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CONSELHO FEDERAL
DE **NUTRIÇÃO**

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Caio Victor
Nutricionista

Fitoterapia Aplicada

OBJETIVOS

1. Explicitar as características de uso, perfil e objetivos dos consumidores de Suplementos Alimentares (SA)

2. Ratificar a importância do Nutricionista para promoção de educação nutricional e Segurança Alimentar

3. Explicitar dados que mostram que produtos adulterados, estimulados por falhas na fiscalização e regulamentação, podem comprometer a SAN.

nutrients *Nutrients* **2024**, *16*, 3691. https://doi.org/10.3390/nu16213691 MDPI

Article

Knowledge and Practices Regarding Dietary Supplements Among Healthcare Professionals in Poland

Justyna Strocka [1], Urszula Religioni [1,*], Katarzyna Plagens-Rotman [2], Agnieszka Drab [3], Piotr Merks [4], Justyna Kaźmierczak [5], Eliza Blicharska [6] and Jarosław Pinkas [1]

American Journal of Pharmaceutical Education 2017; 81 (5) Article 92.

RESEARCH

Dietary Supplement Use, Knowledge, and Perceptions Among Student Pharmacists

David R. Axon, MPharm, Janka Vanova, PharmD, Courtney Edel, PharmD, Marion Slack, PhD

nutrients *Nutrients* **2023**, *15*, 2298. https://doi.org/10.3390/nu15102298 MDPI

Review

Knowledge and Beliefs about Herb/Supplement Consumption and Herb/Supplement–Drug Interactions among the General Population, including Healthcare Professionals and Pharmacists: A Systematic Review and Guidelines for a Smart Decision System

Artemisa Dores [1,*], Miguel Peixoto [1], Maria Castro [1], Catarina Sá [1], Irene P. Carvalho [2,3], Ana Martins [4], Eva Maia [4], Isabel Praça [4] and António Marques [1]

International Journal of Environmental Research and Public Health *Int. J. Environ. Res. Public Health* **2022**, *19*, 4290 MDPI

Article

Healthcare Professionals' Knowledge and Behaviors Regarding Drug–Dietary Supplement and Drug–Herbal Product Interactions

Zorica Stanojević-Ristić [1,*], Isidora Mrkić [2], Aleksandar Ćorac [3], Mirjana Dejanović [4], Radoslav Mitić [1], Leonida Vitković [5], Julijana Rašić [1], Dragana Valjarević [6] and Aleksandar Valjarević [7]

foods *Foods* **2025**, *14*, 884 MDPI

Article

Key Factors Driving Portuguese Individuals to Use Food Supplements—Findings from a Cross-Sectional Study

Maria João Campos [1], Agnieszka Garbacz [2], Natalia Czlapka-Klapinska [2], Magdalena Czlapka-Matyasik [2,*] and Angelina Pena [1,*]

BMC Complementary and Alternative Medicine BioMed Central

Research article *BMC Complementary and Alternative Medicine* 2005, **5**:20 **Open Access**

A gap between acceptance and knowledge of herbal remedies by physicians: The need for educational intervention

Yuri N Clement*, Arlene F Williams, Kristi Khan, Tricia Bernard, Savrina Bhola, Maurice Fortuné, Oneil Medupe, Kerry Nagee and Compton E Seaforth

Public Health Nutrition

Public Health Nutrition: 24(15), 5156–5165 doi:10.1017/S1368980021002007

False and misleading health-related claims in food supplements on Spanish radio: an analysis from a European Regulatory Framework

Clara Muela-Molina*, Salvador Perelló-Oliver and Ana García-Arranz
Department of Communication Sciences and Sociology, Universidad Rey Juan Carlos, Camino del Molino, 5, 28942 Fuenlabrada (Madrid), Spain

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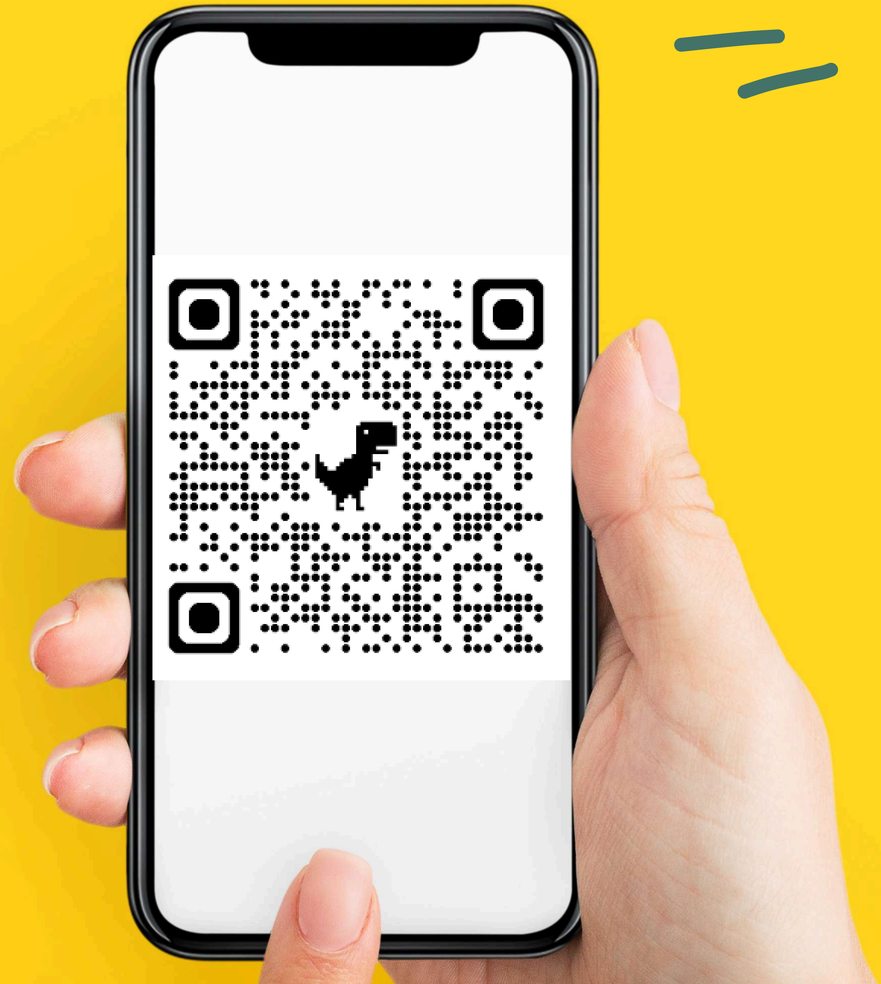
Acesso ao material!



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Nutricionista

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ETAPAS

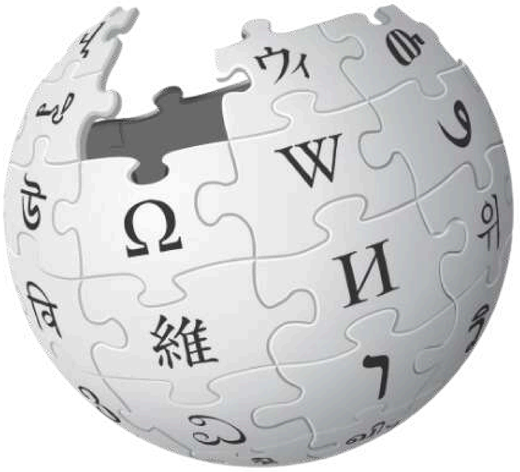
Por onde se informar?

Características do mercado e dos consumidores de SA

São seguros?

Papel do Nutricionista

Sugestões e desafios



Fontes confiáveis?

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Wikipedia vs Peer-Reviewed Medical Literature for Information About the 10 Most Costly Medical Conditions

Robert T. Hasty, DO; Ryan C. Garbalosa, DO; Vincenzo A. Barbato, DO; Pedro J. Valdes Jr, DO; David W. Powers, DO; Emmanuel Hernandez, DO; Jones S. John, DO; Gabriel Suciu, PhD, MSPH; Farheen Qureshi, DO; Matei Popa-Radu, DO; Sergio San Jose, DO; Nathaniel Drexler, DO; Rohan Patankar, DO; Jose R. Paz, DO; Christopher W. King, DO; Hilary N. Gerber, DO; Michael G. Valladares, DO, MS; and Alyaz A. Somji, DO

The Journal of the American Osteopathic Association May 2014 | Vol 114 | No. 5

Jiang et al. BMC Public Health (2023) 23:574
https://doi.org/10.1186/s12889-023-15456-7

BMC Public Health

RESEARCH Open Access

Status quo of the public's knowledge of probiotics based on video-sharing platforms

Chun-Hui Jiang[1†], Jia-Jia Xu[2†], Chao Xu[1†], Shi-Yue Chen[3†], Jia-Yun Chen[1], Jing-Song Xia[1,4], Zhuan Liao[1], Wen-Bin Zou[1*] and Xue Fang[1*]

Public Health Nutrition

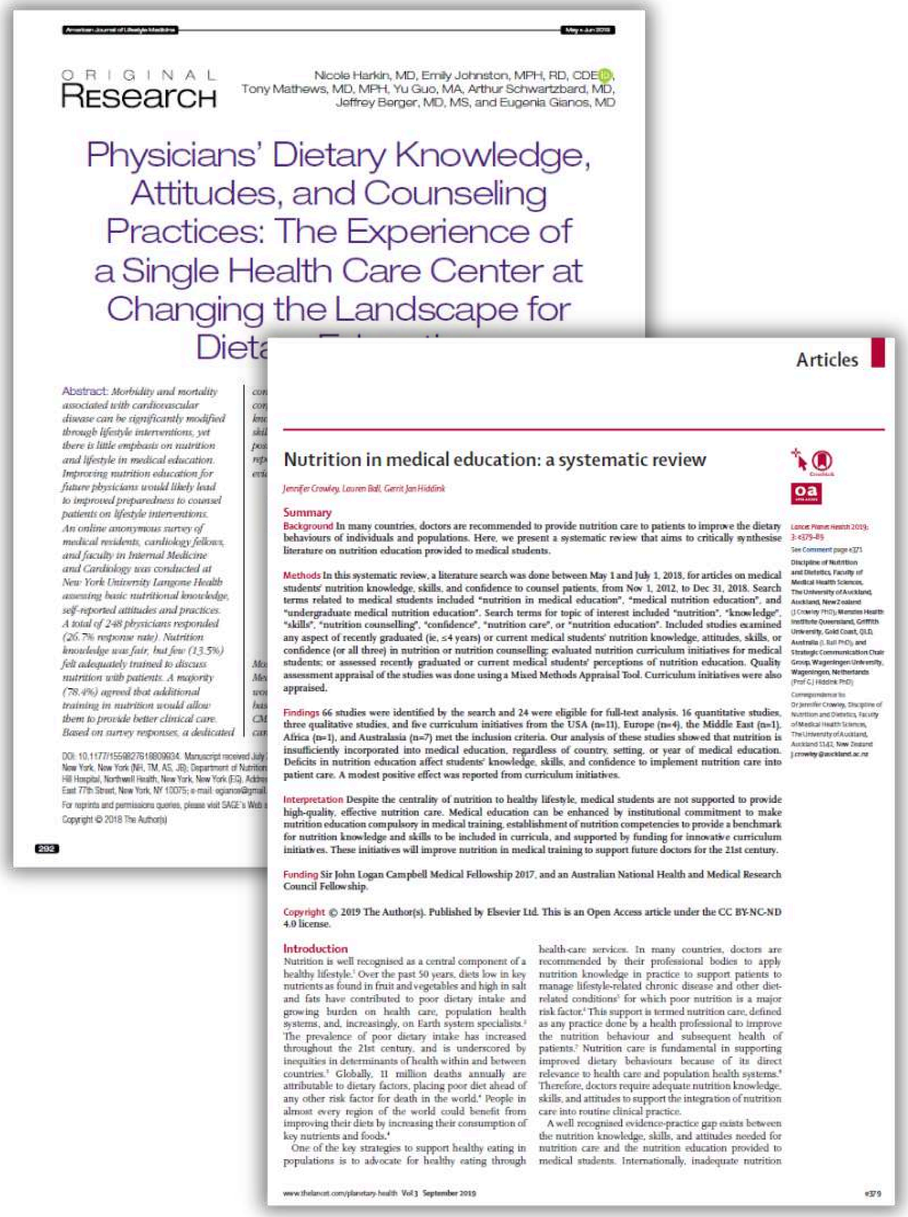
Public Health Nutrition: 26(7), 1345–1357 doi:10.1017/S1368980023000873

Review Article

Quality and accuracy of online nutrition-related information: a systematic review of content analysis studies

Emily Denniss*, Rebecca Lindberg and Sarah A McNaughton

“Os profissionais de saúde sabem sobre alimentação e suplementos alimentares?”



