



# Dairy & Metabolic syndrome

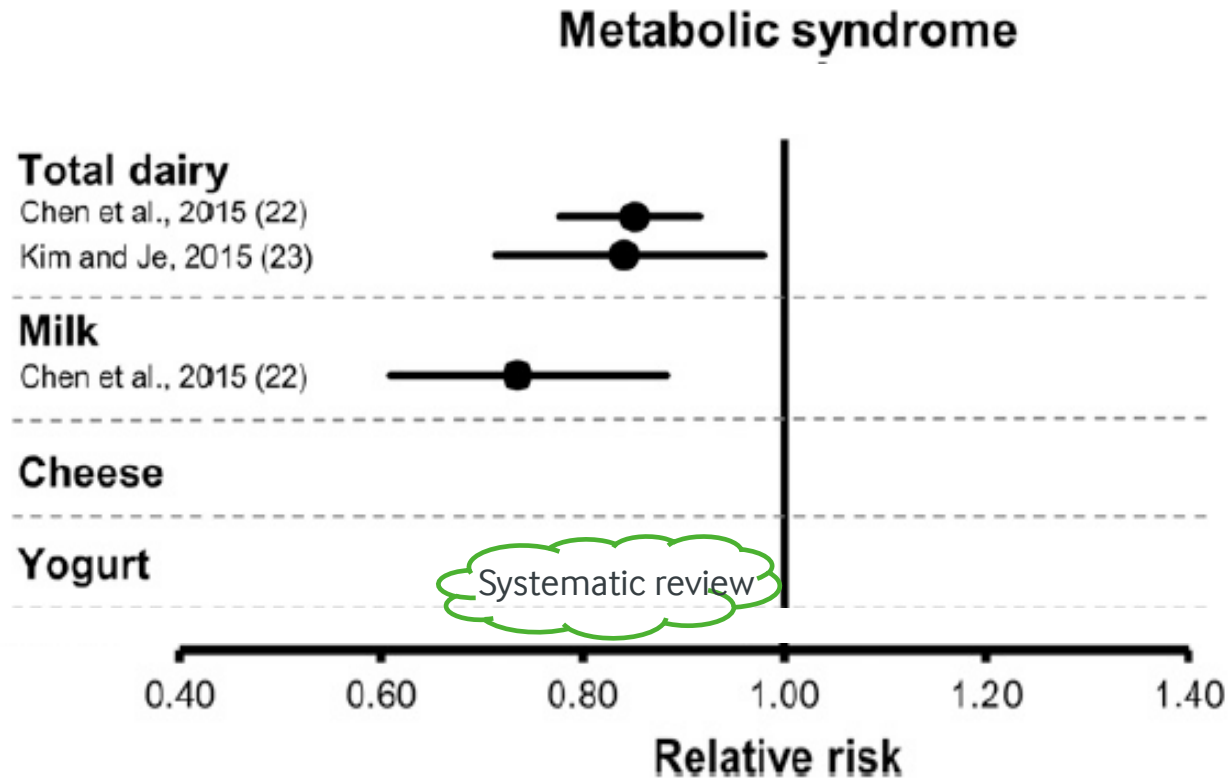
*-The view of an industrial scientist*

Lea Brader, Nutrition Scientist, PhD



# Outline of meta-analyses

## Dairy lowers risk of