

Dietary Reference Intakes for Japanese (2020)

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Overview of the *Dietary Reference Intakes for Japanese (2020)*

1. Purpose of Development

Dietary Reference Intakes for Japanese propose reference values for the intake of energy and nutrients, in the Japanese population, comprising both healthy individuals and groups, for the promotion and maintenance of health, and to prevent the occurrence of lifestyle-related diseases (LRDs).

2. Period of Use

Dietary Reference Intakes for Japanese (2020) is applicable for five years, from the 2020 fiscal year to the 2024 fiscal year.

3. Development Policies

- *Dietary Reference Intakes for Japanese (2020)* were developed from the perspective of avoiding nutrition-related physical or metabolic deterioration, with a focus on health maintenance and promotion, prevention of the development and progression of LRDs, as well as malnutrition and frailty in the elderly (Figure 1).
- The target individuals and groups are those who are healthy, or those who are generally leading independent daily lives, even if they have risk factors related to LRDs or frailty.
- Dietary reference intakes (DRIs) were determined based on scientific findings, the currently available data. Japanese or international academic papers or available materials were systematically reviewed.

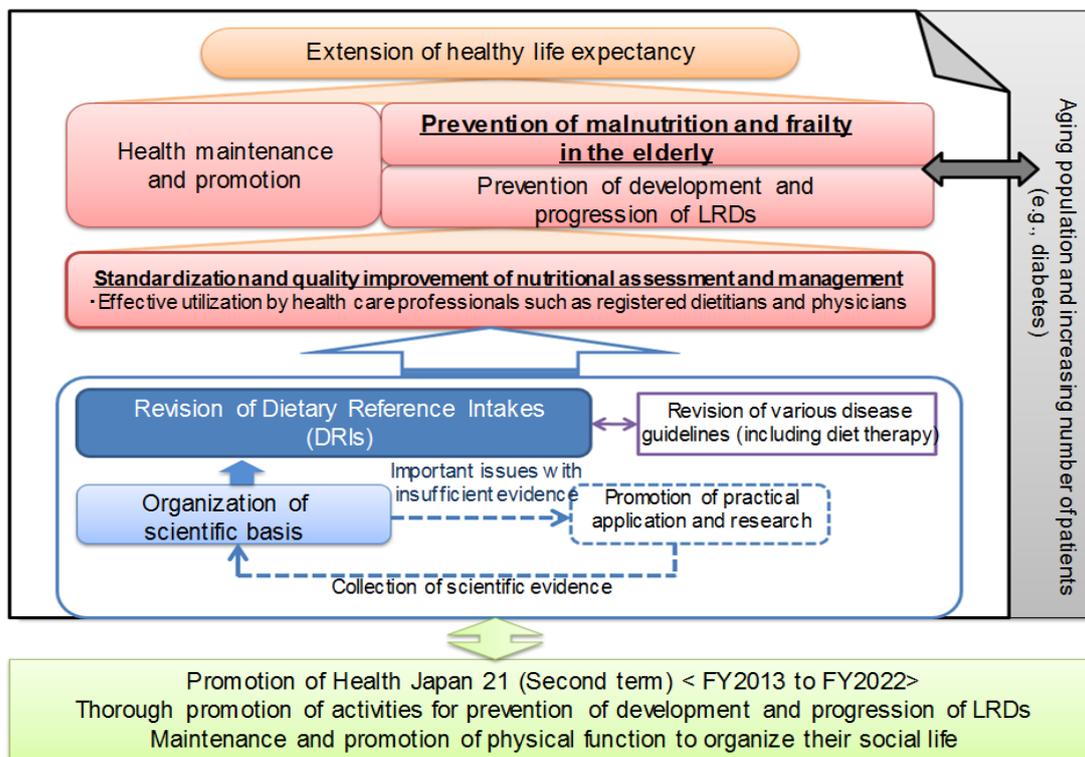


Figure 1. Basic concepts of DRIs for Japanese (2020) development

4. Basics of Development

1) Reference values

- **For Energy**

The body mass index (BMI) was adopted an index to indicate the state of maintenance of the balance between energy intake and consumption (energy balance).

$$\text{BMI} = \text{body weight (kg)} \div (\text{body height [m]})^2$$

- **For Nutrients**

For nutrients, the DRIs have five types of values designed for three purposes (Figure 2).

The estimated average requirement (EAR) was determined to avoid inadequacy. The EAR is the amount that would meet the nutrient requirements of 50% of the population. The recommended dietary allowance (RDA) was also determined to supplement the EAR. The RDA is the amount that would meet the requirements of most of the population.

Adequate intake (AI) was developed for cases in which the EAR and RDA could not be set due to insufficient scientific evidence. The AI indicates the amount that is adequate to maintain a certain nutritional status. Dietary intake of no less than the AI minimizes the risk of inadequacy.

To avoid adverse health effects due to excessive intake, the tolerable upper intake level (UL) was determined.

For the prevention of LRDs, a tentative dietary goal for preventing LRDs (DG) was developed. For nutrients for which reference intakes can be set based on the purpose of preventing the progression of LRDs and frailty, the values are shown separately from those based on the purpose of preventing the onset of LRDs (i.e., the DGs).

< Purpose >	< Type >
Avoidance of inadequacy	EAR, RDA * Alternative index where EAR and RDA cannot be determined: AI
Avoidance of adverse health effects due to excessive intake	UL
Prevention of life-style related diseases (LRDs)	DG

Figure 2. Purposes and types of nutrition indices

* In addition to DG, when sufficient scientific evidence is available, the values required for preventing frailty and the progression of LRDs were determined separately from the DRI indicators shown above.

Nutrients for which DRIs were determined for people older than one year are summarized in Table 1.

Table 1. Nutrients for Which DRIs were Determined (>One-Year-Old)¹

Nutrient		EAR	RDA	AI	UL	DG	
Protein ²		○ _b	○ _b	—	—	○ ³	
Dietary fats	Dietary fats	—	—	—	—	○ ³	
	Saturated fatty acid ⁴	—	—	—	—	○ ³	
	n-6 fatty acid	—	—	○	—	—	
	n-3 fatty acid	—	—	○	—	—	
	Cholesterol ⁵	—	—	—	—	—	
Carbohydrates	Carbohydrate	—	—	—	—	○ ³	
	Dietary fiber	—	—	—	—	○	
	Saccharides	—	—	—	—	—	
Energy-providing Nutrient Balance ²		—	—	—	—	○ ³	
Vitamins	Fat-soluble	Vitamin A	○ _a	○ _a	—	○	—
		Vitamin D ²	—	—	○	○	—
		Vitamin E	—	—	○	○	—
		Vitamin K	—	—	○	—	—
	Water-soluble	Vitamin B ₁	○ _c	○ _c	—	—	—
		Vitamin B ₂	○ _c	○ _c	—	—	—
		Niacin	○ _a	○ _a	—	○	—
		Vitamin B ₆	○ _b	○ _b	—	○	—
		Vitamin B ₁₂	○ _a	○ _a	—	—	—
		Folic acid	○ _a	○ _a	—	○ ⁷	—
		Pantothenic acid	—	—	○	—	—
		Biotin	—	—	○	—	—
		Vitamin C	○ _x	○ _x	—	—	—
Minerals	Macro	Sodium ⁶	○ _a	—	—	—	○
		Potassium	—	—	○	—	○
		Calcium	○ _b	○ _b	—	○	—
		Magnesium	○ _b	○ _b	—	○ ⁷	—
		Phosphorus	—	—	○	○	—
	Micro	Iron	○ _x	○ _x	—	○	—
		Zinc	○ _b	○ _b	—	○	—
		Copper	○ _b	○ _b	—	○	—
		Manganese	—	—	○	○	—
		Iodine	○ _a	○ _a	—	○	—
		Selenium	○ _a	○ _a	—	○	—
		Chromium	—	—	○	—	—
		Molybdenum	○ _b	○ _b	—	○	—

¹ Includes cases where values are determined only for some age groups.

