

# Supplementation and Pediatric Population

Lydia Nader, MS, RD, LDN

Cory Leman, MS, CSCS

# Objectives

---

- A. Establish the importance of a multivitamin and mineral supplement in the pediatric population.
- B. Demonstrate the effectiveness of a good quality protein supplement in the pediatric population.
- C. Differentiate a good quality supplement versus a poor quality supplement.



# Overview

---

- A. Introduction: Lydia and Cory
- B. The problem we are facing in regards to health, fitness and supplementation
- C. Practical approach and solutions



# Adolescents Today

---

## A. What our Children are dealing with..

- a. Obesity
- b. Low nutrient-dense intake
- c. Lower activity levels
- d. Higher stress and pressure to perform

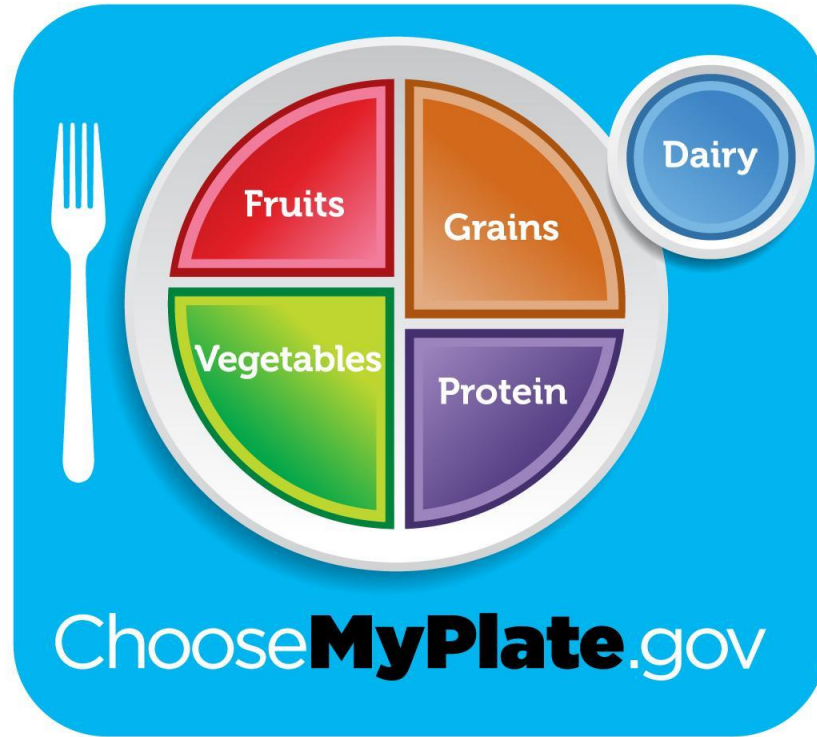
## B. How they are dealing...

- a. Supplements
  - i. 46% of adolescents report taking supplements such as zinc, weight loss, and creatine (Wilson 2006)
- b. Weight loss pills
- c. Not dealing with it at all



# MyPlate

---



# What is a Dietary Supplement?

---

## A. Dietary ingredient

- a. A vitamin; mineral; herb or other botanical; amino acid; dietary substance for use by man to supplement the diet by increasing the total dietary intake; or a concentrate, metabolite, constituent, extract, or combination of the preceding substances
- b. Federal Food, Drug, and Cosmetic Act

## B. Supplements include vitamins, minerals, herbs, amino acids and enzymes.

## C. Manufactured in forms such as capsules, softgels, powders, tablets, and liquids



# Importance of supplementation

---

## A. Multivitamin

- a. Provides vitamins and minerals needed for growth
- b. Fills in the gaps in diet
- c. Meet RDAs

## B. Protein

- a. Higher needs for active children
  - i. 0.45-0.60 grams per pound of body weight
- b. Harder to meet needs
- c. Recommendations:
  - i. 10-30% of calories should be protein
  - ii. RDAs lower than actual for active needs

Recommended Dietary Allowance  
for Protein

	Grams of Protein Needed/Day
Children ages 1-3	13
Children ages 4-8	19
Children ages 9-13	34
Girls ages 14-18	46
Boys ages 14-18	52
Women ages 19-70+	46
Men ages 19-70+	56



# Importance of supplementation

---

## A. Omega 3

- a. Brain health & growth
  - i. Concussions
- b. Fight inflammation
- c. Recommendation:
  - i. 9 to 13 years (boys): 1.2 grams/day
  - ii. 9 to 13 years (girls): 1.0 grams/day
  - iii. 14 to 18 years (boys): 1.6 grams/day
  - iv. 14 to 18 years (girls): 1.1 grams/day

## B. Probiotic

- a. Promote healthy gut biome early
- b. Help growth and development of children
  - i. Vitamin B





# Selecting safe and effective supplements

---

## A. Contamination

- a. 776 adulterated products between 2007 and 2016 (Tucker 2018)
- b. Common contamination:
  - i. sildenafil for sexual enhancement supplements
  - ii. sibutramine for weight loss supplements
  - iii. synthetic steroids or steroid-like ingredients for muscle building supplements
- c. Unintentional
  - i. Heavy Metals
  - ii. Pesticides
  - iii. Bacteria
- d. Intentional
  - i. Erogenic aids
  - ii. Banned weight loss agents i.e. Synephrine (bitter orange)



# Selecting safe and effective supplements

---

## A. Educate

- a. Increased education for young athletes regarding supplement use, parents and coaches should be targeted to help the athletes make the appropriate choices. (McDowell 2007)
- b. Understand the label