Metabolic Syndrome



Moderate-quality evidence\*

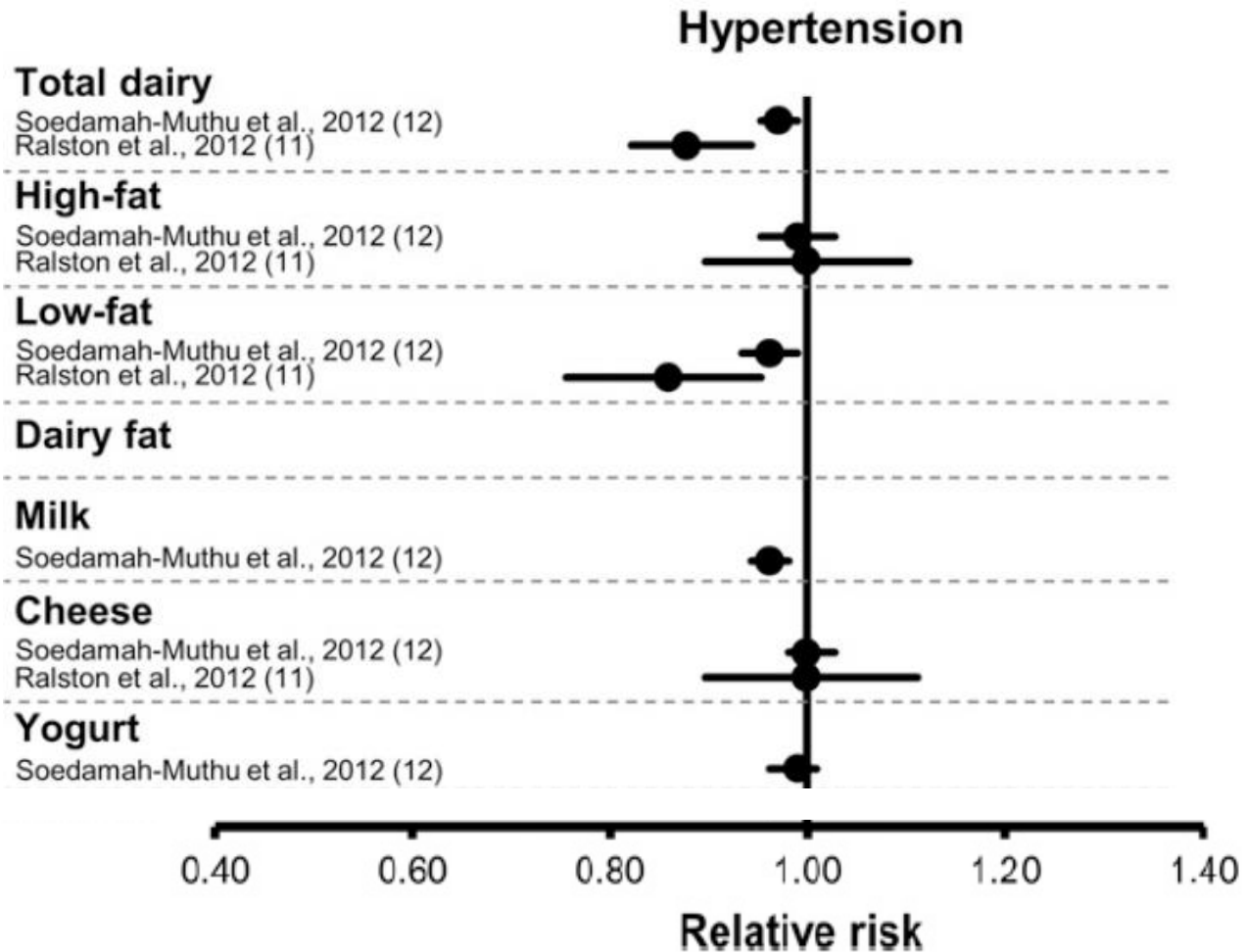
Moderate-quality evidence\*

\*defines a situation in which “we are moderately confident in the effect estimate”