² Information is stated on the prevention of frailty in the footnotes of the tables.

³ Shown as the percentage of energy (% energy) in the total energy intake.

⁴ Put the reference information about the intake of cholesterol and trans-fatty acid to prevent dyslipidaemia progression in the footnotes of the table.

⁵ Put the amount for prevention of dyslipidaemia progression in the footnotes of the table for saturated fatty acid.

⁶ Put the amount for preventing the progression of hypertension and chronic kidney disease (CKD) in the footnotes of the table.

⁷ Developed for intake from sources other than general food.

^a Nutrients with EAR based on the amount that would cause symptoms of insufficiency or deficiency in half of the population.

^b Nutrients with EAR based on the amount that maintains the concentration in the body at half of that in the population.

^c Nutrients with EAR based on the amount that saturates the concentration in the body in half of the population.

^x Nutrients with EAR set by other methods.

2) Review methods and adoption policies for the revisions of the DRIs

- In reviewing the scientific data on energy and nutrients, attention was paid to the items specified as pending issues in the previous version, *Dietary Reference Intakes for Japanese (2015)*. In addition, target characteristics (pregnant or lactating women, infants, children, and the elderly) were reviewed.
- Associations between energy or each nutrient and the prevention of development or progression of LRDs were reviewed by PICO to formulate research questions about hypertension, dyslipidemia, diabetes, and CKDs.
- The evidence level for DG is described.
- Policies of the reference value revisions are clearly described.

3) Age classification

Age classification is shown in Table 2.

Table 2. Age Classification

Age
0-5 months *
6-11 months *
1-2 years
3-5 years
6-7 years
8-9 years
10-11 years
12-14 years
15-17 years
18-29 years
30-49 years
50-64 years
65-74 years
75+ years

* For energy and protein, these age categories were classified into 0-5, 6-8, and 9-11 months old.

4) Reference body size (reference height and reference weight)

The body size (height and body weight) referenced in the development of the present DRIs was assumed to be the average Japanese body size, according to sex and age. This was referred to as the reference body size (reference height and body weight; Table 3).

Table 3. Reference body size (reference height (RH), reference weight (RW))¹

Sex	Males		Females ²	
Age	RH (cm)	RW (kg)	RH (cm)	RW (kg)
0-5 months	61.5	6.3	60.1	5.9
6-11 months	71.6	8.8	70.2	8.1
6-8 months	69.8	8.4	68.3	7.8
9-11 months	73.2	9.1	71.9	8.4
1-2 years	85.8	11.5	84.6	11.0
3-5 years	103.6	16.5	103.2	16.1
6-7 years	119.5	22.2	118.3	21.9
8-9 years	130.4	28.0	130.4	27.4
10-11 years	142.0	35.6	144.0	36.3
12-14 years	160.5	49.0	155.1	47.5
15-17 years	170.1	59.7	157.7	51.9
18-29 years	171.0	64.5	158.0	50.3
30-49 years	171.0	68.1	158.0	53.0
50-64 years	169.0	68.0	155.8	53.8
65-74 years	165.2	65.0	152.0	52.1
75+ years	160.8	59.6	148.0	48.8

¹ Values from 0 to 17 years are median values for the median age of the given age group, calculated from the reference values of height and weight used by the joint committee on the growth reference value of The Japanese Society for Pediatric Endocrinology and the Japanese Association for Human Auxology for physical assessment of children. For the age groups that did not match the age range in the published data, values were calculated using the same method. Values for ages 18 years and over were set from the median values of height and weight for the median age of the given age group in the 2016 National Health and Nutrition Survey.

² Excludes pregnant and lactating women.

5. Application of the DRIs

The application of DRIs to dietary modification in healthy individuals and groups for the purpose of health maintenance and promotion and prevention of development and progression of LRDs is based on the concept of the PDCA cycle (Figure 3). Details of each process in the PDCA cycle are described in the following diagrams. In particular, evaluations should be conducted based on a dietary intake assessment, and other points to consider are described in detail.