ORIGINAL RESEARCH

Nicole Harkin, MD, Emily Johnston, MPH, RD, CDE, Tony Mathews, MD, MPH, Yu Guo, MA, Arthur Schwartzbard, MD, Jeffrey Berger, MD, MS, and Eugenia Gianos, MD

Physicians' Dietary Knowledge, Attitudes, and Counseling Practices: The Experience of a Single Health Care Center at Changing the Landscape for Dieta

Abstract: *Morbidity and mortality associated with cardiovascular disease can be significantly modified through lifestyle interventions, yet there is little emphasis on nutrition and lifestyle in medical education. Improving nutrition education for future physicians would likely lead to improved preparedness to counsel patients on lifestyle interventions. An online anonymous survey of medical residents, cardiology fellows, and faculty in Internal Medicine and Cardiology was conducted at New York University Langone Health assessing basic nutritional knowledge, self-reported attitudes and practices. A total of 248 physicians responded (26.7% response rate). Nutrition knowledge was fair, but few (13.5%) felt adequately trained to discuss nutrition with patients. A majority (78.4%) agreed that additional training in nutrition would allow them to provide better clinical care. Based on survey responses, a dedicated*

Articles

Nutrition in medical education: a systematic review

Jennifer Crowley, Lauren Ball, Gerrit Jan Hiddink

oa

Summary

Background In many countries, doctors are recommended to provide nutrition care to patients to improve the dietary behaviours of individuals and populations. Here, we present a systematic review that aims to critically synthesise literature on nutrition education provided to medical students.

Methods In this systematic review, a literature search was done between May 1 and July 1, 2018, for articles on medical students' nutrition knowledge, skills, and confidence to counsel patients, from Nov 1, 2012, to Dec 31, 2018. Search terms related to medical students included "nutrition in medical education", "medical nutrition education", and "undergraduate medical nutrition education". Search terms for topic of interest included "nutrition", "knowledge", "skills", "nutrition counselling", "confidence", "nutrition care", or "nutrition education". Included studies examined any aspect of recently graduated (ie, ≤4 years) or current medical students' nutrition knowledge, attitudes, skills, or confidence (or all three) in nutrition or nutrition counselling; evaluated nutrition curriculum initiatives for medical students; or assessed recently graduated or current medical students' perceptions of nutrition education. Quality assessment appraisal of the studies was done using a Mixed Methods Appraisal Tool. Curriculum initiatives were also appraised.

Findings 66 studies were identified by the search and 24 were eligible for full-text analysis. 16 quantitative studies, three qualitative studies, and five curriculum initiatives from the USA (n=13), Europe (n=4), the Middle East (n=1), Africa (n=1), and Australasia (n=7) met the inclusion criteria. Our analysis of these studies showed that nutrition is insufficiently incorporated into medical education, regardless of country, setting, or year of medical education. Deficits in nutrition education affect students' knowledge, skills, and confidence to implement nutrition care into patient care. A modest positive effect was reported from curriculum initiatives.

Interpretation Despite the centrality of nutrition to healthy lifestyle, medical students are not supported to provide high-quality, effective nutrition care. Medical education can be enhanced by institutional commitment to make nutrition education compulsory in medical training, establishment of nutrition competencies to provide a benchmark for nutrition knowledge and skills to be included in curricula, and supported by funding for innovative curriculum initiatives. These initiatives will improve nutrition in medical training to support future doctors for the 21st century.

Funding Sir John Logan Campbell Medical Fellowship 2017, and an Australian National Health and Medical Research Council Fellowship.

Lancet Planet Health 2019; 3: e379–85

See Comment page e371

Discipline of Nutrition and Dietetics, Faculty of Medical Health Sciences, The University of Auckland, Auckland, New Zealand (J Crowley PhD); Menzies Health Institute Queensland, Griffith University, Gold Coast, QLD, Australia (L Ball PhD); and Strategic Communication Chair Group, Wageningen University, Wageningen, Netherlands (Prof G J Hiddink PhD)

Correspondence to: Dr Jennifer Crowley, Discipline of Nutrition and Dietetics, Faculty of Medical Health Sciences, The University of Auckland, Auckland 1142, New Zealand
j.crowley@auckland.ac.nz

Introduction

Nutrition is well recognised as a central component of a healthy lifestyle.[1] Over the past 50 years, diets low in key nutrients as found in fruit and vegetables and high in salt and fats have contributed to poor dietary intake and growing burden on health care, population health systems, and, increasingly, on Earth system specialists.[2] The prevalence of poor dietary intake has increased throughout the 21st century, and is underscored by inequities in determinants of health within and between countries.[3] Globally, 11 million deaths annually are attributable to dietary factors, placing poor diet ahead of any other risk factor for death in the world.[4] People in almost every region of the world could benefit from improving their diets by increasing their consumption of key nutrients and foods.[4]

One of the key strategies to support healthy eating in populations is to advocate for healthy eating through health-care services. In many countries, doctors are recommended by their professional bodies to apply nutrition knowledge in practice to support patients to manage lifestyle-related chronic disease and other diet-related conditions[5] for which poor nutrition is a major risk factor.[6] This support is termed nutrition care, defined as any practice done by a health professional to improve the nutrition behaviour and subsequent health of patients.[7] Nutrition care is fundamental in supporting improved dietary behaviours because of its direct relevance to health care and population health systems.[8] Therefore, doctors require adequate nutrition knowledge, skills, and attitudes to support the integration of nutrition care into routine clinical practice.

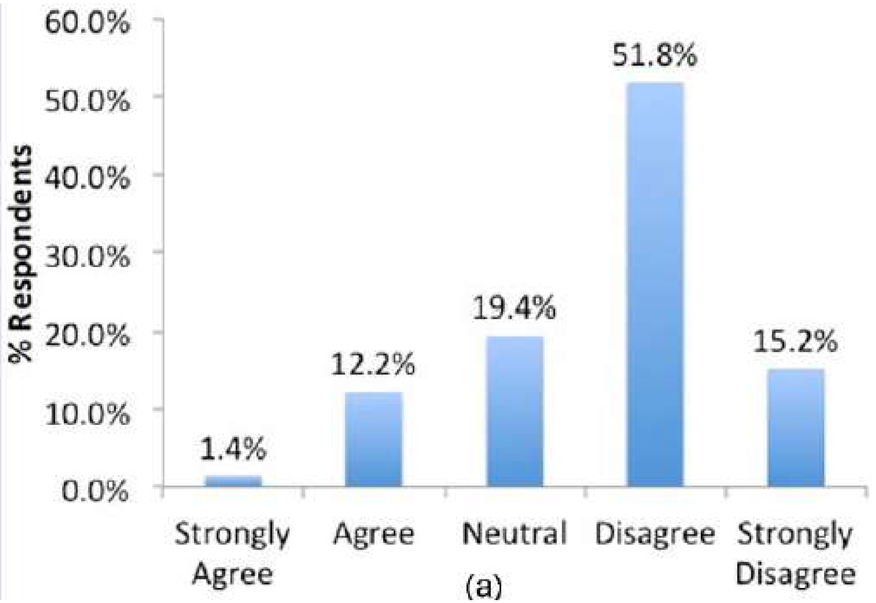
A well recognised evidence-practice gap exists between the nutrition knowledge, skills, and attitudes needed for nutrition care and the nutrition education provided to medical students. Internationally, inadequate nutrition

8% referem ter conhecimentos adequados em Nutrição

Baixa carga horária na graduação

Médicos apresentam conhecimento adequado em Nutrição

20% dos entrevistados consumiam frutas/verduras adequadamente



SOCIETY. INTEGRATION. EDUCATION
Proceedings of the International Scientific Conference. Volume II, May 26th, 2023. 681-693

A QUALITATIVE ASSESSMENT OF THE LABELING INFORMATION OF COLLAGEN-CONTAINING FOOD SUPPLEMENTS

Baiba Īle-Jokste
RSU Red Cross Medical College, Latvia

Denniss *et al. Int J Behav Nutr Phys Act* (2024) 21:16
https://doi.org/10.1186/s12966-024-01565-y

International Journal of Behavioral Nutrition and Physical Activity

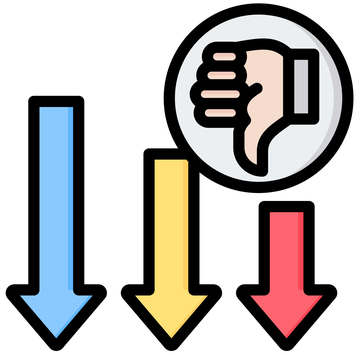
RESEARCH Open Access

#Fail: the quality and accuracy of nutrition-related information by influential Australian Instagram accounts

Emily Denniss[1*], Rebecca Lindberg[1], Laura E. Marchese[1] and Sarah A. McNaughton[1,2]

- **A qualidade das informações no Instagram é, em sua maioria, de baixa qualidade (n=47, 34,8%)**

  Perfis com > 100.000 seguidores



- **As informações provenientes de nutricionistas apresentam maior acurácia**

- **As informações provenientes de marcas ou outras contas contêm maior quantidade de erros**

LiverTox
livertox.nih.gov

trc natural medicines™
Available through
NIH Library | nihlibrary.nih.gov

Access **Natural Medicines** for comprehensive information on:
• Dietary Supplements
• Natural Medicines
• Complementary, Alternative & Integrative Therapies

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Catálogo de
Teses e
Dissertações
CAPES

MedlinePlus
Trusted Health Information for You

SciELO Brasil
Scientific Electronic Library Online

“Como o nutricionista pode contribuir para o uso racional e seguro de suplementos alimentares pela população?”

Article

CLINICAL REHABILITATION

A nutritional intervention program improves the nutritional status of geriatric patients at nutritional risk—a randomized controlled trial

Clinical Rehabilitation
2018, Vol. 32(7) 930–941

DOI: 10.1177/0269215518765912
journals.sagepub.com/home/cre
SAGE

DOI: 10.1002/jpen.2395

J Parenter Enteral Nutr. 2022;46:1502–1521.

