




Erice Manifesto 2022: On the Surveillance of Potential Harms Caused by Food Supplements in Europe

Francesca Menniti-Ippolito¹ · Eugenio Aiello² · Elena Arzenton³ · Alessandro Assisi² · Urška Blaznik⁴ · Jacqueline J. M. Castenmiller⁵ · Marta Crevani⁶ · Dominique de Clock⁷ · Silvia Di Giacomo⁸ · Silvia Emendi⁹ · Laura Augusta Gonella³ · Ilaria Ippoliti¹ · Marie Lindquist¹⁰ · Lara Magro³ · Gabriela Mazzanti⁸ · Nadia Mores¹¹ · Ugo Moretti³ · Paola Angela Moro⁶ · Budimka Novakovic¹² · Emanuel Raschi¹³  · Inese Sikсна¹⁴ · Maria Rosa Valetto⁹ · Annabella Vitalone⁸ · Gwenn Vo Van Regnault¹⁵

Accepted: 26 February 2023 / Published online: 6 April 2023
© The Author(s), under exclusive licence to Springer Nature Switzerland AG 2023

The aim of this manifesto is:

- to enhance the awareness on a safe use of food supplements;
- to promote the creation of a common European monitoring system;
- to inform citizens and health professionals about the potential risks associated with the consumption of these products;
- to stimulate the reporting of possible harm (adverse events).

Food supplements are widely used in Europe with the intention of maintaining or improving wellbeing. Their sales are rapidly increasing in all European countries [1]. A very recent survey explored how and why EU consumers are using food supplements. More than 13,200 adults in 14 EU countries were interviewed. Eighty-eight percent of

respondents said they had used supplements at some point in their lives, while 93 % of this group had done so in the previous 12 months [2].

In Europe, food supplements are under the General Food Regulation (Regulation (EC) No 178/2002). Of note, food supplements contain nutrients (e.g., minerals and vitamins) or other substances such as herbal extracts. They are not medicinal products, and their use is not intended to treat or prevent diseases by exerting a pharmacological effect, but to support specific physiological functions claiming a physiological effect. Within European law, there are no commonly accepted standards with regard to their composition. Except for vitamins and minerals, only some European countries have adopted a list of ingredients allowed or prohibited in food supplements. Such lists of components (plants, herbal extract enriched in active components, algae, for example) are needed, as well as an indication of safe upper limits. The European Food Safety Authority can only provide an

✉ Emanuel Raschi
emanuel.raschi@unibo.it

¹ National Center for Drug Research and Evaluation, National Institute of Health, Rome, Italy

² Italian Medicines Agency (AIFA), Rome, Italy

³ Department of Diagnostic and Public Health, Section of Pharmacology, University of Verona, Verona, Italy

⁴ NIJZ: National Institute of Public Health, Ljubljana, Slovenia

⁵ Netherlands Food and Consumer Product Safety Authority (NVWA), Office for Risk Assessment and Research, Utrecht, The Netherlands

⁶ Poison Control Center, ASST Grande Ospedale Metropolitano Niguarda, Milan, Italy

⁷ Brussels, Belgium

⁸ Department of Physiology and Pharmacology “V. Erspamer”, Sapienza University of Rome, Rome, Italy

⁹ Zadig Scientific Publisher, Milan, Italy

¹⁰ UMC, Uppsala, Sweden

¹¹ Department of Healthcare Surveillance and Bioethics, Section of Pharmacology “A. Gemelli” School of Medicine, Università Cattolica del Sacro Cuore, Rome, Italy

¹² Medical Faculty, Novi Sad, Serbia

¹³ Department of Medical and Surgical Sciences, Alma Mater Studiorum, University of Bologna, Via Irnerio 48, 40126 Bologna, Italy

¹⁴ Department of Risk Assessment and Epidemiology, Institute of Food Safety, Animal Health and Environment “BIOR”, Riga, Latvia

¹⁵ French Agency for Food, Environmental and Occupational Health and Safety, ANSES, Maisons-Alfort Cedex, France

opinion on the so-called tolerable upper intake levels for vitamins and minerals or health claims (i.e., health benefits substantiated by scientific evidence), without influence on relevant specific approval and/or authorisation at national or European level.

There are no common European standards defining the obligations of regulators and manufacturers regarding safety before and after products are made available to the public. Those concerns have been assessed by the European Economic and Social Committee [3], but there is yet no follow-up by the European Commission. Despite the lack of harmonisation, all food supplements are currently available across Europe owing to free cross-border movement and their promotion on the internet.

