“We used to try to protect kids from lead poisoning by telling moms to mop their homes better, to wash their kids’ hands better,” said Lanphear. “But that didn’t work. What brought the lead levels down was taking lead out of gasoline, paint, and canned food. If you really want to change exposures, whether it is lead or unhealthy food, the most effective [strategy] by far is to take away the toxin.” The biggest challenge, he said, will be in standing up to corporations whose profits are at stake. “We have to ask ourselves whether we value the short-term profits of an industry over the long-term health of our children,” said Lanphear.

Although everyone recognizes the obesity epidemic time bomb because it can be seen, the growing prevalence of mental and developmental problems in children may be much less visible, but it’s just as explosive, Halfon said. “This is a very disturbing trend that will only get worse,” he said. “I think we’re looking at the tip of the iceberg here.”

USPSTF: Taking Vitamin D and Calcium Doesn’t Prevent Fractures in Older Women

Bridget M. Kuehn

Supplementation with lower-dose vitamin D and calcium is not an effective fracture prevention strategy for healthy postmenopausal woman, according to a draft recommendation from the US Preventive Services Task Force (USPSTF). The task force recommends that healthy postmenopausal women should not take such supplements for this purpose.

The recommendation is based on a USPSTF review of the evidence, which found that the data to date do not demonstrate that supplementation with lower daily doses of vitamin D (400 IU of vitamin D₃ or less) and calcium (1000 mg calcium carbonate) prevent fractures in postmenopausal women who don’t have other underlying health issues (http://tinyurl.com/3wuyzdm). In addition to not having the intended benefit, such supplementation also increased the risk of developing kidney stones. According to the USPSTF, 1 in 273 women who take these lower-dose vitamin D and calcium supplements for 7 years will develop kidney stones.

“Kidney stones can be a problem,” explained Timothy Wilt, MD, a member of the USPSTF. “They can be painful and may lead to other problems.”

The task force found insufficient evidence to determine whether lower-dose vitamin D and calcium supplementation prevents fractures in younger women or men. Questions also remain about the utility of higher doses of vitamin D.

The largest and best-quality clinical trial considered by the USPSTF was the Women’s Health Initiative (WHI), which included 36 282 healthy postmenopausal women and found no reduction in hip fractures or total fractures among women who used vitamin D and calcium supplements vs those who didn’t. In its review of the evidence, however, the USPSTF noted that the dose of vitamin D (400 IU of vitamin D₃) would be considered low by today’s clinical standards. Wilt, who is also a professor at the University of Minnesota and a staff physician at the Minneapolis VA Medical Center, said the jury is still out on the utility of higher supplement doses for preventing fractures.

Although vitamin D and calcium supplementation may not be living up to clinicians’ hopes, Wilt said it remains important for individuals to maintain adequate levels of these nutrients, both through their diet and by spending time in the sun to promote vitamin D synthesis by the body.

“We recognize the importance of vitamin D and calcium in overall bone health,” he said.

A reassuring finding came from a 2011 report by the Institute of Medicine (IOM): most US individuals get enough of these 2 nutrients through diet and sun exposure (Slomski A. JAMA. 2011;305[5]:453-456). In fact, many US individuals may be getting too much of these nutrients as a result of supplementation, the IOM has noted. In addition to kidney stones, excess calcium intake has been linked to hypercalcemia, hypercalcinuria, vascular and soft tissue calcification, unfavorable interactions involving iron and zinc, and constipation. Excess vitamin D intake has been associated with vitamin D toxicity and related hypercalcemia and hypercalcinuria.

The USPSTF found insufficient evidence to determine whether vitamin D and calcium supplementation may prevent cancer in any age group of men or women. The IOM has also concluded that there are insufficient data to sup-
port increased vitamin D and calcium intake to prevent cancer or other conditions, such as cardiovascular disease, diabetes, immune dysfunction, multiple sclerosis, and preeclampsia.

Both the IOM and USPSTF, however, note that some populations may benefit from vitamin D and calcium supplementation. For example, previously the USPSTF has recommended vitamin D supplementation as an effective therapy for the prevention of falls in community-dwelling individuals who are 65 years of age or older and at increased risk of falls (http://tinyurl.com/6ovdmzc).

But JoAnn Manson, MD, a WHI principal investigator and chief of preventive medicine at Brigham and Women’s Hospital in Boston, argued that recent findings from the ongoing, federally funded Consortium of Food Allergy Research initiative show that of some 500 infants aged 3 to 15 months with allergies to egg, milk, or both, 72% had an allergic reaction during a 3-year period, despite health professionals’ efforts to educate families about allergenic food exposures. In total, the children had 1171 reactions during the study period (Fleischer DM et al. Pediatrics. doi: 10.1542/peds.2011-1762 [published online June 25, 2012]).

Families were told how to avoid exposures to milk, eggs, and other allergenic foods and given written instructions. Researchers attributed lapses in avoiding the foods to children not being closely supervised, misreading ingredient labels, cross-contamination of foods, or food preparation errors. Researchers said a significant number of children in the study received allergenic foods from caregivers other than their parents.

Also, families received prescriptions for injectable epinephrine for severe reactions. Food exposures resulted in anaphylaxis in about 11% of children in the study, but only 30% of those children received epinephrine. Common reasons why children didn’t get the drug were that families didn’t have it on hand, parents or caregivers were too afraid to administer it, or they weren’t sure if the reaction was severe and waited to see if more symptoms developed.

“We must work harder to thoroughly educate parents about the details of avoidance and when and how to correctly use epinephrine to manage this life-threatening condition,” said Scott Sicherer, MD, a study author and chief of allergy and immunology at the Mount Sinai School of Medicine in New York City.

Families Still Let Guard Down With Allergic Children
Rebecca Voelker

Advice and written instructions apparently aren’t enough to educate some families on how to keep their children who have allergic reactions to milk or eggs from eating the offending foods.

Recently, children aged 3 to 15 months with allergies to egg, milk, or both, had an allergic reaction during a 3-year period, despite health professionals’ efforts to educate families about allergenic food exposures. In total, the children had 1171 reactions during the study period (Fleischer DM et al. Pediatrics. doi: 10.1542/peds.2011-1762 [published online June 25, 2012]).

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