



SUPPLEMENTS

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Dietary Supplements: A Brief History

What Is A Dietary Supplement?



*A product designed to supplement the diet
Contains one or more of the following dietary ingredients:

Vitamins

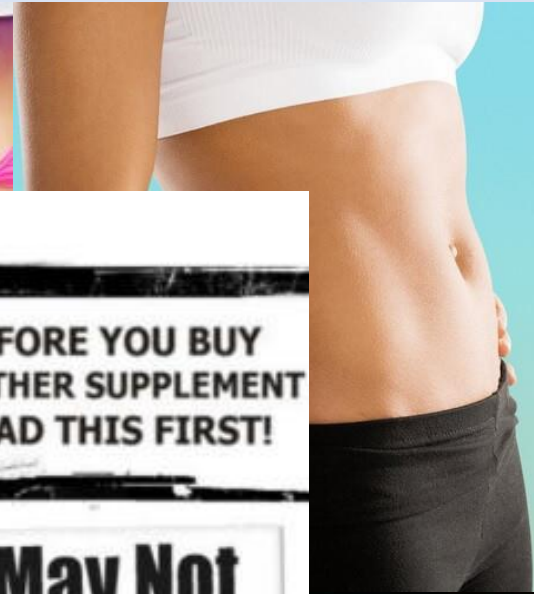
Minerals

Herbs or other botanicals

Amino acids

Concentrate, metabolite, extract

Dietary Supplement Misinformation



BYE-BYE BELLY!
See Results In 2 Weeks
DETOX YOUR GUT



MORE ENERGY
LESS BLOATING
-IN JUST 4 DAYS

WARNING BEFORE YOU BUY ANOTHER SUPPLEMENT READ THIS FIRST!

