



Council for Responsible Nutrition

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Comment to the DGAC

Multivitamin and mineral supplementation is a safe and effective way to help Americans achieve nutrient adequacy, especially when many do not meet the Institute of Medicine's recommended intakes for essential nutrients, including calcium, vitamins A, C, D and E, magnesium and folate. This position is reinforced in recent letters to the editor of *Annals of Internal Medicine*. Dr. Balz Frei and colleagues (1) explained that a daily multivitamin and mineral supplement helps fill nutritional gaps effectively at a cost as low as 3 cents per day. In addition, nutrient supplementation is particularly important for subpopulations. Healthcare practitioners widely recommend that women who are pregnant or may be pregnant supplement with 400 mcg of folic acid to prevent development of neural tube defects in the fetus. Adults 50 years and older are recommended to improve their vitamin B12 status via supplementation or fortified foods because older populations absorb the crystalline form of vitamin B12 better than the natural form in food. Evidence shows that long-term use of multivitamins and minerals is safe and may reduce the risk of some chronic diseases. In additional letters to the editor (2, 3), Drs. Irvine Mason and Thomas R. Friberg, the principal investigator of the Age-Related Eye Disease Study (AREDS) II, echoed that the largest randomized clinical trials testing the long-term effects of multivitamins, the Physicians' Health Study II (PHS II) found that that multivitamin use significantly decreased the risk of cancer and the risk of cataract formation in male physicians, and was not associated with any adverse health effects. Leading experts in the nutrition and healthcare community support the use of a multivitamin and mineral for meeting nutrient requirements and for improving public health.

References:

1. Frei B, Ames BN, Blumberg JB, Willett WC. Enough is Enough [Letter to the Editor]. *Ann Intern Med.* 2014;160(11):807.
2. Mason I. Enough is Enough [Letter to the Editor]. *Ann Intern Med.* 2014;160:808.
3. Friberg TR. Enough is Enough [Letter to the Editor]. *Ann Intern Med.* 2014;160:808-9.