



July 15, 2010

Supplemental Comments of the Council for Responsible Nutrition to the 2010 Dietary Guidelines Advisory Committee Report

The Council for Responsible Nutrition (CRN)¹ has separately submitted comments on the report of the 2010 Dietary Guidelines Advisory Committee (DGAC) that detail a number of our concerns about the specific conclusions of the Advisory Committee. The issues and concerns raised in that document relate specifically to inaccuracies in its interpretation of the scientific evidence, gaps in the logical reasoning that follows from that evidence, and specific disagreements CRN has with the conclusions of the DGAC. However, in addition to those areas of disagreement specific to conclusions of the DGAC, CRN respectfully wishes to raise a separate matter to USDA and HHS with respect to how the conclusions of that report are communicated or miscommunicated to the public.

In the DGAC report, the DGAC offers such unqualified statements as:

- “A daily multivitamin/mineral supplement does not offer health benefits to healthy Americans,” (DGAC report at A-5);
- “... vitamin mineral supplements have been associated with harmful effects and should be pursued cautiously ,” (DGAC report at A-6); and
- “... reliance of multivitamin/mineral supplements is discouraged,” (DGAC report at D2-41).

As CRN illustrates in detail in our written comments, these statements are unsupported by the evidence. These conclusions ignore the demonstrated fact that the primary effect of multivitamins, which is to help consumers to reach the recommended levels of intake for various vitamins and minerals, is in itself a “health benefit.” Why else would the Institute of Medicine set these nutrient levels as targets for “healthy” Americans? Moreover, the 2006 NIH State-of-the-Science Conference on Multivitamin/Mineral Supplements and Chronic Disease

¹ The Council for Responsible Nutrition (CRN), founded in 1973 and based in Washington, D.C., is the leading trade association representing dietary supplement manufacturers and ingredient suppliers. CRN companies produce a large portion of the dietary supplements marketed in the United States and globally. Our member companies manufacture popular national brands as well as the store brands marketed by major supermarkets, drug store and discount chains. These products also include those marketed through natural food stores and mainstream direct selling companies. In addition to complying with a host of federal and state regulations governing dietary supplements in the areas of manufacturing, marketing, quality control and safety, our 70+ manufacturer and supplier members also agree to adhere to additional voluntary guidelines as well as CRN’s Code of Ethics. Learn more about us at www.crnusa.org.

Prevention, on which the DGAC purportedly relies, did not even profess to examine the health benefits of multivitamins for maintaining nutrient sufficiency; but rather was limited to the narrow question of the role of vitamins and minerals in the prevention of chronic disease. Even further, the alleged “harmful effects” attributed to multivitamin usage in the DGAC report are not based on evidence related to multivitamins, but rather much higher dosages of individual vitamins administered in isolation. And finally, the recommendation that “reliance” on multivitamins “is discouraged” is premised on a notion that consumers would seek out vitamins to rely on them *in lieu of* trying to eating a healthy diet. The data examining actual consumer motivations and related healthy lifestyle behaviors does not support such a presumption. Surveys show that supplement users do not forsake healthy eating habits and “rely” on a multivitamin as a magic bullet to reverse other poor nutrition choices. Rather, supplement users are more likely to engage in other healthy behaviors.

However, what is particularly troublesome about these statements – now that they have been committed to writing by the DGAC – is the way they will inevitably be lifted from the DGAC report and cited for a general proposition that the DGAC recommends against multivitamin usage. While the actual recommendations of the DGAC do not go quite this far, HHS and USDA must be critically aware of how the recommendations that are ultimately adopted as part of the 2010 *Dietary Guidelines for Americans* will be construed and interpreted by the media, consumers and medical organizations. If these specific statements in the DGAC report are not corrected or qualified by USDA and HHS in the final dietary guidelines, they have the potential to dissuade consumers from using a multivitamin, resulting in additional gaps in nutrition for the millions of American who currently use a daily multivitamin, including millions of women of childbearing age who turn to the multivitamin as a source of their recommended daily intake of folic acid to reduce the risk of having a baby with neural tube birth defects. To allow the recommendations in the DGAC Report to survive as written is to turn a blind eye to the obvious implications of those statements and to be deliberately naïve about how the language of the *Dietary Guidelines* will be utilized.

Our previous experience with the *2006 NIH State-of-the-Science Conference on Multivitamin/Mineral Supplements and Chronic Disease Prevention* is illustrative of the problem we are trying to prevent with our words of caution today. The official statement produced from that conference stated that “the present evidence is insufficient to recommend either for or against the use of MVMs [multivitamins/minerals] by the American public to prevent chronic disease.” Paul Coates, the Director of the Office of Dietary Supplements whose office produced the conference, was widely quoted following the event as saying ““If you're taking a multivitamin, there's no reason to stop. But if you're not taking a multivitamin, there's also no reason to start taking one, either.” (See, e.g., “The Evidence is Thin on Multivitamins,” Washington Post, Jan. 16, 2007.) Dr. Coates noted at the time that specific vitamins and minerals were recommended for a select few groups, including calcium and vitamin D for bone health in post-menopausal women and folic acid for women of childbearing age to prevent birth defects. And yet, in the years since that event, mainstream consumer news media have

routinely reported that there is “no evidence” to support using a multivitamin (for any reason) and that if the evidence is “insufficient” for a public health recommendation from a government body, then consumers are wasting their money by purchasing a multivitamin. Those were certainly not the evidence-based conclusions of that conference nor the take away from those most closely associated with the event.

Today, USDA and HHS risk repeating a very similar act because the bald statements of the DGAC report will likewise be misunderstood. Statements like, “... reliance of multivitamin/mineral supplements is discouraged,” will be short-handed by headline writers to suggest that any use of a multivitamin is “discouraged.” The comment that some (high-dose) “... vitamin mineral supplements have been associated with harmful effects,” will be misunderstood to mean that simple RDA-level multivitamins have been associated with harmful effects. The conclusion that “A daily multivitamin/mineral supplement does not offer health benefits to healthy Americans,” will be falsely assumed to mean that these products don’t even perform their basic function of assisting consumers in achieving the recommended daily intakes of essential nutrients.

If negative statements such as these are permitted to survive the Departments’ review, then USDA and HHS cannot later express surprise in the way these statements will be plucked out of context and cited by mainstream media and health organizations as a general recommendation against multivitamin usage. And that would be a tremendous disservice to Americans who are trying to achieve a healthier lifestyle, including women who rely currently on multivitamins to achieve their recommended intake of folic acid to prevent neural tube birth defects; pregnant women who are almost always advised to take a prenatal multivitamin; people of all ages who rely on the multivitamin for extra vitamin D, and senior citizens who rely on a multivitamin for supplemental vitamin B12.

CRN asks that USDA and HHS consider carefully how to affirmatively correct these misimpressions as the Departments develop the final Dietary Guidelines based on the DGAC report. Thank you for the opportunity to express CRN’s views on this matter.



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