

Letter to the Editor

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Compulsory calorie labelling of foods. A response to 'Food for thought: obstacles to menu labelling in restaurants and cafeterias' by E Thomas

Madam

With renewed calls for compulsory calorie labelling of meals and snacks, Erica Thomas has summarised the potential obstacles that restaurants and cafeterias might face in providing calorie information for customers, but her somewhat negative commentary 'Food for thought: obstacles to menu labelling in restaurants and cafeterias'⁽¹⁾ may not have incorporated all recent evidence and current experience.

Given the current epidemic status of obesity, with ever-increasing numbers of meals and snacks bought and eaten outside of home, calorie labelling is self-evidently a valuable step in public health policy. This is a different concept from compulsory labelling for consumer protection. Calories have been declared on foods for many years, without any discernible impact on the obesity epidemic. Most consumers do not read or even notice the nutrition information (more correctly, the 'food science information', in g/100 g, etc.) displayed on packs. However, when consumers do notice the calorie labelling, they do make changes, generally towards lower-calorie options. Customers who notice the calorie labels at food outlets consistently go for lower-calorie choices, ordering meals and snacks with 519 kJ (124 kcal) less⁽²⁾.

The key for public health is that the calorie labels must be large and prominent, but the will of customers to limit calorie consumption is clear. Some larger chain restaurants have understood this and started to reformulate meals with lower energy contents⁽³⁾. Some are now required or have agreed voluntarily to display calorie labels. Smaller independent catering businesses, which account for the majority of food eaten outside the home in the UK⁽⁴⁾, are under no obligation to disclose information about ingredients or calorie contents, but we have found independent restaurants to be receptive to a sensitive approach with the idea of providing information. The main obstacle seems to be not knowing how to calculate the calorie content, so collaboration with nutrition/dietetic staff is valuable. A study conducted in two small independent catering facilities showed a drop in sales of the high-calorie items once calorie labelling was introduced. The caterers perceived that as a positive outcome and responded to it with reformulation of some items in order to better meet customers' wishes⁽⁵⁾.

In a longer-term study we found that when young adult consumers were provided with prominent calorie-content information of the main meals on offer daily in a residential setting, they gained no weight over a period of 9 months. There was no adverse impact on micronutrient consumption. That was significantly different from the year previously, without calorie labelling, when with the same menu choices similar young adults gained the expected 3.5 kg over the same time period. There was an unexpected bonus from calorie labelling for the caterers, who were able to order less of the more expensive ingredients so their budget was reduced by 30% for the year⁽⁶⁾. Calorie labelling can promote creativity in chefs, just as when chefs had to meet government salt targets, they became more creative in order to enhance flavour without adding salt⁽⁷⁾.

Introducing legislation to make calorie labelling compulsory for all food outlets with clear directions on the formatting of the labels could boost public health strategy against obesity. However, it probably still needs a more secure beach-head of successful practice and experience to reduce doubts and fears – from consumer, caterer, scientific and political perspectives. There clearly are obstacles, but there are also incentives to make changes for the public good. The key message is that calorie labelling can be successful, and contribute to health improvement, if the caterers have been approached in a positive way and when the label formatting makes them seen easily by consumers. The cost of recipe and menu analysis, and of reformulation, is small, using nutrition software or dietetic consultants⁽⁸⁾.

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