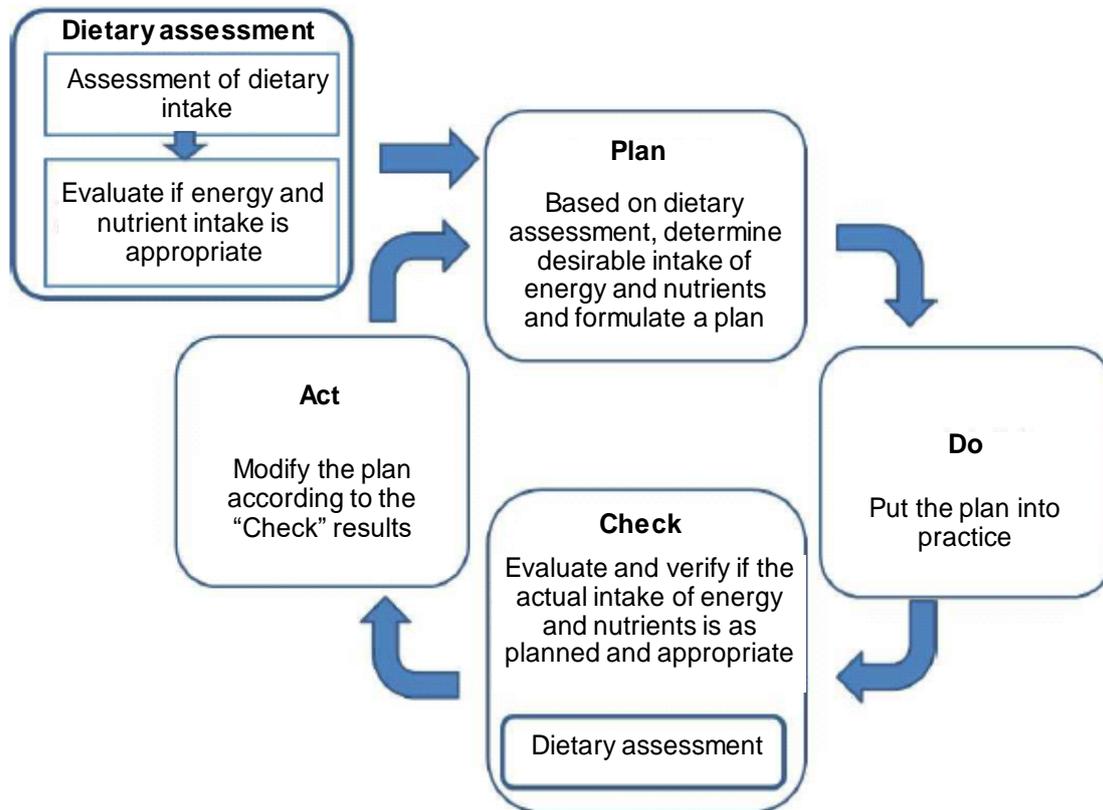


Figure 3. Application of DRIs and the PDCA cycle

6. Target Characteristics and Association between LRDs and Energy or Nutrient intake

- For pregnant or lactating women, the EAR and RDA are specified as additional values where possible. For nutrients where only AI can be determined, the intake considered sufficient for maintaining a certain level of nutritional status was determined instead of additional values.
- For elderly people, regarding the importance of undernutrition, nutritional deficiency, and overnutrition, scientific data on associations between energy or nutrients and frailty or sarcopenia (muscle weakening due to aging) were reviewed, and the latest findings are summarized.
- The associations between nutritional intake and hypertension, dyslipidemia, diabetes, or CKD, especially important matters found through scientific reviews were summarized in diagrams and they are shown along with explanations.

7. DRIs Developed

Energy

- BMI was adopted as the reference to maintain a balance between energy intake and consumption (energy balance). The target BMI was defined according to a comprehensive investigation of BMI ranges with the lowest all-cause mortality reported in epidemiological observational studies and the actual BMI ranges of Japanese people (Table 4).
- Although energy requirements are important in theory, it is difficult to indicate a single value according to sex, age groups, or physical activity levels (PALs) because there is non-negligible individual difference in the energy requirements. Therefore, the estimated energy requirements are shown in the appendix table with basic matters, methods of measures, and estimation described.

Table 4. Target BMI range (18 years and older)^{1,2}

Age (years)	Target BMI (kg/m ²)
18-49	18.5-24.9
50-64	20.0-24.9
65-74 ³	21.5-24.9
75+ ³	21.5-24.9

¹ For both males and females. These values shall be used merely as a reference.

² The target range is defined by carefully considering the association between the incidence rate of each disease and BMI, the association between causes of death and BMI, and the actual BMI of Japanese people, based on BMI with the lowest all-cause mortality reported in epidemiological observational studies.

³ For elderly persons, the tentative target BMI range is determined to be 21.5–24.9, considering the necessity to take into account both the prevention of frailty and development of LRDs.

Table appendix Estimated Energy Requirement (kcal/day)

Sex PAL ¹	Males			Females		
	I	II	III	I	II	III
0-5 months	-	550	-	-	500	-
6-8 months	-	650	-	-	600	-
9-11 months	-	700	-	-	650	-
1-2 years	-	950	-	-	900	-
3-5 years	-	1,300	-	-	1,250	-
6-7 years	1,350	1,550	1,750	1,250	1,450	1,650
8-9 years	1,600	1,850	2,100	1,500	1,700	1,900
10-11 years	1,950	2,250	2,500	1,850	2,100	2,350
12-14 years	2,300	2,600	2,900	2,150	2,400	2,700
15-17 years	2,500	2,800	3,150	2,050	2,300	2,550
18-29 years	2,300	2,650	3,050	1,700	2,000	2,300
30-49 years	2,300	2,700	3,050	1,750	2,050	2,350
50-64 years	2,200	2,600	2,950	1,650	1,950	2,250
65-74 years	2,050	2,400	2,750	1,550	1,850	2,100
75+ years ²	1,800	2,100	—	1,400	1,650	—
Pregnant women (additional) ³	/					
Early-stage				+50	+50	+50
Mid-stage				+250	+250	+250
Late-stage				+450	+450	+450
Lactating women (additional)				+350	+350	+350

¹ PALs of I, II, and III indicate low, medium, and high activity levels, respectively.

² PAL II indicates the physical activity level of people who can support themselves, and PAL I indicates the physical activity level of people who do not usually go outside. PAL I is the physical activity level that can be adapted to people who can support themselves in nursing home.

³ It is important to assess the physique of individual pregnant women, weight increases during pregnancy, and fetal growth.

Note 1: On applying the present table, ensure the assessment of dietary intake, measurement of body weight, and BMI calculation is conducted. Excess energy or inadequate energy should be evaluated according to changes in body weight or BMI.

Note 2: If a subject falls under the category of PAL I, the energy intake may have to be maintained at a low level to match the low energy consumption level. Such subjects need to increase the level of physical activities from the perspective of health maintenance and promotion.

Protein

DRIs for Protein (EAR, RDA, AI: g/day, DG: % energy)

Sex	Males				Females			
Age	EAR	RDA	AI	DG ¹	EAR	RDA	AI	DG ¹
0-5 months	—	—	10	—	—	—	10	—
6-8 months	—	—	15	—	—	—	15	—
9-11 months	—	—	25	—	—	—	25	—
1-2 years	15	20	—	13-20	15	20	—	13-20
3-5 years	20	25	—	13-20	20	25	—	13-20
6-7 years	25	30	—	13-20	25	30	—	13-20
8-9 years	30	40	—	13-20	30	40	—	13-20
10-11 years	40	45	—	13-20	40	50	—	13-20
12-14 years	50	60	—	13-20	45	55	—	13-20
15-17 years	50	65	—	13-20	45	55	—	13-20
18-29 years	50	65	—	13-20	40	50	—	13-20
30-49 years	50	65	—	13-20	40	50	—	13-20
50-64 years	50	65	—	14-20	40	50	—	14-20
65-74 years ²	50	60	—	15-20	40	50	—	15-20
75+ years ²	50	60	—	15-20	40	50	—	15-20
Pregnant women (additional) Early-stage	/				+0	+0	—	— ³
Mid-stage					+5	+5	—	— ³
Late-stage					+20	+25	—	— ⁴
Lactating women (additional)					+15	+20	—	— ⁴

¹ The ranges are expressed as approximate values, and they shall be applied flexibly.

² For the elderly (≥ 65 years old), it is difficult to indicate the absolute value to prevent frailty. However, it is possible that the lower limit of DG falls below RDA because the energy requirement is low due to their smaller body size compared to the reference, or their low physical activity, especially for those older than 75 years. In such case, it is preferable to aim above RDA level for the lower limit of DG.

³ DG for pregnant women (early- or mid-stage) is 13–20% energy.

⁴ DG for pregnant (late-stage) or lactating women is 15–20% energy.

Dietary fats

DRIs for Dietary fats (% energy)

Sex	Males		Females	
Age	AI	DG ¹	AI	DG ¹
0-5 months	50	—	50	—
6-11 months	40	—	40	—
1-2 years	—	20-30	—	20-30
3-5 years	—	20-30	—	20-30
6-7 years	—	20-30	—	20-30
8-9 years	—	20-30	—	20-30
10-11 years	—	20-30	—	20-30
12-14 years	—	20-30	—	20-30
15-17 years	—	20-30	—	20-30
18-29 years	—	20-30	—	20-30
30-49 years	—	20-30	—	20-30
50-64 years	—	20-30	—	20-30
65-74 years	—	20-30	—	20-30
75+ years	—	20-30	—	20-30
Pregnant women			—	20-30
Lactating women			—	20-30

¹ Ranges are expressed as approximate values.