# Outline of meta-analyses

## Dairy lowers risk of Hypertension

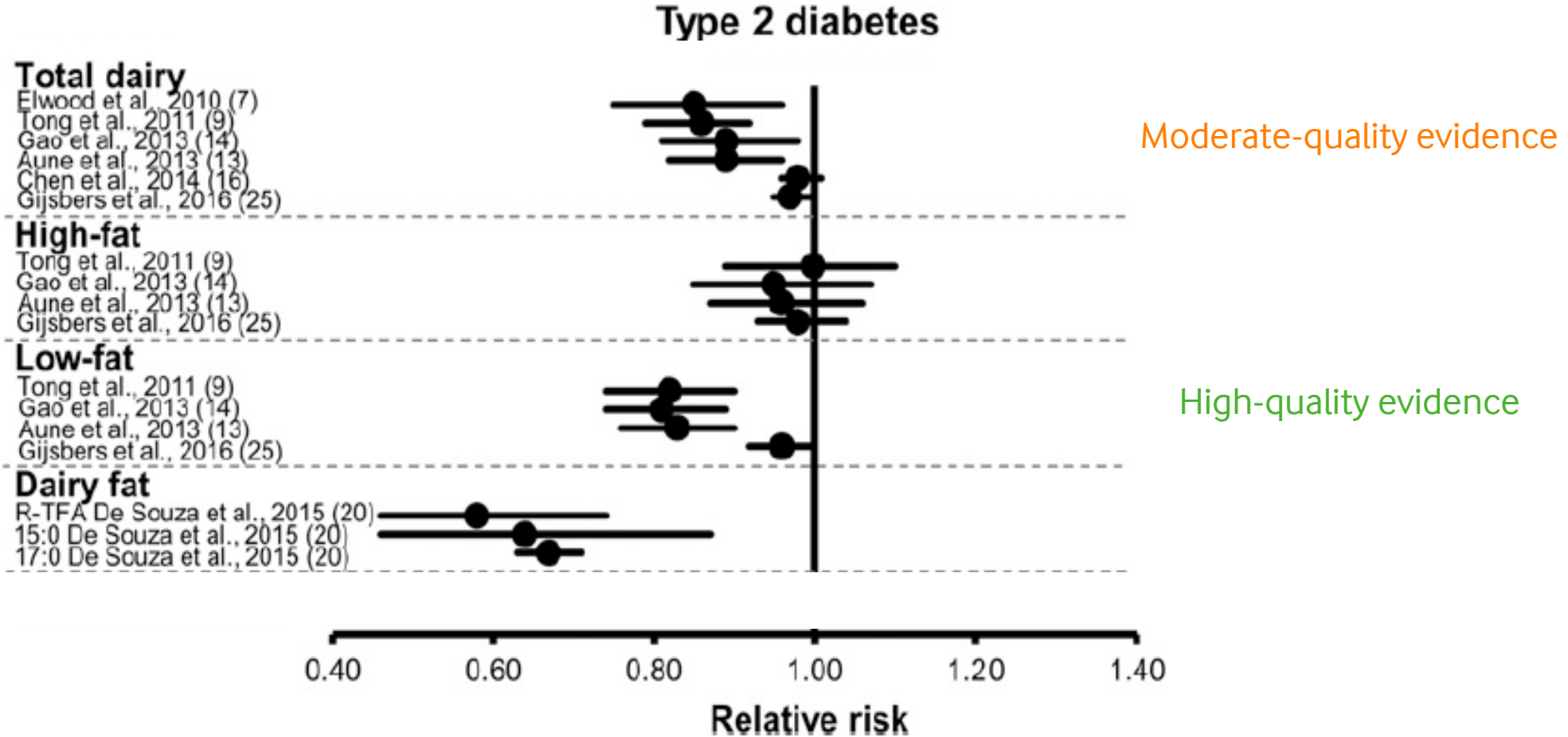


\*defines a situation in which “we are very confident that the true effect lies close to that of the estimate of the effect.”



