

“Who Can You Trust” MPHA Policy Forum

March 23, 2018...when thinking about food, drugs and nutritional supplements?

Welcome- Becky Sechrist, MPHA President

Moderator- Dr. Pamela Van Zyl York

Has been involved with public health and communications for more than 30 years. She has held faculty positions at the UMN and St. Kates. “The challenges today are much greater than they have been in the past.” In the past we used to watch reoccurring cycles about every 5 years. Now it’s about every 5-7 minutes with the internet. This forum will discuss the importance of usable and understandable information to put into day to day practice.

Panelist Introductions:

Ryan Weiler: The importance of a retail dietitian, with a science-based approach, in the grocery store is to help consumers with lifestyle approaches. Having someone in the grocery store to set fact from fiction is huge for me. Supplements for example don’t have evidence-based research to back up their marketing. That was a struggle as a sports RD. People depend on research based on animals or another individual’s experience. Lifestyle habits and what information we can offer about food and nutrition is a very grey area. Using certain language such as bad or good can be harmful and can lead to disordered eating patterns and unhealthy behaviors. Also, identifying which claims (e.g. fat free versus heart healthy) actually have legitimate requirements behind them can be challenging to consumers. With a science-based approach there is no magic pill, it’s about a lifestyle approach. Teaching consumers how to prepare foods and other solutions rather than dieting and eating only this, not that, is key.

Holly Budlong: I have spent some time at the FDA with post-market safety. The average time to get a drug from discovery to approval is 12 years. They are highly regulated from a manufacturer prospective and highly researched. Even after all that there is still a lot that we do not know. Additionally, the population intended often ends up being very different than the population that actually uses the drug (e.g. complex conditions, interactions). There are populations that are often missed in clinical trials (e.g. women due to risk of becoming pregnant). In 2014, 770,000 unique cases reported to the FDA of adverse events related to medication. Keep in mind the info that we do not know and the assumptions that are made. The info that we know is inverse to the access of the products (i.e. supplements are available everywhere, but little is known, whereas prescriptions are highly regulated and limited and more is known). There are still risks with over the counter medications, which are deemed as safe to “self-prescribe.” In the cough and cold section at a pharmacy there are various combinations of the same 4 ingredients. It becomes an issue from a consumer perspective to understand what is really in the product. The supplement market is a huge market, with pretty marketing, and they are not regulated for the most part. There are guidelines such as they cannot be misbranded or adulterated (must have in it what it says it does) but this is not checked. Unless a complaint is submitted to the FDA the products go largely unregulated. 80% of

products in a recent study, on the shelves of commonly shopped at stores, showed no evidence of the claimed product in the supplement. Most people consider supplements to be natural when in fact many pharmaceuticals are based from “natural” products that may have true medicinal properties. An example is red rice yeast, which is chemically identical to products in the statin class, but the product is in the supplement category. Since it is chemically identical- it has the same adverse effects and side effects, but is misleading due to its “benign indicating name”. The NIH has dedicated a lot of research dollars to try to bring more information to research of supplements and to debunk claims. The supplements cannot make a specific claim so they use very vague statements. There is a lot that even as a healthcare providers, we do not know- especially with mixing supplements and prescriptions.

Angeline Carlson: One of my favorite topics is around the promotion of all of this stuff. This is big business- I use that term purposefully. Everything is geared towards getting you to buy things. Manufacturers will promote their products to get you to buy them. We have well designed social studies that demonstrate that if you go to the doctor with an inquiry about a specific product, you will leave with a prescription for that product- even if there is not a feeling that it is clinically appropriate for you to have. This changes the perspective of: Are you a patient or are you a consumer? It is difficult to find a balanced view of supplement products. There have been recent news alerts about consumers using mushroom powders for health benefits in hot drinks- without any understanding of active ingredients. The only warning is to take it in small amounts at first to see how it makes you feel, versus specific warnings on medications. It’s up to you to determine how you feel. That is what we as healthcare professionals and public healthcare professionals need to be dealing with as far as claims. We can’t know and we can’t help you. Our clinical trial process is one of the most stringent in the world. When medications are process outside of the US those countries agree to be inspected and follow regulations. Supplements are also not subject to the good manufacturing standards so we do not know where they are being manufactured, the standards, the process for being tested for quality assurance. We need to remember that this is business. I don’t take vitamins. I eat balanced meals. We are truly in a world of buyer beware and this is our healthcare system and public health system.

Q&A: “We have heard over the years that with various products (supplements, food, medications, etc) that come in from other countries- people are increasingly buying drugs and other products from other countries do to cost or conceived better quality, how do you deal with questions around things that are imported- what questions do you have about those?”

RW: It’s important to think about practices that other countries are following (e.g. Japan and France diets) foods that they consume, portion sizes, overall lifestyle/ activity level.

HB: The cost of pharmaceuticals continues to be a hot topic. We can’t guarantee the quality of products from other countries. How can we help you overcome barriers that would encourage you from getting “cheaper” products from other countries?