REVIEW

Effectiveness of dietary counseling with or without nutrition supplementation in hospitalized patients who are malnourished or at risk of malnutrition: A systematic review and meta-analysis

Clinical Nutrition ESPEN 61 (2024) 52–62

Contents lists available at ScienceDirect

Clinical Nutrition ESPEN

journal homepage: http://www.clinicalnutritionespen.com

Original article

Effectiveness of a multidisciplinary and transitional nutritional intervention compared with standard care on health-related quality of life among acutely admitted medical patients aged ≥65 years with malnutrition or risk of malnutrition: A randomized controlled trial

DOI: 10.1590/1413-81232018238.23972016

Ciência & Saúde Coletiva, 23(8):2555.2564, 2018

2555

ARTICLE

The impact of a nutrition intervention program targeting elderly people with chronic kidney disease

Original Article

CLINICAL REHABILITATION

Does adding a dietician to the liaison team after discharge of geriatric patients improve nutritional outcome: A randomised controlled trial

Clinical Rehabilitation
1–12

DOI: 10.1177/0269215514564700
cre.sagepub.com
SAGE

Cramon *et al. Pilot and Feasibility Studies* (2021) 7:206
https://doi.org/10.1186/s40814-021-00926-9

Pilot and Feasibility Studies

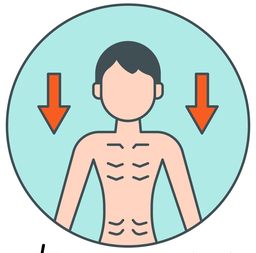
RESEARCH Open Access

Individual nutritional intervention for prevention of readmission among geriatric patients—a randomized controlled pilot trial

Mai Østerø Cramon[1,2*], Ines Raben[1,2], Anne Marie Beck[3,4] and Jens Rikardt Andersen[2]

Nutricionista

Gasto público



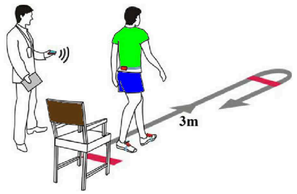
Desnutrição/deficiência de nutrientes

Parâmetros psicométricos (qualidade de vida, ansiedade)

↓ Mioesteatose

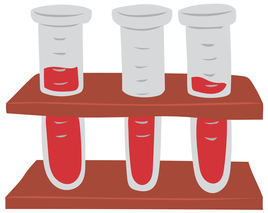
↓ Incidência de infecção respiratória

↓ Tempo de hospitalizaço



↑ Capacidade funcional (Timed up and go test, etc)

↑ Preensão manual



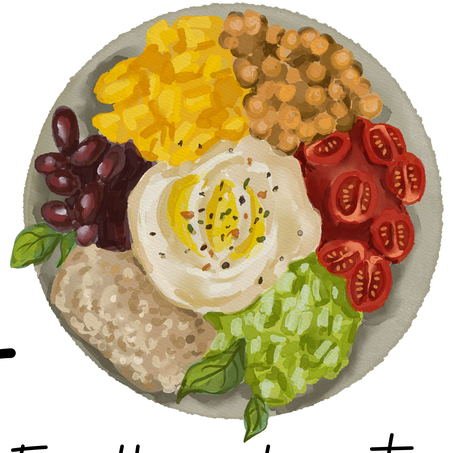
Parâmetros bioquímicos

“Quais fatores influenciam nas escolhas alimentares?”

Conhecimento nutricional

Estratégias de marketing

Segurança alimentar



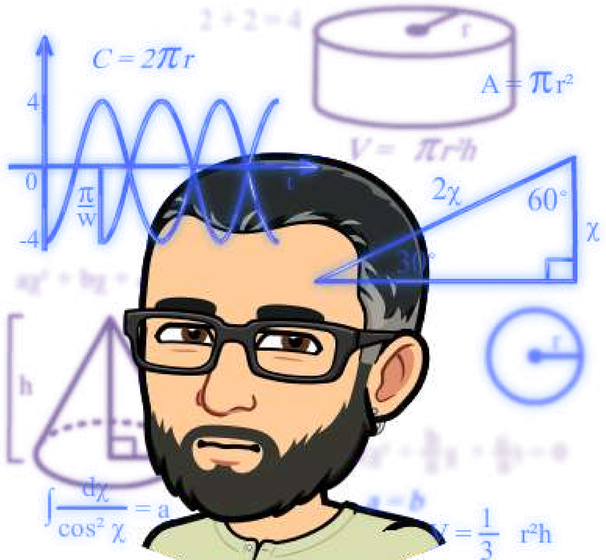
Escolhas alimentares

Habilidade em cozinhar

Preço

Crenças culturais

“Por que as pessoas consomem suplementos alimentares?”



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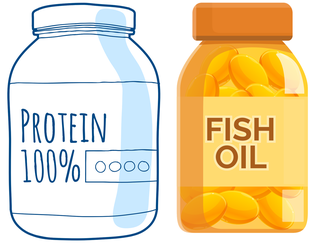
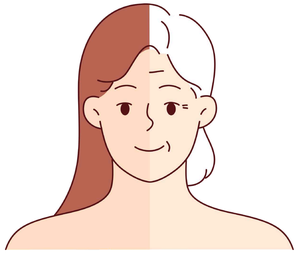
Prevenção de doenças

Imunidade e saúde digestiva



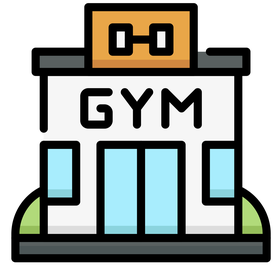
Proteínas, ω-3

Digitalização



Envelhecimento populacional (DCNT)

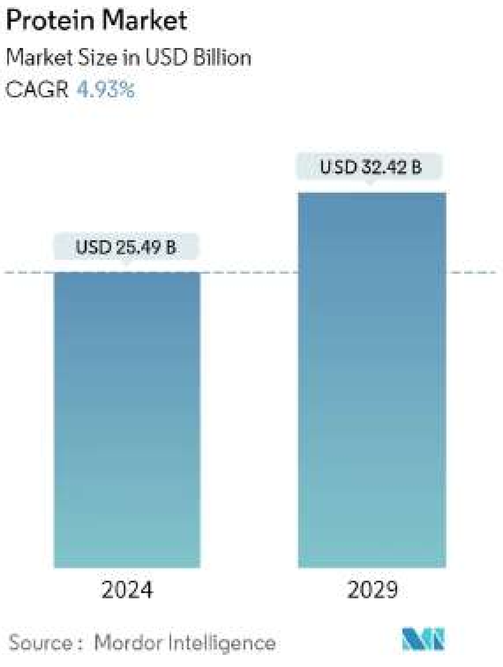
Produtos "naturais" (espécies vegetais)



Número de praticantes e de academias

MINTEL · Glanbia Nutritionals · MARKETSANDMARKETS™ · Mordor Intelligence · FORTUNE BUSINESS INSIGHTS

Período de Estudo	2019 - 2029
Tamanho do Mercado (2024)	USD 145.62 Billion
Tamanho do Mercado (2029)	USD 179.36 Billion
CAGR (2024 - 2029)	4.50%
Mercado de Crescimento Mais Rápido	Ásia-Pacífico
Maior Mercado	América do Norte
Concentração do Mercado	Baixo



Período de Estudo	2017 - 2029
Tamanho do Mercado (2024)	USD 28.32 Billion
Tamanho do Mercado (2029)	USD 36.69 Billion
Maior participação por usuário final	Alimentos e Bebidas
CAGR (2024 - 2029)	4.93 %
Maior participação por região	América do Norte
Concentração do Mercado	Baixo

Curiosidades

- Procura por opções práticas de desjejum
- Atenção com a Nutrição de populações idosas
- Lanches (“Snacks”) saudáveis
- Utilização de ingredientes “naturais”
- Crescimento da “população flexitariana”
- Soja, trigo e ervilha como principais matérias-primas para produção de proteínas vegetais

“Como foi a contribuição dessa indústria para a economia nacional?”

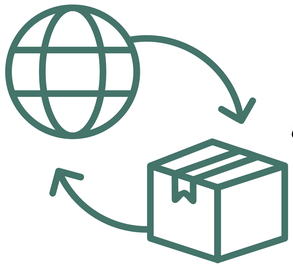
VITAMINAS

9% Consumo

15,6% importações

3% Consumo

66,7% importações



24,6% importações de alimentos para fins especiais (totalizando 1 bilhão de dólares)

4,4% nas contratações (chegando em 4,3 mil empregados)

Dados da ABIAD referentes a 2024, em comparação com o ano anterior.

“

Eu suplemento para ter mais energia e melhorar os resultados do treino!

”

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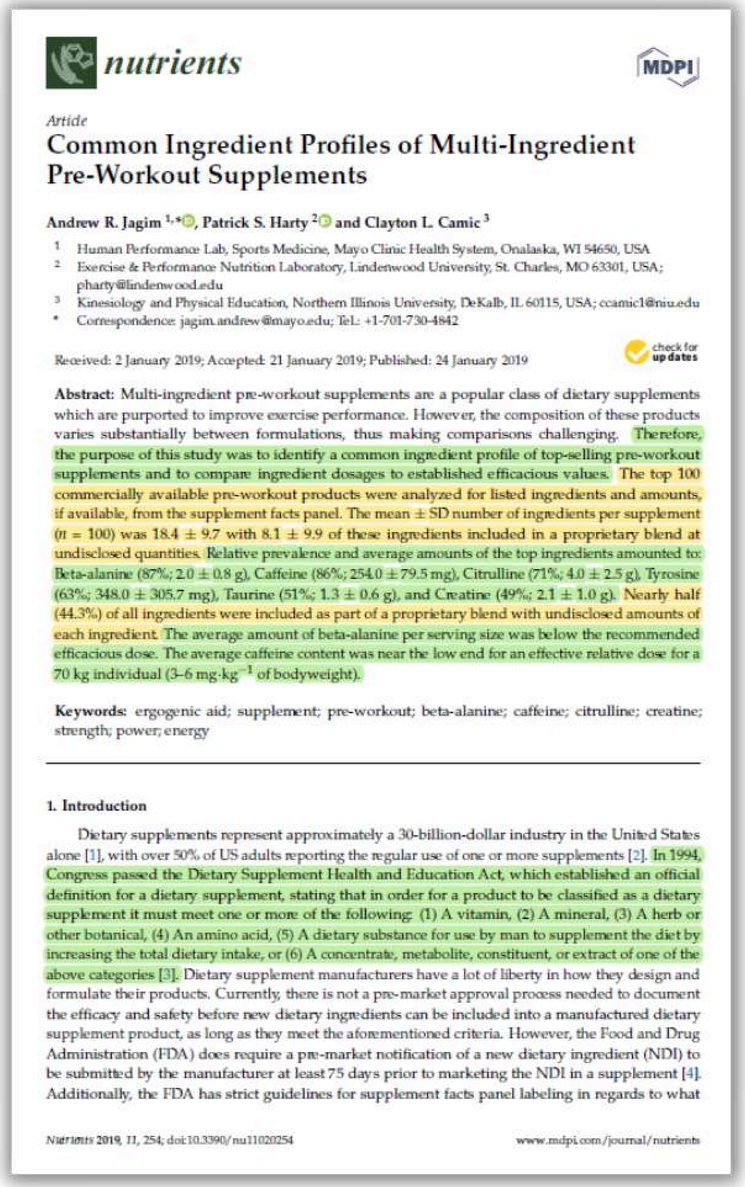

nutrients

MDPI

Article

Common Ingredient Profiles of Multi-Ingredient Pre-Workout Supplements

Andrew R. Jagim [1,*], Patrick S. Harty [2] and Clayton L. Camic [3]

1 Human Performance Lab, Sports Medicine, Mayo Clinic Health System, Onalaska, WI 54650, USA
2 Exercise & Performance Nutrition Laboratory, Lindenwood University, St. Charles, MO 63301, USA; pharty@lindenwood.edu
3 Kinesiology and Physical Education, Northern Illinois University, DeKalb, IL 60115, USA; ccamic1@niu.edu
* Correspondence: jagim.andrew@mayo.edu; Tel.: +1-701-730-4842

Received: 2 January 2019; Accepted: 21 January 2019; Published: 24 January 2019

check for updates

Abstract: Multi-ingredient pre-workout supplements are a popular class of dietary supplements which are purported to improve exercise performance. However, the composition of these products varies substantially between formulations, thus making comparisons challenging. Therefore, the purpose of this study was to identify a common ingredient profile of top-selling pre-workout supplements and to compare ingredient dosages to established efficacious values. The top 100 commercially available pre-workout products were analyzed for listed ingredients and amounts, if available, from the supplement facts panel. The mean ± SD number of ingredients per supplement (n = 100) was 18.4 ± 9.7 with 8.1 ± 9.9 of these ingredients included in a proprietary blend at undisclosed quantities. Relative prevalence and average amounts of the top ingredients amounted to: Beta-alanine (87%; 2.0 ± 0.8 g), Caffeine (86%; 254.0 ± 79.5 mg), Citrulline (71%; 4.0 ± 2.5 g), Tyrosine (63%; 348.0 ± 305.7 mg), Taurine (51%; 1.3 ± 0.6 g), and Creatine (49%; 2.1 ± 1.0 g). Nearly half (44.3%) of all ingredients were included as part of a proprietary blend with undisclosed amounts of each ingredient. The average amount of beta-alanine per serving size was below the recommended efficacious dose. The average caffeine content was near the low end for an effective relative dose for a 70 kg individual (3–6 mg·kg^{-1} of bodyweight).