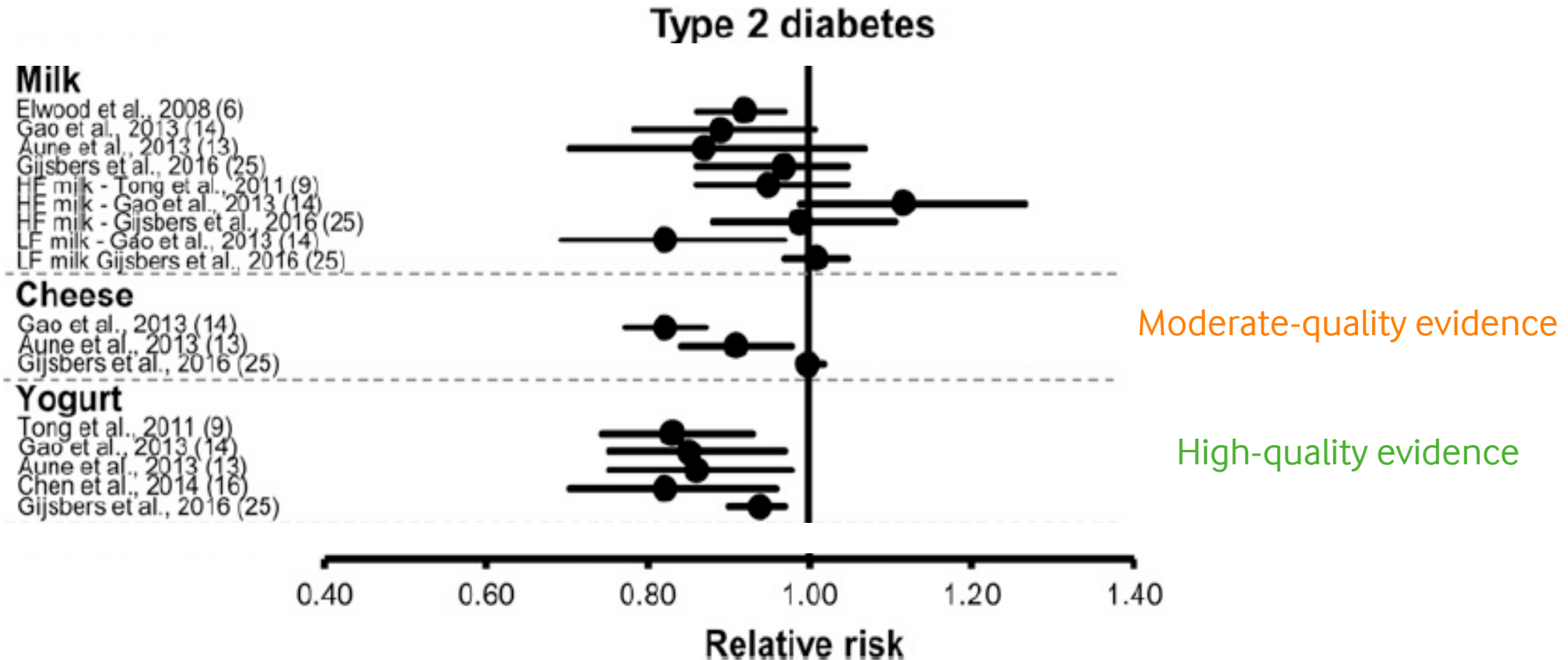
# Outline of meta-analyses

## Dairy