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February 10, 2025

Secretary Xavier Becerra
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20024

Secretary Tom Vilsack
U.S. Department of Agriculture
1400 Jefferson Drive SW
Washington, DC 20201

RE: Scientific Report of the 2025 Dietary Guidelines Advisory Committee; Docket HHS-OASH-2024-0017

Dear Secretaries Becerra and Vilsack:

The Council for Responsible Nutrition (CRN)[1] appreciates the opportunity to provide comments on the Scientific Report of the 2025 Dietary Guidelines Advisory Committee (the Committee). We thank the Committee for its work throughout the past 24 months to publish the Scientific Report. We have followed the process closely, provided comments to the Committee, and now offer the following considerations for the U.S. Department of Health and Human Services (HHS) and Department of Agriculture (USDA) as the Departments develop the 2025-2030 Dietary Guidelines for Americans (the Dietary Guidelines), the cornerstone of nutrition policy.

The Dietary Guidelines provide advice about what people should eat and drink to support growth and development, meet nutrient needs, promote health, and prevent diet-related

[1] The Council for Responsible Nutrition (CRN), founded in 1973 and based in Washington, D.C., is the leading trade association representing dietary supplement and functional food 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 stores and discount chains. These products also include those marketed through natural food stores and mainstream direct selling companies. CRN represents more than 180 companies that manufacture dietary ingredients and/or dietary supplements, or supply services to those suppliers and manufacturers. Our member companies are expected to comply with a host of federal and state regulations governing dietary supplements in the areas of manufacturing, marketing, quality control and safety. Our supplier and manufacturer member companies also agree to adhere to additional voluntary guidelines as well as to CRN's Code of Ethics. Learn more about us at www.crnusa.org.

chronic diseases. As such, the Guidelines serve the diverse U.S. population and its unique characteristics. As reported by previous Dietary Guidelines Advisory Committees, the 2025 Committee affirmed that American diets do not align with recommendations in the Dietary Guidelines. Consequentially, there is an array of nutrient shortfalls in the population and vitamin D, calcium, potassium, and dietary fiber remain nutrients of public health concern for most of the population, where underconsumption is linked to adverse health conditions. In addition, the Committee identified nutrients of public health concern for specific life stages, including adolescent and adult females, and pregnancy. Further, the Committee warns, "Left unaddressed, nutrient shortfalls during these life stages have the potential to impact health in the short-term, throughout the lifespan, and for future generations."

Dietary supplements are a source of vitamins, minerals, and other dietary components that can complement nutrient dense foods and beverages to help Americans meet nutrient recommendations. Dietary supplement use is prevalent in the U.S. with 57.6% of adults aged 20 and over reporting use; a multivitamin-mineral is the most common dietary supplement used across the adult lifespan.[2] Moreover, a recent study reported 45% of the U.S. population had a prevalence of inadequacy for vitamin A, 46% for vitamin C, 95% for vitamin D, 84% for vitamin E, and 15% for zinc; and dietary supplement use helped lower the prevalence of individuals below the Estimated Average Requirement (EAR).[3]

The Committee supports existing special considerations in the Dietary Guidelines for Americans, 2020-2025 regarding the nutrients and dietary components of public health concern and emphasis on life stages that are particularly vulnerable.[4] We concur with the Committee, and while we agree that the Dietary Guidelines should prioritize healthy dietary patterns consisting of nutrient-dense foods and beverages, we urge that the Departments continue to recognize the usefulness of dietary supplements in helping to meet nutrient needs. We support carrying forward existing statements about dietary supplements into the 2025-2030 Dietary Guidelines for Americans (note that not all such statements are listed below). Considering

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[2] Mishra S, Stierman B, Gahche JJ, Potischman N. Dietary supplement use among adults: United States, 2017–2018. NCHS Data Brief, no 399. Hyattsville, MD: National Center for Health Statistics. 2021. doi: https://doi.org/10.15620/cdc:101131.

