

**BACKGROUND**

THE GRINCHES OF NUTRITION
— A Reaction to the IOM Report on Daily Values —
By Annette Dickinson, Ph.D.
President

Believe it or not, the very scientists who have spent the past decade examining the latest evidence and developing new, revised, up-to-the-minute Recommended Dietary Allowances (RDAs) don't really believe it is especially important for people to actually consume the recommended amounts of essential vitamins and minerals. In fact, they believe food labeling and fortification levels and dietary supplement formulations should ideally be targeted toward helping people meet "estimated average requirements" — the amount of a vitamin or mineral that would meet the actual needs of half the population.

The Recommended Dietary Allowances are intended to cover the nutritional needs of almost all healthy people. For the past 60 years, the Recommended Dietary Allowances of vitamins and minerals have served as the basis for public policy planning, for the amounts of foods served in the school lunch and breakfast programs, and for national nutrition programs such as WIC. They also provide the basis for nutrition labeling (at least since nutrition labeling was initiated in this country, in 1973). When the label of a breakfast cereal or a dietary supplement shows that it provides 100% of the

Daily Value (DV) of a nutrient, that means it provides 100% of the Recommended Dietary Allowance for the population group with the highest allowance — thus assuring that the needs of most people are covered. This has been considered to be sound public policy, providing the greatest benefit to consumers. There is no good reason for reversing this policy, as recommended earlier this month by a committee of the Institute of Medicine.

Not only do these scientists want to switch from the Recommended Dietary Allowances to the Estimated Average Requirements as the basis for nutrition labeling, they also want to use a population-weighted average of the average requirements! What will this mean? It will mean lower nutrient intakes for some of the very population groups that have special needs — the elderly and women of child-bearing age.

The new approach would wipe out the practical impact of some of the best work the Food and Nutrition Board has done in this cycle of revisions to the Recommended Dietary Allowances. It would “average out” the new higher RDA for vitamin D for the elderly, a population that needs a high intake of vitamin D. It would cut the Daily Value for iron by more than 68% compared to the current label value and dramatically lower the Daily Value for folic acid, in both instances leaving women of childbearing age particularly vulnerable. For the entire population, it would lower Daily Values for all three of the B vitamins that are believed to lower homocysteine levels and protect against heart disease. The Daily Value for vitamin C, which would have gone up by 50% if the

highest new RDA were used as the basis, would instead remain virtually the same — utterly failing to reflect the new science.

These are not merely labeling changes. The new proposal would also change the reference point for fortification levels and for dietary supplement formulation. Many products are based on the notion of providing 100% of the DV for a variety of nutrients, and if FDA were to adopt the new labeling scheme proposed by the Grinches of Nutrition, almost all the nutrient levels in these products will go down, thereby raising the possibility that a good portion of the population will not get the nutrients they need.

The Food and Drug Administration had an idea similar to this, about a decade ago, but it was abandoned after a storm of protest developed. The same fate should befall this misdirected proposal, and the sooner the better.

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Note to Editor:

A two-page table, providing a three-way comparison of daily values, follows.

To arrange an interview with Annette Dickinson, Ph.D., president, CRN, or John Hathcock, Ph.D., vice president, scientific & international affairs, CRN, contact Judy Blatman at 202-204-7962.

Comparison of Daily Values (DVs)			
VITAMIN	Current DVs*	Comparable DVs** (Based on new science)	Suggested DVs*** (Based on IOM recommendations)
Vitamin A	5000 IU	900 mcg (3000 IU)	529 mcg (1800 IU)
Vitamin C	60 mg	90 mg	63 mg
Vitamin D	400 IU (10 mcg)	15 mcg (600 IU)	7 mcg (280 IU)
Vitamin E	30 IU (20 mg)	15 mg	12 mg
Vitamin K	80 mcg	120 mcg	95 mcg
Thiamin	1.5 mg	1.2 mg	0.9 mg
Riboflavin	1.7 mg	1.3 mg	1.0 mg
Niacin	20 mg	16 mg	11 mg
Vitamin B-6	2 mg	1.7 mg	1.1 mg
Folate	400 mcg (0.4 mg)	400 mcg from food 200 mcg synthetic	314 mcg from food 157 mcg synthetic
Vitamin B-12	6 mcg	2.4 mcg	2 mcg
Biotin	300 mcg	30 mcg	28 mcg
Pantothenic acid	10 mg	5 mg	5 mg
Choline	Not established	550 mg	460 mg

*The current DVs are the values established by the Food and Drug Administration (FDA) for use in nutrition labeling. They were based initially on the highest 1968 Recommended Dietary Allowance (RDA) for each nutrient, to assure that needs were met for all population groups.

**The comparable DVs are the values that would be set if FDA incorporated the updated science but used the same approach of selecting the highest value to assure that needs are met for all population groups.

***The suggested DVs are the values that would apply based on the IOM recommendations in a December 2003 report to incorporate updated science, but base the values on a population-weighted Estimated Average Requirement (EAR), rather than the highest RDA, thus dramatically lowering the DVs and setting up targets that miss the mark for 50% of the population.

Comparison of Daily Values (DVs)

MINERAL	Current DVs*	Comparable DVs** (Based on new science)	Suggested DVs*** (Based on IOM recommendations)
Calcium	1000 mg	1300 mg	1091 mg
Iron	18 mg	18 mg	6.1 mg
Phosphorus	1000 mg	1250 mg	588 mg
Iodine	150 mcg	150 mcg	93 mcg
Magnesium	400 mg	420 mg	286 mg
Zinc	15 mg	11 mg	7.5 mg
Selenium	70 mcg	55 mcg	44 mcg
Copper	2 mg	0.9 mg	0.7 mg
Manganese	2 mg	2.3 mg	2 mg
Chromium	120 mcg	35 mcg	27 mcg
Molybdenum	75 mcg	45 mcg	33 mcg

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