lowers risk of Type 2 diabetes



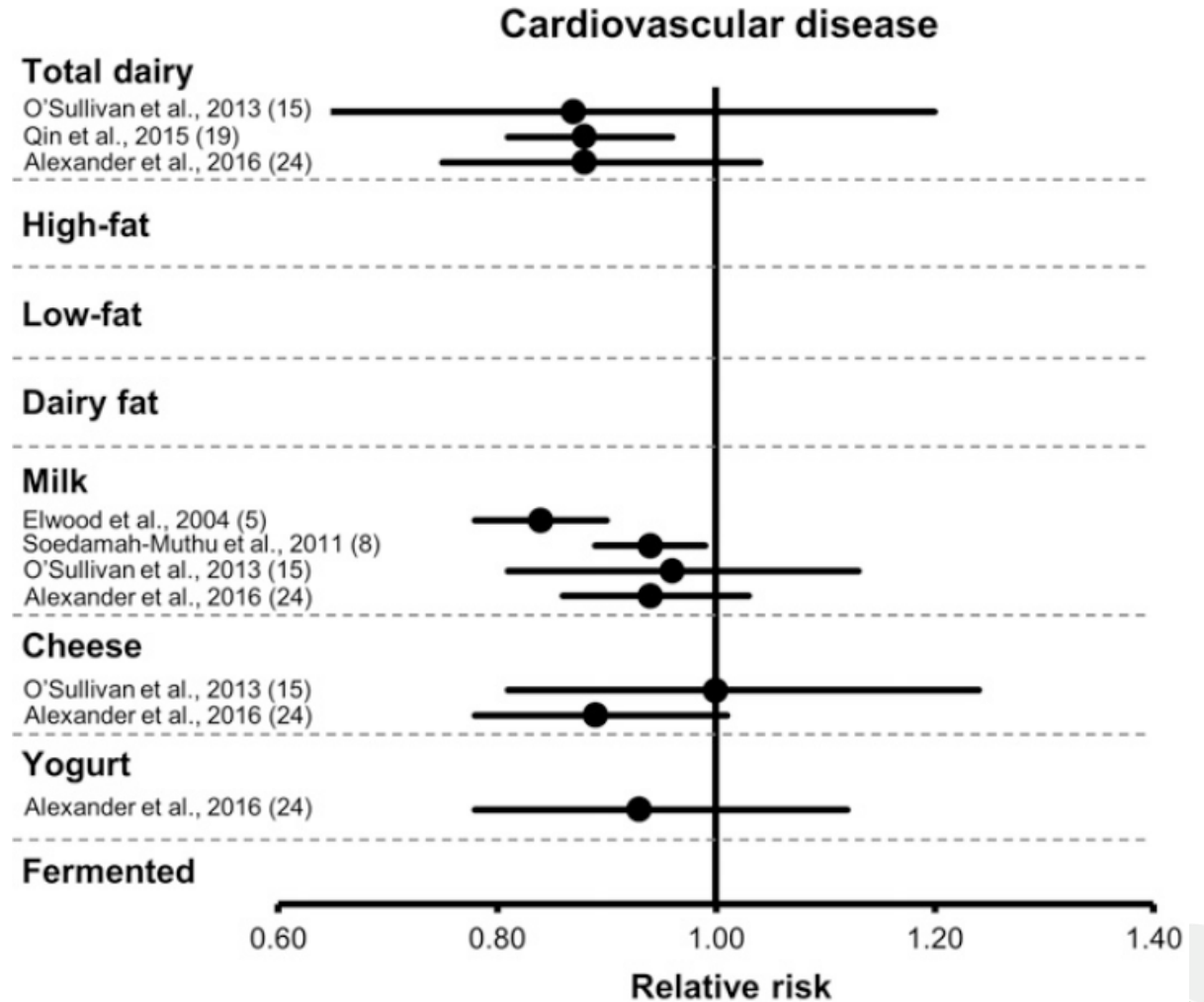
