



## Council for Responsible Nutrition

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Dear 2015 Dietary Guidelines Advisory Committee (DGAC) Members,

The Council for Responsible Nutrition (CRN), the leading trade association representing dietary supplements manufacturers and ingredient suppliers, appreciates the efforts of the DGAC, DHHS, and USDA. As the DGAC organizes and prioritizes topics for the 2015 Dietary Guidelines, CRN would like to provide rationale to address why nutrient overconsumption from multivitamin/mineral supplements (MVM) is not an issue. Many nutrient shortfalls still exist among Americans and MVMs are a no calorie, convenient way to fill nutrient gaps when shortfalls cannot first be met through the intake of food.

1. Maximizing nutrient-dense foods is a public health goal, yet major nutrient shortfalls exist, especially those of concern.

A fundamental premise of the Dietary Guidelines is that Americans should consume their nutrients primarily from foods, especially nutrient-dense foods, while balancing energy intake with expenditure. In general, Americans consume less nutrient-dense foods than recommended, resulting in a lower intake of essential nutrients. This has become a public health concern. The 2010 Dietary Guidelines presented fiber, potassium (K), calcium (Ca), and vitamin D as nutrients of concern, along with iron (Fe), folate and vitamin B12 for specific groups.

A large percentage of Americans >2 years of age fall below the EAR for certain nutrients, including nutrient intake from naturally occurring vitamins/minerals, enriched/fortified foods and dietary supplements; vitamin D (70%), vitamin E (60%), magnesium (Mg) (45%), Ca (38%), vitamin A (34%), and vitamin C (25%). Without including enriched/fortified foods and supplements, a larger percentage of Americans >2 years of age have intakes below the EAR; vitamin D (100%), vitamin E (93%), folate (88%), vitamin A (74%), Mg (59%), Ca (54%), vitamin C (46%), and Fe (22%). Less than 3% of Americans >2 years of age have intakes that are greater than the AI for K (1). Enrichment/fortification and supplementation may be beneficial in correcting these nutrient shortfalls, especially for the specified Dietary Guidelines nutrients of concern.

2. A daily MVM contributes to a healthful diet.

Overall supplement use has been associated with a healthy lifestyle including physical activity and intake of fruit and dietary fiber (2). Supplement users are also less likely to be obese and

smoke (2). Research has found that people who use mineral supplements have higher mineral intakes from food compared to nonusers (specifically Ca and Mg) (3). According to the 2012 CRN Consumer Survey on Dietary Supplements, over half of Americans use supplements, of which MVMs have been identified as the most commonly used. Consumers indicate that they use supplements for overall health, wellness and to fill nutrient gaps (4).

MVM use may address nutrient inadequacies, such as mild deficiencies in iodine. Iodine deficiency remains the leading cause of preventable intellectual disability worldwide. However, in the US, intake of iodine, which is found in iodized salt, has decreased by half between the 1970s and 1990s. Mild iodine insufficiency in pregnant women in developed countries (UK and Australia) has shown a significant impact on verbal IQ/reading ability in their offspring at school age (5-6). NHANES data shows that half of the pregnant women surveyed in the US had mild iodine deficiency (7). Public health efforts to limit salt intake as a way to lower the risk of cardiovascular disease, combined with an increased use of kosher and sea salt, which do not contain iodine, may have contributed to lower iodine status (as measured by urinary iodine levels). Preventable mild iodine deficiency is an avoidable risk for pregnant women and women of child bearing age (8) that could be reduced by perinatal use of an MVM with 100% of the Daily Value for iodine.

3. Taking a basic MVM poses no harm to health.

Intakes of nutrients above the UL from food and supplements are low in US adults. Only a small percentage of Americans consume some nutrients at levels above the UL when including vitamins/minerals naturally occurring in foods, enriched/fortified foods and supplements; niacin (10%), zinc (8%), folate (6%), and vitamin A (5%) (1). Additional research shows that among supplement users, the prevalence of intakes above the UL of vitamins and minerals are low; folate (7%), vitamin B6 (3.5%), vitamin A (3%), vitamin C (1.6%), Fe (9%), zinc (9%), Ca (6%), and Mg (6%) (3, 9).

As reported in the Physician's Health Study II, a large trial of 14,641 US male physicians, no serious adverse effects among users of MVMs have been found (10-11) Additional research has shown that supplementation with an MVM does not increase total mortality, or chronic diseases such as cardiovascular disease, or cancer (12).

Thank you for the opportunity to comment. We would be happy to provide further information or clarification if needed.

Regards,

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