



Take Your *NEW* Multivitamin

This time, you don't have to listen to me. Pay attention to the nation's top nutrition experts and researchers, all whom use and recommend daily multivitamins and other dietary supplements (see the January 16th edition of Newsweek).

All experts are now weighing in with a stronger message

Top nutritional science researchers

I love the way Dr. Bruce Ames of U.C. Berkley puts it: "I believe everybody in the world should take a multivitamin as insurance. I take one daily. Nutritionists don't like the idea of people taking pills. They want people to eat better instead. But they have been trying for 25 years to change people's eating habits without much success."

Do those comments sound familiar to anyone?

The Newsweek piece gets better. Dr. Mier Stampfer from Harvard University (who also takes his daily multi) lists the leading sources of calories consumed by Americans: 1-Sugared beverages; 2-cake and sweet rolls; 3-hamburgers; 4-pizza; 5-potato and corn chips. Do you see anything missing that most nutritionists are trying to get everyone to eat? All of it!

Now, obviously I am not condoning typical American eating behavior. But it is what it is, therefore, we need help in shoring up the content of many often low or absent nutrients that are vital to our health and longevity. And don't forget, even if you think you eat well or "perfect", as all these multivitamin-taking scientists strive to do, there are still a myriad of reasons that everyone in the world should take a multi—including the fact that no one has or can define the "perfect diet."

Not only that, the actual nutrient content of like-foods can vary dramatically, meaning that we have no idea if what we think the food contains is actually in the food unless we have it laboratory analyzed—but then of course, there would be nothing left to eat.

American Dietetics Association (ADA)

The ADA's current position statement on dietary supplements has been updated to reflect the changes in society (more sedentary lifestyles) and advances in the applied science of nutrition (optimal

vs. minimally nutrient intakes). On the latter issue, the ADA acknowledges that optimal intakes may be higher than previously recognized. Therefore, as I have stated many times in the last 20 years, supplementation may be the only realistic means of achieving nutrient levels that go beyond simply correcting nutrient deficiencies. The goal of establishing and reaching "optimal levels" daily is to help stave off chronic disease—and you won't get to that level eating palatable foods without getting fat.

I believe the ADA did a great job in updating their position statement and we can only now hope that all medical and health professionals truly synthesize the information properly. But just in case someone missed something, I will add it up and spell it out: our society continues to get more sedentary, causing the majority of the population to become overweight. Ironically, many overweight people (if not all) are still undernourished in relation to optimal nutrient intakes based on the foods they choose (refer to "top five sources of calories from Dr. Stampfer). The average, not-yet-fat, adult female in America begins to increase weight when she regularly exceeds ~1600 calories daily. The ADA states that experts acknowledge that when adults ingest fewer than 1600 calories/day, they have a low probability of getting adequate vitamins and minerals solely from food.

So basically everyone agrees we don't or can't move enough to eat enough so that food alone could satisfy basic (and definitely not optimal) nutrient requirements. And if we tried, we'd get fat and certainly off set any benefit from increasing nutrient intake. To add insult to injury, as we have already pointed out, even fat people are undernourished.

Center of Science for Public Interest (CSPI)

CSPI has never wavered on their stance: "take a multi" but take the right one.

The March 2006 issue of Nutrition Action (CSPI publication) does a nice job of pointing out what a good multi should and should not contain. Of course the Apex multis emerge as actually better than perfect. Better because we may be a few steps ahead of anyone when it comes to the overall formulations and intake recommendations. After all,

who was first to make the broad use recommendation? And no one has more history in properly formulating, especially for individualizing formulas. The fact that we are an R&D firm and not a supplement manufacturer affords us the ability to deliver current science long before most supplement companies (SCs) see the data, let alone incorporate it. Additionally, the competition between SCs often leads to formulations being based on economics rather than true science. The article in CSPI highlights this when you see that none of the 1-a-day or any of the many Centrum products made the grade. I hate to keep saying I told you so, but I have to here.

And that brings us to our new formulas:

The updated Apex Multivitamin/mineral line

The complete product line has been updated by combining the latest (2005) Institute of Medicines (IOM) recommendations with our “one-step-ahead” data/approach that includes specialized recommendations based on foods, activity, size and now gender and age

New products

All new products have been formulated so that the dose of one tablet daily will satisfy all basic requirements for the *general* senior and age-specific female populations

50 Plus formula

- Targeted to the general population over 50 years of age and everyone over 65
 - People using our Performance formula would switch to the 50 Plus formula at age 65
 - Satisfies the unique nutrient requirements of the aging body, such as the higher need for B12, vitamin K and vitamin D, to help stave off normal age-related declining functions, including diseases connected to the aging process.

Women's Formula

- Targeted to the general non-pregnant female (nor trying to conceive) population 13-50 years of age not using the Apex Performance formula
 - Satisfies the specific requirements of younger, non-pregnant females and can be used immediately after childbirth when high iron levels contained in prenatal formulas may no longer be required.

Existing Apex Multivitamin & Mineral Products Updates

Formerly Profile 3 & 4 and Profile 5 formulas are now one product

Performance formula

- Designed for our health club members: all active lifestyle persons 12- 65 years of age except pregnant, those trying to conceive, lactating or vegan persons
 - Based on the latest research, the formula has been updated and can now satisfy both groups including iron level sensitivity. B-vitamin forms and amounts and mineral quantities have been adjusted to reflect the new minimum and maximum intakes
- **Basic Dose** (ages 12-50): 1 tablet a day.
- **Special Dosage Recommendation** (*athletes and intense exercisers ages 19-65*):
 - **under 150 lbs**— 1 tablet after 1st meal and last meal.
 - **above 150 lbs**—1 tablet after each of 3 meals (morning, afternoon, evening).

Formally Profile 1 & 2 and Vegan formula

Vegan/High Carb formula

- Designed for persons consuming high carbohydrate and/or vegan diets
 - Includes proper attention to iron, folate, beta-carotene, etc.

Prenatal formula

- Same name, updated formula
 - After childbirth switch back to the Women's or Performance formula in order to reduce iron intake, which is often recommended.

A healthier world

It's nice to see the public sector finally catch up to our recommendations. It makes me sleep well every night to know that I told everyone a long, long time ago—when it was extremely controversial—to take their multi and that I can prove we have always made the best. But I sleep even better when I know many of the people that heard me more than 25 years ago, and followed the advice, have probably staved off many negative health outcomes as compared to those who waited. And finally, I sleep even better knowing that my children started taking their vitamins while in the womb.

Until Next Time,

Neal