



PRODUIT DE SANTÉ NATUREL

ACIDE LINOLÉIQUE CONJUGUÉ

La présente monographie vise à servir de guide à l'industrie pour la préparation de demandes de licence de mise en marché (DLMM) et d'étiquettes dans le but d'obtenir une autorisation de mise en marché d'un produit de santé naturel. Elle ne vise pas à être une étude approfondie de l'ingrédient médicinal.

Nota

- ▶ Les parenthèses contiennent des éléments d'information additionnels (facultatifs) qui peuvent être inclus dans la DLMM ou sur l'étiquette du produit à la discréTION du demandeur.
- ▶ La barre oblique (/) indique que les termes et/ou énoncés sont synonymes. Le demandeur peut utiliser n'importe lequel des termes ou énoncés indiqués.

Date

31 juillet 2018

Renseignements de base

- ▶ Il n'y a pas suffisamment de preuves appuyant l'utilisation de l'acide linoléique conjugué (ALC) comme agent favorisant la perte de poids. Tout consommateur souhaitant perdre du poids devrait consulter un praticien de soins de santé/fournisseur de soins de santé/professionnel de la santé/docteur/médecin avant d'utiliser l'ALC.
- ▶ L'usage du verbe « pourrait » dans les énoncés concernant les usages ou fins recommandés dénote l'incertitude des résultats de la recherche. Par exemple, certaines études (y compris les revues systématiques et les méta-analyses) ont conclu que l'ALC n'a pas d'effet significatif sur la masse adipeuse corporelle.
- ▶ L'allégation « Pourrait aider à contribuer à une légère amélioration de la composition corporelle » fait référence aux preuves démontrant que l'ALC pourrait légèrement réduire le gras corporel. Des preuves non concluantes ont démontré que l'ALC pourrait aider à augmenter légèrement la masse musculaire.
- ▶ Afin de fournir un contexte santé aux énoncés concernant les usages ou fins recommandés, des recommandations de diminuer l'apport calorique et d'augmenter l'activité physique ont été ajoutées.
- ▶ Il n'y a pas suffisamment de preuves appuyant les bénéfices de l'usage de l'ALC au-delà de 6 mois bien que pour certaines études, les participants ont consommé l'ALC durant 2 ans. La durée d'utilisation indiquée à la monographie est donc de 6 mois.
- ▶ L'ALC n'a aucun effet bénéfique sur les marqueurs biologiques indiquant un risque pour la santé (par ex. les cholestérols LDL et HDL, le glucose sanguin, l'insuline sanguine, etc.). Certaines études ont démontré que l'utilisation de l'ALC pourrait être dangereuse chez certaines sous-populations. Les mentions de risques doivent donc être incluses sur la DLMM et l'étiquette afin de bien cibler les sous-populations à risque.

Nom(s) propre(s), Nom(s) commun(s), Matière(s) d'origine

Tableau 1. Nom(s) propre(s), Nom(s) commun(s), Matière(s) d'origine

Nom(s) propre(s)	Nom(s) commun(s)	Matière(s) d'origine	
		Nom(s) commun(s)	Préparation(s)
Acide linoléique conjugué	► Acide linoléique conjugué ► ALC	Acide linoléique conjugué	Synthétique

Références: Nom propre: Pariza 2004, Pariza et al. 2001; Noms communs: Pariza 2004, Pariza et al. 2001; Matière d'origine: FDA 2007, Pariza et al. 2001.

Voie d'administration

Orale

Forme(s) posologique(s)

Cette monographie exclut les aliments et les formes posologiques semblables aux aliments tel qu'indiqué dans le document de référence Compendium des monographies.

Les formes posologiques acceptables pour les catégories d'âge listées dans cette monographie et pour la voie d'administration spécifiée sont indiquées dans le document de référence Compendium des monographies.

Usage(s) ou fin(s)

- Pourrait aider à contribuer à une légère amélioration de la composition corporelle dans le cadre d'un programme qui recommande une réduction de l'apport calorique et une augmentation de l'activité physique (Raff et al. 2009; Gaullier et al. 2007; Pinkoski et al. 2006; Gaullier et al. 2004; Kamphuis et al. 2003).
- Pourrait aider à contribuer à une légère diminution de la masse adipeuse dans le cadre d'un programme qui recommande une réduction de l'apport calorique et une augmentation de l'activité physique (Raff et al. 2009; Gaullier et al. 2007; Watras et al. 2007; Pinkoski et al. 2006; Gaullier et al. 2004).

