



## Council for Responsible Nutrition

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**RE: COMMENTS ON THE REPORT OF THE DIETARY GUIDELINES  
ADVISORY COMMITTEE ¾ DIETARY GUIDELINES FOR AMERICANS:  
LOFTY GOALS NEED TO BE LACED WITH REALISM**

The Council for Responsible Nutrition (CRN) is pleased to submit these comments on the Report of the Dietary Guidelines Committee. CRN is a trade association representing manufacturers of dietary supplements and their ingredients. Our industry serves consumers who are more than usually health conscious, as demonstrated by their nutrition awareness, their adoption of other healthy lifestyles, and their decision to use dietary supplements. CRN congratulates the Committee on its thorough analysis of dietary and lifestyle choices that affect the public health and on its nine major recommendations for improving such choices. We believe, however, that the specific food patterns offered by USDA as models for dietary improvement are overly stringent and unrealistic.

The report rightly emphasizes the importance of obtaining adequate nutrient intake from conventional foods, but also recognizes the important contribution that can be made by fortified foods and in some cases by nutritional supplements. In analyzing nutrient adequacy, the Committee has correctly determined that the appropriate intake target for the individual is the Recommended Dietary Allowance (RDA) or the Adequate Intake (AI) established in the Dietary Reference Intakes, for each nutrient.

CRN agrees that meeting nutritional needs through selection of a healthy diet is a high priority, but we also recognize that even health-conscious consumers often fall short of nutritional goals, and we are convinced that people who have nutrient shortfalls would be well advised to add appropriate dietary supplements to their daily regimen. We believe the Committee has not sufficiently recognized the role of dietary supplements as a convenient, economical and nearly calorie-free tool for improving nutrient intake,

where shortfalls are known to exist in the general population or in specific subgroups. **Attachment 1** provides excerpts from the Report recognizing shortfall nutrients and specifying that fortified foods or supplements may be useful in remedying those shortfalls.

CRN suggests it would greatly simplify the recommendations and improve consumers' ability to comply with the Committee's advice if there were a simple general recommendation for use of a multivitamin supplement for most people. This could logically be signaled by a tenth general recommendation such as "Consider a daily multivitamin." It would make much more sense for everyone to take a multivitamin than for men and women and children and adolescents and people over 50 to attempt to respond separately to numerous specific recommendations regarding individual micronutrients. In addition, a calcium supplement with vitamin D would be beneficial for most people who do not have calories to spare for an additional 2 or 3 cups of milk per day, or its equivalent. At a minimum, dietary supplements should be mentioned along with fortified foods in the list of suggestions for improving intakes of some specific nutrients.

For people who are already consuming an adequate number of calories and for people with limited budgets, calories and cost may be two reasons to consider opting for a dietary supplement rather than a fortified food to compensate for recognized nutrient shortfalls. For example, people who are not currently consuming adequate amounts of dairy products to provide the recommended calcium intake have at least 3 options: they can start consuming more dairy products, they can use another type of product fortified with calcium, or they can take a calcium supplement. Getting 1000 mg of calcium will "cost" them over 300 calories per day for the first two options as compared to zero to 40 calories per day for a supplement in the form of tablets or in the form of soft chews. The monetary cost will be about 82 cents a day for the milk option, 90 cents a day for two servings of a calcium-fortified breakfast cereal, or \$1.38 for 3 cups of calcium-fortified orange juice, as compared to 18 to 28 cents a day for the calcium supplement option. The supplement option is one that deserves more attention in the Report, not only in the case of calcium but in the case of other nutrient shortfalls, as well.

The Report recognizes that fortified foods and dietary supplements have some role to play in ensuring nutrient adequacy, but first offers consumers lists of foods that could be added to the diet in order to increase intake of specific nutrients. In reality, a multivitamin would do the majority of Americans infinitely more good than yet another well-intentioned but doomed entreaty for the public to enthusiastically embrace foods such as collards, kale, Brussels sprouts, and buckwheat flour.

A careful study of the food patterns recommended in the Report reveals that the Committee is not merely calling for some minor tweaking of usual diets. Far from it. The Committee appears to be contemplating a major overhaul not only of individual food choices but of the entire food supply. While it is a given in current debates over healthy diets that eating more fruits and vegetables would be a good thing, the evidence for this is based on studies of intakes within the usual range of variation, in numerous populations.

The food patterns presented in the Report incorporate quantities of fruits and vegetables far beyond usual dietary intakes. At the same time, these food patterns permit only an extremely small degree of discretionary caloric intake – so small as to be puritanical in its implications. Is this really a reasonable goal to offer the American public? Is it even a scientifically supportable goal? Do these food patterns invite failure? If so, what are the implications of such goals for consumers?

