

* Dietary reference intakes

→ Estimates of amounts of nutrients required to prevent deficiencies & maintain optimal health & growth.

→ It expands on Recommended dietary allowances [RDA].

→ Establishes upper limits on consumption of some nutrients & incorporates role of nutrients in life long health, going beyond deficiency disease.

→ Components:

1 - Estimated average requirement

2 - Recommended dietary allowance [RDA]

3 - Adequate intake

4 - Tolerable upper intake level.

→ Estimated average requirement [EAR]



intake at which risk of inadequacy is 50%.

→ Recommended dietary allowance [RDA]



intake at which risk of inadequacy is 2% - 3%.

→ Adequate Intake [AI]

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- Does not bear predictable relationship to EAR or RDA.
 - IS based on estimate of nutrient intake of healthy people.

→ Tolerable upper intake level [UL/TUL]

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Intake above UL, the risk of adverse effect increases.

→ Using dietary reference Intake

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When data are not sufficient to estimate EAR or RDA, AI is designated.

- Intake below EAR need to be improved because probability of adequacy is $\leq 50\%$.
- Intake between EAR & RDA need to be improved because probability of adequacy is $< 98\%$.
- Intake at or above RDA - consider adequate
- Intake above AI - consider adequate
- Intake between UL & RDA - considered to have no risk for adverse effect.