Your Supplements May Not Be Living Up To Their Claims

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REASONS TO USE

- ✓ INDUSTRY ACCLAIMED
- ✓ MENTAL CLARITY
- ✓ THERMOGENIC BOOST
- ✓ INSANE FOCUS
- ✓ DIET APPROVED
- ✓ MAXIMUM ENERGY

NO₂ EXPLODE EXTREME

QUICK POWERFUL EFFECTIVE

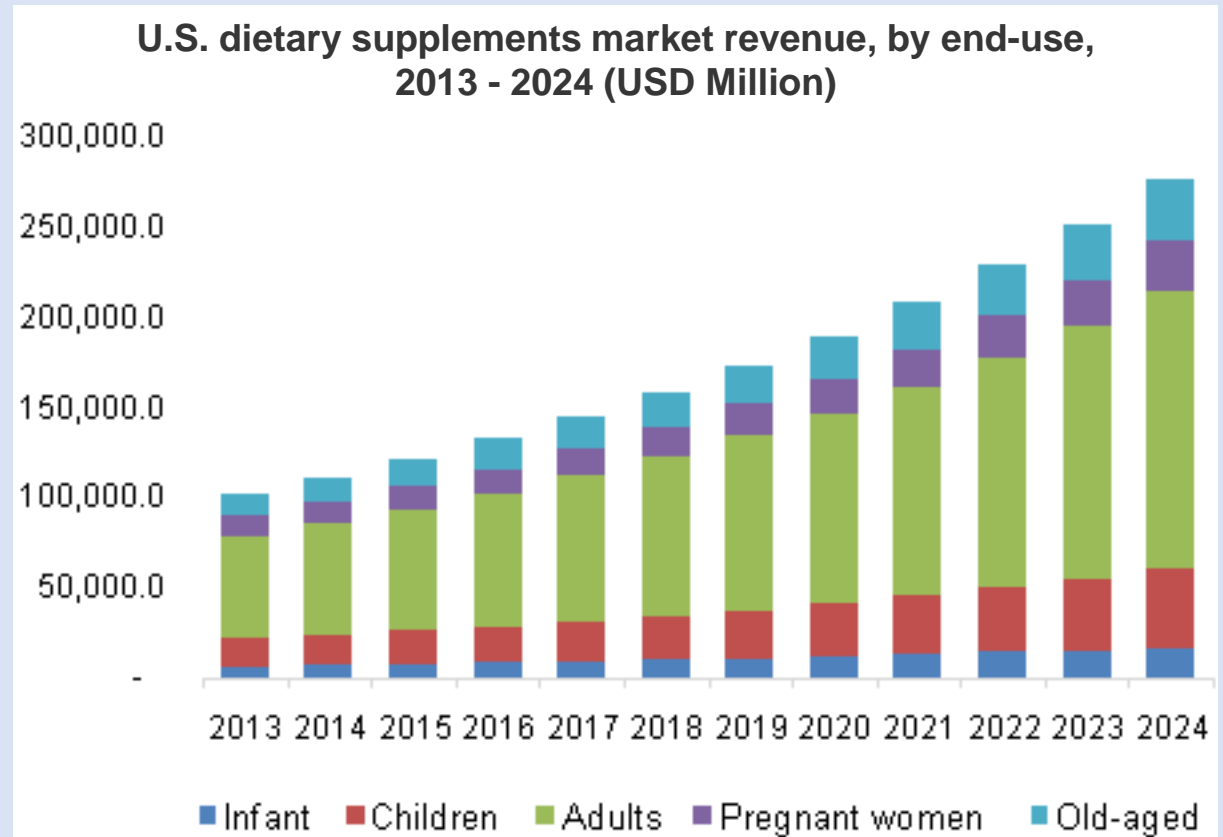
Dietary Supplement Use

2013 global sales = \$104 Billion

- 1994 = \$4 Billion
- 2012 = \$33 Billion

> 55,000 different supplements on the market

> 49% of the population uses dietary supplements DAILY



Dietary Supplement Health and Education Act (1994)

A supplement is not a drug or food

(Drugs are used to diagnose, cure, mitigate, treat, or prevent disease.)

Ingredients sold prior to 1994 were "grandfathered" (e.g. vitamins, minerals, creatine, ephedra, hundreds of others...). **After** 1994 must provide reasonable evidence for safety and be reviewed by FDA prior to marketing.

Manufacturers of supplements do not have to provide proof of many product ingredients' safety or effectiveness*

FDA can only ban a substance **AFTER** proof is found that the product is **DANGEROUS**.
This means many unsafe or ineffective supplements can be sold freely

FDA Regulations on Supplements

FDA Good Manufacturing Practices (“GMP”)

Manufacturers, packagers, and labelers, of supplements must follow GMPs to ensure the quality and safety of their supplements

However....GMP violations are common

Report found *65% companies tested in violation*

Common Violations

Failure to conduct testing to verify dietary ingredients

Failure to establish purity and strength of products



Choosing Dietary Supplements

Why Do People Use Dietary Supplements?

Improve or
maintain
health

Enhance
athletic
performance

Increase
energy

Compensate
for poor
nutrition

Immune
Support

Manipulate
Body
Composition

Prevent
disease

Correct
deficiencies

Weight loss

How to Choose Dietary Supplements?

CHOOSE SUPPLEMENTS WITH:

- USP on the label
- Consumer Lab seal of approval
- National Sanitation Foundation seal
- Reputable drug companies



Toxicity in Dietary Supplements

➤ READ LABELS!

- Avoid supplements with many ingredients and various doses
- Even if standards in quality are met, dosages may still be beyond daily recommendations
- Be aware that contamination occurs often – choose reputable companies that third party test for purity

Supplement Facts

Serving Size: Two Tablets

	Amount per Serving	% Daily Value
Vitamin A (as Beta Carotene)	25,000 IU	500
Vitamin C (as Ascorbic Acid)	1,000 mg	1670
Vitamin E (as Tocopheryl Succinate)	400 IU	1330
Zinc (as Zinc Glucconate)	50 mg	333
Copper (as Copper Gluconate)	2 mg	100
Selenium (as Selenomethionine)	50 mcg	71
Chromium (as Chromium Picolinate)	200 mcg	166
Citrus Bioflavonoid Complex	250 mg	*
Eyebright (Euphrasia officinalis)	50 mg	*
Alpha-Lipoic Acid	50 mg	*
Ginkgo Biloba	25 mg	*
L-Glutathione	10 mg	*
FloraGLO® Lutein (containing Zeaxanthin)	6 mg	*

*Daily Value not established

What's Not Safe?

Vitamin Toxicity

Almost 60,000 instances of vitamin toxicity are reported annually to US poison control centers.

Toxicity often affects infants and children

Fat-soluble vitamins can accumulate in the body and can pose more risk than water-soluble vitamins.

Iron-containing vitamins are the most toxic, especially for children.