Keywords: ergogenic aid; supplement; pre-workout; beta-alanine; caffeine; citrulline; creatine; strength; power; energy

1. Introduction

Dietary supplements represent approximately a 30-billion-dollar industry in the United States alone [1], with over 50% of US adults reporting the regular use of one or more supplements [2]. In 1994, Congress passed the Dietary Supplement Health and Education Act, which established an official definition for a dietary supplement, stating that in order for a product to be classified as a dietary supplement it must meet one or more of the following: (1) A vitamin, (2) A mineral, (3) A herb or other botanical, (4) An amino acid, (5) A dietary substance for use by man to supplement the diet by increasing the total dietary intake, or (6) A concentrate, metabolite, constituent, or extract of one of the above categories [3]. Dietary supplement manufacturers have a lot of liberty in how they design and formulate their products. Currently, there is not a pre-market approval process needed to document the efficacy and safety before new dietary ingredients can be included into a manufactured dietary supplement product, as long as they meet the aforementioned criteria. However, the Food and Drug Administration (FDA) does require a pre-market notification of a new dietary ingredient (NDI) to be submitted by the manufacturer at least 75 days prior to marketing the NDI in a supplement [4]. Additionally, the FDA has strict guidelines for supplement facts panel labeling in regards to what

CAFEÍNA

86% (prevalência)
254±79,5mg

TAURINA

51% (prevalência)
1,3±0,6g

WELCOME TO BODYBUILDING.COM

www

TOP 100

CITRULINA

71% (prevalência)
4±2,5g

CREATINA

49% (prevalência)
2,1±1,0g

MIACINA

48% (prevalência)
25,8±15,2mg

TIROSINA

63% (prevalência)
348±305mg

BETA-ALANINA

87% (prevalência)
2±0,8g

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Free Radical Biology and Medicine 143 (2019) 252–259

Contents lists available at ScienceDirect

Free Radical Biology and Medicine

journal homepage: www.elsevier.com/locate/freeradbiomed

Original article

Post-exercise hypotension and skeletal muscle oxygenation is regulated by nitrate-reducing activity of oral bacteria

C. Cutler[a], M. Kiernan[b], J.R. Willis[c], L. Gallardo-Alfaro[d], P. Casas-Agustench[e], D. White[a], M. Hickson[a], T. Gabaldon[c,e,f], R. Bes[...]

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ABSTRACT

Post-exercise hypotension (PEH) is a common physiol[...] intriguing response occurs. This study investigated wh[...] double blind and crossover design, twenty-three hea[...] participants rinsed their mouth with antibacterial mou[...] and 2 h after exercise. The microvascular response to[...] analyse nitrate and nitrite concentrations and the ora[...] -3.8 ± 1.1 mmHg, $P = 0.005$) after exercise compar[...] exercise (2h: 100 ± 13 nM) compared to baseline (5[...] reactive hyperaemia response was observed after exe[...] other hand, the SBP-lowering effect of exercise was a[...] mouthwash. This was associated with a lack of chang[...] peak TOI post-exercise: 84.6 ± 3.2%; $P > 0.05$). Div[...] by oral commensal bacteria is a key mechanism to ind[...] and greater muscle oxygenation.

1. Introduction

Post-exercise hypotension (PEH) is a com[...] sponse occurring in healthy and hypertensive i[...] to a significant reduction of blood pressure ove[...] acute bout of exercise [1,2]. However, how this i[...] response is elicited is not fully understood yet. [...] originally suggested to play a key role in PEH str[...] that exercise upregulates NO synthesis in endo[...] lating endothelial NO synthase (eNOS) expressi[...] vious studies in humans concluded that PEH w[...] When endogenous NO synthesis was blocked by [...] of the specific NOS inhibitor N^G-monomethyl[...] PEH was not affected [4,5]. Importantly, it was[...] that NO can be formed by another pathway whic[...]

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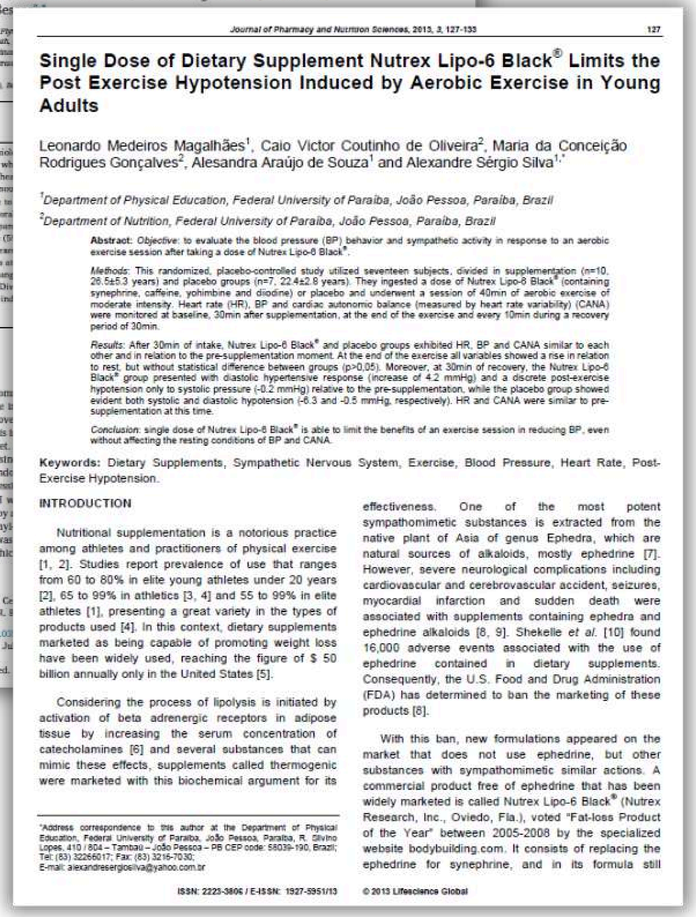

Journal of Pharmacy and Nutrition Sciences, 2013, 3, 127-133 127

Single Dose of Dietary Supplement Nutrex Lipo-6 Black® Limits the Post Exercise Hypotension Induced by Aerobic Exercise in Young Adults

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Abstract: *Objective:* to evaluate the blood pressure (BP) behavior and sympathetic activity in response to an aerobic exercise session after taking a dose of Nutrex Lipo-6 Black®.

Methods: This randomized, placebo-controlled study utilized seventeen subjects, divided in supplementation (n=10, 26.5±5.3 years) and placebo groups (n=7, 22.4±2.8 years). They ingested a dose of Nutrex Lipo-6 Black® (containing synephrine, caffeine, yohimbine and diiodine) or placebo and underwent a session of 40min of aerobic exercise of moderate intensity. Heart rate (HR), BP and cardiac autonomic balance (measured by heart rate variability) (CANA) were monitored at baseline, 30min after supplementation, at the end of the exercise and every 10min during a recovery period of 30min.

Results: After 30min of intake, Nutrex Lipo-6 Black® and placebo groups exhibited HR, BP and CANA similar to each other and in relation to the pre-supplementation moment. At the end of the exercise all variables showed a rise in relation to rest, but without statistical difference between groups (p>0,05). Moreover, at 30min of recovery, the Nutrex Lipo-6 Black® group presented with diastolic hypertensive response (increase of 4.2 mmHg) and a discrete post-exercise hypotension only to systolic pressure (-0.2 mmHg) relative to the pre-supplementation, while the placebo group showed evident both systolic and diastolic hypotension (-6.3 and -0.5 mmHg, respectively). HR and CANA were similar to pre-supplementation at this time.

Conclusion: single dose of Nutrex Lipo-6 Black® is able to limit the benefits of an exercise session in reducing BP, even without affecting the resting conditions of BP and CANA.

Keywords: Dietary Supplements, Sympathetic Nervous System, Exercise, Blood Pressure, Heart Rate, Post-Exercise Hypotension.

INTRODUCTION

Nutritional supplementation is a notorious practice among athletes and practitioners of physical exercise [1, 2]. Studies report prevalence of use that ranges from 60 to 80% in elite young athletes under 20 years [2], 65 to 99% in athletics [3, 4] and 55 to 99% in elite athletes [1], presenting a great variety in the types of products used [4]. In this context, dietary supplements marketed as being capable of promoting weight loss have been widely used, reaching the figure of $ 50 billion annually only in the United States [5].

Considering the process of lipolysis is initiated by activation of beta adrenergic receptors in adipose tissue by increasing the serum concentration of catecholamines [6] and several substances that can mimic these effects, supplements called thermogenic were marketed with this biochemical argument for its effectiveness. One of the most potent sympathomimetic substances is extracted from the native plant of Asia of genus Ephedra, which are natural sources of alkaloids, mostly ephedrine [7]. However, severe neurological complications including cardiovascular and cerebrovascular accident, seizures, myocardial infarction and sudden death were associated with supplements containing ephedra and ephedrine alkaloids [8, 9]. Shekelle *et al.* [10] found 16,000 adverse events associated with the use of ephedrine contained in dietary supplements. Consequently, the U.S. Food and Drug Administration (FDA) has determined to ban the marketing of these products [8].

With this ban, new formulations appeared on the market that does not use ephedrine, but other substances with sympathomimetic similar actions. A commercial product free of ephedrine that has been widely marketed is called Nutrex Lipo-6 Black® (Nutrex Research, Inc., Oviedo, Fla.), voted "Fat-loss Product of the Year" between 2005-2008 by the specialized website bodybuilding.com. It consists of replacing the ephedrine for synephrine, and in its formula still

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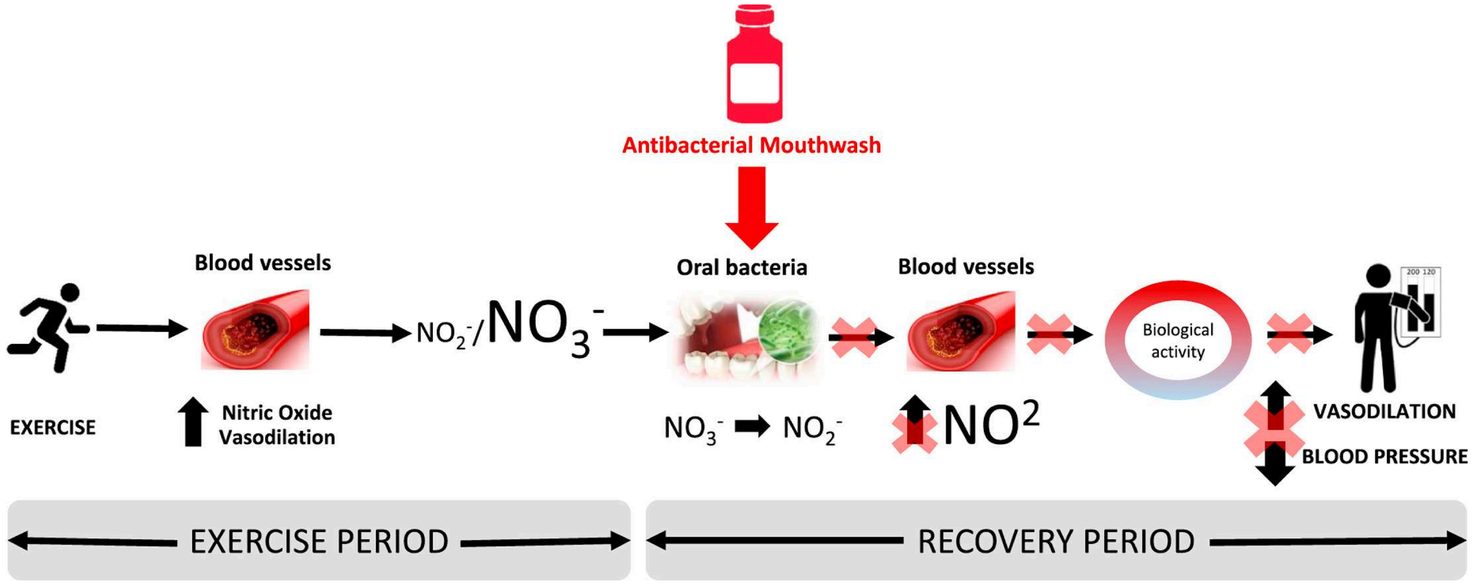