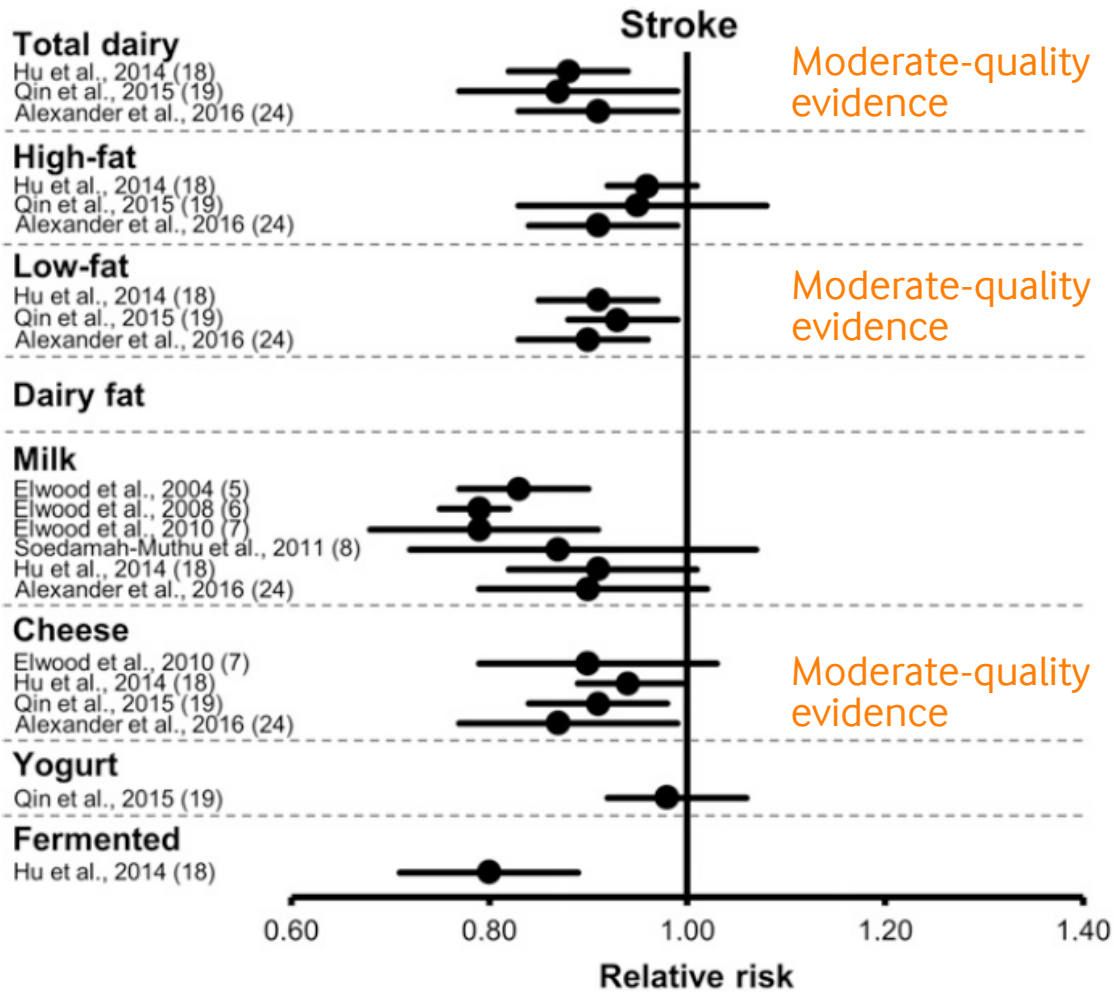
# Outline of meta-analyses