[3] Reider CA, Chung RY, Devarshi PP, Grant RW, Hazels Mitmesser S. Inadequacy of Immune Health Nutrients: Intakes in US Adults, the 2005-2016 NHANES. Nutrients. 2020;12(6):1735. Published 2020 Jun 10. doi:10.3390/nu12061735.

[4] 2025 Dietary Guidelines Advisory Committee. 2024. *Scientific Report of the 2025 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and Secretary of Agriculture.* U.S. Department of Health and Human Services. https://doi.org/10.52570/DGAC2025.

recent findings in the Scientific Report about current intakes, we suggest additional and modified statements about the of appropriate use of dietary supplements as a strategy to fill nutrient gaps, as outlined below.

I. General population (ages 1 year and older)

The Scientific Report identifies nutrient shortfalls in the U.S. population 1 year and older and in some age-sex groups, including dietary protein, vitamin A, thiamin (vitamin B1), riboflavin (vitamin B2), niacin (vitamin B3), vitamin B6, folate, vitamin B12, vitamin C, vitamin E, copper, iron, magnesium, phosphorous, zinc, vitamin K, and iodine. Moreover, vitamin D, calcium, potassium, and dietary fiber remain nutrients of public health concern because their underconsumption is linked to adverse health conditions. Existing special considerations for these nutrients of public health concern include statements about vitamin D supplementation:

"In many cases, taking a vitamin D supplement may be appropriate especially when sunlight exposure is limited due to climate or the use of sunscreen."

"Some individuals may have difficulty producing sufficient vitamin D from sunlight exposure or consuming enough vitamin D from foods and beverages, so a supplement may be recommended by a health professional."

Regarding calcium, potassium, and dietary fiber, the existing Dietary Guidelines state, "If a healthy dietary pattern is consumed, amounts of calcium, potassium, and dietary fiber can meet recommendations." Unfortunately, these nutrients have been consistently identified as nutrients of public health concern due to underconsumption, demonstrating that meeting recommended intakes from foods and beverages alone remains challenging for the U.S. population. These shortfalls, which could lead to adverse health effects, should be addressed through available means, such as consideration of supplementation to help achieve recommended intakes.

CRN recommendation: The Departments should add the following statement in the Dietary Guidelines:

Some individuals may have difficulty consuming enough calcium, potassium, and dietary fiber from foods and beverages, so a supplement may be recommended by a health professional.

II. Infants (0 – 24 months)

The Committee noted the importance of supplemental vitamin D for infants under 6 months who are exclusively fed human milk or for those who receive both human milk and infant formula, and this is addressed in existing advice about vitamin D supplements for this life stage.

In addition, the Committee reported 74% of infants fed human milk have intakes below the EAR for iron and identified iron as a nutrient of public health concern for this group. Further, the Committee noted the American Academy of Pediatrics (AAP) recommendation for iron supplementation starting at age 4 months for infants fed exclusively human milk or infants partially fed human milk if no iron-containing complementary foods are consumed. However, existing statements regarding iron supplementation in this life stage do not address infants partially fed human milk:

"Caregivers of infants exclusively fed human milk should talk with their pediatric care provider about whether there may be a need for supplementation with iron before age 6 months."

CRN Recommendation: The Departments should carry forward existing advice regarding supplementation of vitamin D and other nutrients. In addition, the Departments should incorporate the above-mentioned AAP recommendation about iron supplementation for infants partially fed human milk. For example, the statement above could be modified to read (inserted text is underlined):

"*Caregivers of infants exclusively <u>or partially</u> fed human milk should talk with their pediatric care provider about whether there may be a need for supplementation with iron before age 6 months."*

III. Adolescent and adult females

The Committee identified a constellation of nutrient shortfalls for adolescents and particularly noted iron as a nutrient of public health concern for adolescent females, finding that 23% of females 14 – 18 years of age have iron intakes below the EAR. Further, the Committee identified iron as a nutrient of public health concern for adult females 19 – 50 years of age, reporting that 22% of females 19 – 30 years of age and 20% of females 31 – 50 years of age have intakes below the EAR. Existing special considerations for adolescents and adult females in the Dietary Guidelines, 2020-2025 do not discuss iron as a nutrient of public health concern for females in these life stages. Shortfalls in iron, which could lead to adverse health effects, should be addressed through available means, such as consideration of supplementation to help achieve recommended intakes.