Example: Ephedra

What is it?

Non-nutritive ergogenic aid

Central nervous system stimulant and decongestant

Claims to increase metabolism and increases body fat loss

Negative side effects

- irregular heart rate, elevated blood pressure, dizziness, headache, heart attack, stroke, seizure, psychosis
- 155 deaths and over 16,000 side effects

FDA banned in April 2004



Yet...Products still sell extracts from species of ephedra
Contain little or no ephedra
Unlikely to pose dangers but also don't work

Vitamin A

Vitamin A is considered safe when consumed in recommended dietary allowances (RDAs). Adults who eat fortified foods with vitamin A, such as low-fat dairy products and a lot of fruits and vegetables, lack the need for supplements or multivitamins that contain vitamin A.

Short-term toxicity: nausea, headache, fatigue, loss of appetite, dizziness, dry skin, and swelling in the brain.

Long-term toxicity: dry itchy and cracking skin, dry lips, scaling anorexia, headache, psychiatric changes, excess fluid, bone and joint pain, osteoporosis, and hip fracture.

Severe toxicity: eye damage, high levels of calcium, and liver damage.



Beta Carotene and Vitamin E

Evidence indicates that diets high in vitamin E and beta carotene, are associated with a reduced risk of lung cancer.

Study done (ATBC Trial) to determine whether daily supplementation with vitamin E, beta carotene, or both would reduce the incidence of lung cancer and other cancers
29,133 male smokers participated in trial over 8 years

RESULTS:

No reduction in incidence was observed.

Higher incidence of lung cancer in those who received beta carotene

Vitamin E had group had more deaths from hemorrhagic stroke observed

Total mortality was 8 percent higher among the participants who received beta carotene supplementation

Study was STOPPED

CONCLUSIONS:

These vitamins in supplement form may actually have harmful as well as beneficial effects.

**MORE IS BETTER,
RIGHT?**

WELL...

NOT NECESSARILY...

What's Safe?

Older Adults

Why might an older adult need to supplement?

Common Nutrient Deficiencies

Protein

Vitamin B12

Vitamin D

Calcium

Limited variety
in diet

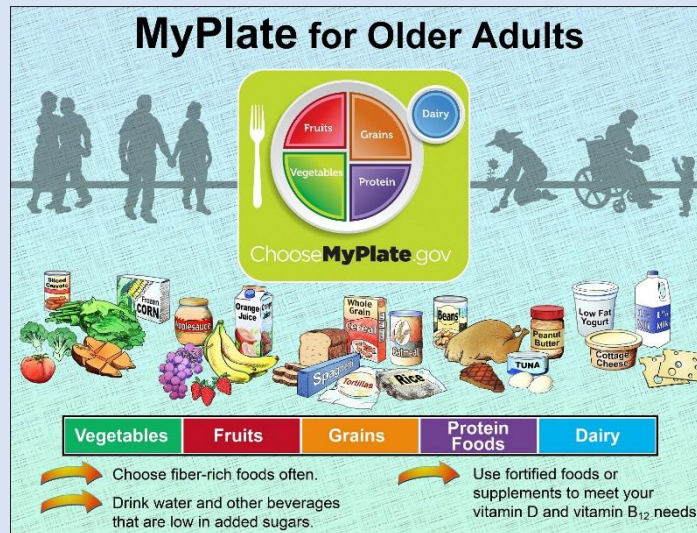
Reduction in
Calorie Intake

Prevent Falling
and Fractures

Maintain Bone
Mineral Density

Vegan/Vegetarian

Strengthen
Immune System



Infants

Why might parents want to supplement their children?

Common Nutrient Deficiencies

Iron/Zinc
B12
Vitamin D
Omega 3 Fatty Acids
(EPA & DHA)



Limited variety
in diet

Vegan/Vegetarian
Infant

Periods of Rapid
Growth

Cognitive
Development

Strengthen
Immune System

Breast Milk vs.
Formula Fed

Athletes

Why might an athlete want to supplement?