Suplementos pré-treino podendo inibir a redução da pressão arterial!

cfn
CONSELHO FEDERAL DE NUTRIÇÃO

Associação com vitaminas isoladas, peptideos, minerais

(Forte associação com diversos aditivos químicos, o que não pode ser saudável)

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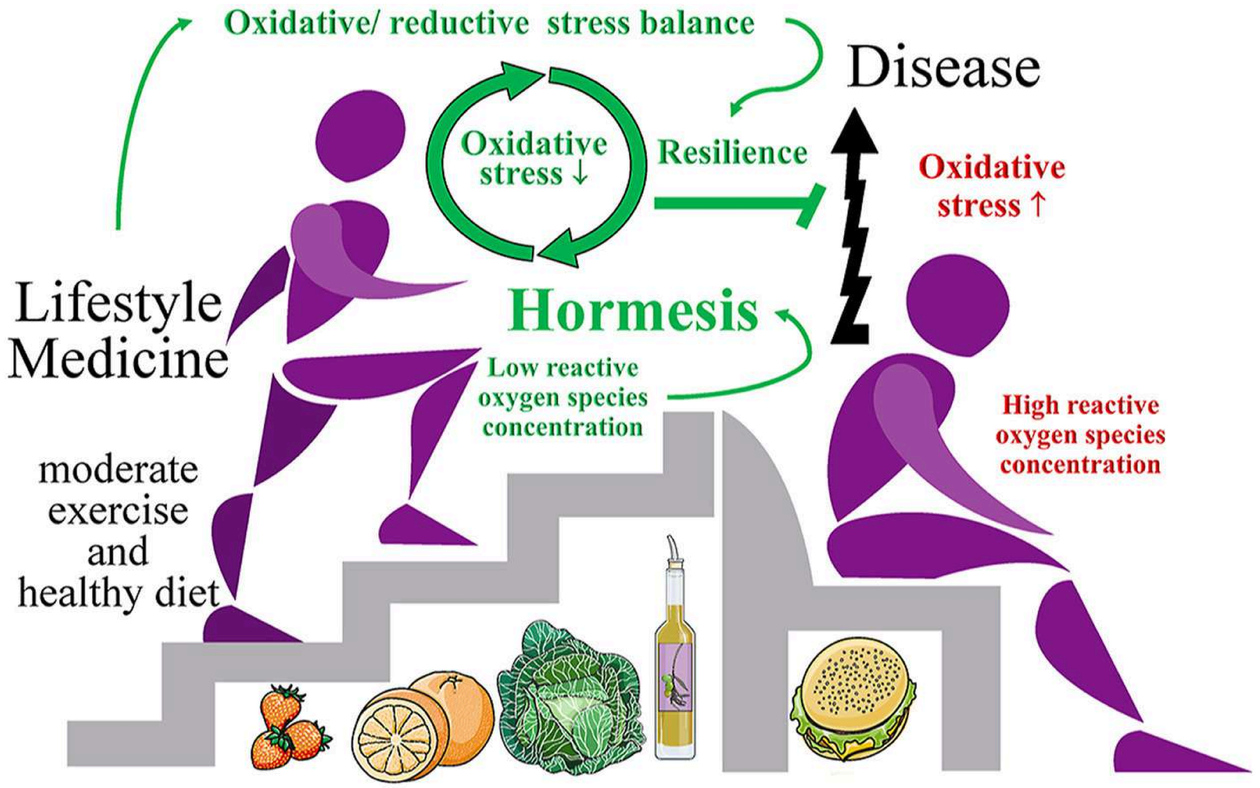
Current Opinion in Toxicology
Current Opinion in Toxicology 2022, 30:100342

Diet and exercise in lifestyle medicine: The hormetic effects of bioactive compounds on human health

Ilaria Peluso



Nem todo estresse ao organismo é ruim (dependerá da magnitude e duração)

O exercício físico, o estresse, serve como "sinal" para adaptação do organismo (hipertrofia, recuperação tecidual, ganho de força, aumento da atividade de enzimas antioxidantes/antiinflamatórias)

O sinal sendo inibido (pelo elevado consumo de vitaminas/minerais antioxidantes): adaptação é abolida (sem ganho de força, sem melhora da imunidade ou hipertrofia...)

“São inerentemente seguros?”

Research Report

The Impact of Acute Energy Drink Consumption on Blood Pressure Parameters: A Meta-analysis

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SAGE

Sachin A. Shah, PharmD[1,2], Belinda W. C
Ian C. Riddock, MD[2], Michael Lee, RPh, M

Abstract

Objective: Hospitalizations associated with energy dri
are suspected to cause hemodynamic effects, the magr
of acute energy drink consumption on systolic and d
Data Sources: A search in PubMed, Cumulative Index
through December 31, 2015, was performed. **Study S**
assessing the effects of commercially available energy dri
baseline was calculated using the DerSimonian and Laird
15 studies were included, encompassing a total of 340, 3
and DBP increased significantly by 4.44 mm Hg (95% CI =
1.52 to 3.95; Cochrane Q $P = 0.050$), respectively. HR ch
to 2.87; Cochrane Q $P < 0.001$). The largest change in SI
mm Hg, 95% CI = 4.62 to 8.27). **Conclusions:** Our resu
significantly raises SBP and DBP. Further investigation of t
drink consumption is warranted.

Keywords

complementary medicine, hemodynamics, hypertension,

Introduction

Energy drinks have become a new niche in the beverag
market bolstered after the introduction of Red Bull in 1987
A standard definition of energy drink does not exist, b
they are distinguished from sports and neutraceutical drin
in that they contain caffeine in conjunction with presume
energy-enhancing ingredients such as taurine, B vitamin
and herbal extracts (eg, *Panax ginseng*).[2] Claims of benefi
include improvements in alertness, aerobic and anaerob
endurance, concentration, memory, and reaction tim
These drinks are also available in a quickly consume
"shot" form, such as the 5-hour ENERGY shot, which ma
kets long-lasting effects with a gradual descent, rather tha
a "crash."[3] In the United States, energy drinks hold 63% o
the market share for nonalcoholic beverages, estimated
be a $5.4 billion industry in 2006, with 47% of the mark
internationally.[3,4] The majority of energy drinks are ma
keted and consumed by young adults between the ages
18 and 34 years, but 46% of those younger than 19 yea
also report having consumed an energy drink.[5,6]

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Review

Cardiovascular and Autonomic Responses to Energy Drinks—Clinical Implications

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is an increasing consumption of energy drinks both in the
mponents of these beverages are sometimes unclear but common
and B-vitamins. Young people, particularly those engaged in
ry are especially likely to be consumers of energy drinks. Whi
g their autonomic and hemodynamic effects, current literature s
on is accompanied by increases in blood pressure, sympathetic
There are no systematic long term studies identifying consequ
umption. However, multiple anecdotal reports implicate energy
ents including atrial fibrillation, ventricular arrhythmia, myo
h. Events such as atrial fibrillation may even occur in otherwis
normal hearts. It is likely that these cardiovascular outcome
c, autonomic, and electrocardiographic responses to energy d
lear is how concomitant use of other stimulants such as amphet
otentiate neural and circulatory responses and cardiovascular c
ergy drinks.

nomic function; sympathetic activity; catecholamines; blood

were first introduced in the United States more than three decad
tion has been rapidly increasing, with particularly strong penet
adults, amateur athletes, and military personnel. These bever
increasing energy, mental focus, wakefulness, and fatigue pre
age of energy drinks has been associated with an increased ris
s review examines the composition of energy drinks, their effects
nd potential mechanisms by which energy drinks increase c
on exploring the neural and circulatory responses to energy dri

f Energy Drinks

States, 51% of college students consume at least one energy d
of students between grades 8 and 12 drink them [2]. Importantl
are reported to consume a minimum of one energy drink daily
While this increase can be attributed to several factors, most notabl
d distribution, and a growing consumer base. According to Allie

; doi:10.3390/jcm9020431

ASN NUTRITION

REVIEW

Energy Drinks and Their Impact on the Cardiovascular System: Potential Mechanisms[1,2]

Erik Konrad Grasser,* Jennifer Lynn Miles-Chan, Nathalie Charrière, Cathriona R Loonam, Abdul G Dulloo, and Jean-Pierre Montani

Department of Medicine/Physiology, University of Fribourg, Fribourg, Switzerland

ABSTRACT

Globally, the popularity of energy drinks is steadily increasing. Scientific interest in their effects on cardiovascular and cerebrovascular systems in humans is also expanding, and with it comes a growing number of case reports of adverse events associated with energy drinks. The vast majority of studies carried out in the general population report effects on blood pressure and heart rate. However, inconsistencies in the current literature render it difficult to draw firm conclusions with regard to the effects of energy drinks on cardiovascular and cerebrovascular variables. These inconsistencies are due, in part, to differences in methodologies, volume of drink ingested, and duration of postconsumption measurements, as well as subject variables during the test. Recent well-controlled, randomized crossover studies that used continuous beat-to-beat measurements provide evidence that cardiovascular responses to the ingestion of energy drinks are best explained by the actions of caffeine and sugar, with little influence from other ingredients. However, a role for other active constituents, such as taurine and glucuronolactone, cannot be ruled out. This article reviews the potentially adverse hemodynamic effects of energy drinks, particularly on blood pressure and heart rate, and discusses the mechanisms by which their active ingredients may interact to adversely affect the cardiovascular system. Research areas and gaps in the literature are discussed with particular reference to the use of energy drinks among high-risk individuals. *Adv Nutr* 2016;7:950–60.

Keywords: blood pressure, sugar, caffeine, heart rate, public health

Introduction

One substantial subcategory of soft drinks that is considered to be one of the most popular is represented by energy drinks (EDs). Indeed, the popularity of EDs has substantially increased since their introduction around 1960 (1), and this subcategory been found to be one of the fastest growing segments in the beverage industry (2). The majority of EDs are targeted toward young adults aged between 18 and 34 y, with a reported consumption frequency of 1–4 EDs/mo (3); and approximately half of college student "ED users" consumed EDs while studying or working on a major project (3). To date, there exists an abundance and variety of EDs on the market, with >200 brands in the United States alone (4). However, only a few dominate the market, and there is not much difference in caffeine and sugar content when comparing the market leaders (Table 1). At the beginning of the 21st century, early concerns arose about the safety of EDs because they had been linked to cardiovascular complications (8), which led to sales restrictions and even bans in some European countries (9). Although these restrictions have since been lifted (10), Lithuania was the first European country to ban ED sales for minors (11) and, currently, the European Union is considering a sales ban of EDs for persons <18 y (12).

A recent clinical review focused on adverse health events in response to the ingestion of EDs and found that >50% of their included case reports were related to the cardiovascular system, followed by neurological issues (13). Moreover, there are 8 case reports in which large intakes of EDs were found to be associated with myocardial ischemia, with no additional triggers in the majority of cases (14). Increasing evidence of negative cardiovascular effects in response to ED consumption was recently highlighted by Sanchis-Gomar et al. (15), thereby providing specific recommendations for adolescents to prevent cardiac arrhythmias (16). Furthermore, with the use of beat-to-beat hemodynamic measurements in young healthy humans, work from our laboratory previously showed that blood pressure and other cardiovascular variables increased acutely in response to the

[1] The authors reported no funding received for this study.

[2] Author disclosures: EK Grasser, JL Miles-Chan, N Charrière, CR Loonam, AG Dulloo, and J-P Montani, no conflicts of interest.

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Energy drinks at adolescence: Awareness or unawareness?

