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Silvia Valtueña Martínez is Senior Scientific Officer at the (human) Nutrition Unit of the European Food Safety Authority (EFSA). The Nutrition Unit deals with the scientific evaluation of health claims made on foods, novel foods, infant formulae/dietetic foods, dietary reference values and upper tolerable intake levels of nutrients, and food allergens for labelling purposes.

After 2.5 years of post-doctoral training at the Harvard Medical School (Boston, MA, USA) and two years of post-doc Marie Curie fellowship at the National Institute of Nutrition in Rome (Italy), she underwent a 5-year training in Internal Medicine at the University of Parma (Italy). She conducted independent research in several branches of human nutrition, including the relationship between diet and the development of chronic

diseases, namely obesity, osteoporosis, diabetes and cardiovascular diseases.

Regulation of glycaemic response/index/load: EFSA's perspective

EFSA's role in food safety and nutrition is limited to risk assessment and communication, whereas risk management activities are in the remit of the European Commission and EU Member States. In this context, EFSA has considered the role of GI/GL in two main areas of scientific assessment: the setting of dietary reference values (DRVs) for carbohydrates for the EU population and the evaluation of health claims made on foods. For the first task, EFSA concluded in 2010 that the relationship between dietary GI/GL and the prevention of diet-related diseases was inconsistent. "Low GI/GL claims" are considered nutrition claims not authorized for use in the EU (risk management decision), whereas some function claims on the reduction of post-prandial blood glucose responses have been positively evaluated by EFSA. The scientific background, conditions of use and authorisation status of such claims varies widely.

Learning objectives:

1. To understand the legal framework of EFSA's scientific advice in the area of GI/GL.
2. To understand the basis for positive scientific evaluations of health claims on the reduction of post-prandial blood glucose responses.
3. To understand the gap between scientific assessment and authorisation of health claims on post-prandial blood glucose responses.