CRN recommendation: The Departments should add the following statement in the Dietary Guidelines regarding adolescent and adult females ages 19 – 50 years:

Some individuals may have difficulty consuming enough iron from foods and beverages, so a supplement may be recommended by a health professional.

IV. Pregnancy and Lactation

Dietary supplements can help individuals meet nutrient recommendations, particularly when there are increased needs such as during pregnancy and lactation. The Committee reported dietary intakes for individuals ages 20 through 44 years who are pregnant or lactating fail to align with the Dietary Guidelines. The 2020 Committee reported many pregnant women did not meet the EAR for key nutrients, including vitamins A, C, D, E, K, and B6, folate, choline, iron, potassium, calcium, magnesium, and zinc, and acknowledged that 69 % of pregnant women took supplements. Moreover, dietary supplement use reduces nutrient inadequacy in pregnant and lactating women.[5] In addition to vitamin D, calcium, potassium, and dietary fiber, the Committee identified folate, iodine, and iron as nutrients of public health concern for pregnant individuals. Existing statements in the Dietary Guidelines, 2020-2025 regarding supplementation during pregnancy include:

"Most healthcare providers recommend women who are pregnant or planning to become pregnant take a daily prenatal vitamin and mineral supplement in addition to consuming a healthy dietary pattern. This may be especially important to meet folate/folic acid, iron, iodine, and vitamin D needs during pregnancy."

"The U.S. Preventive Services Task Force (USPSTF) recommends that all women who are planning or capable of pregnancy take a daily supplement containing 400 to 800 mcg of folic acid. Dietary supplements may contain either folic acid or 5-methyltetrahydrofolate (5-MTHF), but only folic acid has been shown to prevent neural tube defects. Most prenatal supplements sold in the United States contain folic acid."

"Most women do not meet recommended intakes of choline during pregnancy and lactation. Women are encouraged to consume a variety of choline-containing foods during these life stages"…. "Meeting nutrient needs through foods and beverages is preferred, but women who are concerned about meeting recommendations should speak with their healthcare provider to determine whether choline supplementation is appropriate. Many prenatal supplements do not contain choline or only contain small amounts inadequate to meet recommendations."

CRN believes all existing statements about supplementation in pregnancy remain relevant and notes that the USPSTF affirmed its recommendation about folic acid supplementation to prevent neural tube defects in 2023.[6] CRN urges inclusion of calcium, potassium, and dietary fiber, which are not highlighted although they are nutrients of public health concern. In

[5] JAMA, 316(14), 1464-1474. 2. Jun S, Gahche JJ, Perrine C, Potischman N, Dwyer JT, Guenther PM, Sauder KA, Bailey RL. Dietary supplement use and its micronutrient contribution during pregnancy and lactation in the United States. Obstet Gynecol 2020 Mar;135(3):623-633.3.

[6] US Preventive Services Task Force. Folic Acid Supplementation to Prevent Neural Tube Defects: US Preventive Services Task Force Reaffirmation Recommendation Statement. JAMA. 2023;330(5):454–459. doi:10.1001/jama.2023.12876

addition, a statement that a choline supplement may be recommended by a healthcare provider should be added, to underscore that a choline supplement can help meet choline needs during pregnancy and lactation while maintaining consistency with existing statements about choline intakes during these life stages.

CRN Recommendation: The Departments should carry forward existing statements about supplementation with nutrients of public health concern and/or important for pregnancy. However, we recommend the following modifications (inserted text is underlined):

"Most healthcare providers recommend women who are pregnant or planning to become pregnant take a daily prenatal vitamin and mineral supplement in addition to consuming a healthy dietary pattern. This may be especially important to meet folate/folic acid, iron, iodine, ~~and~~ vitamin D, calcium, and potassium needs during pregnancy. An additional dietary fiber and choline supplement may be recommended by a health care provider as prenatal vitamin and mineral supplements do not typically contain dietary fiber and choline."