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beverages similar to soft drinks, characterized by high
s with additional ingredients like taurine and vitamins,
energy, reducing tiredness, increasing concentration, and
ct. The majority of consumers are children, adolescents,
though EDs companies claim about the ergogenic and
es of their products, there is a serious lack of evidence
as clinical level to validate their benefits. The regular
consequences of these caffeinated drinks are not well
the possible negative effects in adolescents whose brain
combined with alcohol are also gaining popularity among
nt publications indicate that this combined consumption
to develop an alcohol use disorder, as well as produce
ascular effects. There is an increasing need to disseminate
nage on health, so that adolescents can be aware about
utcomes of consuming these drinks.

e, alcohol, alcohol use disorders, sport, caffeine, taurine

are relatively new products that are like soft drinks, with
higher caffeine concentration that is the cornerstone of these
arczinski, 2010). Classic ingredients found in EDs are taurine,
ins, L-carnitine, sucrose, antioxidants, minerals and other herbal
guarana, yerba mate, cocoa, kola nut, and ginkgo biloba (Higgins
nts can differ by brand as well as the list of ingredients that can be
lthough EDs companies promote EDs for energizing, anti-fatigue,
nd ergogenic properties, there is a serious lack of evidence and
eir benefits (Ruiz and Scherr, 2018).
monly consumed by adolescents and first consumption usually
ola et al., 2016). Compared to girls, adolescent boys have been
re than once a week. Moreover, adolescents who consumed more
re those also consuming soft drinks daily, alcohol weekly, and
r late bedtimes (Lebacq et al., 2020).
d long-term consequences of consumption of EDs are not well
the possible dangerous effects on adolescents are not sufficiently
h on this matter at preclinical level is still limited. Nowadays, the

Reviews in Cardiovascular Medicine

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Review

Energy drink consumption: a rising public health issue

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Abstract

Energy drink (ED) consumption has become a growing public health issue over the past few decades. Despite claims of being safe and beneficial, EDs have been linked to particularly fatal outcomes associated with the cardiovascular system which include atrial and ventricular arrhythmias, myocardial infarctions, cardiomyopathies, and sudden cardiac death. Large quantities of caffeine, taurine, sugars, and B-vitamins may be contributing to these outcomes by increasing the heart rate, blood pressure (BP), and contractility of the heart in addition to prolonging the QTc. There is still a substantial amount of unknown information on EDs that warrants more research and a dire need for age regulations, transparency of ingredients, clear labeling of adverse effects, and most importantly, education of consumers.

Keywords: energy drinks; caffeine; taurine; arrhythmia; red bull; monster energy

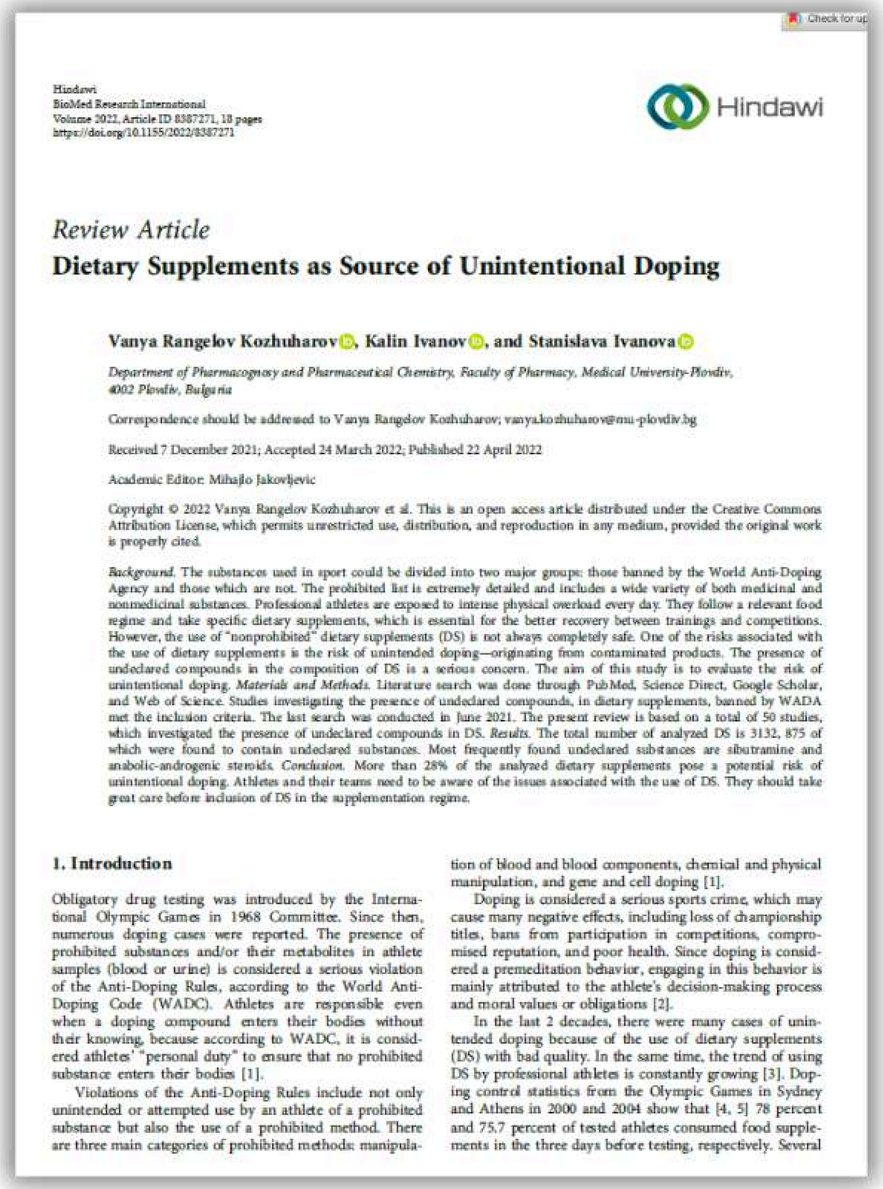
1. Introduction

Energy drink consumption has increased worldwide with its use becoming a norm in society. Many of these EDs advertise claims of increasing physical stamina, focus, cognition, and wakefulness in individuals who consume them. Combined with aggressive marketing from ED companies, these claims may be the very reason these beverages appeal to young adults, athletes, students, and military personnel. In addition to containing large quantities of caffeine, they also contain high concentrations of ingredients such as taurine, sucrose, B-vitamins, ginseng, and other herbal extracts [1]. According to recent data which evaluated caffeinated beverage consumption through volume sales in countries around the world, it was found that the United States consumed the most EDs, sports drinks, and carbonated soda per capita than in any other country [2]. The consumption of these beverages in the United States is most prevalent in men, especially between the ages of 18–34. Additionally, about one-third of teens from the ages of 12–17 also consume these beverages regularly [3]. Co-ingestion of other drugs and substances, particularly alcohol, with EDs has also become a widespread practice amongst adolescents and young adults [4]. Being highly unregulated, EDs are showing increasing scientific evidence of their detrimental health effects on various organ systems of the body. The organ systems affected by ED consumption include the gastrointestinal, renal, endocrine, and psychiatric systems [5] along with the cardiovascular and neurological systems being the most common [5,6]. The American Association of Poison Control Centers (AAPCC) reported 1764 single exposures to caffeine-containing energy drinks in 2019 alone with 10 major outcomes and 1 death [7]. From 2009 to 2013, a total of 43 fatalities were linked to Monster Energy and 5-hour Energy as reported by the FDA's Center for Food and Safety and Applied Nutrition (CFSAN) Adverse Event Reporting System (CAERS) [8]. In 2018, the FDA issued a guidance on dietary supplements being sold in bulk that contained pure or highly concentrated levels of caffeine as being unlawful, however, they have yet to issue regulations on the consumption or availability of EDs [9]. Currently, EDs and energy shots exceed and even double or triple the FDA's official soft drink caffeine concentration limit that is regarded as safe, which is 71 milligrams (mg) per 12-ounce beverage [10]. The main ingredients of these beverages (caffeine, taurine, sucrose, and B-vitamins [1]) alter the cardiovascular parameters through various mechanisms and contribute to hemodynamic changes and raise the overall risks for short and long-term cardiovascular outcomes.

2. Pathophysiology

The adverse effects of EDs on the cardiovascular system are due to its many different ingredients that have the ability to individually and collectively change the physiology of the cardiovascular system. The main ingredients contributing to the stimulatory effects of these beverages are caffeine, taurine, sugars, and B-vitamins [1]. Currently, some of the top selling brands of EDs, Red Bull, Monster Energy, and Bang Energy all include these ingredients, in

Cuidado com propagandas enganosas!



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Review Article

Dietary Supplements as Source of Unintentional Doping

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Background. The substances used in sport could be divided into two major groups: those banned by the World Anti-Doping Agency and those which are not. The prohibited list is extremely detailed and includes a wide variety of both medicinal and nonmedicinal substances. Professional athletes are exposed to intense physical overload every day. They follow a relevant food regime and take specific dietary supplements, which is essential for the better recovery between trainings and competitions. However, the use of "nonprohibited" dietary supplements (DS) is not always completely safe. One of the risks associated with the use of dietary supplements is the risk of unintended doping—originating from contaminated products. The presence of undeclared compounds in the composition of DS is a serious concern. The aim of this study is to evaluate the risk of unintentional doping. *Materials and Methods.* Literature search was done through PubMed, Science Direct, Google Scholar, and Web of Science. Studies investigating the presence of undeclared compounds, in dietary supplements, banned by WADA met the inclusion criteria. The last search was conducted in June 2021. The present review is based on a total of 50 studies, which investigated the presence of undeclared compounds in DS. *Results.* The total number of analyzed DS is 3132, 875 of which were found to contain undeclared substances. Most frequently found undeclared substances are sibutramine and anabolic-androgenic steroids. *Conclusion.* More than 28% of the analyzed dietary supplements pose a potential risk of unintentional doping. Athletes and their teams need to be aware of the issues associated with the use of DS. They should take great care before inclusion of DS in the supplementation regime.

1. Introduction

Obligatory drug testing was introduced by the International Olympic Games in 1968 Committee. Since then, numerous doping cases were reported. The presence of prohibited substances and/or their metabolites in athlete samples (blood or urine) is considered a serious violation of the Anti-Doping Rules, according to the World Anti-Doping Code (WADC). Athletes are responsible even when a doping compound enters their bodies without their knowing, because according to WADC, it is considered athletes' "personal duty" to ensure that no prohibited substance enters their bodies [1].

Violations of the Anti-Doping Rules include not only unintended or attempted use by an athlete of a prohibited substance but also the use of a prohibited method. There are three main categories of prohibited methods: manipulation of blood and blood components, chemical and physical manipulation, and gene and cell doping [1].

Doping is considered a serious sports crime, which may cause many negative effects, including loss of championship titles, bans from participation in competitions, compromised reputation, and poor health. Since doping is considered a premeditation behavior, engaging in this behavior is mainly attributed to the athlete's decision-making process and moral values or obligations [2].

In the last 2 decades, there were many cases of unintended doping because of the use of dietary supplements (DS) with bad quality. In the same time, the trend of using DS by professional athletes is constantly growing [3]. Doping control statistics from the Olympic Games in Sydney and Athens in 2000 and 2004 show that [4, 5] 78 percent and 75.7 percent of tested athletes consumed food supplements in the three days before testing, respectively. Several

Avaliar a presença de contaminantes em suplementos comercialmente disponíveis

RESULTADOS

50 estudos analisados

3.172 SA verificados

875 (28%) com substâncias não declaradas

SARM
DMAA

Trembolona

Fluoxetina

Orlistate

Sibutramina

International Journal of
Environmental Research and Public Health

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Article

Healthcare Professionals' Knowledge and Behaviors Regarding Drug–Dietary Supplement and Drug–Herbal Product Interactions

Zorica Stanojević-Ristić [1,*], Isidora Mrkić [2], Aleksandar Ćorac [3], Mirjana Dejanović [4], Radoslav Mitić [1], Leonida Vitković [5], Julijana Rašić [1], Dragana Valjarević [6] and Aleksandar Valjarević [7]

Major DDSIs—Serious-avoid co-administration				
Doxycycline with magnesium	92 (88)	81 (93)	114 (74)	287 (83)
Levofloxacin with iron	89 (85)	62 (71)	94 (61)	245 (71)
Fosinopril with potassium	42 (40)	43 (49)	111 (72)	196 (57)
Moderate DDSIs—Use with caution-monitor				
ASA with omega-3 fatty acid	46 (44)	57 (65)	47 (31)	150 (43)
Hydrochlorothiazide with vitamin D3	46 (44)	48 (55)	43 (28)	137 (40)
Levothyroxine with calcium	67 (64)	39 (45)	23 (15)	129 (37)
Warfarin with coenzyme Q10	25 (24)	36 (41)	68 (44)	129 (37)
Zolpidem with melatonin	41 (39)	40 (46)	37 (24)	118 (34)
Levodopa with pyridoxine	8 (8)	7 (8)	47 (31)	62 (18)
Warfarin with glucosamine	25 (24)	12 (14)	10 (6)	47 (14)

[a] See File S1 in Supplementary Materials. GPs—general practitioners.

