

TOPIC: DIETARY REFERENCE INTAKES

Dietary Reference Intakes

Dietary Reference Intakes (____): set of reference values for how much of a given nutrient/energy to consume.

- ◆ Established by the National _____ of Sciences.
- ◆ Provide _____ recommendations for nutrient and Caloric intake.
- ◆ Important aspects of the DRIs.

- ◆ Based on _____ to promote _____ health.



- ◆ Vary by _____:

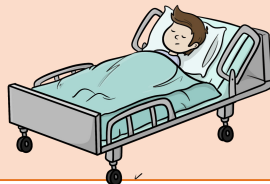
Men Lactation

Women Pregnancy

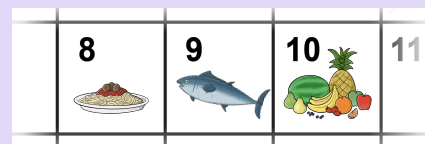
Age group



- ◆ Apply to _____ individuals.

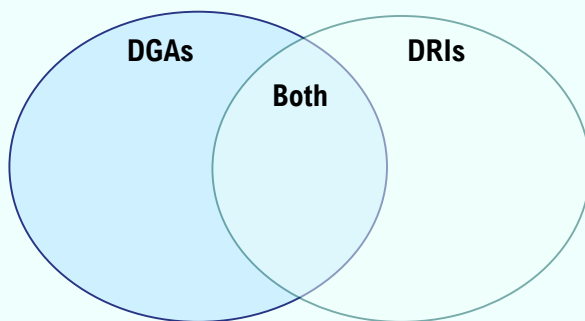


- ◆ Intake achieved over _____.



EXAMPLE

Fill in the following Venn diagram comparing and contrasting the DRIs and DGAs using the statements provided.



Statements

- Developed by the federal government.
- Developed by an independent organization.
- Updated every 5 years.
- Provides recommendations based on food groups.
- Vary by population.
- Provides specific recommendations for nutrient and caloric intake.

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PRACTICE

Which statement below accurately describes a difference between the Dietary Reference Intakes (DRIs) and the Dietary Guidelines for Americans (DGAs)?

- a) The DGAs are developed by an independent organization, while the DRIs are developed by the federal government.
- b) The DGAs focus on macronutrients and energy intake, while the DRIs focus on micronutrients such as vitamins and minerals.
- c) The DRIs provide single targets for all individuals, while the DGAs provide specific information based on individual needs.
- d) The DRIs give specific recommendations for every individual nutrient, while the DGAs focus more on general eating patterns.

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Dietary Reference Intakes for Nutrients

◆ Define _____ & _____.

◆ **Recommended Daily Allowance (_____)**: meets needs of 97-98% of individuals.

- Aim for _____ the RDA.

◆ **Adequate Intake (_____)**: _____ amount assumed to be sufficient.

- When _____ is unavailable.

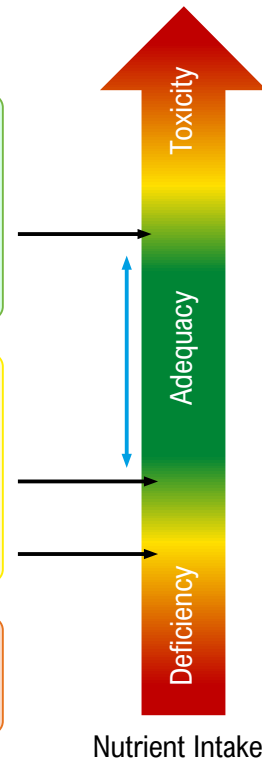
◆ **Tolerable Upper Intake Level (_____)**: _____ intake that does not pose risks.

- Provided for vitamins and minerals; don't go _____.

◆ **Chronic Disease Risk Reduction Intakes (_____)**: intake for nutrients related to _____ diseases; i.e. sodium and hypertension.

◆ **Estimated Average Requirement (_____)**: meets needs of _____% of individuals.

- Used in _____ and policy.



EXAMPLE

Suppose that nutrient reports an AI of 500 mg.

- Would the UL be greater than or less than 500 mg? _____
- Why would the nutrient list an AI instead of an RDA? _____
- Imagine that the DRIs are updated so that the nutrient is given an RDA instead of an AI. Would you expect the RDA to be greater than or less than the previous AI? _____
- Assume that the updated DRIs also include an EAR. Would the EAR be greater than or less than the RDA? _____

PRACTICE

In general, for vitamins and minerals, which value is the most important to providing adequacy?

- RDA
- UL
- EAR
- CDRR

PRACTICE

Which value will be the highest for a particular nutrient?

- AI
- EAR
- RDA
- UL

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Dietary Reference Intakes for Energy & Macronutrients

◆ Establish _____ intake and macro-nutrient distribution.

◆ **Estimated Energy Requirement (_____):** estimated _____ number of Calories needed.

▸ Calculated using _____ with following inputs:

- Age. - _____ - Height - _____ - Activity Level

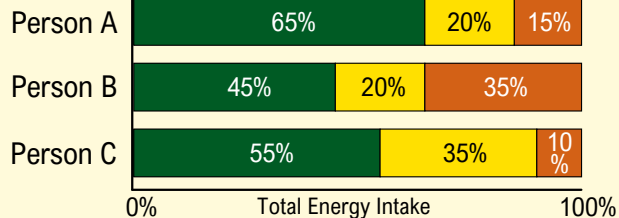
▸ Value usually between ~1800 & _____ kcal.

◆ **Acceptable Macronutrient Distribution Range (_____):** recommended division of Calories by macronutrients to minimize _____ disease.

▸ Carbohydrates _____ - 65 %

▸ Fat: _____ - 35 %

▸ Protein: 10 - _____ %



EXAMPLE

The DRIs are listed in the alphabetical order in the box below. Write each DRI on one of the lines below, identifying whether it is generally best to aim for above the DRI, aim for below DRI, aim to hit the DRI directly, or not to use that DRI in diet planning.

Aim for above: _____

Aim for below: _____

Aim to hit directly: _____

Do not use in diet planning: _____

AI
AMDR
CDRR
EAR
EER
RDA
UL

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PRACTICE

Which is the only DRI that takes height and weight into account when establishing guidelines?

- a) RDA b) AMDR c) EER d) CDRR

PRACTICE

How does the AMDR differ from MyPlate recommendations?

- a) AMDR is based on food groups while MyPlate is based on macronutrients.
b) AMDR gives one value for each nutrient while MyPlate gives ranges.
c) AMDR changes throughout your lifespan while the MyPlate recommendation do not.
d) AMDR is based on macronutrients while MyPlate is based on food groups.