Food supplements often contain many ingredients and sometimes potentially pharmacologically active substances; for example, herbals, that can be associated with unpredictable and undesired effects. These adverse reactions may affect any consumer, although some special populations are at higher risks, e.g., children, elderly, people with chronic conditions, pregnant and lactating women. Some of these risks may be linked to accidental contamination, substitution of plants, intentional adulterations with drugs, improper use or even interaction with drugs or other food supplements [4]. However, as these are foods, no risk should be tolerated without investigation including thorough evaluation. Moreover, the benefit-risk balance does not apply for foods, unlike for drugs.

Voluntary systems for the reporting of adverse reactions thought to be caused by food supplements are the only available tools to draw attention to the risks associated with these products once they are on the market and used by large numbers of consumers. Some European countries already have dedicated surveillance systems for adverse reactions due to food supplements. In other countries they are being developed. Unfortunately, only a limited number of adverse reactions to food supplements are reported and recorded in these systems. As these products are perceived as “natural” and safe by consumers and health professionals, there is an underestimation of their potential risks. Health professionals and consumers are, therefore, strongly encouraged to feed these systems by reporting any adverse events. In this view, health professionals should always investigate the use of food supplements by their patients, and, on the other hand, consumers should be informed about the importance of this safety information every time they are purchasing these products, so that they can themselves play an active role in reporting.

From a research perspective, the regulatory status of food supplements, as well as the lack of a clear pathway to submit suspected adverse reactions in some European countries further challenge the ability to timely detect safety signals by regulators and researchers. Recent

research experience underlined the added value and the need for accessing multiple databases (including spontaneous reporting systems collecting adverse drug reactions) as a complementary approach to comprehensively address the safety of these products [5, 6].

There is an urgent need to implement dedicated, coordinated and centralised vigilance systems all across Europe in order to expand the network for sharing information and for rapid identification of safety issues. A common supranational Nutrivigilance system of notification, managed by European public institutions would harmonise data collection, promote better synergy with regulators and impact on clinical practice and patient’s safety. Even if the implementation of such a system may seem complex, the added value in terms of public health deserves the effort to be made. European food supplement regulations should, therefore, be modified according to properly conducted risk assessments, to ensure the safety of the formulations.

In a public health perspective, it is necessary to increase the awareness of health care professionals and consumers about the potential risks associated with food supplements. We advocate for effective, tailored and independent communication and educational programmes involving academia, scientific societies, regulatory bodies and consumers. This concerted effort will finally promote a safe(r) use of food supplements in Europe.

Acknowledgements We thank Ralph Edwards for his precious contribution in the discussion. We thank Bruce Hugman for his useful suggestions during the workshop and for his help in the revision of the text. We thank the International School of Pharmacology of the Ettore Majorana Foundation and Centre for Scientific Culture, Erice (Italy) and the International Association for Clinical Pharmacology and Therapy (AIFCT), Verona, Italy for their support to the workshop “Food supplements vigilance systems in a public health perspective: the European context”, held in Erice, Italy, 2–5 October 2022.

Declarations

Funding No funding was received.

Conflict of interest None.

Availability of data and material Not applicable.

Ethics approval Not applicable.

Consent to participate Not applicable.

Consent for publication Not applicable.

Code availability Not applicable.

Author contributions All authors contributed to the conception and design of the Manifesto. The first draft was written by Francesca Menniti Ippolito and Gwenn Vo Van Regnault, and all authors commented

on previous versions. All authors read and approved the final version of this Manifesto.

References

1. Europe Dietary Supplements Market Size, Trends Analysis [2020–2027]. <https://fortunebusinessinsights.com>. Accessed 14 Dec 2022.
2. Consumer survey on food supplements in EU. https://foodsupplementseurope.org/wp-content/uploads/2022/07/FSE-Consumer_Survey-Ipsos-2022.pdf. Accessed 14 Dec 2022.
3. How to implement harmonisation of market entry for food supplements in the EU. Adopted on 27/04/2021. <https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/how-implement-harmonisation-market-entry-food-supplements-eu>. Accessed 14 Dec 2022.
4. Van Regnault GV, et al. The need for European harmonization of Nutrivigilance in a public health perspective: a comprehensive review. *Crit Rev Food Sci Nutr*. 2022;62(29):8230–46.
5. Raschi E, Girardi A, Poluzzi E, Forcesi E, Menniti-Ippolito F, Mazzanti G, De Ponti F. Adverse events to food supplements containing red yeast rice: comparative analysis of FAERS and CAERS reporting systems. *Drug Saf*. 2018;41(8):745–52.
6. Gatti M, Ippoliti I, Poluzzi E, Antonazzo IC, Moro PA, Moretti U, Menniti-Ippolito F, Mazzanti G, De Ponti F, Raschi E. Assessment of adverse reactions to α -lipoic acid containing dietary supplements through spontaneous reporting systems. *Clin Nutr*. 2021;40(3):1176–85.