Dietary Reference Intakes Subcommittee

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Co-Chairs
Adding Chronic Disease to Current DRI Values

- Existing DRI’s for essential vitamins, minerals, macronutrients and dietary fiber
- For multiple age categories, both sexes, pregnancy, lactation
- Chronic disease used on ad hoc basis for a few nutrients but relevant to several more and unified process desired
- Two-step process
  - NASEM consensus study – 11 recommendations for use with nutrients or other food substances (NOFS)
Guiding Principles for Developing Dietary Reference Intakes Based on Chronic Disease

Released: August 3, 2017
DRI Prioritization

- Open nomination period produced 16 nominations in 2014
- 4 finalists – magnesium, vitamin E, sodium, omega-3 fatty acids
- Budget notes from Congress includes language preventing CDC from doing sodium reduction activities until sodium DRI is reconsidered
- AHRQ systematic review with 8 key questions - $575,000
- NASEM Consensus Committee – $1,200,000
Dietary Reference Intakes for Sodium and Potassium

Released: March 5, 2019
Human Milk Composition Project

• Most DRI values for children extrapolated from adults
• Birth-24 months added to Dietary Guidelines for Americans
• Literature review on human milk composition by NASEM
• Expert committee meeting with sponsors
• Two deliverables
  • Are there solid data to estimate nutrient requirements for breastfed infants?
  • Can this activity serve as a model for age-specific revisions of DRI?
DRI Plans

• Review macronutrients
  • Protein, Fat, Carbohydrate, Total Energy
    • Amino acids; Fatty acids; Sugars, Starch, Dietary Fiber
  • Numerous systematic reviews possible for multiple chronic disease endpoints

• Guesstimates
  • At least 10 systematic reviews - $6 million plus
  • Two NASEM consensus studies - $5 million
  • 5-year process