AC: Back to the regulatory standards, besides clinical trials and drugs we also have importation laws in the US. In other countries such as Canada, they allow offshore importation of prescription drugs. We have levels of regulation here that make a lot of difference, but regulation comes with cost. Also, the reporting of adverse events is voluntary and modifications from this information comes after the fact.

Questions from group discussion-

“Do you think that with the spotlight put on products is it better to have more information than not- even if there is a lot of bad information?”

RW: I think that it’s really important to educate and empower consumers to make educated decisions and to look at any claim with a critical eye, even if it’s evidence-based, and to ask themselves “compared to what.” You’re worth the good food and nutrition.

HB: Absolutely promote healthy diet and lifestyle- the area for supplement is very muddy- taking a multivitamin is not supported by evidence- with the acceptance of deficiencies, but people want a magic pill and a quick fix.

AC: I worry a great deal about the proliferation of information. “There are three kinds of lies: lies, damned lies, and statistics” Mark Twain quote. We are faced today with a society that will distrust science. We are perfectly willing to dismiss evidence. We are in front of a public that is questioning how they can trust credible sources. Our society wants deregulation.

“To help both consumers and professionals, what do you as a practicing professional use as your source of information? What do you recommend to your consumers?”

RW: The Academy of Nutrition and Dietetics, which accredits registered dietitians and is a leader in nutrition information. Also, seeking out information from a professional with a RD credential over nutritionist, which is not a credential.

HB: As a pharmacist, I use first the sites that my employer has purchased for me with large databases. Even though we have great sources, most of the things that get published are positive (publication bias). As a consumer, you can find whatever you want on google. From a consumer perspective, we have to get back to building a relationship with your healthcare provider to make a decision as a team.

AC: I you can’t trust science if you can’t trust government. As public health professionals, it is important to use credible sources.

PVZY: Health News Review

“We have a lot of products that are on the edge of food and supplements- how do you deal with those issues?”

RW: Working with college level athletes and educating them that supplements are not regulated to taper expectations of different products and think big picture. It is not black and white and there are no quick fixes.

HB: Coming from a safety perspective, looking at risks and not just potential benefits. It is essential to educate the user.

PVZY: Regarding how you get, particularly teenagers, to look at some of these drugs in a bottle type products: If you put isolated nutrients into solution, they taste disgusting, so the only way to get them past your nose is to put a whole lot of artificial flavor and sweeteners added.

Our Forum's Panelists

Holly Budlong is the Health Outcomes Manager for Fairview Pharmacy Services, focusing on outcomes and quality measurement of pharmacy services. She received her PharmD from the University of Nebraska Medical Center and subsequently received her PhD from the University of Minnesota, in Social and Administrative Pharmacy with an emphasis in pharmacoepidemiology. Over the past 10 years, Dr. Budlong has practiced in a variety of clinical pharmacy, research and management settings, most notably as an epidemiologist at the Food and Drug Administration and a pharmacist within large and small chain community pharmacy settings.

Angeline Carlson is a health care services researcher, pharmacist and an adjunct professor of pharmacy with the College of Pharmacy at the University of Minnesota. She received her pharmacy degree and her PhD in Social and Administrative Pharmacy from the University of Minnesota. Dr. Carlson is a pharmacist with 40-plus years of experience with patients of all ages. She also serves as an Adjunct Professor in the College of Pharmacy and a Senior Graduate Faculty member at the University of Minnesota. Dr. Carlson is an active member of the public health community in the State of Minnesota and was recognized for her efforts in 2013 with the Paul and Sheila Wellstone Public Health Achievement Award from the Minnesota Public Health Association.

Ryan Weiler is the Registered Dietitian for Hy-Vee Shakopee. Ryan is passionate about living and teaching healthy lifestyle concepts to all ages, and believes the supermarket is the optimal environment to help you and your family make smart and practical nutrition decisions. Ryan received his Bachelor of Science degree in nutrition from the University of Minnesota and completed his dietetic internship through the University of Minnesota Medical Center and is a Board-Certified Specialist in Sports Dietetics (CSSD), the premier professional sports nutrition credential in the country. Before becoming a Hy-Vee dietitian, Ryan worked as clinical dietitian

specializing in Medical Nutrition Therapy. Later on, Ryan pursued his passion for sports nutrition at the University of Tennessee working as a sports dietitian.

Our Forum's Moderator

Pamela Van Zyl York, has been involved with public health and communications programs for more than 30 years. She has worked at local public health agencies and the Minnesota Department of Health and has held faculty positions at the University of Minnesota and St. Catherine University. Dr. York has worked in the areas of nutrition and physical activity across the age span and prevention and management of chronic disease. She currently works as a consultant in community program management and evaluation. Dr. York received her PhD from the College of Agriculture, her MPH from the School of Public Health, both at the University of Minnesota. Dr. York is a Registered Dietitian and Licensed Nutritionist and received a Special Legislative Award and Medallion Award from the MN Academy of Nutrition and Dietetics.