



Newsletter

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Sometimes the devil is in NOT reading the details

The New York Times recently reported that "Vitamin D was ineffective for preventing osteoporosis," citing a review of 23 studies that were recently published in The Lancet. Unfortunately, the majority of people who read this blurb in the newspaper or rebroadcasted on a website, won't look at the original article or even question what the researchers were looking at in the first place.

In this particular analysis was a review of previously published literature which included 23 studies and a total of 4082 participants. The analysis didn't differentiate between D2 and D3 supplementation and there were only 2 studies (accounting for 276 of the 4082) where the subjects were given 1000 IU/day or more of D3. In addition to the variability in dosage, there was significant variability among the studies in concomitant treatments, in some cases the study subjects were also given calcium and in some cases they were also treated with hormones. Because vitamin D works with calcium to strengthen bones, it's difficult to study alone. Sadly, the conclusion of this meta-analysis study was that use of vitamin D for osteoporosis prevention seems to be inappropriate.

Here are a few key things to remember when addressing your patients' concerns regarding the need for vitamin D supplementation.

- A standard recommended dosage (or RDA) may not be appropriate due to variability in absorption and storage. Vitamin D is a fat-soluble vitamin and therefore is best absorbed when consumed with dietary fat. Food sensitivities and the individual gut health of the patient may affect absorption of vitamin D. For this reason, the best approach is to supplement and monitor serum levels.
- There **are** studies that show that people who have been diagnosed with osteoporosis have lower blood levels of vitamin D compared with controls, and studies indicating that vitamin D taken with calcium will reduce the likelihood of fracture.
- The benefits of vitamin D extend well beyond that of bone health and provide protection against several types of cancer, heart disease and autoimmune diseases. Even if this meta-analysis was correct, there are **many** other reasons to maintain optimal vitamin D levels.

Simple statements, especially those that are contrary to a common understanding, make sensational headlines. It's important to read the studies that make the news to better educate your patients to

prevent them from feeling confused and halting a supplementation or treatment that may be of great benefit. And as always, when there is question about vitamin D status, the best way to find an answer is to test serum 25 hydroxy vitamin D levels. To order your vitamin D test kit today visit www.labrix.com or call 877.656.9596.

Resources

1. Reid IR, Bolland MJ, Grey A. Effects of vitamin D supplements on bone mineral density: a systemic review and meta-analysis. *Lancet*. 2013 Oct 10.
2. Raimundo FB, Faulhaber GA, Menegatti PK. et al. Effect of high-versus low-fat meal on serum 24 hydroxyvitamin D levels after a single oral dose of vitamin D: A single-blind, parallel, randomized trial. *Int J of Endocrinol* 2011; 2011:809069.
3. Caruso R, Pallone F, Stasi E, Romeo S, Monteleone G. Appropriate nutrient supplementation in celiac disease. *Ann Med*. 2013 Nov 7.
4. Avenell A, Gillespie WJ, Gillespie LD, O'Connell D. Vitamin D and vitamin D analogues for preventing fractures associated with involutional and post-menopausal osteoporosis. *Cochrane Database Syst Rev*. 2009;(2).
5. Garland CF, French CB, Baggerly LL and Heaney RP. Vitamin D Supplement Doses and Serum 25-Hydroxyvitamin D in the Range Associated with Cancer Prevention. *Anticancer Research* 2011. 32:617-622.
6. Yang CY, Leung PS, Adamopoulos IE, Gershwin ME. The implication of vitamin D and autoimmunity: a comprehensive review. *Clin Rev Allergy Immunol*. 2013 Oct;45(2):217-26.
7. Patient level pooled analysis of 68 500 patients from seven major vitamin D fracture trials in US and Europe. *BMJ*. 2010;340:

IMPORTANT REMINDER

Reminder: Thanksgiving Holiday Neurotransmitter Sample Collection Guidelines

With the holiday season fast approaching we would like to extend a reminder regarding neurotransmitter sample collection and shipping.

To comply with the 2013 UPS Thanksgiving holiday shipping schedule, urine samples for neurotransmitter testing must be collected BEFORE Friday, November 22nd and AFTER Thursday, November 28th. Blackout dates for collection are November 22-28, 2013. To ensure your patients' samples reach the lab within 7 days of collection, please advise your patients of the blackout dates for collection.

