



TO YOUR HEALTH

Carleton-Willard Village Out-Patient Clinic • 100 Old Billerica Rd., Bedford, MA 01730



Volume 16, Number 8

August 2011

VITAMIN NEWS!

by
Barbara Chenoweth, NP

If there is one truth in medicine, it is that nothing stays the same! Most of us have seen the pendulum swing back and forth as various medical recommendations change, usually a result of new research and accompanied gains in knowledge. The vitamin scene is no exception. In June, at the Endocrine Society 93rd Annual Meeting, the new, long awaited guidelines for the evaluation, treatment and prevention of Vitamin D deficiency were presented.

As the importance of vitamin D has grown, so has the recognition that many people are deficient, in all age groups. In general, those with the greatest risk for vitamin D deficiency are obese, blacks, pregnant and lactating women, and people with malabsorption syndromes. Adults over the age of 70 require vitamin D for bone health and fall prevention. Some studies have even suggested that increased levels of vitamin D may help protect against some cancers, infectious disease, diabetes and high blood pressure, (Lie, *Practice Guidelines on Vitamin D Issued by Endocrine Society*, 6/13/11).

While generalized screening for vitamin D deficiency is not recommended, a screening blood test is recommended for those at risk. The recommended blood test is the 25-hydroxy-vitamin D level. At a minimum, the level should be above 30 ng/ml, but because of lab variations, levels between 40 to 60 ng/ml are recommended.

Because few foods contain vitamin D, most people need to take vitamin supplements to achieve the recommended vitamin D level. The new recommendation for people over

70 years of age is 800 IU/day, but at least 1500 to 2000 IU/day may be required to keep vitamin D levels consistently above 30 ng/ml.

When people are deficient in vitamin D, they may need to take a high, weekly “booster” dose for eight weeks. After the eight weeks, another blood test is done. Usually the vitamin D level has achieved the necessary goal but often the daily maintenance dose has to be adjusted up to sustain the higher level.

Just as the news arrived about increasing the amount of vitamin D, Dr. JoAnn Manson, from Brigham & Women’s Hospital and Harvard Medical School, wrote an article on vitamin D’s partner, calcium, *Calcium Intake: More Is Not Better*, (*Medscape*, 6/24/11). Based on a recent study in the *British Medical Journal* that followed 61,000 women and studied the relationship between calcium intake and the risk of fractures, she concluded that less calcium was better than the original recommendations. In this study only those women with calcium intake of less than 750 mg a day had an increased risk of fracture. However, there was a small increased risk for women who had a calcium intake of over 1100 mg/day. Clearly moderation is the key. On average most women take in around 700 mg of calcium per day in their diet and only need to supplement an additional 500 to 600 mg/day. Since each person’s dietary calcium may vary, it is important to sit down and calculate how much calcium is actually consumed on a daily basis. For example:

- Yogurt (1 cup) = 415 mg. calcium
- Milk (1 cup) = 296 mg. calcium

(Over)

(Vitamin News! Continued)

- Orange juice (fortified with calcium, 6 oz.) = 378 mg. calcium
- Salmon (3 oz.) = 181 mg. calcium
- Cheddar cheese (1.5 oz.) = 306 mg. calcium
- Tofu (1/2 cup) = 127 mg. calcium
- Greens (1 cup of turnip greens, kale etc.) = 94 mg. calcium
- Sardines (3 oz.) = 324 mg. calcium

Even though calcium is essential for bone health, more is not better. The sources of calcium also may make a difference. Trying to get calcium from natural food sources may be better than supplements. It is thought to be better absorbed by the body. However, for those who are lactose intolerant, natural sources may be limited and taking supplements necessary.

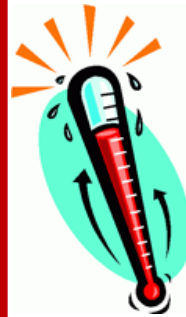
Taking calcium supplements always raises the question of what kind is best. In general, calcium citrate is more easily metabolized by the body and can be taken at any time of the day. On the other hand, calcium carbonate must be taken with food. For people who have difficulty swallowing large calcium tablets, there are other options:

- Chewable calcium comes in several flavors including chocolate.
- “Petite” tablets are smaller versions of calcium citrate.
- Calcium capsules, even large ones, slide down easier than tablets.

As with any supplement or medicine, it's always important to drink a glass of water after you swallow the pills. The extra water protects the throat and prevents the pills from getting “caught” as they go down.



Please take a moment to review your calcium and vitamin D preparations. If you have any questions, call the Clinic.

Hot Weather Alert

When the weather is hot, be sure to drink extra fluids! All fluids count! Drink at least eight 8 oz. glasses, more if you are outside. Don't count on thirst to remind you. And be sure to keep on the air-conditioning!

❖ **Upcoming Series** ❖

Please join us for a special series on coping with grief, beginning Thursday, September 1st at 10:30am in the Auditorium. The topics will include:

- ◆ September 1st: Taking Care of Yourself While Caring for Someone Else
- ◆ October 13th: Do Men and Women Grieve Differently?
- ◆ November 3rd: Loss of an Adult Child
- ◆ December 7th: Coping With the Holidays After a Loss

You may attend any or all of the series.

CLINIC HOURS

Monday through Friday

8:30AM – 4:30PM

Call **781-276-1905** For An Appointment

Closed 12:30PM – 1:15PM for Lunch

Blood Pressure Clinic

Tuesdays 11:30AM – 12:30PM

No Appointment Necessary

*If you need medical attention when the Clinic is closed, please call **781-275-8700** and ask that the Nursing Supervisor be paged.*