pastilles, tablets, pills and other similar forms…” measured small unit quantities” (Art. 2, Directive 2002/46)

- Foods for special groups (including special medical foods)
- Novel foods (issues for botanicals, novel probiotics, new functional ingredients)
Definition of a medicinal product: Article 1(2) of Directive 2001/83/EC

“Any substance or combination of substances presented as having properties for treating or preventing disease in human beings“  (presentation)

OR

“Any substance or combination of substances which may be used in or administered to human beings either with a view to restoring, correcting or modifying physiological functions by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis.”  (function)
Medical device (Art. 1(2) Dir. 93/42/EEC)

“means any instrument, apparatus, appliance, material or other article, whether used alone or in combination, including the software necessary for its proper application intended by the manufacturer to be used for human beings for the purpose of:

diagnosis, prevention, monitoring, treatment or alleviation of disease…”
Which legislation prevails?

- Article 2(2) of Directive 2001/83/EC:

  “In cases of doubt, where, taking into account all its characteristics, a product may fall within the definition of a ‘medicinal product’ and within the definition of a product covered by other Community legislation, the provisions of this Directive shall apply.”

- CJEU Case Law “Multi-factorial test”

  “case-by-case basis, taking account of all the characteristics of the product, in particular its composition, its pharmacological properties, to the extent to which they can be established in the present state of scientific knowledge, the manner in which it is used, the extendt of its distribution, its familiarity to consumers and the risks which its use may entail” (Case C-211/03 HLH Warenvertriebs, para. 30).
Current State of Play: Health Claims on Food

- Regulation (EC) No 1924/2006 on nutrition and health claims (NHCR) made on foods has been around for nearly 10 years, the Union list established under Commission Regulation (EU) No 432/2012 for nearly 4 years.

- Many issues still remain, for example:
  - What is a health claim
  - Availability of health claims
  - Exaggeration of health claims
  - Medicinal health claims
  - Consumer understanding
  - Translation of health claims
  - Nutrient profiles
  - Evidence to support claims
NHCR
- harmonised rules for the use of voluntary nutrition and health claims in the EU

Applicable to claims:
- “made in commercial communications, whether in the labelling, presentation or advertising of foods to be delivered as such to the final consumer”

Every claim must be authorised and otherwise comply with the Regulation
- claims cannot be misleading, false, ambiguous, encourage excess consumption of food, state, suggest that a balanced and varied diet cannot provide appropriate quantities of nutrients in general etc. (Arts. 3 and 4)
- Transitional periods – mainly botanicals
Types of Health Claim

**General function claims under Article 13(1)**
- growth, development and functions of the body
- psychological/behavioural functions
- slimming/weight control

**New function claims under Article 13(5)**
- “newly developed scientific evidence and/or which include a request for the protection of proprietary data”

**Disease risk reduction claims and claims for children’s development and health under Article 14**

**Key requirements (Arts 5, 6 and Ch. IV)**
- Claims must be substantiated by “generally accepted scientific evidence”
- Must be “well understood by the average consumer”
Nutrition claims

Nutrition claim

- any claim which states, suggests or implies that a food has particular beneficial nutritional properties due to:
  
  (a) the energy (calorific value) it
  - (i) provides;
  - (ii) provides at a reduced or increased rate; or
  - (iii) does not provide; and/or

  (b) the nutrients or other substances it
  - (i) contains;
  - (ii) contains in reduced or increased proportions; or
  - (iii) does not contain.
Exceptions (1)

NHCR provides certain express exceptions from full authorisation

- Trade marks, brand names or fancy names
  - Prior to 1 January 2005: products bearing trade marks or brand names in existence prior to this date may continue to be used until January 2022
  - After 1 January 2005 must be “accompanied by a related nutrition or health claim” that complies with the NHCR (Art. 1(3))

- Generic descriptors
  - Traditionally used to indicate a particularity of a class of foods or beverages that could imply an effect on health (Art. 1(4))
  - Approval procedure under Regulation 907/2013
    - 20 years use
    - Tonic, probiotico, cough drops etc
Exceptions (2)

What about:

- Non-beneficial claims

- Claims in non-commercial communications
  - dietary guidelines
  - public health authority announcements
  - press
  - scientific publications
  - doctors, healthcare professionals, dieticians, nutritional therapists

- Claims not directed to the final consumer (B2B)
  - Case C-19/15 Verband Sozialer Wettbewerb v Innova Vital

- Mandatory labelling
Communicating with consumers

Key factors when communicating with consumers

- EVIDENCE
- RELEVANCE
- PRESENTATION
General Requirements

- Health claims can only be made if listed as authorised on the EU Register.

