

Committee on Government Reform

House of Representatives

Congress of the United States

“Ten Years After the Implementation of DSHEA: The Status of
Dietary Supplements in the United States”

Testimony of Marc S. Micozzi, MD, PhD

Executive Director, Jefferson-Myrna Brind Center for Integrative
Medicine

Thomas Jefferson University Hospital, Philadelphia PA 19107

March 24, 2004

Over the past decade under DSHEA, improved information about the structure and activity of dietary supplements has helped many health practitioners make judgments and provide recommendations to their patients about the use of herbs and nutrients. In addition,

DSHEA has helped facilitate integration of dietary supplements into medical practice. Further, over the past decade, much third party research has been conducted that demonstrates the benefits of dietary supplements in the management of many medical conditions, as well as interactions between herbs and pharmaceuticals, medical procedures and anesthetic agents.

These developments are important in light of increasing utilization of CAM (complementary and alternative medicine) and dietary supplements among US adults. A current survey shows that two-thirds of adults demonstrate lifetime use by age 33 as published last year in the medical journal, Seminars in Integrative Medicine, for which I serve as editor. Further, use is highest among post-baby-boomer (7 out of 10), with only 5 out of 10 boomers, and 3 out of 10 pre-boomers. These trends may indicate that utilization is related to managing medical conditions more common among older Americans.

In addition, two-thirds of HMOs offered at least one type of alternative therapy as of 1999, with acupuncture, massage and nutritional therapy the most likely modalities to be added. The best single predictor of CAM and dietary supplement use is higher educational status, perhaps reflecting disposable income as well as knowledge, awareness and attitudes.

Up to half of all clients do not tell their physicians, indicating that much additional work on integration into the continuum of care is needed.

A high proportion of adults with cancer utilize CAM. Several surveys found rates of 80% or higher. CAM use is also marked in neurological diseases, psychiatric disorders, physical disabilities, psoriasis, diabetes and other disorders.

In addition to the management of medical conditions, CAM and dietary supplement therapies have gained increasing attention in the prevention of chronic disease.

The 2002 article in the Journal of the American Medical Association on “Vitamins for Chronic Disease Prevention in Adults” provided clear substantiation for the important role of dietary supplementation in light of the typical US diet and nutrient composition foods.

Dietary supplement use is already prevalent among older Americans. In addition, efforts are underway to provide older Americans with dietary supplementation by the Healthy Foundation, with support from US Senator Tom Harkin (D-Iowa), Senate Co-Chair of the Congressional Caucus on CAM and Dietary Supplements. The Dietary Supplements for Senior Health Program, based in Idaho, is also seeking support from US Senator

Larry Craig (R-Idaho) who chairs the Senate Special Committee on Aging. In 2001, the Committee on Aging commissioned a report on the use of dietary supplements in older Americans by the General Accounting Office. The GAO Report documented the problems associated with this practice but did not address the evidence of benefits; Senator Craig has indicated to us interest in revisiting this issue.

Under the Dietary Supplement Health and Education Act, physicians and other health professionals have been able to incorporate the use of dietary supplements in integrative medicine, combining the best of mainstream medical and alternative approaches. At the

Jefferson-Myrna Brind Center for Integrative Medicine we provide over 500 different dietary supplements to 7500 patients per year with a very high rate of patient satisfaction. Under DSHEA, our

licensed physicians and pharmacists recommend dietary supplements in appropriate forms, dosages and combinations from appropriate sources.

Our experience is shared with a nationwide clinical network of seven leading integrative medicine centers, and among 22 members of the Consortium of Academic Health Centers for Integrative Medicine, potentially reaching millions of patients.

In my opinion, one answer to improved and more effective utilization of dietary supplements and other CAM modalities lies in the continued integration of herbal and nutritional therapy into medical practice through the active involvement of physicians, pharmacists, other health care professionals and the health care system. In this manner medical science and practice will continue to learn and apply optimal utilization of dietary supplements and provide collective and individual guidance to consumers. This

goal is already being achieved through integrative medicine. The current DSHEA in my opinion provides appropriate regulatory authority without the need for further legislation. What is missing from the present formula can best be provided by the continued integration of herbs, nutrition and dietary supplements into medical education, science and practice.