

The great supplement advertising rip-off

The recurring issue of misleading and questionable advertising of nutritional supplements is one that should concern us, as professionals, whose code of practice and professional behaviour hinges on the need to provide the right information to our customers, whether they are hospital patients, the clients of dietitians in private practice, the public sector, or members of the public to whom we provide products on a commercial basis designed to improve their health and well-being. Our task is inherently simplified in situations in which we have formal legal provision to assist us to provide clear guidelines that pertain to the dissemination of correct information. However, in cases where regulation is either nonexistent, insufficient, ambiguous or poorly enforced, our task is far more difficult, since in such cases it is far easier for unscrupulous commercial interests to impact upon the gullibility and lack of scientific information that the average consumer possesses. In particular, the perennial, understandable but naïve quest of consumers to find the proverbial “magic bullet” supplement, which does not exist, is even more difficult to manage. In these situations, we need to use our own judgement to a far greater extent. Of course, this entails strengthening our own scientific knowledge base of the topics concerned.

This complex and controversial topic is highlighted in this month's edition of the *SAJCN*. The paper by Schoonees, Young and Volmink, *The advertising of nutritional supplements in South African women's magazines: a descriptive survey*, discusses a comprehensive survey of advertisements for nutritional supplements in a number of popular women's magazines, and perhaps more importantly, assesses the health claims made and the degree of substantiation for these claims. The findings are alarming. 86.7% of the advertisements make health claims, but only 6.6% of them cite research findings to substantiate them. Also, a large proportion of these findings are of a dubious nature because of factors such as the use of experimental studies or so-called “expert opinion”, as well as uncontrolled trials.

Other findings of serious concern are that the largest category of advertisements (over 30%) pertains to the sale of weight-loss products, the ultimate magic bullet category, and one that is riddled with ineffective products which give rise to significant questions from an ethics perspective. Generally, because of the vastly profitable nature of their operations, the suppliers of such products have deep pockets with which to fight perennial legal battles against the small number of crusaders who have had demonstrable success in curbing the activities of some suppliers of dubiously advertised products via the Advertising Standards Authority (ASA).^{1,2} Clearly, we need more brave crusaders, greater public awareness and tighter or wider ASA jurisdiction in this specific area to prevent any permanent transgressions of its rulings, and to ensure that advertising claims remain within the bounds of ethics. The latter is

of paramount importance since in most cases, the benefits of the substances concerned are either vastly less than those claimed, or often nonexistent. Also, the lack of resources to adequately and systematically investigate the relevant claims encourages the industry to continue its activities, with little meaningful control with regard to protection of the public. Instances of credible scientific investigations of the claims are very limited,³ but it is widely acknowledged that proper substantiation of claims should be required.^{4,5} Typically, industry pays insufficient attention to the potential adverse effects of many of the substances that it promotes. In some cases, extensive and scientifically credible evidence of adverse effects exists.⁶

So, clearly a significant measure of regulatory control is essential. Elsewhere in the world, comprehensive regulations deal with supplements. In the USA, the Dietary Supplement Health and Education Act was passed in 1994, and while it is considered by some to be excessively lenient in terms of the types of claims that can be made, it provides a significant measure of protection for the consumer. In Europe, European Union directives relate to food supplements containing vitamins and minerals.⁷⁻¹⁰ The Common Technical Document specification system for medicines maintained by the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use is also applied to substances such as herbal remedies, and requires both pre-clinical (pharmacology and toxicology) and clinical efficacy trials.

What about regulatory control in South Africa? The Department of Health has been working on regulations to control the area of complementary medicine for a number of years.¹¹ Presumably, these will include the provision for the substantiation of claims, but it is a complex, multifaceted task, and progress appears to be slow. The supplements industry has complained that the proposals attempt to impose pharmaceutical-type standards on supplements,¹² but the current alternative of a free-for-all is equally unacceptable to both nutrition professionals and the much-misled South African public. Theoretically, there is interim light on the horizon in the form of the Consumer Protection Act as its clauses prohibit the transmission of misleading information to the public. Assertive intervention in this domain by the National Consumer Commission will hopefully help to effectively combat the more outrageous transgressions. At present though, the onus lies largely on consumer education. Clearly, nutrition professionals who interact with the public have a major role to play in protecting the public at large.

A second paper in this edition of the *SAJCN* by Van den Berg and Walsh, *Herbal weight-loss products: how informed are we?* investigates the

level of knowledge of a series of ostensibly beneficial substances, including herbal remedies, by dietitians and pharmacists. There seems to be a reasonable level of knowledge of the names of some of the substances concerned such as green tea and, more importantly and reassuringly, an element of noticeable scepticism as to their efficacy. It is hoped that this scepticism is carried over via communication with patients, and also into situations when they are asked their professional opinion on such matters via the media or other public communication fora. The message must be a simple one: If a claim has not been scientifically proven, don't waste your money buying the product!

In cases where a given supplement has greater scientific credibility, it is still vital that health professionals convey the right information regarding its use and potential or real benefits. This is covered in a third paper in this edition of the *SAJCN*, *What health professionals should know about omega-3 fatty acid supplements*, by Opperman. She uses the example of omega-3 fatty acid supplements to assemble a broad-based review of the materials themselves, their importance in the diet, data on recommended intakes, and most importantly, a wealth of substantiation data that will stand up to informed scrutiny. A thought should be spared for the overloaded dietitian who has to juggle patients, administration and the acquisition of CPE points, as well as family responsibilities, with the somewhat daunting task of assimilating this information and conveying it to patients in a user-friendly form that enables clients to understand the benefits without exaggerating them, otherwise yet again, the "magic bullet syndrome" may rear its head.

It is a difficult road ahead. Nutrition professionals must play their part in maintaining the process of conveying quality information to the public, while living in the hope that the supplements industry will police itself, although one fears that rather more stick than carrot, will have to be the way forward in this regard.

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