## B. Evaluate

- a. Quality control increased over years
- b. Low, Moderate, High contamination risk

## C. Recommend

- a. Brands that can be trusted
- 



# Understanding the Label

## Nutrition Facts

8 servings per container  
**Serving size 2/3 cup (55g)**

**Amount per serving**  
**Calories 230**  
 % Daily Value\*

<b>Total Fat</b> 8g	<b>10%</b>
Saturated Fat 1g	<b>5%</b>
Trans Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 160mg	<b>7%</b>
<b>Total Carbohydrate</b> 37g	<b>13%</b>
Dietary Fiber 4g	<b>14%</b>
Total Sugars 12g	
Includes 10g Added Sugars	<b>20%</b>

<b>Protein</b> 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%

\* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

## Drug Facts

Active ingredient (in each tablet)	Purpose
Chlorpheniramine maleate 2 mg	Antihistamine

**Uses** temporarily relieves these symptoms due to hay fever or other upper respiratory allergies: ■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat

### Warnings

Ask a doctor before use if you have  
 ■ glaucoma ■ a breathing problem such as emphysema or chronic bronchitis  
 ■ trouble urinating due to an enlarged prostate gland  
 Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives

### When using this product

■ drowsiness may occur ■ avoid alcoholic drinks  
 ■ alcohol, sedatives, and tranquilizers may increase drowsiness  
 ■ be careful when driving a motor vehicle or operating machinery  
 ■ excitability may occur, especially in children

If pregnant or breast-feeding, ask a health professional before use.  
 Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

### Directions

adults and children 12 years and over	take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
children 6 years to under 12 years	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children under 6 years	ask a doctor

## Drug Facts (continued)

**Other Information** ■ store at 20-25°C (68-77°F) ■ protect from excessive moisture

**Inactive Ingredients** D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch

## Supplement Facts

Serving Size 1 Tablet

	Amount Per Serving	% Daily Value
Vitamin A (as retinyl acetate and 50% as beta-carotene)	5000 IU	100%
Vitamin C (as ascorbic acid)	60 mg	100%
Vitamin D (as cholecalciferol)	400 IU	100%
Vitamin E (as di-alpha tocopheryl acetate)	30 IU	100%
Thiamin (as thiamin mononitrate)	15 mg	100%
Riboflavin	17 mg	100%
Niacin (as niacinamide)	20 mg	100%
Vitamin B <sub>6</sub> (as pyridoxine hydrochloride)	2.0 mg	100%
Folate (as folic acid)	400 mcg	100%
Vitamin B <sub>12</sub> (as cyanocobalamin)	6 mcg	100%
Biotin	30 mcg	10%
Pantothenic Acid (as calcium pantothenate)	10 mg	100%

Other ingredients: Gelatin, lactose, magnesium stearate, microcrystalline cellulose, FD&C Yellow No. 6, propylene glycol, propylparaben, and sodium benzoate.

# Brands to Trust

---

## A. 3rd party Testing

a. Look for seal of approval:

- i. USP
- ii. NSF for Sport
- iii. Informed Sport

B. Klean Athlete

C. Thorne

D. Orgain

E. Vega Protein



# Resources

---

- a. Natural Medicine Database
- b. Drug/Nutrient Interaction Guide
- c. NIH Nutrient Fact Sheets
- d. USDA Database
- e. Consumer Labs
- f. USDA 411 Supplement Guide



*Be Sure It's CL Approved*



# Conclusion

---

- A. Reviewing the need for supplementation
- B. Informed decisions
- C. Appropriate prescription
- D. Educate, Evaluate, Recommend



# References

---

- Barringer TA, Kirk JK, Santaniello AC, Foley KL, Michielutte R. Effect of a multivitamin and mineral supplement on infection and quality of life. A randomized, double-blind, placebo-controlled trial. 2003. *Ann Intern Med* 138(5):365-71.
- Deka, Mrigen Kr, et al. Dietary Pattern and Nutritional Deficiencies among Urban Adolescents. 2015. *Journal of Family Medicine and Primary Care*. 4(3): 364–368.
- McDowall, Jill Anne. Supplement Use by Young Athletes. 2007. *Journal of Sports Science & Medicine*. 6(3): 337–342.
- Munoz KA, Krebs-Smith SM, Ballard-Barbash R, Cleveland LE. Food intakes of US children and adolescents compared with recommendations. 1997. *Pediatrics* 100(3 Pt 1):323-9.
- Packer L. Oxidants, antioxidant nutrients and the athlete. 1997. *J Sports Sci* 15(3):353-63.
- Tucker, J., Fischer, T. Upjohn, L., Mazzer, D., & Kumar, M. Unapproved Pharmaceutical Ingredients Included in Dietary Supplements Associated With US Food and Drug Administration Warnings. 2018. *JAMA Network Open*, 1(6):e183337.
- Wilson, Karen M, et al. Use of Complementary Medicine and Dietary Supplements among U.S. Adolescents. 2006. *The Journal of Adolescent Health*. 38(4):385-94.
- Zdešar Kotnik, Katja, et al. Faster, Stronger, Healthier: Adolescent-Stated Reasons for Dietary Supplementation. 2017. *Journal of Nutrition Education and Behavior*. 49(10):817-826.
- Zhang J, Stanley RA, Adaim A, Melton LD, Skinner MA. Free radical scavenging and cytoprotective activities of phenolic antioxidants. 2006. *Mol Nutr Food Res* 50:996-1005.