## Dairy lowers risk of Type 2 diabetes



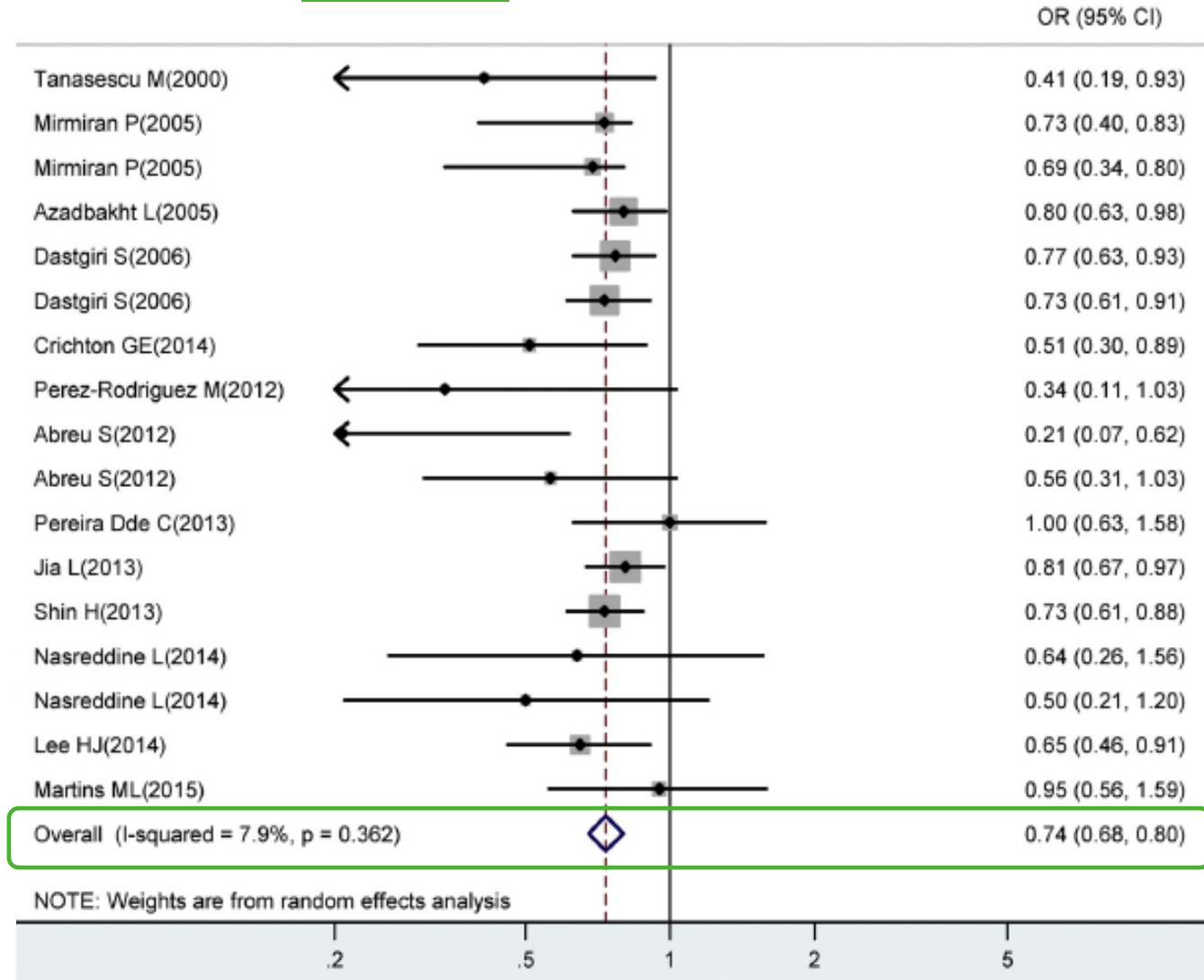
# Outline of meta-analyses

## Dairy lowers risk of stroke but not CVD



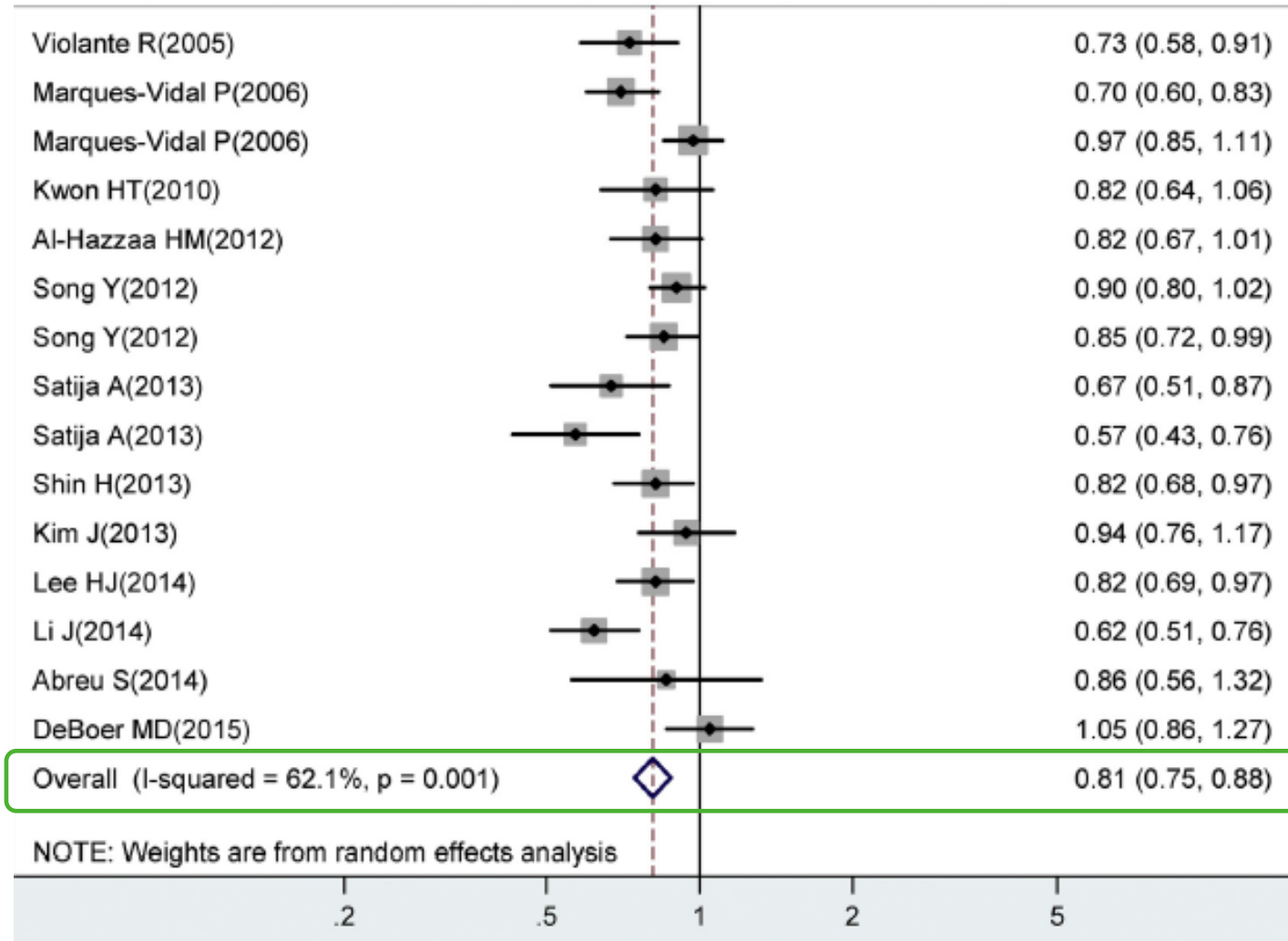
# A recent meta-analysis

## Dairy lowers risk of Obesity



# A recent meta-analysis


## Milk lowers risk of Obesity








# Controlled intervention trials

Neutral to favourable effect – evidence is limited



**Metabolic syndrome**  
**Blood pressure**  
**Insulin sensitivity**  
**Dyslipidemia**  
**Obesity**



Lovegrove et al. Nutr Res Rev 2016 Dec;29(2):249-267  
Thorning et al. Food Nutr Res 2016 Nov 22;60:32527  
Drouin-Chartier et al. Adv Nutr 2016;7:1041–51  
Dumas et al. Eur J Nutr 2016 Nov 2. [Epub ahead of print]



# Research GAPS within dairy & MetS

RCTs on actual dairy foods are needed...



## Research gaps

- Controlled research from intervention trials (RCT)
- Research on actual foods (not ingredients)
- Research on individual foods (yoghurt, cheese, milk)
- Research on amounts within recommendations

*“The cardiometabolic effects of different dairy foods represent a major unanswered question of modern nutrition science. Most dietary guidelines are largely based on theoretical considerations about selected single nutrients (calcium, vitamin D, calories, saturated fat), rather than empirical evidence on health effects of the actual foods.”*

**Dariush Mozaffarian.** Circulation. 2016;133:187-225

**Arla Foods for Health** - facilitate dairy research through funding and expertise



# We cannot communicate this knowledge on dairy

...since food companies are not allowed to communicate it (EFSA)