Table 3. Frequency of correct answers about drug-herbal product interactions (DHPIs) among respondents.

Question [a]	GPs Correct Answer *n* (%)	Specialists Correct Answer *n* (%)	Nurses Correct Answer *n* (%)	Total Correct Answer *n* (%)
Major DHPIs—Contraindicated				
Indinavir with St John's wort	16 (15)	33 (38)	16 (10)	65 (19)
Major DHPIs—Serious-avoid co-administration				
Phenobarbital with valerian	75 (71)	47 (54)	89 (58)	211 (61)
Cyclosporine and St John's wort	19 (18)	10 (11)	36 (23)	63 (18)
Moderate DHPIs—Use with caution-monitor				
ASA with ginger	82 (78)	52 (60)	110 (71)	244 (71)
ASA with ginkgo	82 (78)	57 (66)	84 (54)	223 (64)
Warfarin with ginseng	59 (56)	53 (61)	80 (52)	192 (56)
Iraconazole with echinacea	35 (33)	34 (39)	41 (27)	110 (32)
Atorvastatin with black cohosh	44 (42)	20 (23)	36 (23)	100 (29)
Warfarin with cranbbery	33 (31)	18 (21)	81 (53)	132 (28)
Insulin with aloe vera	27 (26)	35 (40)	11 (7)	73 (21)

[a] See File S1 in Supplementary Materials. GPs—general practitioners.

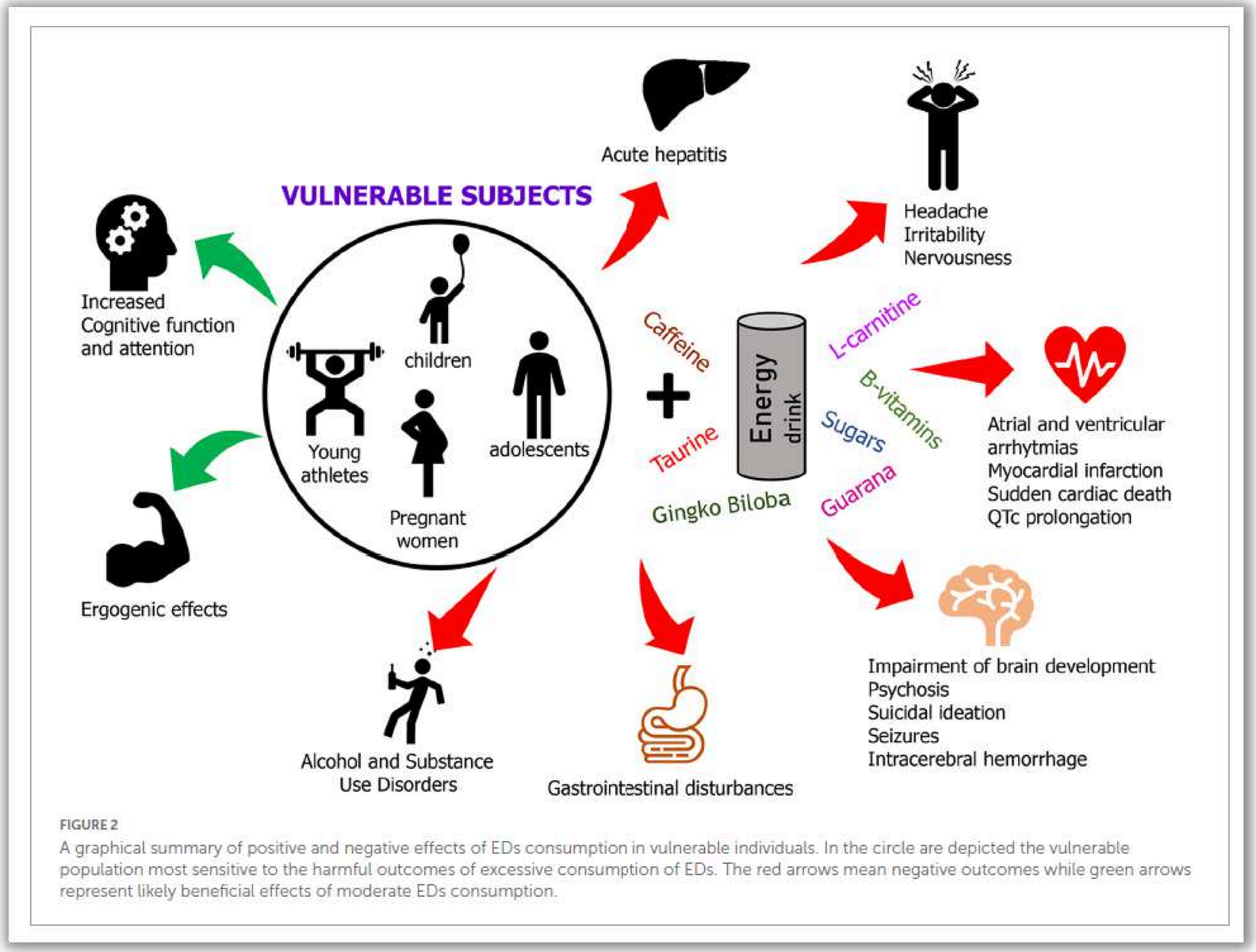

FIGURE 2
A graphical summary of positive and negative effects of EDs consumption in vulnerable individuals. In the circle are depicted the vulnerable population most sensitive to the harmful outcomes of excessive consumption of EDs. The red arrows mean negative outcomes while green arrows represent likely beneficial effects of moderate EDs consumption.


RECOLHIMENTO E APREENSÃO DE SUPLEMENTOS ALIMENTARES IRREGULARES
GOV.BR/ ANVISA 2025


SUPLEMENTOS DA ERVAS BRASILLIS PRODUTOS NATURAIS ESTÃO PROIBIDOS


ANVISA E VIGILÂNCIA NO ESTADO DO ESPÍRITO SANTO FECHAM FÁBRICA CLANDESTINA DE SUPLEMENTOS ALIMENTARES
GOV.BR/ ANVISA 2025


SUPLEMENTOS ALIMENTARES DA MARCA NATUFORME SÃO SUSPENSOS
GOV.BR/ ANVISA 2025


ANVISA PROÍBE SUPLEMENTO KI-FIT-TURBO APÓS RELATO DE EVENTO GRAVE
GOV.BR/ ANVISA 2025

ANVISA

Necessidade de considerar os diversos grupos populacionais!

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nutrients *Nutrients* 2017, *9*, 1154; doi:10.3390/nu9101154 MDPI

Article

The Prevalence and Predictors of Dietary Supplement Use in the Australian Population

Stacey K. O'Brien, Eva Malacova, Jill L. Sherriff and Lucinda J. Black *

J Nutr Health Aging. 2022;26(2):133-138
Published online January 24, 2022, http://dx.doi.org/10.1007/s12603-022-1732-9

Original Research

Dietary Supplement Use in Middle-aged and Older Adults

E.C.K. Tan[1], T.C. Eshetie[2], S.L. Gray[2], Z.A. Marcum[2]

Jornal de Pediatria 2024;100(S1): S31–S39

Jornal de Pediatria

www.jped.com.br

REVIEW ARTICLE

Use of dietary supplements by children and adolescents

Junaura Rocha Barretto [a], Mara Alves da Cruz Gouveia [b], Crésio Alves [c,*]

PLOS ONE | https://doi.org/10.1371/journal.pone.0292900 October 12, 2023

RESEARCH ARTICLE

Prevalence, attitudes, and practices of dietary supplements among middle-aged and older adults in Asir region, Saudi Arabia: A cross-sectional study

Open access Original research

BMJ Open Diabetes Research & Care

Prevalence and trends in dietary supplement use among US adults with diabetes: the National Health and Nutrition Examination Surveys, 1999–2014

BMJ Open Diab Res Care 2020;**8**:e000925. doi:10.1136/bmjdrc-2019-000925

Jing Li,[1] Xinli Li,[2] Wambui Gathirua-Mwangi,[3] Yiqing Song [4]

J Nutr Health Aging. 2018;22(5):575-580

DIETARY BEHAVIORS AMONG YOUNG AND OLDER ADULTS IN BRAZIL

I. NOGUEIRA BEZERRA[1], A.O. DE CARVALHO GURGEL[2], R.G. BASTOS BARBOSA[2], G. BEZERRA DA SILVA JUNIOR[3]

foods *Foods* 2025, *14*, 884 MDPI

Article

Key Factors Driving Portuguese Individuals to Use Food Supplements—Findings from a Cross-Sectional Study

Maria João Campos [1], Agnieszka Garbacz [2], Natalia Czlapka-Klapinska [2], Magdalena Czlapka-Matyasik [2,*] and Angelina Pena [1,*]

eat right. August 2012 Volume 112 Number 8

RESEARCH

Research and Professional Briefs

JOURNAL OF THE ACADEMY OF NUTRITION AND DIETETICS

Differences by Race/Ethnicity in Older Adults' Beliefs about the Relative Importance of Dietary Supplements vs Prescription Medications: Results from the SURE Study

AÇÕES DO CFN

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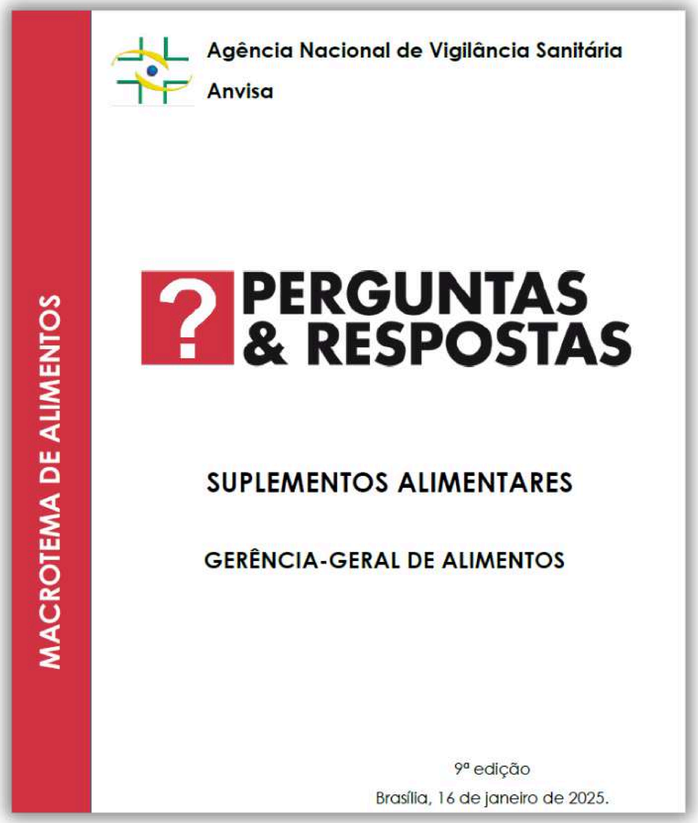

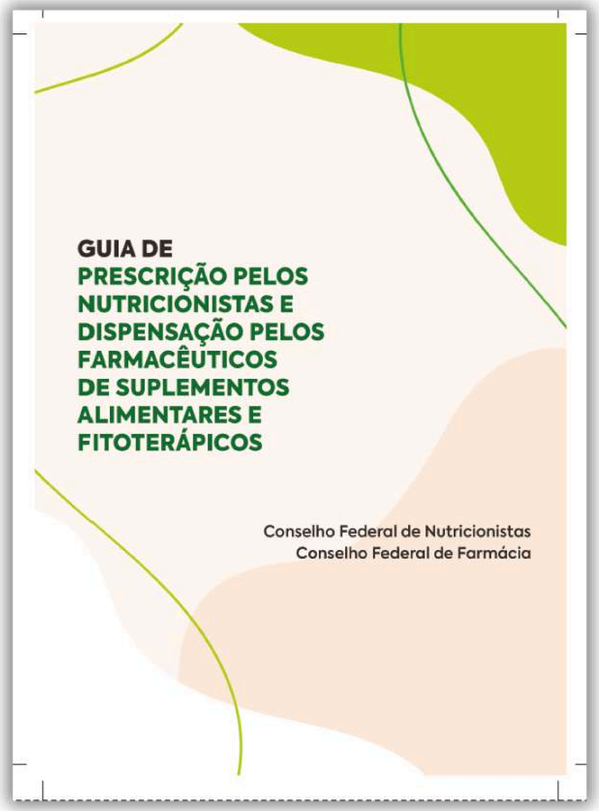

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Checklist:

1. Verifique a confiabilidade de quem está vendendo

- O site ou plataforma é oficial e possui boa reputação?*
- Estão disponíveis informações de contato, como e-mail, telefone e endereço?
- O vendedor ou a loja online possui avaliações positivas e consistentes de outros clientes?

