Interview: “What Should Clinicians Know About Dietary Supplement Quality?”

Guest: Marissa Chaet Brykman, JD  
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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview series from the American Medical Association Journal of Ethics. I’m your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Marissa Chaet Brykman, Director of U.S. Regulatory Policy at United States Pharmacopeia in Rockville, Maryland. She’s here to discuss her article coauthored with Dr Virginia Goldman, Dr Anand Kumar Sharma, Dr Hellen Oketch-Rabah, Debora Biswas, and Dr Gabriel Giancaspro, What Should Clinicians Know About Dietary Supplement Quality?, in the May 2022 issue of the Journal, Underregulated Supplements. Marissa, thank you so much for being on the podcast with me. [music fades out]

MARISSA BRYKMAN: Thanks so much. It’s a pleasure to be here.

HOFF: To begin with, what’s the main ethics point that you and your coauthors are making in this article?

BRYKMAN: Sure. So, I think the key ethics point is that clinicians should be having conversations with their patients about what dietary supplements they are taking or planning to take, and then be able to discuss the various options based on what they know about the quality of the products. So, this information is also important for clinicians to be aware of due to potential interactions with other products their patients might be taking, such as drug products.

HOFF: What is the most important thing for health professions students and trainees to take from your article?

BRYKMAN: Sure. So, I think one of the most important things discussed in the article is dietary supplement quality and how clinicians can help their patients understand that there are differences in product quality and help them to select quality products. So, dietary supplements do not go through an FDA approval process like many drug products. Thus, it’s important for clinicians to help their patients understand the benefits of looking for supplements that meet public quality standards and/or have gone through a third-party verification or certification program.

So, public standards for dietary supplements and other products include methods to test the identity, purity, strength, and limit of contaminants in a specific product. Thus, these standards can help manufacturers detect if there’s something in the product that isn’t supposed to be there. Also, a dietary supplement that meets public standards gives patients and consumers more confidence that the supplement contains what it’s supposed to.
And for verification and certification programs, well, I can’t speak for other organizations, but at USP, we have a verification program that provides audits of quality procedures and tests products to verify quality. So, you may have seen dietary supplements sold in some stores with the USP-verified mark. So, these products have gone through USP’s verification program and have met the program’s strict criteria.

HOFF: Perfect. And finally, if you could add a point to your article that you didn’t have the time or space to fully explore, what would that be?

BRYKMAN: Sure. So, another important point is for clinicians to be aware that there are products on the market that claim to be dietary supplements, but in fact are not dietary supplements at all and potentially contain harmful substances. So, the most common of these products include those marketed for weight loss, bodybuilding, and sexual enhancement. So, for example, products marketed to enhance weight loss may contain sibutramine, which was the active ingredient in an approved drug that was later withdrawn from the market because of an increased risk of cardiovascular events. And products marketed for bodybuilding may contain steroids, which can potentially cause liver injury, kidney damage, and cardiovascular issues. And lastly, products marketed for sexual enhancement may include sildenafil, which is the active ingredient in certain FDA-approved prescription drugs for erectile dysfunction. It may lower blood pressure in some people. Thus, bringing back the very important point about making sure clinicians are discussing with their patients any products that they are taking. [theme music returns]

HOFF: Marissa, thank you so much for being on the podcast with me today and for you and your coauthors’ contribution to the Journal.

BRYKMAN: Thank you so much.

HOFF: To read the full article, as well as the rest of the May 2022 issue for free, visit our site, JournalofEthics.org. We'll be back soon with more Ethics Talk from the American Medical Association Journal of Ethics.