DRIs for Saturated Fatty Acid (% energy)^{1,2}

Sex	Males	Females
Age	DG	DG
0-5 months	—	—
6-11 months	—	—
1-2 years	—	—
3-5 years	≤ 10	≤ 10
6-7 years	≤ 10	≤ 10
8-9 years	≤ 10	≤ 10
10-11 years	≤ 10	≤ 10
12-14 years	≤ 10	≤ 10
15-17 years	≤ 8	≤ 8
18-29 years	≤ 7	≤ 7
30-49 years	≤ 7	≤ 7
50-64 years	≤ 7	≤ 7
65-74 years	≤ 7	≤ 7
75+ years	≤ 7	≤ 7
Pregnant women	/	≤ 7
Lactating women		≤ 7

¹ Cholesterol, as well as saturated fatty acids, is related to dyslipidaemia and cardiovascular disease. DG of cholesterol is not developed, but this does not mean that there is no limit in allowable intake. In terms of prevention of the dyslipidemia progression, intake of cholesterol is recommended to be less than 200 mg/day.

² In addition to saturated fatty acids, trans-fatty acids are related to coronary heart disease. In most Japanese individuals, the intake is lower than the recommendation (less than 1% of energy) by the World Health Organization. The impact of trans-fatty acids intake on health is estimated as lower than that of saturated fatty acids. However, people who prefer diets high in fat need to be careful about trans-fatty acids intake. It is desired that the intake of trans-fatty acid is less than 1% of energy because trans-fatty acids are not essential nutrients, and it is not recommended to take more for the maintenance and promotion of health.

DRIs for n-6 Fatty Acid (g/day)

Sex	Males	Females
Age	AI	AI
0-5 months	4	4
6-11 months	4	4
1-2 years	4	4
3-5 years	6	6
6-7 years	8	7
8-9 years	8	7
10-11 years	10	8
12-14 years	11	9
15-17 years	13	9
18-29 years	11	8
30-49 years	10	8
50-64 years	10	8
65-74 years	9	8
75+ years	8	7
Pregnant women		9
Lactating women		10

DRIs for n-3 Fatty Acid (g/day)

Sex	Males	Females
Age	AI	AI
0-5 months	0.9	0.9
6-11 months	0.8	0.8
1-2 years	0.7	0.8
3-5 years	1.1	1.0
6-7 years	1.5	1.3
8-9 years	1.5	1.3
10-11 years	1.6	1.6
12-14 years	1.9	1.6
15-17 years	2.1	1.6
18-29 years	2.0	1.6
30-49 years	2.0	1.6
50-64 years	2.2	1.9
65-74 years	2.2	2.0
75+ years	2.1	1.8
Pregnant women		1.6
Lactating women		1.8

Carbohydrates

DRIs for Carbohydrates (% energy)

Sex	Males	Females
Age	DG ^{1,2}	DG ^{1,2}
0-5 months	—	—
6-11 months	—	—
1-2 years	50-65	50-65
3-5 years	50-65	50-65
6-7 years	50-65	50-65
8-9 years	50-65	50-65
10-11 years	50-65	50-65
12-14 years	50-65	50-65
15-17 years	50-65	50-65
18-29 years	50-65	50-65
30-49 years	50-65	50-65
50-64 years	50-65	50-65
65-74 years	50-65	50-65
75+ years	50-65	50-65
Pregnant women		50-65
Lactating women		50-65

¹ Ranges are expressed as approximate values.

² Includes alcohol. However, this does not imply that alcohol consumption is recommended.

DRIs for Dietary Fiber (g/day)

Sex	Males	Females
Age	DG	DG
0-5 months	—	—
6-11 months	—	—
1-2 years	—	—
3-5 years	≥ 8	≥ 8
6-7 years	≥ 10	≥ 10
8-9 years	≥ 11	≥ 11
10-11 years	≥ 13	≥ 13
12-14 years	≥ 17	≥ 17
15-17 years	≥ 19	≥ 18
18-29 years	≥ 21	≥ 18
30-49 years	≥ 21	≥ 18
50-64 years	≥ 21	≥ 18
65-74 years	≥ 20	≥ 17
75+ years	≥ 20	≥ 17
Pregnant women	/	≥ 18
Lactating women		≥ 18

Energy-providing nutrient balance

Energy-providing Nutrient Balance (% energy)

Sex	Males				Females			
Age	DG ^{1,2}				DG ^{1,2}			
	Proteins ₃	Fats ⁴	Saturated fatty acid	Carbohydrates _{5,6}	Proteins ₃	Fats ⁴	Saturated fatty acid	Carbohydrates _{5,6}
0-11 months	—	—	—	—	—	—	—	—
1-2 years	13-20	20-30	—	50-65	13-20	20-30	—	50-65
3-5 years	13-20	20-30	≤ 10	50-65	13-20	20-30	≤ 10	50-65
6-7 years	13-20	20-30	≤ 10	50-65	13-20	20-30	≤ 10	50-65
8-9 years	13-20	20-30	≤ 10	50-65	13-20	20-30	≤ 10	50-65
10-11 years	13-20	20-30	≤ 10	50-65	13-20	20-30	≤ 10	50-65
12-14 years	13-20	20-30	≤ 10	50-65	13-20	20-30	≤ 10	50-65
15-17 years	13-20	20-30	≤ 8	50-65	13-20	20-30	≤ 8	50-65
18-29 years	13-20	20-30	≤ 7	50-65	13-20	20-30	≤ 7	50-65
30-49 years	13-20	20-30	≤ 7	50-65	13-20	20-30	≤ 7	50-65
50-64 years	14-20	20-30	≤ 7	50-65	14-20	20-30	≤ 7	50-65
65-74 years	15-20	20-30	≤ 7	50-65	15-20	20-30	≤ 7	50-65
75+ years	15-20	20-30	≤ 7	50-65	15-20	20-30	≤ 7	50-65
Pregnant women	/				13-20	20-30	≤ 7	50-65
Early-stage								
Mid-stage								
Late-stage								
Lactating women	/				15-20	20-30	≤ 7	50-65

- ¹ Develop the energy-providing nutrient balance after the support of the estimated energy requirement.
- ² Ranges are expressed as approximate values, and they shall be applied flexibly.
- ³ For the elderly (≥ 65years old), it is difficult to indicate the absolute value to prevent frailty. However, it is possible that the lower limit of DG falls below RDA because the energy requirement is low due to their smaller body size compared to the reference, or their low physical activity, especially for those older than 75 years. In such case, it is preferable to aim above RDA level for the lower limit of DG.
- ⁴ Fats require careful consideration of their qualities, such as their component fatty acids (e.g., saturated fatty acids).
- ⁵ Includes alcohol. However, it does not imply a recommendation of alcohol consumption.
- ⁶ Pay extra attention to DGs for dietary fibers.