- Exception: on-hold claims.

- If not listed on the EU Register and not an on-hold claim, then needs to submit evidence to EFSA for evaluation. 5 year proprietary protection for claims based on new evidence.

- Needs to hold evidence that the product meets the requirements for use, such as the required amount of the nutrient/ingredient.
On-hold claims

- Cross check against non-authorised claims in EU Register
- Stick to same plant part, wording(s), health relationship and any proposed conditions of use (e.g. the amount)
- Some foods/ claims may be medicinal
- Check novel status

Non-specific health claims

- References to general, non-specific benefits of the nutrient or food may only be made if accompanied by a specific authorised health claims.
Relevance

- Needs to refer to the relevant nutrient/ingredient, for which the claim has been authorised.
  - e.g. cannot refer to the product instead of the nutrient/ingredient

- Context is important.

- Needs to be clear which nutrient/ingredient provides which benefit.
  - e.g. cannot combine claims for more than 1 nutrient, unless all nutrients are responsible for the same claimed effect
Recommended to stick to the authorised wording of health claims as closely as possible.

Changes to wording possible only to aid consumers’ understanding:

- Must not make the claim more appealing.
- Must not exaggerate the claim.
- Must not change its meaning.
- Meaning for consumer must remain the same as the authorised claim.
Not just explicit claims, claims which suggest or imply a relationship between health and food are also health claims.

Visual claims may be classified as implied health claims, for example before and after photos showing weight loss.

The size and font of the entire health claim should be the same and not emphasising any particular parts.
Medicinal Claims

- Medicinal claims are prohibited for foods, their use on food supplements may render the product a medicine.

- Regulation 1924/2006 allows disease risk reduction claims with prior authorisation.
Additional Considerations:

- Certain claims have specific conditions of use attached to them.

- When specific conditions of use apply, this must be made clear on the label.

- Consumers also need to be informed as to how much product they need to consume to achieve the relevant effect.

- For some claims, specific warning statements must also be included.
Communications with HCPs

To be, or not to be, that is the question.

William Shakespeare
Innova sent a letter to named doctors advertising its Vitamin D3 food supplement:

- Claimed the product contributed to prevention of diseases caused by Vitamin D deficiency.

Innova’s Argument:

- NHCR did not apply as letter intended for doctors only and NHCR only applied to health claims made in commercial communications “delivered as such to the final consumer”

**Must Article 1(2) of the NHCR be interpreted as meaning that the provisions of that regulation apply also to nutrition and health claims made in commercial communications in advertisements for foods to be delivered as such to the final consumer if the commercial communication or advertisement is addressed exclusively to the professional sector?**
C-19/15 Verband Sozialer Wettbewerb v Innova Vital GmbH (2)

CJEU held:

- commercial communications = communications made in advertising of foods designed to directly or indirectly promote those foods
- the product itself and not the communication must be intended for the final consumer
- health professionals can have significant influence on final consumers, but may not necessarily have specialist knowledge
- excluding claims addressed to health care professionals from the scope of the NHCR would reduce consumer protection as FBOs could address final consumers through health professionals
Test: NHCR applicable if claim made:
1. in **commercial communication**; AND
2. on foods to be **delivered as such** to the final consumer

BUT:
- what makes a communication “promotional”?
- meaning of “as such”?
  - differences in translations of Article 1(2) NHCR?
  - “finished food”?
  - “ingredients”?

Commission’s Written Observations:
- external effect on a third party
- exchange of information in “closed circle”
- case-by-case assessment
Guidance

- **EFSA Guidance for Applicants for Health Claims**
  - Scientific and technical guidance for the preparation and presentation of an application
  - General guidance covering the principles applied by the NDA Panel

Additional guidance on scientific requirements for health claims related to:

- Bone, joints and oral health (16 May 2012)
- Physical performance (17 July 2012)
- Neurological and psychological functions (17 July 2012)
- Gut and immune function (26 April 2011)
- Antioxidants, oxidative damage and cardiovascular health (9 December 2011)
- Appetite ratings, weight management and blood glucose concentrations (21 March 2012)
Guidance

- General Principles on Flexibility of Wording for Health Claims (EU)
- ASA Advice on Health Claims (UK)
- UK Department of Health Guidance (UK)
- Nutrition and Health Claim Guide for food supervisors and food business operators (Finland)
Conclusion

- Consider regulatory framework position carefully!!!

- Likely to see several CJEU cases over the coming years

- Possible General Court cases as companies more willing to challenge rejected health claims

- Domestic law
  - different jurisdictional approaches
Questions?
Personalised Nutrition Workshop