V. Older adults

Like much of the U.S. population, older adults have nutrient shortfalls. Although diets of older adults are generally higher quality than those of other life stages, they still do not align with the Dietary Guidelines, 2020-2025. A recent study showed that in older adults who are SNAP participants or SNAP eligible non-participants, diet quality is low and dietary supplements reduced nutrient inadequacy.[7] Further, use of multivitamins reduces prevalence of nutrient inadequacy in older adults.[8] The Committee reported that 14 % of females ages 71 years and older and 9 % of males 71 years and older have intakes of protein below the EAR. In addition, 8 % of females ages 51 through 70 years and 5 % of males ages 51 through 71 years have intakes of protein below the EAR.

Existing special considerations about supplementation in older adults include:

"Many adults in the U.S. take one or more dietary supplements either as a pill or drink. Popular supplements include some nutrients that are underconsumed among older adults, including calcium and vitamins D and B12. All sources of a nutrient or food component—whether from food or a dietary supplement—should be considered when assessing an individual's dietary

[7] Qin Y, Cowan AE, Bailey RL, Jun S, Eicher-Miller HA. Usual nutrient intakes and diet quality among United States older adults participating in the Supplemental Nutrition Assistance Program compared with income-eligible nonparticipants. Am J Clin Nutr. 2023 Jul;118(1):85-95. doi: 10.1016/j.ajcnut.2023.03.013. Epub 2023 May 18.
[8] Frankenfeld CL, Wallace TC. Multivitamins and Nutritional Adequacy in Middle-Aged to Older Americans by Obesity Status. J Diet Suppl. 2020;17(6):684-697. doi:10.1080/19390211.2019.1645785

pattern, including any added sugars that may come from supplement drinks. Older adults should track and discuss all dietary supplement use with their healthcare provider. Beverage supplements should not replace regular food intake unless instructed by a health professional."

"Some individuals also may require vitamin B12 dietary supplements. Individuals are encouraged to speak with their healthcare provider to determine what, if any, supplementation is appropriate."

CRN Recommendation: The Departments should carry forward existing statements about supplementation in older adults and further address protein as an underconsumed dietary component. We suggest adding the following:

Some individuals may have difficulty consuming enough dietary protein. Individuals are encouraged to speak with their healthcare provider to determine if protein supplementation is appropriate.

Conclusion

CRN recommends the Departments continue to highlight nutrients of public health concern for much of the U.S. population as well as for specific age-sex groups and include special considerations for each life stage and specific age-sex groups that are particularly vulnerable. Indeed, nutrient needs should primarily be met through nutrient dense foods and beverages. However, given the persistent underconsumption of essential nutrients and food components, including those of public health concern, additional strategies to meet recommended intakes should be considered to help Americans promote health and prevent diet-related chronic diseases. At the very least, individuals should be encouraged to speak to a health professional about whether supplementation is needed to address a nutrient shortfall. Existing special considerations in the Dietary Guidelines, 2020-2025 regarding supplementation should be carried forward in the next Dietary Guidelines, some with modification, and new considerations should be added that are based on data and analyses in the 2025 Scientific Report.

Moreover, we echo the Committee's recommendation that future directions for nutrition and health research should include updates to existing Dietary Reference Intakes (DRIs) and development of DRIs for additional nutrients by the joint U.S.-Canada DRI Working Group. The Committee uses the DRIs to develop dietary patterns that meet nutrient requirements and understand how current nutrient intakes compare to recommendations. Indeed, many nutrients have not been updated in decades and new data may be available to inform updates to nutrient values or to develop values for additional dietary components, including lutein and zeaxanthin, omega-3 fatty acids, and flavonoids. Expanding the DRIs process to include bioactive components beyond essential nutrients would incorporate the latest nutrition science

and help future Committees develop dietary patterns that emphasize the diversity of beneficial components for promoting health and preventing chronic diseases.

Thank you for considering our comments.

Sincerely,

Haiuyen Nguyen
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