Fat-soluble vitamins

DRIs for Vitamin A (µgRAE/day) ¹

Sex	Males				Females			
Age	EAR ²	RDA ²	AI ³	UL ³	EAR ²	RDA ²	AI ³	UL ³
0-5 months	—	—	300	600	—	—	300	600
6-11 months	—	—	400	600	—	—	400	600
1-2 years	300	400	—	600	250	350	—	600
3-5 years	350	450	—	700	350	500	—	850
6-7 years	300	400	—	950	300	400	—	1,200
8-9 years	350	500	—	1,200	350	500	—	1,500
10-11 years	450	600	—	1,500	400	600	—	1,900
12-14 years	550	800	—	2,100	500	700	—	2,500
15-17 years	650	900	—	2,500	500	650	—	2,800
18-29 years	600	850	—	2,700	450	650	—	2,700
30-49 years	650	900	—	2,700	500	700	—	2,700
50-64 years	650	900	—	2,700	500	700	—	2,700
65-74 years	600	850	—	2,700	500	700	—	2,700
75+ years	550	800	—	2,700	450	650	—	2,700
Pregnant women (additional)	/							
Early-stage					+0	+0	—	—
Mid-stage					+0	+0	—	—
Late-stage					+60	+80	—	—
Lactating women (additional)	/				+300	+450	—	—

¹ Retinol activity equivalent (µgRAE)
= retinol (µg) + β-carotene (µg) × 1/12 + α-carotene (µg) × 1/24 + β-cryptoxanthin (µg) × 1/24 + other provitamin A carotenoids (µg) × 1/24

² Includes provitamin A carotenoids.

³ Excludes provitamin A carotenoids.

DRIs for Vitamin D ($\mu\text{g}/\text{day}$)¹

Sex	Males		Females	
Age	AI	UL	AI	UL
0-5 months	5.0	25	5.0	25
6-11 months	5.0	25	5.0	25
1-2 years	3.0	20	3.5	20
3-5 years	3.5	30	4.0	30
6-7 years	4.5	30	5.0	30
8-9 years	5.0	40	6.0	40
10-11 years	6.5	60	8.0	60
12-14 years	8.0	80	9.5	80
15-17 years	9.0	90	8.5	90
18-29 years	8.5	100	8.5	100
30-49 years	8.5	100	8.5	100
50-64 years	8.5	100	8.5	100
65-74 years	8.5	100	8.5	100
75+ years	8.5	100	8.5	100
Pregnant women			8.5	—
Lactating women			8.5	—

¹ Vitamin D can be synthesized in the skin by ultraviolet irradiation. Therefore, it is desirable for all age groups (not only people who need to consider frailty prevention) to moderately sunbathe if possible. When assessing vitamin D intake, it is important to consider the solar exposure time.

DRIs for Vitamin E (mg/day) ¹

Sex	Males		Females	
Age	AI	UL	AI	UL
0-5 months	3.0	—	3.0	—
6-11 months	4.0	—	4.0	—
1-2 years	3.0	150	3.0	150
3-5 years	4.0	200	4.0	200
6-7 years	5.0	300	5.0	300
8-9 years	5.0	350	5.0	350
10-11 years	5.5	450	5.5	450
12-14 years	6.5	650	6.0	600
15-17 years	7.0	750	5.5	650
18-29 years	6.0	850	5.0	650
30-49 years	6.0	900	5.5	700
50-64 years	7.0	850	6.0	700
65-74 years	7.0	850	6.5	650
75+ years	6.5	750	6.5	650
Pregnant women			6.5	—
Lactating women			7.0	—

¹ Calculated for α -tocopherol. These do not include vitamin E other than α -tocopherol.

DRIs for Vitamin K ($\mu\text{g}/\text{day}$)

Sex	Males	Females
Age	AI	AI
0-5 months	4	4
6-11 months	7	7
1-2 years	50	60
3-5 years	60	70
6-7 years	80	90
8-9 years	90	110
10-11 years	110	140
12-14 years	140	170
15-17 years	160	150
18-29 years	150	150
30-49 years	150	150
50-64 years	150	150
65-74 years	150	150
75+ years	150	150
Pregnant women		150
Lactating women		150

Water-soluble vitamins

DRIs for Vitamin B₁ (mg/day) ^{1,2}

Sex	Males			Females		
Age	EAR	RDA	AI	EAR	RDA	AI
0-5 months	—	—	0.1	—	—	0.1
6-11 months	—	—	0.2	—	—	0.2
1-2 years	0.4	0.5	—	0.4	0.5	—
3-5 years	0.6	0.7	—	0.6	0.7	—
6-7 years	0.7	0.8	—	0.7	0.8	—
8-9 years	0.8	1.0	—	0.8	0.9	—
10-11 years	1.0	1.2	—	0.9	1.1	—
12-14 years	1.2	1.4	—	1.1	1.3	—
15-17 years	1.3	1.5	—	1.0	1.2	—
18-29 years	1.2	1.4	—	0.9	1.1	—
30-49 years	1.2	1.4	—	0.9	1.1	—
50-64 years	1.1	1.3	—	0.9	1.1	—
65-74 years	1.1	1.3	—	0.9	1.1	—
75+ years	1.0	1.2	—	0.8	0.9	—
Pregnant women (additional)				+0.2	+0.2	—
Lactating women (additional)				+0.2	+0.2	—

¹ Calculated using quantity as thiamine chloride hydrochloride (molecular weight = 337.3).

² Calculated using estimated energy requirement for PAL II.

Note: EARs are calculated from the intake where the urinary excretion of vitamin B₁ starts to increase (i.e. internal saturation intake), not from the minimum intake required to prevent beriberi (one of the major vitamin B₁ deficiency diseases).

DRIs for Vitamin B₂ (mg/day) ¹

Sex	Males			Females		
Age	EAR	RDA	AI	EAR	RDA	AI
0-5 months	—	—	0.3	—	—	0.3
6-11 months	—	—	0.4	—	—	0.4
1-2 years	0.5	0.6	—	0.5	0.5	—
3-5 years	0.7	0.8	—	0.6	0.8	—
6-7 years	0.8	0.9	—	0.7	0.9	—
8-9 years	0.9	1.1	—	0.9	1.0	—
10-11 years	1.1	1.4	—	1.0	1.3	—
12-14 years	1.3	1.6	—	1.2	1.4	—
15-17 years	1.4	1.7	—	1.2	1.4	—
18-29 years	1.3	1.6	—	1.0	1.2	—
30-49 years	1.3	1.6	—	1.0	1.2	—
50-64 years	1.2	1.5	—	1.0	1.2	—
65-74 years	1.2	1.5	—	1.0	1.2	—
75+ years	1.1	1.3	—	0.9	1.0	—
Pregnant women (additional)				+0.2	+0.3	—
Lactating women (additional)				+0.5	+0.6	—

¹ Calculated using estimated energy requirement for PAL II.

Notice: EARs are calculated from the intake where urinary excretion of vitamin B₂ starts to increase (i.e. internal saturation intake), not from the minimum intake required to prevent dermatitis such as cheilitis, perleche, and glossitis (some of the major vitamin B₂ deficiency diseases).