Ergogenic Aids (Performance Enhancers)

Creatine
Beta-Alanine
Nitrate
Caffeine
Sodium Bicarbonate

Potential Nutrient Deficiencies

Vitamin D (deficiency widespread)
Vitamin B12 (vegetarians/vegans)
Calcium (some athlete populations 50%+)
Iron (25-30% of athletes)

Inadequate calorie
intake

Limited variety/
Lots of restrictions
in diet

Wanting to
Enhance
Performance

Vegan/Vegetarian

Injury

Female Athletes

Disordered Eating

Periods of Rapid
Growth

Training at High
Altitudes or
Indoors

Calcium across the Lifespan

Life Stage	Recommended Amount
Birth to 6 months	200 mg
Infants 7–12 months	260 mg
Children 1–3 years	700 mg
Children 4–8 years	1,000 mg
Children 9–13 years	1,300 mg
Teens 14–18 years	1,300 mg
Adults 19–50 years	1,000 mg
Adult men 51–70 years	1,000 mg
Adult women 51–70 years	1,200 mg
Adults 71 years and older	1,200 mg
Pregnant and breastfeeding teens	1,300 mg
Pregnant and breastfeeding adults	1,000 mg

➤ **12th leading cause of disability in US: Fractures**

➤ Calcium plays a critical role in bone health

➤ Benefits across the lifespan

Ages 1-18yrs = 700-1300mg/day

Ages 18-50yrs = 1,000mg/day

Ages 51+ = 1,200mg/day

➤ Women 20+ years and Men 40+ years on average not meeting AI recommendations

➤ Many athletes also do not meet needs

➤ Adequate **LIFELONG** calcium intake is necessary to optimal bone health

Calcium: Very Attainable from Foods



+



+



+



+



= 1,116mg

1 cup
305mg

1 cup
191mg

1 cup
94mg

1 cup
345mg

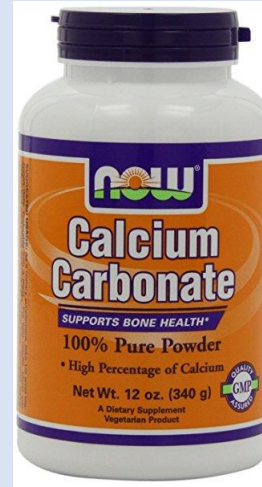
3 oz
181mg

Common Food Sources of Calcium			
Food	Serving Size	Amount	%DV*
Yogurt, fruit, low fat	1 cup	345 mg	35%
Milk, low fat	1 cup	305 mg	31%
Orange juice, calcium fortified	1 cup	300 mg	30%
Sardines, canned with bone	3 ounces	325 mg	33%
Collard greens, boiled	1 cup	266 mg	27%
Cereal, cream of wheat, cooked	1 cup	232 mg	23%
Cheese, cheddar	1 ounce	204 mg	20%
Beans, white, boiled	1 cup	191 mg	19%

Fish, salmon, canned	3 ounces	181 mg	18 %
Soybeans, boiled	1 cup	175 mg	18 %
Cottage cheese, low-fat	1 cup	138 mg	14%
Kale, boiled	1 cup	94 mg	9%
Beans, pinto, boiled	1 cup	79 mg	8%
Almonds	1 ounce	75 mg	8%
Broccoli, boiled	1 cup	62 mg	6%
Figs, dried	2 figs	62 mg	6%
Oranges, raw	1 medium	52 mg	5%
Source: USDA Nutrient Database.			
* Daily Value (DV) is the daily reference amount used on food and supplement labels.			

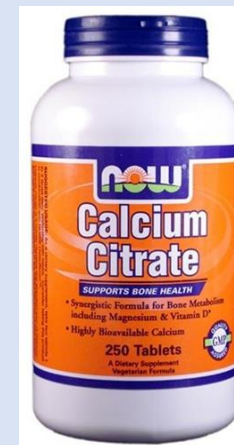
Calcium Supplementation

- Because dietary calcium intake is often inadequate, supplemental calcium may help deficiency to increase bone mineral density and prevent bone loss.
- Supplemental calcium includes fortified foods and calcium contained in dietary supplements.
- Individuals **DEFICIENT** in calcium, including those with osteopenia or osteoporosis, peri or postmenopausal women, mothers who breastfeed, vegans, and individuals who are lactose intolerant may all benefit from calcium supplementation



Always take
with food

**No More than
500mg at One Time**



With or
Without food

Vitamin D across the Lifespan

- Over 50% of the global population is **INSUFFICIENT** (<50 nmol/L)
- 77% of Americans considered **INSUFFICIENT**
- Critical to bone health, prevention of fractures, falls, and immunity
- Synthesized in the skin via sunlight, found in few foods
- Adequate Intake (AI) Recommendations