2. Analise as informações técnicas do produto

- O produto apresenta informações detalhadas, como ingredientes, tabela nutricional e modo de uso?
- Há menção clara à autorização de órgãos reguladores oficiais, como a Anvisa?
- O fabricante é reconhecido e possui boa reputação no mercado?

3. Questione promessas e exageros

- O produto promete resultados rápidos ou milagrosos, como "perca 10 kg em uma semana"?
- Existem garantias exageradas que não parecem realistas ou cientificamente embasadas?

4. Avalie as fontes e os depoimentos

- A descrição do produto utiliza termos técnicos ou pseudocientíficos sem comprovação confiável?
- Os depoimentos parecem naturais ou são exageradamente perfeitos e suspeitos?
- O produto é promovido por influenciadores digitais ou celebridades sem qualificação na área da saúde?

5. Consulte um profissional de saúde antes de comprar

- O produto foi recomendado por um nutricionista ?
- Você discutiu com um profissional a real necessidade de consumir este produto?

6. Verifique a segurança da plataforma de venda

- O site utiliza uma conexão segura? Verifique se o link começa com "https".
- Há políticas de devolução ou reembolso disponíveis e bem detalhadas?

7. Pesquise sobre a reputação do produto de nutrição

- O produto é mencionado em fóruns, grupos ou redes sociais? Qual é o feedback dos consumidores?
- Existem alertas de órgãos oficiais sobre fraudes ou possíveis efeitos colaterais associados a ele?

8. Confira a validade e a procedência do produto

- A data de validade está claramente informada na embalagem?
- Há informações detalhadas sobre o local de fabricação e distribuição?
- O lote do produto está registrado, permitindo sua rastreabilidade?

*Para verificar a legitimidade e a reputação de um site ou plataforma, recomenda-se observar a presença de informações institucionais, como endereço físico, CNPJ e canais de atendimento. Além disso, é possível consultar plataformas especializadas, como o Reclame Aqui (www.reclameaqui.com.br), que reúne avaliações e experiências de consumidores. Uma busca pelo nome da empresa ou do site na barra de pesquisa pode fornecer informações relevantes sobre sua reputação e o índice de resolução de problemas reportados.

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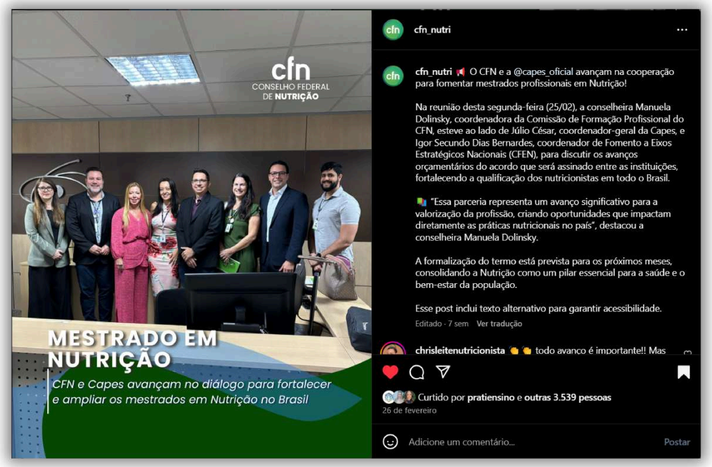
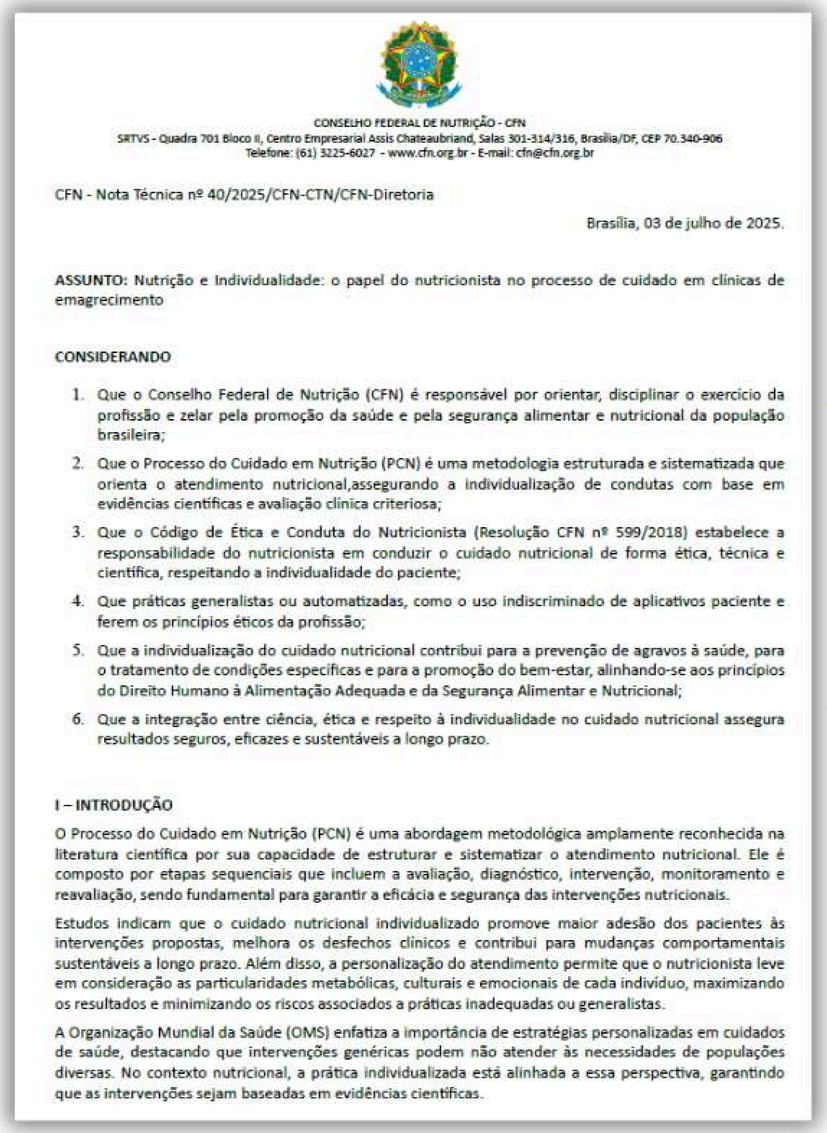


GUIA DE PRESCRIÇÃO PELOS NUTRICIONISTAS E DISPENSAÇÃO PELOS FARMACÊUTICOS DE SUPLEMENTOS ALIMENTARES E FITOTERÁPICOS

Conselho Federal de Nutricionistas
Conselho Federal de Farmácia



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SRTVS - Quadra 701 Bloco II, Centro Empresarial Assis Chateaubriand, Salas 301-314/316, Brasília/DF, CEP 70.340-906
Telefone: (61) 3225-6027 - www.cfn.org.br - E-mail: cfn@cfn.org.br

CFN - Nota Técnica nº 40/2025/CFN-CTN/CFN-Diretoria

Brasília, 03 de julho de 2025.

ASSUNTO: Nutrição e Individualidade: o papel do nutricionista no processo de cuidado em clínicas de emagrecimento

CONSIDERANDO

1. Que o Conselho Federal de Nutrição (CFN) é responsável por orientar, disciplinar o exercício da profissão e zelar pela promoção da saúde e pela segurança alimentar e nutricional da população brasileira;
2. Que o Processo do Cuidado em Nutrição (PCN) é uma metodologia estruturada e sistematizada que orienta o atendimento nutricional,assegurando a individualização de condutas com base em evidências científicas e avaliação clínica criteriosa;
3. Que o Código de Ética e Conduta do Nutricionista (Resolução CFN nº 599/2018) estabelece a responsabilidade do nutricionista em conduzir o cuidado nutricional de forma ética, técnica e científica, respeitando a individualidade do paciente;
4. Que práticas generalistas ou automatizadas, como o uso indiscriminado de aplicativos paciente e ferem os princípios éticos da profissão;
5. Que a individualização do cuidado nutricional contribui para a prevenção de agravos à saúde, para o tratamento de condições específicas e para a promoção do bem-estar, alinhando-se aos princípios do Direito Humano à Alimentação Adequada e da Segurança Alimentar e Nutricional;
6. Que a integração entre ciência, ética e respeito à individualidade no cuidado nutricional assegura resultados seguros, eficazes e sustentáveis a longo prazo.

I – INTRODUÇÃO

O Processo do Cuidado em Nutrição (PCN) é uma abordagem metodológica amplamente reconhecida na literatura científica por sua capacidade de estruturar e sistematizar o atendimento nutricional. Ele é composto por etapas sequenciais que incluem a avaliação, diagnóstico, intervenção, monitoramento e reavaliação, sendo fundamental para garantir a eficácia e segurança das intervenções nutricionais.

Estudos indicam que o cuidado nutricional individualizado promove maior adesão dos pacientes às intervenções propostas, melhora os desfechos clínicos e contribui para mudanças comportamentais sustentáveis a longo prazo. Além disso, a personalização do atendimento permite que o nutricionista leve em consideração as particularidades metabólicas, culturais e emocionais de cada indivíduo, maximizando os resultados e minimizando os riscos associados a práticas inadequadas ou generalistas.

A Organização Mundial da Saúde (OMS) enfatiza a importância de estratégias personalizadas em cuidados de saúde, destacando que intervenções genéricas podem não atender às necessidades de populações diversas. No contexto nutricional, a prática individualizada está alinhada a essa perspectiva, garantindo que as intervenções sejam baseadas em evidências científicas.

NOTA TÉCNICA SOBRE DIETAS DA MODA E USOS DE SA

- Nota técnica sobre as evidências da presença do Nutricionista no cuidado em saúde, focando em desfechos clínicos.
- O foco é para profissionais que trabalham em clínicas de emagrecimento
- A NT foi um produto, mas não o único, do Grupo de Trabalho Clínicas de Emagrecimento e Aplicativos de Dieta

Desafios

Regulamentação

Evidências científicas

Controle de qualidade

Fiscalização

O que ficamos sabendo?

1. O mercado e o consumo de SA tem crescido de maneira estável, de modo que garantir a qualidade dos produtos, bem como a fiscalização, é essencial para trabalharmos em prol da SAN do consumidor.

2. O conhecimento popular de serem "naturais" é conceitualmente errado e perigoso!

3. A educação nutricional é essencial para prescrição assertiva e segura

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