DRIs for Niacin (mg NE/day) ^{1,2}

Sex	Males				Females			
Age	EAR	RDA	AI	UL ³	EAR	RDA	AI	UL ³
0-5 months ⁴	—	—	2	—	—	—	2	—
6-11 months	—	—	3	—	—	—	3	—
1-2 years	5	6	—	60(15)	4	5	—	60(15)
3-5 years	6	8	—	80(20)	6	7	—	80(20)
6-7 years	7	9	—	100(30)	7	8	—	100(30)
8-9 years	9	11	—	150(35)	8	10	—	150(35)
10-11 years	11	13	—	200(45)	10	10	—	150(45)
12-14 years	12	15	—	250(60)	12	14	—	250(60)
15-17 years	14	17	—	300(75)	11	13	—	250(65)
18-29 years	13	15	—	300(80)	9	11	—	250(65)
30-49 years	13	15	—	350(85)	10	12	—	250(65)
50-64 years	12	14	—	350(80)	9	11	—	250(65)
65-74 years	12	14	—	300(80)	9	11	—	250(65)
75+ years	11	13	—	300(75)	9	10	—	250(60)
Pregnant women (additional)	/				+0	+0	—	—
Lactating women (additional)					+3	+3	—	—

¹ NE = niacin equivalent = niacin + 1/60 tryptophan.

² Calculated using estimated energy requirement for PAL II.

³ Quantity as nicotinamide (mg). Values in parentheses are quantities as nicotinic acid (mg).

⁴ The unit is mg/day.

DRIs for Vitamin B₆ (mg/day) ¹

Sex	Males				Females			
Age	EAR	RDA	AI	UL ²	EAR	RDA	AI	UL ²
0-5 months	—	—	0.2	—	—	—	0.2	—
6-11 months	—	—	0.3	—	—	—	0.3	—
1-2 years	0.4	0.5	—	10	0.4	0.5	—	10
3-5 years	0.5	0.6	—	15	0.5	0.6	—	15
6-7 years	0.7	0.8	—	20	0.6	0.7	—	20
8-9 years	0.8	0.9	—	25	0.8	0.9	—	25
10-11 years	1.0	1.1	—	30	1.0	1.1	—	30
12-14 years	1.2	1.4	—	40	1.0	1.3	—	40
15-17 years	1.2	1.5	—	50	1.0	1.3	—	45
18-29 years	1.1	1.4	—	55	1.0	1.1	—	45
30-49 years	1.1	1.4	—	60	1.0	1.1	—	45
50-64 years	1.1	1.4	—	55	1.0	1.1	—	45
65-74 years	1.1	1.4	—	50	1.0	1.1	—	40
75+ years	1.1	1.4	—	50	1.0	1.1	—	40
Pregnant women (additional)					+0.2	+0.2	—	—
Lactating women (additional)					+0.3	+0.3	—	—

¹ Calculated using RDAs in DRIs for proteins (excludes additional values for pregnant or lactating women).

² Calculated using quantity as pyridoxine (molecular weight = 169.2).

DRIs for Vitamin B₁₂ (µg/day)¹

Sex	Males			Females		
Age	EAR	RDA	AI	EAR	RDA	AI
0-5 months	—	—	0.4	—	—	0.4
6-11 months	—	—	0.5	—	—	0.5
1-2 years	0.8	0.9	—	0.8	0.9	—
3-5 years	0.9	1.1	—	0.9	1.1	—
6-7 years	1.1	1.3	—	1.1	1.3	—
8-9 years	1.3	1.6	—	1.3	1.6	—
10-11 years	1.6	1.9	—	1.6	1.9	—
12-14 years	2.0	2.4	—	2.0	2.4	—
15-17 years	2.0	2.4	—	2.0	2.4	—
18-29 years	2.0	2.4	—	2.0	2.4	—
30-49 years	2.0	2.4	—	2.0	2.4	—
50-64 years	2.0	2.4	—	2.0	2.4	—
65-74 years	2.0	2.4	—	2.0	2.4	—
75+ years	2.0	2.4	—	2.0	2.4	—
Pregnant women (additional)				+0.3	+0.4	—
Lactating women (additional)				+0.7	+0.8	—

¹ Calculated using quantity as cyanocobalamin (molecular weight = 1,355.37).

DRIs for Folic Acid ($\mu\text{g}/\text{day}$) ¹

Sex	Males				Females			
Age	EAR	RDA	AI	UL ²	EAR	RDA	AI	UL ²
0-5 months	—	—	40	—	—	—	40	—
6-11 months	—	—	60	—	—	—	60	—
1-2 years	80	90	—	200	90	90	—	200
3-5 years	90	110	—	300	90	110	—	300
6-7 years	110	140	—	400	110	140	—	400
8-9 years	130	160	—	500	130	160	—	500
10-11 years	160	190	—	700	160	190	—	700
12-14 years	200	240	—	900	200	240	—	900
15-17 years	220	240	—	900	200	240	—	900
18-29 years	200	240	—	900	200	240	—	900
30-49 years	200	240	—	1,000	200	240	—	1,000
50-64 years	200	240	—	1,000	200	240	—	1,000
65-74 years	200	240	—	900	200	240	—	900
75+ years	200	240	—	900	200	240	—	900
Pregnant women (additional) ^{3,4}					+200	+240	—	—
Lactating women (additional)					+80	+100	—	—

¹ Calculated using quantity as pteroylmonoglutamic acid (molecular weight = 441.40).

² Quantity as pteroylmonoglutamic acid contained in dietary supplement and vitamin-enriched food.

³ To reduce the risk of neural tube closure for the foetus, an intake of 400 $\mu\text{g}/\text{day}$ of pteroylmonoglutamic acid is recommended for women who are planning to become pregnant, pregnancy, or pregnancy (early stage).

⁴ Indicates additional intake for pregnant women (mid- or late-stage).

DRIs for Pantothenic Acid (mg/day)

Sex	Males	Females
Age	AI	AI
0-5 months	4	4
6-11 months	5	5
1-2 years	3	4
3-5 years	4	4
6-7 years	5	5
8-9 years	6	5
10-11 years	6	6
12-14 years	7	6
15-17 years	7	6
18-29 years	5	5
30-49 years	5	5
50-64 years	6	5
65-74 years	6	5
75+ years	6	5
Pregnant women		5
Lactating women		6

DRIs for Biotin ($\mu\text{g}/\text{day}$)

Sex	Males	Females
Age	AI	AI
0-5 months	4	4
6-11 months	5	5
1-2 years	20	20
3-5 years	20	20
6-7 years	30	30
8-9 years	30	30
10-11 years	40	40
12-14 years	50	50
15-17 years	50	50
18-29 years	50	50
30-49 years	50	50
50-64 years	50	50
65-74 years	50	50
75+ years	50	50
Pregnant women		50
Lactating women		50

DRI for Vitamin C (mg/day)¹

Sex	Males			Females		
Age	EAR	RDA	AI	EAR	RDA	AI
0-5 months	—	—	40	—	—	40
6-11 months	—	—	40	—	—	40
1-2 years	35	40	—	35	40	—
3-5 years	40	50	—	40	50	—
6-7 years	50	60	—	50	60	—
8-9 years	60	70	—	60	70	—
10-11 years	70	85	—	70	85	—
12-14 years	85	100	—	85	100	—
15-17 years	85	100	—	85	100	—
18-29 years	85	100	—	85	100	—
30-49 years	85	100	—	85	100	—
50-64 years	85	100	—	85	100	—
65-74 years	80	100	—	80	100	—
75+ years	80	100	—	80	100	—
Pregnant women (additional)				+10	+10	—
Lactating women (additional)				+40	+45	—

¹ Calculated using quantity as L-ascorbic acid (molecular weight =176.12).