CRN believes the food patterns included in the report err on the side of disproportionately high intakes of fruits and vegetables and permit less discretion than is compatible with consumer satisfaction or with realistic efforts to follow the recommendations. This is illustrated by **Attachment 2**, showing the weekly shopping list suggested by the food intake pattern outlined for an individual consuming a 2000 calorie diet. The food pattern suggests nine servings per day of fruits and vegetables and permits only 208 calories per day of discretionary calories, which have to stretch to cover not only frivolous foods such as desserts or chips but also the fat contributed by cheeses or whole milk, the butter and jam one may spread on a couple of pieces of whole wheat toast, or the glass of red wine that might accompany a chicken dinner. Any one of these choices would deplete the entire day's allotment of discretionary calories. Even the food pattern for a 3000-calorie diet permits only 298 discretionary calories per day (**Attachment 3**). What is the rationale for such dietary stringency? What is the evidence that people are likely to thrive within such a narrowly defined range of flexibility?

The Dietary Guidelines Committee is proposing nothing less than a revolution in how we as a nation choose to feed ourselves, and CRN believes the food patterns offered in the Report are unlikely to serve as a sufficient rallying point for such a revolution. While CRN fully endorses reasonable recommendations for nutritional improvement, we believe the food patterns offered by the Report are unrealistic and far exceed the recommendations and restrictions necessary to define healthy dietary habits. We urge a strong dose of reality.

Comments respectfully submitted,

A handwritten signature in cursive script that reads "Annette Dickinson".

Annette Dickinson, Ph.D.  
President

## ATTACHMENT 1: REFERENCES TO NUTRIENT SHORTFALLS AND THE APPROPRIATENESS OF FORTIFIED FOODS OR SUPPLEMENTS

### EXCERPTS FROM THE EXECUTIVE SUMMARY REGARDING NUTRIENT ADEQUACY:

“For most nutrients, intakes by Americans appear adequate. However, efforts are warranted to promote increased dietary intakes of vitamin E, calcium, magnesium, potassium, and fiber by children and adults and to promote increased dietary intakes of vitamins A and C by adults.”

“Special nutrient recommendations are warranted for a few large subgroups of the population as follows:

- Adolescent females and women of childbearing age need extra iron and folic acid.
- Persons over age 50 benefit from taking vitamin B-12 in its crystalline form from foods fortified with this vitamin or from supplements that contain vitamin B-12.
- The elderly, persons with dark skin, and persons exposed to little UVB radiation may need extra vitamin D from vitamin D-fortified foods and/or supplements that contain vitamin D.”

“A reduced risk of both sudden death and CHD death in adults is associated with the consumption of two servings (approximately eight ounces) per week of fish high in the n-3 fatty acids called eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA).” Consume two servings of fish per week, especially fish high in EPA and DHA, but pregnant women, lactating women, and children should avoid fish with a high mercury content. Consult consumer advisories for more information regarding contaminants.

Choose fiber-rich foods from among fruits, vegetables, and grains. Whole fruits over juices, whole grains over refined grains. “A reduced intake of added sugars (especially sugar-sweetened beverages) may be helpful in achieving the recommended intakes of nutrients and in weight control.”

### EXCERPTS FROM THE SCIENCE BASE: MEETING RECOMMENDED NUTRIENT INTAKE

“One premise of the Dietary Guidelines Advisory Committee is that the nutrients consumed should come primarily from foods. Many people understand the importance of good nutrition but believe that a daily vitamin pill will substitute for actually eating the foods that they know are good for them.”

“If a group has a high prevalence of inadequate dietary intake of a nutrient, that nutrient is called a **shortfall** nutrient.”

The probability of adequate dietary intake is less than 60% among adult men and women for six nutrients: vitamin E, vitamin A, vitamin C, folate, calcium, and magnesium.

Folate intakes have undoubtedly improved as a result of new regulations for enriched grain products, but “folate may continue to be a nutrient of concern.”

Vitamin E “is a shortfall nutrient for nearly the entire population of U.S. adults and children.”

Iron: “Substantial numbers of adolescent females and women of childbearing age have laboratory evidence of iron deficiency. Efforts are warranted to increase the dietary intake of iron-rich foods and of enhancers of iron absorption by these groups.”

Folic acid: “Since folic acid reduces the risk of the neural tube defects (NTD) called spina bifida and anencephaly, daily intake of 400 mcg of synthetic folic acid (from supplements or fortified food) is recommended for women who are capable of becoming pregnant and those in the first trimester of pregnancy.” Increased folic acid intake as a result of changes in the U.S. pattern of grain enrichment has reduced the incidence of NTDs, but not to the extent that has been shown in studies involving supplementation.

Vitamin B-12: “A substantial proportion of individuals over age 50 may have reduced ability to absorb naturally occurring vitamin B-12 but not the crystalline form. Thus, all individuals over the age of 50 should be encouraged to meet their RDA for vitamin B-12 by eating foods fortified with vitamin B-12 such as fortified cereals, or by taking the crystalline form of vitamin B-12 supplements.”

