

NOVEMBER 5 , 2012 ARTICLE FOR THE PALLADIUM TIMES

The Issue of Calcium

The United States Preventative Task Force issued a statement on 6/12/12 that said “vitamin D and calcium supplement should not be prescribed for healthy postmenopausal women” Further stated: “400 iu of vitamin D and 1000mgs of calcium carbonate do NOT reduce osteoporitic fractures and slightly increase the rate of kidney stones”. This seems to be a rather shocking recommendation since most providers routinely advise calcium supplementation and vitamin D. We do this because we recognize the very large health problem that osteoporosis presents. Ten million women have osteoporosis that results in health care costs of nineteen billion dollars and is projected to grow to twenty five billion dollars by 2025. Of those women who are age 50 today, 40% will experience an osteoporotic fracture in their lifetime. The risk factors are well documented and include low bone density, family history of fracture, Caucasian race, smoking, and medications that include steroids, antacids, sedatives, sleep aids, antidepressants and antiseizure drugs. The prestigious Institute of Medicine (IOM) in 2011 recommended a dietary allowance of calcium of 800mgs/day in postmenopausal women and a vitamin D level of 20ng/ml. The IOM clearly stated that fractures are reduced when the vitamin D level is greater than 30ng/ml. A composite analysis in the New England Journal of Medicine reviewed 11,000 trials in 30,000 individuals and focused on vitamin D taken, not prescribed. The conclusion was that greater than 800 iu daily of vitamin D resulted in a 30% reduction in hip fractures and a 14% reduction in nonvertebral fractures. Concerning calcium, one must note the distinction between dietary calcium and calcium supplementation. With respect to my postmenopausal patients: when asked if they have adequate calcium in their diet it is not uncommon to hear:” I hate cheese and milk but I have ice cream on Thursday nights with my friends”. Clearly, these women would benefit from calcium supplements remembering that dosages above 1200mg show no increased benefit. Bear in mind that calcium supplements have been shown to increase heart attacks secondary to coronary artery calcification. So it can be concluded that dietary calcium is a potentially safer source of calcium than supplements but much time and education needs to be spent with these patients to drive the point home. Given these arguments it is clear that the statement from the United States Preventative Task Force should not be taken as an absolute proscription. Women with osteoporosis or at risk of osteoporosis should engage in weight bearing exercise (not just aerobics), take “appropriate “ amounts of vitamin D, increase dietary calcium, stop smoking, and reduce alcohol consumption. If it is learned that increasing dietary calcium is difficult then one can take supplements within the range as noted above remembering that “more” is not necessarily “better”.