Note: EARs are calculated from cardiovascular disease prevention effects and antioxidative effects, not from sufficient intake to avoid scurvy.

Macrominerals

DRI for Sodium (mg/day: The values in parentheses are the salt equivalent [g/day])¹

Sex	Males			Females		
Age	EAR	AI	DG	EAR	AI	DG
0-5 months	—	100(0.3)	—	—	100(0.3)	—
6-11 months	—	600(1.5)	—	—	600(1.5)	—
1-2 years	—	—	(<3.0)	—	—	(<3.0)
3-5 years	—	—	(<3.5)	—	—	(<3.5)
6-7 years	—	—	(<4.5)	—	—	(<4.5)
8-9 years	—	—	(<5.0)	—	—	(<5.0)
10-11 years	—	—	(<6.0)	—	—	(<6.0)
12-14 years	—	—	(<7.0)	—	—	(<6.5)
15-17 years	—	—	(<7.5)	—	—	(<6.5)
18-29 years	600 (1.5)	—	(<7.5)	600 (1.5)	—	(<6.5)
30-49 years	600 (1.5)	—	(<7.5)	600 (1.5)	—	(<6.5)
50-64 years	600 (1.5)	—	(<7.5)	600 (1.5)	—	(<6.5)
65-74 years	600 (1.5)	—	(<7.5)	600 (1.5)	—	(<6.5)
75+ years	600 (1.5)	—	(<7.5)	600 (1.5)	—	(<6.5)
Pregnant women				600 (1.5)	—	(<6.5)
Lactating women				600 (1.5)	—	(<6.5)

¹ Quantity as salt equivalent to prevent the progress of hypertension or CKD is 6.0 g/day for both males and females.

DRIs for Potassium (mg/day)

Sex	Males		Females	
Age	AI	DG	AI	DG
0-5 months	400	—	400	—
6-11 months	700	—	700	—
1-2 years	900	—	900	—
3-5 years	1,000	≥1,400	1,000	≥1,400
6-7 years	1,300	≥1,800	1,200	≥1,800
8-9 years	1,500	≥2,000	1,500	≥2,000
10-11 years	1,800	≥2,200	1,800	≥2,000
12-14 years	2,300	≥2,400	1,900	≥2,400
15-17 years	2,700	≥3,000	2,000	≥2,600
18-29 years	2,500	≥3,000	2,000	≥2,600
30-49 years	2,500	≥3,000	2,000	≥2,600
50-64 years	2,500	≥3,000	2,000	≥2,600
65-74 years	2,500	≥3,000	2,000	≥2,600
75+ years	2,500	≥3,000	2,000	≥2,600
Pregnant women			2,000	≥2,600
Lactating women			2,200	≥2,600

DRIs for Calcium (mg/day)

Sex	Males				Females			
Age	EAR	RDA	AI	UL	EAR	RDA	AI	UL
0-5 months	—	—	200	—	—	—	200	—
6-11 months	—	—	250	—	—	—	250	—
1-2 years	350	450	—	—	350	400	—	—
3-5 years	500	600	—	—	450	550	—	—
6-7 years	500	600	—	—	450	550	—	—
8-9 years	550	650	—	—	600	750	—	—
10-11 years	600	700	—	—	600	750	—	—
12-14 years	850	1,000	—	—	700	800	—	—
15-17 years	650	800	—	—	550	650	—	—
18-29 years	650	800	—	2,500	550	650	—	2,500
30-49 years	600	750	—	2,500	550	650	—	2,500
50-64 years	600	750	—	2,500	550	650	—	2,500
65-74 years	600	750	—	2,500	550	650	—	2,500
75+ years	600	700	—	2,500	500	600	—	2,500
Pregnant women					+0	+0	—	—
Lactating women					+0	+0	—	—

DRIs for Magnesium (mg/day)

Sex	Males				Females			
Age	EAR	RDA	AI	UL ¹	EAR	RDA	AI	UL ¹
0-5 months	—	—	20	—	—	—	20	—
6-11 months	—	—	60	—	—	—	60	—
1-2 years	60	70	—	—	60	70	—	—
3-5 years	80	100	—	—	80	100	—	—
6-7 years	110	130	—	—	110	130	—	—
8-9 years	140	170	—	—	140	160	—	—
10-11 years	180	210	—	—	180	220	—	—
12-14 years	250	290	—	—	240	290	—	—
15-17 years	300	360	—	—	260	310	—	—
18-29 years	280	340	—	—	230	270	—	—
30-49 years	310	370	—	—	240	290	—	—
50-64 years	310	370	—	—	240	290	—	—
65-74 years	290	350	—	—	230	280	—	—
75+ years	270	320	—	—	220	260	—	—
Pregnant women (additional)					+30	+40	—	—
Lactating women (additional)					+0	+0	—	—

¹ No UL is developed for dietary intake from normal food. For dietary intake from sources other than normal food, ULs are 350 mg/day and 5 mg/kg body weight/day for adults and children, respectively.

DRIs for Phosphorus (mg/day)

Sex	Males		Females	
Age	AI	UL	AI	UL
0-5 months	120	—	120	—
6-11 months	260	—	260	—
1-2 years	500	—	500	—
3-5 years	700	—	700	—
6-7 years	900	—	800	—
8-9 years	1,000	—	1,000	—
10-11 years	1,100	—	1,000	—
12-14 years	1,200	—	1,000	—
15-17 years	1,200	—	900	—
18-29 years	1,000	3,000	800	3,000
30-49 years	1,000	3,000	800	3,000
50-64 years	1,000	3,000	800	3,000
65-74 years	1,000	3,000	800	3,000
75+ years	1,000	3,000	800	3,000
Pregnant women			800	—
Lactating women			800	—

Microminerals

DRIs for Iron (mg/day) ¹

Sex	Males				Females					
	EAR	RDA	AI	UL	Not menstruating		Menstruating		AI	UL
					EAR	RDA	EAR	RDA		
0-5 months	—	—	0.5	—	—	—	—	—	0.5	—
6-11 months	3.5	5.0	—	—	3.5	4.5	—	—	—	—
1-2 years	3.0	4.5	—	25	3.0	4.5	—	—	—	20
3-5 years	4.0	5.5	—	25	4.0	5.5	—	—	—	25
6-7 years	5.0	5.5	—	30	4.5	5.5	—	—	—	30
8-9 years	6.0	7.0	—	35	6.0	7.5	—	—	—	35
10-11 years	7.0	8.5	—	35	7.0	8.5	10.0	12.0	—	35
12-14 years	8.0	10.0	—	40	7.0	8.5	10.0	12.0	—	40
15-17 years	8.0	10.0	—	50	5.5	7.0	8.5	10.5	—	40
18-29 years	6.5	7.5	—	50	5.5	6.5	8.5	10.5	—	40
30-49 years	6.5	7.5	—	50	5.5	6.5	9.0	10.5	—	40
50-64 years	6.5	7.5	—	50	5.5	6.5	9.0	11.0	—	40
65-74 years	6.0	7.5	—	50	5.0	6.0	—	—	—	40
75+ years	6.0	7.0	—	50	5.0	6.0	—	—	—	40
Pregnant women (additional)	/									
Early stage					+2.0	+2.5	—	—	—	—
Mid to late stage					+8.0	+9.5	—	—	—	—
Lactating women (additional)	/				+2.0	+2.5	—	—	—	—