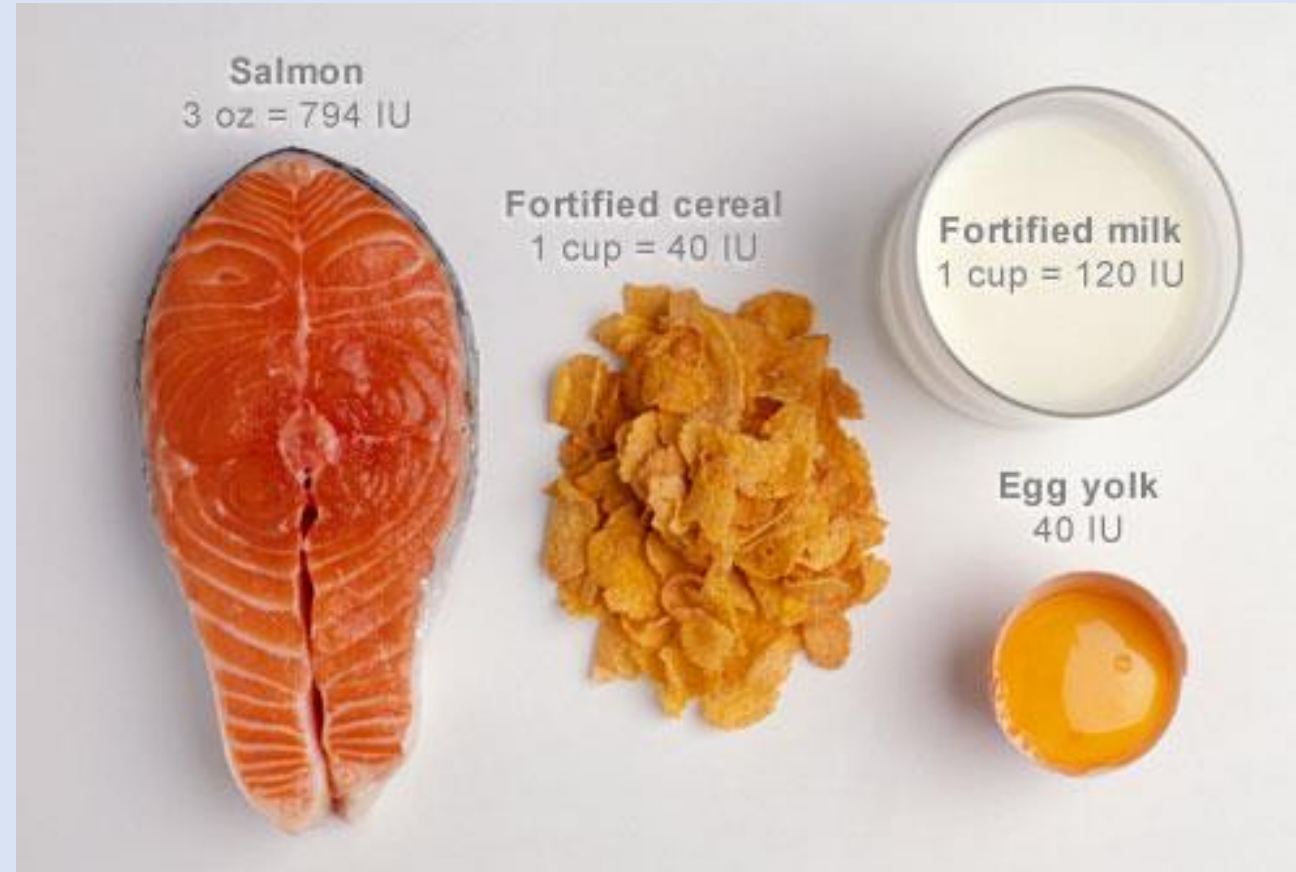
Ages 0-70yrs = 400-600 IU/day

Recommended Dietary Allowances for Vitamin D

Age	Male	Female	Pregnancy	Lactation
0–12 months*	400 IU (10 mcg)	400 IU (10 mcg)		
1–13 years	600 IU (15 mcg)	600 IU (15 mcg)		
14–18 years	600 IU (15 mcg)	600 IU (15 mcg)	600 IU (15 mcg)	600 IU (15 mcg)
19–50 years	600 IU (15 mcg)	600 IU (15 mcg)	600 IU (15 mcg)	600 IU (15 mcg)
51–70 years	600 IU (15 mcg)	600 IU (15 mcg)		
>70 years	800 IU (20 mcg)	800 IU (20 mcg)		

