



use without the use of supporting claims until 19 January 2022.

## **SORTING FACT FROM FICTION ON VITAMIN AND MINERAL SUPPLEMENT REGULATION – THE HEALTH SUPPLEMENTS INFORMATION SERVICE (HSIS)**

**FACT: The report “Towards a Healthier Britain” found evidence that vitamin and mineral supplements boost intakes and increase blood levels of these essential nutrients; fewer people taking multivitamin and mineral supplements have intakes below recommendations<sup>1</sup>**

In response to a Which? report published on 22<sup>nd</sup> August posing the question on vitamin and mineral food supplement regulation and claims, the Health Supplements Information Service (HSIS) would like to clarify this and remind the nation about the many benefits behind vitamins and minerals that are needed daily to fuel our bodies and keep us healthy.

### **REGULATIONS – WHAT’S THE TRUTH?**

All claims made on foods which imply the food, or an ingredient of that food, may have a beneficial effect on health are regulated by the Nutrition and Health Claims Regulation (NHCR).

Largely, only claims that have been authorised under the NHCR are permitted for use; however there are several exceptions to this:

- Claims which have been rejected, have a six month “transition” period during which time they remain permitted for use.
- There are a large number of so-called “botanical” claims which remain “on hold” whilst the European Commission and the European Food Safety Authority (EFSA) work out the best way to evaluate them. In addition a number of claims which have favourable opinions, but which have not yet been passed into law to authorise them can continue to be used.
- Trade Marks and Brand Names which existed prior to 1 January 2005 which may make or imply health claims are permitted to continue in

Written into the Regulation is a requirement for claims to be truthful, clear, reliable and useful to the consumer. Many of the claims are expressed in terms which may not necessarily be considered consumer friendly and therefore the Regulation acknowledges that so long as the wording of claims holds the same meaning to the consumer as intended in the original claim, flexibility of wording is permitted.

In May 2012, an amending Regulation (Regulation 432/2012 establishing a list of permitted health claims made on foods, other than those referring to the reduction of disease risk and to children’s development and health) came into force which authorised over 200 new claims for use. The ending of transition was 14 December 2012. From May to December 2012 the majority of the UK food supplements industry worked to bring the claims that were made on products into compliance with the new Regulation.

On 9 January 2013 the UK Department of Health issued a guidance document on flexibility of wording which had been prepared by the European Commission in discussion with EU Member State experts. The document discussed the use of the word “healthy” as an alternative to the word “normal” which appears in the majority of authorised claims and advised that although “healthy” could be used as an alternative in some European languages, it could not be used in English language versions of claims. Unfortunately, as this was nearly seven months after the amending Regulation had come into force, it was impossible for industry to amend the pack claims it has worked so hard to bring into compliance the year before.

In discussion with UK enforcement authorities, it was agreed that as this was a labelling issue and did not constitute any risk to health on any level, a pragmatic approach would be taken to any enforcement action. The industry is now gradually bringing products into line with the guidance on flexibility of wording.

### **SORTING OUT THE REAL FACTS:**

Vitamins and minerals perform a variety of vital functions in the body, mainly due to their participation in biochemical processes including:

- ✓ working with enzymes to help in the release of energy from food
- ✓ helping to maintain the health of body systems and organs such as the brain, heart, blood vessels and nervous system.

Vitamins and minerals work together to maintain our health and the body cannot function without them.

<sup>1</sup> Mason P, Ruxton C. Towards a Healthier Britain. Proprietary Association of Great Britain (PAGB) 2010

They are essential nutrients that can only be obtained from the diet and a lack of such vitamins and minerals can lead to poor health.

Vitamins and minerals can be obtained from food, but modern diets are often lacking in these nutrients due to poor food choice or lack of time for careful food preparation. This is amply demonstrated by the findings from the large UK Diet and Nutrition Surveys, which, methodologically, are among the most robust surveys in the world.

These surveys continue to show a lack of essential nutrients to some extent across population groups but particularly in young women whose mineral intakes may be severely compromised and in children and older people where vitamin D intakes fail to match recommendations.<sup>2</sup>

The most recent data from this survey<sup>3</sup> shows that mean intakes fell below the Reference Nutrient Intake (RNI, the minimum level which the majority of the population require to maintain health) for a number of minerals, in particular iron, magnesium, potassium and selenium. This was particularly the case for boys and girls aged 11 to 18 years. Mean iron intake was 58% of the reference nutrient intake (RNI), the same proportion as in the previous survey of this age group. Mean intakes of magnesium and potassium also fell below the RNI for both boys and girls aged 11-18 years, as did zinc, calcium and iodine for girls.