DRI for Zinc (mg/day)

Sex	Males				Females			
Age	EAR	RDA	AI	UL	EAR	RDA	AI	UL
0-5 months	—	—	2	—	—	—	2	—
6-11 months	—	—	3	—	—	—	3	—
1-2 years	3	3	—	—	2	3	—	—
3-5 years	3	4	—	—	3	3	—	—
6-7 years	4	5	—	—	3	4	—	—
8-9 years	5	6	—	—	4	5	—	—
10-11 years	6	7	—	—	5	6	—	—
12-14 years	9	10	—	—	7	8	—	—
15-17 years	10	12	—	—	7	8	—	—
18-29 years	9	11	—	40	7	8	—	35
30-49 years	9	11	—	45	7	8	—	35
50-64 years	9	11	—	45	7	8	—	35
65-74 years	9	11	—	40	7	8	—	35
75+ years	9	10	—	40	6	8	—	30
Pregnant women (additional)					+1	+2	—	—
Lactating women (additional)					+3	+4	—	—

DRIs for Copper (mg/day)

Sex	Males				Females			
Age	EAR	RDA	AI	UL	EAR	RDA	AI	UL
0-5 months	—	—	0.3	—	—	—	0.3	—
6-11 months	—	—	0.3	—	—	—	0.3	—
1-2 years	0.3	0.3	—	—	0.2	0.3	—	—
3-5 years	0.3	0.4	—	—	0.3	0.3	—	—
6-7 years	0.4	0.4	—	—	0.4	0.4	—	—
8-9 years	0.4	0.5	—	—	0.4	0.5	—	—
10-11 years	0.5	0.6	—	—	0.5	0.6	—	—
12-14 years	0.7	0.8	—	—	0.6	0.8	—	—
15-17 years	0.8	0.9	—	—	0.6	0.7	—	—
18-29 years	0.7	0.9	—	7	0.6	0.7	—	7
30-49 years	0.7	0.9	—	7	0.6	0.7	—	7
50-64 years	0.7	0.9	—	7	0.6	0.7	—	7
65-74 years	0.7	0.9	—	7	0.6	0.7	—	7
75+ years	0.7	0.8	—	7	0.6	0.7	—	7
Pregnant women (additional)					+0.1	+0.1	—	—
Lactating women (additional)					+0.5	+0.6	—	—

DRIs for Manganese (mg/day)

Sex	Males		Females	
Age	AI	UL	AI	UL
0-5 months	0.01	—	0.01	—
6-11 months	0.5	—	0.5	—
1-2 years	1.5	—	1.5	—
3-5 years	1.5	—	1.5	—
6-7 years	2.0	—	2.0	—
8-9 years	2.5	—	2.5	—
10-11 years	3.0	—	3.0	—
12-14 years	4.0	—	4.0	—
15-17 years	4.5	—	3.5	—
18-29 years	4.0	11	3.5	11
30-49 years	4.0	11	3.5	11
50-64 years	4.0	11	3.5	11
65-74 years	4.0	11	3.5	11
75+ years	4.0	11	3.5	11
Pregnant women	/		3.5	—
Lactating women			3.5	—

DRIs for Iodine ($\mu\text{g}/\text{day}$)

Sex	Males				Females			
Age	EAR	RDA	AI	UL	EAR	RDA	AI	UL
0-5 months	—	—	100	250	—	—	100	250
6-11 months	—	—	130	250	—	—	130	250
1-2 years	35	50	—	300	35	50	—	300
3-5 years	45	60	—	400	45	60	—	400
6-7 years	55	75	—	550	55	75	—	550
8-9 years	65	90	—	700	65	90	—	700
10-11 years	80	110	—	900	80	110	—	900
12-14 years	95	140	—	2,000	95	140	—	2,000
15-17 years	100	140	—	3,000	100	140	—	3,000
18-29 years	95	130	—	3,000	95	130	—	3,000
30-49 years	95	130	—	3,000	95	130	—	3,000
50-64 years	95	130	—	3,000	95	130	—	3,000
65-74 years	95	130	—	3,000	95	130	—	3,000
75+ years	95	130	—	3,000	95	130	—	3,000
Pregnant women (additional)					+75	+110	—	— ¹
Lactating women (additional)					+100	+140	—	— ¹

¹ UL for pregnant or lactating women is determined to be 2,000 $\mu\text{g}/\text{day}$.

DRI for Selenium ($\mu\text{g}/\text{day}$)

Sex	Males				Females			
Age	EAR	RDA	AI	UL	EAR	RDA	AI	UL
0-5 months	—	—	15	—	—	—	15	—
6-11 months	—	—	15	—	—	—	15	—
1-2 years	10	10	—	100	10	10	—	100
3-5 years	10	15	—	100	10	10	—	100
6-7 years	15	15	—	150	15	15	—	150
8-9 years	15	20	—	200	15	20	—	200
10-11 years	20	25	—	250	20	25	—	250
12-14 years	25	30	—	350	25	30	—	300
15-17 years	30	35	—	400	20	25	—	350
18-29 years	25	30	—	450	20	25	—	350
30-49 years	25	30	—	450	20	25	—	350
50-64 years	25	30	—	450	20	25	—	350
65-74 years	25	30	—	450	20	25	—	350
75+ years	25	30	—	400	20	25	—	350
Pregnant women (additional)					+5	+5	—	—
Lactating women (additional)					+15	+20	—	—

DRIs for Chromium ($\mu\text{g}/\text{day}$)

Sex	Males		Females	
Age	AI	UL	AI	UL
0-5 months	0.8	—	0.8	—
6-11 months	1.0	—	1.0	—
1-2 years	—	—	—	—
3-5 years	—	—	—	—
6-7 years	—	—	—	—
8-9 years	—	—	—	—
10-11 years	—	—	—	—
12-14 years	—	—	—	—
15-17 years	—	—	—	—
18-29 years	10	500	10	500
30-49 years	10	500	10	500
50-64 years	10	500	10	500
65-74 years	10	500	10	500
75+ years	10	500	10	500
Pregnant women			10	—
Lactating women			10	—

DRIs for Molybdenum (µg/day)

Sex	Males				Females			
Age	EAR	RDA	AI	UL	EAR	RDA	AI	UL
0-5 months	—	—	2	—	—	—	2	—
6-11 months	—	—	5	—	—	—	5	—
1-2 years	10	10	—	—	10	10	—	—
3-5 years	10	10	—	—	10	10	—	—
6-7 years	10	15	—	—	10	15	—	—
8-9 years	15	20	—	—	15	15	—	—
10-11 years	15	20	—	—	15	20	—	—
12-14 years	20	25	—	—	20	25	—	—
15-17 years	25	30	—	—	20	25	—	—
18-29 years	20	30	—	600	20	25	—	500
30-49 years	25	30	—	600	20	25	—	500
50-64 years	25	30	—	600	20	25	—	500
65-74 years	20	30	—	600	20	25	—	500
75+ years	20	25	—	600	20	25	—	500
Pregnant women (additional)	/				+0	+0	—	—
Lactating women (additional)					+3	+3	—	—