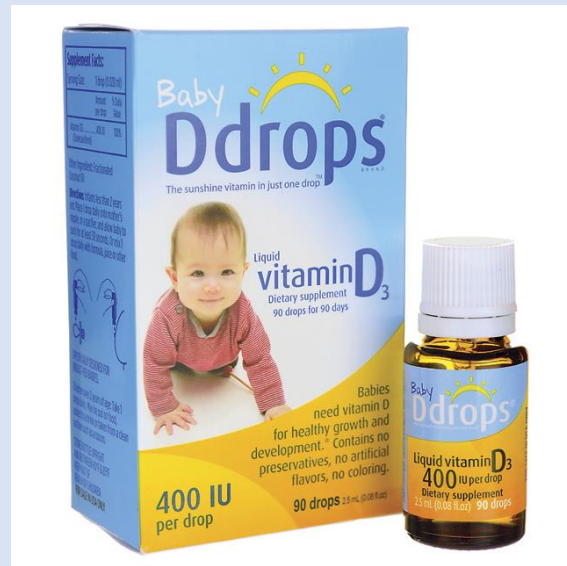
Vitamin D in Foods

- Vitamin D can be difficult to obtain from the diet alone.
- Only a few foods are a good source of vitamin D. Vitamin D supplementation can be beneficial if INSUFFICIENT.
- Those prone to insufficiency:
 - Breastfed infants, older adults, athletes, people with limited sun exposure, darker pigmented individuals, people with gastric bypass surgery



Vitamin D Supplementation

- Options are available for individual vitamin D supplements, including capsules, chewable tablets, liquids, and drops.
- Vitamin D₂ or vitamin D₃ can be used for the treatment and prevention of Vitamin D insufficiency



Omega 3 Fatty Acids

- Particularly important for *INFANTS*
- Several omega-3s exist, but three are important: ALA, EPA, and DHA.
- ALA present in flaxseed, chia seed, soybean, and canola oils. DHA and EPA are present in fish, fish oils, and krill oils.
- Associated with reduction in CVD and inflammation, improved *cognitive development*

Adequate Intakes for Omega-3s

Age	Male	Female	Pregnancy	Lactation
Birth to 6 months*	0.5 g	0.5 g		
7–12 months*	0.5 g	0.5 g		
1–3 years**	0.7 g	0.7 g		
4–8 years**	0.9 g	0.9 g		
9–13 years**	1.2 g	1.0 g		
14–18 years**	1.6 g	1.1 g	1.4 g	1.3 g
19-50 years**	1.6 g	1.1 g	1.4 g	1.3 g
51+ years**	1.6 g	1.1 g		

Omega 3 Fatty Acids

➤ Very Attainable in the Diet

Selected Food Sources of ALA, EPA, and DHA

Food	Grams per serving			
		ALA	DHA	EPA
Flaxseed oil, 1 tbsp	7.26			
Chia seeds, 1 ounce	5.06			
Flaxseed, whole, 1 tbsp	2.35			
Salmon, Atlantic, farmed cooked, 3 ounces			1.24	0.59
Herring, Atlantic, cooked, 3 ounces*			0.94	0.77
Canola oil, 1 tbsp	1.28			
Trout, rainbow, wild, cooked, 3 ounces			0.44	0.40
Oysters, eastern, wild, cooked, 3 ounces	0.14		0.23	0.30