Substantial proportions of older girls had mineral intakes below the Lower Reference Nutrient Intake (LRNI; a level at which deficiency is likely); 46% of girls aged 11-18 years had intakes of iron and magnesium below the LRNI; the equivalent figure for potassium was 30% and for zinc 15%. Among boys of this age group, 26% failed to achieve the LRNI for magnesium.

Intakes of calcium were of particular concern in 11-18 year old girls, an age at which calcium is particularly important for bone development. More than one in 10 girls in this age group failed to achieve the LRNI for calcium.

Significant numbers of adults also had low intakes. One fifth of adult women failed to achieve the LRNI for iron, while one in 10 men and one in 10 women failed to achieve the LRNI for magnesium.

<sup>2</sup> Bates B, Lennox A, Prentice A et al. (2012) *National Diet and Nutrition Survey. Headline Results from Year 1, Year 2 and Year 3 (combined) of the Rolling Programme (2008/2009-2010/2011)*. Department of Health

<sup>3</sup> Ibid

Intakes of selenium fell below the RNI in both older children and adults. Adult women overall achieved 72% of the RNI while adult men achieved 74% of the RNI. Around half of adult women and older girls and a fifth of men and older boys had intakes below the LRNI.

When it comes to essential omega-3 fatty acids, the UK Department of Health (DH) recommends eating two portions of fish a week, one of which should be oily fish (e.g. sardines, mackerel or salmon). Having examined/assessed the scientific evidence for the role of EPA and DHA in health, DH increased the earlier recommendation of 200 mg daily to 450 mg of omega-3, principally as EPA and DHA.<sup>4</sup>

Our intake of omega-3 polyunsaturated fatty acids (PUFA) is essential as evidence suggests it is vital for normal development and long-term health. Omega-3s are required across the whole lifecycle, beginning in the womb and continuing through to old age. They are essential for all the cells in the body, particularly those in the brain, retina, nervous system, immune system, and circulation. However, only 27 per cent of adults eat oily fish at all, with an average intake of omega-3 fatty acids of 270mg, half of which comes from oily fish. For the other 73 per cent of the population who do not consume oily fish, the mean intake of omega-3 fatty acids is only 147mg daily, falling well below recommended levels.

Supplementation is considered a safe and effective way of boosting omega-3 fatty acid intakes, with research suggesting that supplements can be as useful as eating oily fish. Given that fish is not consumed universally, particularly in children and young people who need it the most, supplements have a major role to play in boosting omega-3 intakes. Studies have shown that fish oil and omega-3 supplementation can be just as effective as eating oily fish in raising omega-3 levels.<sup>5</sup>

Intakes of vitamin D are below the RNI in all groups. Vitamin D is unusual in that much of the body's supply comes from sunlight rather than food. So it's easy to assume that in summer there is no need to worry about vitamin D. However, time spent in the office and the fact that we – quite rightly - protect our skin from sunlight when we do get outside may mean for lots of us that we don't top up our vitamin D levels as much as we should, even in the summer.

<sup>4</sup> Gibbs et al (2010) Long-chain n-3 PUFA: intakes in the UK and the potential of a chicken meat prototype of increase them. *Proceedings of the Nutrition Society* 69: 144–55.

<sup>5</sup> Advice on fish consumption: benefits and risks. The Scientific Advisory of Nutrition and the Committee on Toxicity. London: The Stationery Office, 2004; Arterburn et al (2008), "Algal-oil capsules and cooked salmon: nutritionally equivalent sources of docosahexaenoic acid", *American Journal of Clinical Nutrition*, Vol. 108, pp. 1204-9.

Vitamin D has many functions. It is needed for the absorption of calcium and maintaining strong bones and teeth. Lack of vitamin D is increasingly associated with a range of health conditions from cardiovascular disease to auto-immune disease and even cancer, so it's wise to keep levels topped up throughout the year. A multivitamin or vitamin D supplement can help us to do this.

It is clear that UK dietary surveys continue to show that significant numbers of the population do not achieve recommended intakes of essential nutrients. Supplements, therefore, have a key role to play in supplementing the diet to help to maintain health.

**Summary:**

Overall, there is ample evidence to suggest that many people in the UK have a poor diet with below recommended intakes of essential nutrients. Though these nutrients should ideally be obtained from the diet, it is clear that this is not happening. A multivitamin and mineral supplement in recommended amounts represents a useful means of helping to bridge this dietary gap.

The UK food supplements industry works hard to ensure that all relevant legislation is complied. This includes the ingredients (including additives) that are permitted for use in food supplements, the purity criteria that must be adhered to, the packaging, advertising and labelling for products and the claims that are made.

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The Health Supplements Information Service (HSIS) ([www.hsis.org.uk](http://www.hsis.org.uk); Tel: 020 7052 8955) is an independent information body, set up to provide balanced information on vitamins and minerals. It is supported by a restricted educational grant from the Proprietary Association of Great Britain (PAGB).

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