Le(s) usage(s) combiné(s) suivant(s) est/sont aussi acceptable(s):

- Pourrait aider à contribuer à une légère réduction de masse adipeuse et une légère amélioration de la composition corporelle dans le cadre d'un programme qui recommande une réduction de l'apport calorique et une augmentation de l'activité physique (Raff et al. 2009;

Gaullier et al. 2007; Watras et al. 2007; Pinkoski et al. 2006; Gaullier et al. 2004; Kamphuis et al. 2003).

Dose(s)

Sous-population(s)

Adultes 18 ans et plus

Quantité(s)

3 à 5 grammes de ALC, par jour (Raff et al. 2009; Gaullier et al. 2007; Watras et al. 2007; Pinkoski et al. 2006; Gaullier et al. 2004; Kamphuis et al. 2003).

Nota

L'information suivante n'a pas à être fournie avec la demande de licence selon la voie officinale (mais la quantité d'huile riche en ALC pourrait être requise à la discréTION de la DPSN) : environ 4 à 6,5 g d'huile riche en ALC fournissent 3 à 5 g d'ALC.

Mode(s) d'emploi

Facultatif : Prendre avec de la nourriture (Watras et al. 2007; Kamphuis et al. 2003).

Durée(s) d'utilisation

Consulter un praticien de soins de santé/fournisseur de soins de santé/professionnel de la santé/docteur/médecin si l'usage se prolonge au-delà de 6 mois (Gaullier et al. 2007; Watras et al. 2007; Gaullier et al. 2005; Gaullier et al. 2004).

Mention(s) de risque

Précaution(s) et mise(s) en garde

- Consulter un praticien de soins de santé/fournisseur de soins de santé/professionnel de la santé/docteur/médecin si vous êtes obèse ou si vous avez des facteurs de risque de maladies cardiovasculaires (MCV) (par ex., hypertension artérielle, haut taux de cholestérol et/ou de triglycérides) (Tholstrup et al. 2008; Gaullier et al. 2007; Steck et al. 2007; Larsen et al. 2006; Taylor et al. 2006; Gaullier et al. 2005; Smedman et al. 2005; Gaullier et al. 2004; Basu et al. 2000a; Basu et al. 2000b).

- ▶ Consulter un praticien de soins de santé/fournisseur de soins de santé/professionnel de la santé/docteur/médecin avant d'en faire l'usage si votre but est de perdre du poids.
- ▶ Consulter un praticien de soins de santé/fournisseur de soins de santé/professionnel de la santé/docteur/médecin avant d'en faire l'usage si vous êtes enceinte ou si vous allaitez.

Contre-indication(s)

Ne pas utiliser ce produit si vous souffrez d'une maladie cardiovasculaire (MCV), de diabète, du syndrome métabolique ou si vous avez une résistance à l'insuline (Tholstrup et al. 2008; Gaullier et al. 2007; Steck et al. 2007; Larsen et al. 2006; Taylor et al. 2006; Gaullier et al. 2005; Smedman et al. 2005; Gaullier et al. 2004; Moloney et al. 2004; Basu et al. 2000a; Basu et al. 2000b).

Réaction(s) indésirable(s) connue(s)

Certaines personnes pourraient souffrir de troubles gastro-intestinaux (Gaullier et al. 2007; Pinkoski et al. 2006; Berven et al. 2000; Blankson et al. 2000).

Ingédients non médicinaux

Doivent être choisis parmi ceux de la version actuelle de la Base de données des ingrédients des produits de santé naturels (BDIPSN) et respecter les restrictions mentionnées dans cette base de données.

Conditions d'entreposage

Énoncé non requis.

Spécifications

- ▶ Les spécifications du produit fini doivent être établies conformément aux exigences décrites dans le Guide de référence sur la qualité des produits de santé naturels de la Direction des produits de santé naturels et sans ordonnance (DPSNSO).
- ▶ L'ingrédient médicinal doit être conforme aux exigences énoncées dans la BDIPSN.
- ▶ L'huile riche en ALC doit être conforme aux spécifications chimiques suivantes : ALC total $\geq 78\%$; ALC (isomères c9t11 + t10,c12) $\geq 74\%$; ALC isomères c9,t11 $\geq 36\%$; ALC isomères t10,c12 $\geq 36\%$; ALC trans, trans $\leq 3\%$ (FDA 2007).
- ▶ Le niveau de peroxyde maximal de l'huile riche en ALC doit être ≤ 1 meq O₂/kg et doit respecter les méthodes établies par l'« American Oil Chemists' Society (AOCS) » et/ou par les méthodes analytiques de pharmacopées. Ces spécifications servent à prévenir l'oxydation de l'ALC.

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