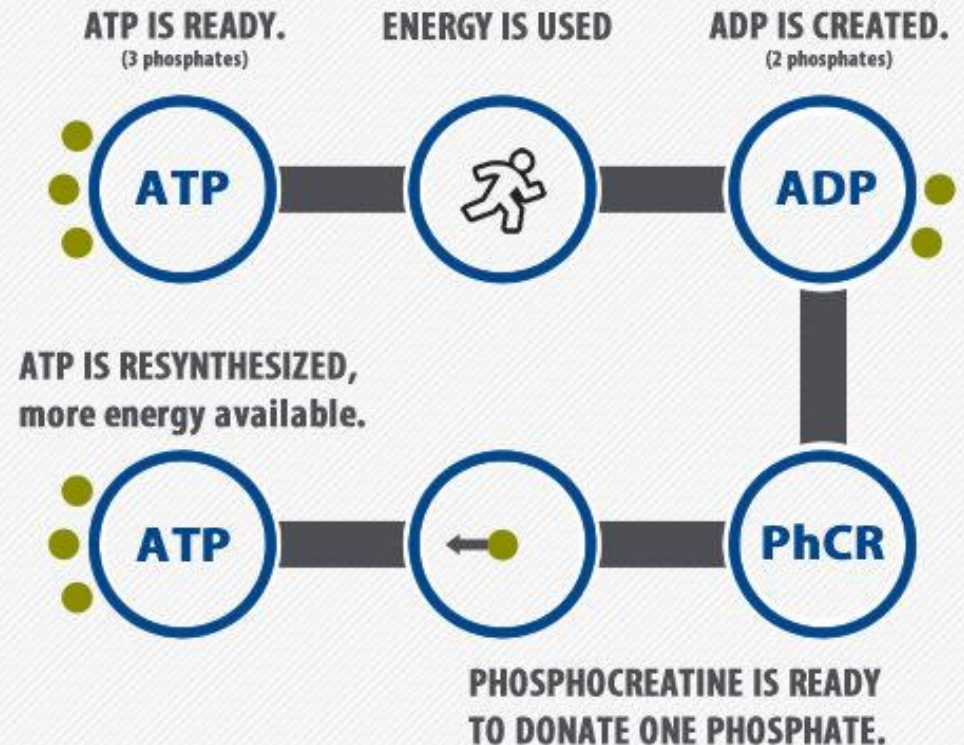
Shrimp, cooked, 3 ounces*		0.12	0.12
Lobster, cooked, 3 ounces*	0.04	0.07	0.10
Tuna, light, canned in water, drained, 3 ounces*		0.17	0.02
Tilapia, cooked, 3 ounces*	0.04	0.11	
Scallops, cooked, 3 ounces*		0.09	0.06
Cod, Pacific, cooked, 3 ounces*		0.10	0.04
Ground beef, 85% lean, cooked, 3 ounces**	0.04		
Bread, whole wheat, 1 slice	0.04		
Egg, cooked, 1 egg		0.03	
Milk, low-fat (1%), 1 cup	0.01		

Ergogenic Aids: Creatine

Ergogenic Aid: a performance enhancer

- Creatine is one of the most popular and widely researched supplements
- 95% of the body's creatine stores are found in the skeletal muscle.
- Creatine is predominately present in the diet from meats. (Vegetarians have lower creatine)
- Can enhance effects of resistance training for improving strength and hypertrophy
- Improves quality and benefits of high intensity intermittent speed training

HOW DOES CREATINE WORK?



Creatine Supplementation

➤ **Creatine Monohydrate is best**

➤ **Loading Phase**

20 - 25 g CM/d or
0.3 g CM/kg/d split into 4 to 5
daily intakes of 5 grams

➤ **Maintenance Period**


3-5 g CM/d or
0.03 g CM/kg/d



Alternatives to Dietary Supplements?

REAL FOOD!

Supplement	Risks	Food Equivalent
Multivitamin and Mineral	Potential toxicity if taken in amounts greater than recommended	Meats, poultry, fish, whole grains, vegetables, fruits, beans and peas, nuts, low-fat dairy
Caffeine	Potential anxiety, irritability, insomnia, headaches, gastrointestinal (GI) distress	Coffee, tea, chocolate Note: Consumed in high quantities, these foods can result in testing positive for a banned substance.
Creatine	GI distress, cramps, potential contamination	Meat, poultry, fish
Protein and Added Amino Acids	Potential contamination	Beef, pork, chicken, fish, turkey, beans, lentils, tofu, tempeh, nuts, low-fat dairy, eggs
Omega-3 Fatty Acids	Potential contamination	Fatty fish (salmon), flaxseed oil, walnuts, canola oil



In Review

- Dietary supplements are designed to supplement, not replace nutrients in the diet
- Contamination and purity issues are common with supplements – choose brands that are third party validated
- Be sure to read labels to prevent ingesting toxic levels of vitamins
- Choose whole foods whenever possible



QUESTIONS?