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Position of Hong Kong Dietitians Association on the Revised proposal of Nutrition Labeling Scheme in Hong Kong

Hong Kong Dietitians Association (referred as the Association) represents about 130 dietetic professionals in Hong Kong serving the public through the promotion of optimal nutrition health and well-being.

The Association has the following position on the revised proposal on nutrition labeling scheme:

- The Association supports that the provision of “energy + 9 nutrients” as a mandatory nutrition label requirement for all prepackaged foods; but the Association would recommend the labeling of “energy + 9 nutrients” throughout Phase I and II instead of phase II only
- The Association supports the timing that phase II be implemented two years after the implementation of Phase I
- The Association encourages the trade to include additional nutrients such as potassium, soluble fiber, monounsaturated fat, trans fatty acids as optional label items.
- The Association urges the planning and execution of nutrition labeling education programs for the general public and the trade.

**The Association recommends “energy + 9 nutrients” instead of “energy + 5 nutrients” during Phase I and II because the inclusion of 4 nutrients, namely calcium, dietary fibers, sugars and cholesterol are important for general public health.** Firstly, consuming high calcium foods is a cost effective approach in the prevention of osteoporosis. Data suggested in 2001, osteoporosis affected 0.3 million women and 0.1 million men in Hong Kong. By 2031, it is projected that 0.74 million women and 0.25 men will be affected. Osteoporosis will result in hip fractures and physical impairment, resulting in a higher healthcare costs for the society. Secondly, dietary fiber benefits cover a wide range of diseases such as heart health, cancers, diabetes and weight management. Dietary fiber helps lower the risk of heart diseases by maintaining healthy cholesterol levels. Also dietary fiber provides sense of satiety which should be beneficial to diabetic patients and obese individuals. Thirdly, sugars should be included for the rising rate of diabetes in order to provide more useful information for food selection. The types of carbohydrates in a food will affect the blood sugar control. There is a risk for poor blood sugar control if diabetic patients choosing food products without labeling for sugar levels if only carbohydrates is labeled. The inclusion of sugars should help diabetic

patients make an informed choice on different food products, thus increasing the variety of food choices, therefore improving their quality of life.

Most importantly, from a general public point of view, the exclusion of the above four important nutrients may create confusion to the understanding of nutrition label, when some nutrition labels have 5 nutrients only and some with 9 nutrients. Individuals who need the above nutrition information for their own health conditions will be left with missing information, before Phase II can be enacted.

**The Association supports the Hong Kong government regarding the timing of enactment of the nutrition labeling scheme on condition that the “energy + 9 nutrients” criteria during Phase I is fulfilled.** As reading nutrition label helps facilitate desirable dietary behaviour, further delay of enactment should deprive the general public of the benefits of the nutrition labeling scheme.

Last but not least, the nutrition knowledge of the general public have increased in recent years and should be able to interpret the data on the food labelling with some education given. Hong Kong Dietitians Association look forward to a nutrition labeling education program coordinated by the Hong Kong government for the health of the general public.