Standing Committee for the Review of DRIs

- Purpose: To provide guidance on over-arching issues related to DRI concepts to inform the new DRI reviews for macronutrients, future DRI reviews for other nutrients, and DRI-related issues more broadly, including their application

- Mechanism: Produce letter reports in response to questions relevant to a range of questions relevant to the DRI framework and structuring new DRI reviews

- Questions can be posed by the sponsors or relevant DRI consensus committees
  - Sponsors decide which questions will be addressed by a letter report
  - Timelines ?

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- Potential topics to be addressed
  - Review how ‘apparently healthy population’ is described
  - Examine whether the AMDR definition should be modified
  - Determine if the CDRR model can be adapted to determine a range of beneficial/functional intakes

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Sponsors top priority- evaluate the population covered by the DRIs:

The phrase “apparently healthy population” (or “general population” or “healthy population”) has been used by DRI committees as a way to define the population covered by the DRIs. It excludes those individuals who (1) have a chronic disease that needs to be managed with medical foods, (2) are malnourished (undernourished), (3) have diseases that result in malabsorption or dialysis treatments, or (4) have increased or decreased energy needs because of disability or decreased mobility

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Questions about this definition:

1. Who should be included in this definition to adequately characterize the population covered by the DRIs?
2. Is it assumed that sub-populations with risk factors for chronic diseases (such as overweight, high blood pressure, hypercholesterolemia or prediabetes) are considered to meet the current definition since they don't meet the exclusion criteria listed on the previous slide?
3. How should obesity be considered given the high prevalence of obesity (42.4% in 2017-2018 according to the CDC)?
4. Should a different term be considered other than "apparently healthy population" since the DRIs are developed to determine the recommended intake of nutrients to meet the needs of the majority of the general population and the health status of this population has shifted?
5. How/should/can evidence from populations that are not "apparently healthy" be used to develop DRIs? What about data from populations with clinical disease?
6. How should this definition inform the use of the DRIs for their various purposes?