Cannot

Can

Health claims on **whole foods**

Scientific consensus

Textbook knowledge



Health claims based on single **nutrients** in dairy:

BLOOD PRESSURE

Potassium

OXIDATIVE STRESS

Vitamin B2

Health claims based on added non-dairy **ingredients**:

BLOOD SUGAR

Sweeteners, Iodine, Inulin...

BLOOD CHOLESTEROL

Plant sterols,  $\beta$ -glucan...

# But we can play on nutrients associated with health...

Obesity  
(Calories)

Fattig på fedt - rig på protein.

Obesity  
(Satiety & muscle mass)

T2D  
(Blood sugar)

Hypertension  
(Salt)



...and have several products for at risk people



# And be inspired by science when creating new products...



**Protein**



**Grains**



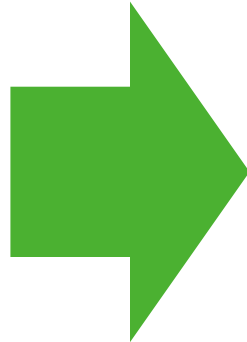
**Fiber**



**Vegetables**



**Pulses**



**Viscosity**

**Energy density**

**Gut hormones**

**Gut transit time**

etc. ....

## Satiety

- for obesity prevention



# And be true to science in our communication

You can claim health on not healthy products...

- Based on science, we know that dairy is good for health - recommended worldwide
- All dairy products can be part of a healthy diet BUT in quantities that balances culinary and nutritional needs
- Help people make healthy choices by increasing product transparency

Example **Vitamin A**



Amount providing 30% of recommended daily intake

✓ Health claim allowed

- Move the Arla Brand assortment in a healthier direction

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