Vitamin D: “The elderly, persons with dark skin, and persons exposed to insufficient UVB radiation are at risk of being unable to maintain vitamin D status. Persons in these high-risk groups may need substantially more than the 1997 AI for vitamin D from vitamin D-fortified foods and/or vitamin D supplements.”

“Vitamin D intakes of approximately 1000 IU per day can be achieved by consuming 3 cups of vitamin D fortified milk per day (300 IU) plus a supplement containing vitamin D (600 IU) plus 1 cup of vitamin D fortified orange juice (100 IU). Although this level of vitamin D intake exceeds the AI of 600 IU per day for an elderly person, there is no evidence that consuming this amount will have a detrimental effect on health.”

#### USDA SUGGESTED FOODS TO INCREASE INTAKE OF SPECIFIC NUTRIENTS

Vitamin A: liver, carrots and carrot juice, sweet potato, pumpkin, spinach, collards, kale, turnip greens.

Vitamin C: guava, red pepper, oranges or orange juice, grapefruit juice, kiwi, green pepper, broccoli.

Vitamin E: fortified cereals, almonds, sunflower seeds, sunflower oil, cottonseed oil, safflower oil, hazelnuts, avocado.

Calcium: fortified cereals, plain yogurt, cheese, tofu, sardines, skim milk.

Magnesium: pumpkin seeds, bran cereal, brazil nuts, halibut, quinoa, spinach, almonds, buckwheat flour, cashews, soybeans.

Potassium: sweet potato, tomato paste, beet greens, baked potato, white beans, yogurt, clams, prune juice, carrot juice, blackstrap molasses.

**ATTACHMENT 2:  
WEEKLY SHOPPING LIST FOR A PERSON CONSUMING A 2000 CALORIE  
DIET**

**(DERIVED FROM TABLE D1-13: USDA Food Intake Pattern for Meeting  
Recommended Nutrient Intakes)**

**14 cups per week of fruit** without added sugars or fats: oranges, orange juice, apples, apple juice, bananas, grapes, melons, berries, raisins.

**3 cups per week of dark green vegetables:** broccoli, spinach, romaine, collard greens, turnip greens, mustard greens.

**2 cups per week of orange vegetables:** carrots, sweet potatoes, winter squash, pumpkin.

**3 cups per week of legumes:** pinto beans, kidney beans, lentils, chickpeas, tofu.

**3 cups per week of starchy vegetables:** white potatoes, corn, green peas.

**6.5 cups per week of other vegetables:** tomatoes, tomato juice, lettuce, green beans, onions.

**21 servings (ounces) per week of whole grains:** whole wheat and rye breads, whole grain cereals and crackers, oatmeal, brown rice.

**21 servings (ounces) per week of other grains:** white breads, enriched grain cereals and crackers, enriched pasta, white rice.

**38.5 ounces per week of lean meat or beans:** meat, poultry, fish, dry beans and peas, eggs, nuts, seeds. Count beans and peas either in this group or with legumes in the vegetables group.

**21 cups per week of milk:** Food pattern is based on skim milk. Fat or added sugar in other dairy products will count against discretionary calories.

**154 grams (5.5 ounces) per week of oils:** vegetable oils and soft vegetable oil spreads that are free of trans fats.

**1456 discretionary calories per week (208 calories per day):** Includes fats or added sugars in dairy products, meats, fruits, vegetables, or grain products. Also includes alcoholic beverages, if any.

**ATTACHMENT 3:  
COMPARISON OF WEEKLY FOOD PATTERN FOR 2000 AND 3000 CALORIE  
DIETS**

(DERIVED FROM TABLE D1-13: USDA Food Intake Pattern for Meeting Recommended Nutrient Intakes)

FOOD CATEGORY	QUANTITY PER WEEK	
	2000 CALORIES	3000 CALORIES
<b>Fruit</b>	14 cups	17.5 cups
<b>Dark green vegetables</b>	3 cups	3 cups
<b>Orange vegetables</b>	2 cups	2.5 cups
<b>Legumes</b>	3 cups	3.5 cups
<b>Starchy vegetables</b>	3 cups	9 cups
<b>Other vegetables</b>	6.5 cups	10 cups
<b>Whole grains</b>	21 servings (oz)	35 servings (oz)
<b>Other grains</b>	21 servings (oz)	35 servings (oz)
<b>Lean meat or beans</b>	38.5 oz	49 oz
<b>Milk (skim)</b>	21 cups	21 cups
<b>Oils</b>	154 grams (5.5 oz)	280 grams (10 oz)
<b>Discretionary calories</b>	1456 per week (208 per day)	2086 per week (298 per day)

NOTE: For fruits and vegetables, a serving is generally considered to be half a cup, so the number of servings being recommended is twice as great as the number of cups being recommended.