

# VITAMIN D DEFICIENCY IS WIDELY OVERESTIMATED, DOCTORS WARN

## NOT THE 'WE NEED MORE' NEWS

**NEW YORK:** Doctors are warning about vitamin D again, and it's not the "we need more" news you might expect. Instead, they say there's too much needless testing and too many people taking too many pills for a problem that few people truly have.

The nutrient is crucial for strong bones and may play a role in other health conditions, though that is far less certain. Misunderstandings about the recommended amount of vitamin D have led to misinterpretation of blood tests and many people thinking they need more than they really do,

there is one. Blood tests for vitamin D levels - not advised unless a problem like bone loss is suspected - are soaring. Under Medicare, there was an 83-fold increase from 2000 to 2010, to 8.7 million tests last year, at \$40 apiece. It's Medicare's fifth most common test, just after cholesterol levels and ahead of blood sugar, urinary tract infections and prostate cancer screening. "I'm not sure when it got popular to check everybody for vitamin D deficiency," but patients often ask for it, especially baby boomers, said Dr. Kenny Lin, a Georgetown University family

physician and preventive medicine expert. get enough in winter or from dietary sources like milk and oily fish, though many foods and drinks are fortified with vitamin D and labels soon will have to carry that information. Too much vitamin D can lead to high levels of calcium in the blood, which can cause nausea, constipation, kidney stones, an abnormal heart rhythm and other problems.

"We're not saying that moderate-dose supplements are risky, but more is not necessarily better," said Dr. JoAnn Manson of Brigham and Women's Hospital in Boston. She and several other advisers to the Institute of Medicine, which set the RDA, or recommended dietary allowance, wrote the journal article. People vary, biologically, in how much of any vitamin they need. The institute estimated this by comparing various intake and blood levels with measures of bone health. They estimated that, on average, people need about 400 international units of vitamin D per day, and 600 for people over 70.

To be safe and ensure that everyone gets enough, they set the RDA at the high end of the spectrum of the population's needs - 600 to 800 units, depending on age. So by definition, nearly everyone's true requirement is below that.

Many people and their doctors regard the RDA and its corresponding blood levels as a threshold that everyone needs to be above, the authors write. As a result, people often are told they are inadequate or deficient in D when, in fact, they're not. "If you're chasing a lab number, that will lead to many people getting higher amounts of vitamin D than they need," and labs vary a lot in the quality of testing, Manson said.

The bottom line: Get 600 to 800 units a day from food or supplements and skip the blood test unless you have special risk factors, Manson said. A big study she is helping lead is testing whether higher levels lower the risk of cancer, heart disease, stroke, memory loss, depression, diabetes, bone loss or other problems. Nearly 26,000 people have been taking 2,000 units of D-3 (the most active form of vitamin D, also known as cholecalciferol) or dummy pills every day for five years. Results are expected in early 2018.—AP



**NEW YORK: Vitamin D pill bottle Nov 9, 2016. —AP**

some experts who helped set the levels write in Thursday's New England Journal of Medicine.

Correctly interpreted, less than 6 percent of Americans ages 1 to 70 are deficient and only 13 percent are in danger of not getting enough. That's concerning, "but these levels of deficiency do not constitute a pandemic," the authors write. Yet people may think

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Vitamin D pill use also grew, from 5 percent of Americans in 1999 to 19 percent in 2012.

### Suggestive reports

That may be due to many reports suggesting harm from too little of "the sunshine vitamin," called that because our skin makes vitamin D from sun exposure. It's tough to

# MOST CHILD DEATHS CONCENTRATED IN 10 ASIAN, AFRICAN NATIONS

**KUALA LUMPUR:** Sixty percent of the world's 5.9 million children who died before their fifth birthday last year were in 10 countries in Asia and Africa, said a study published yesterday, prompting calls for action to reduce the mortality.

The study published in The Lancet medical journal said the latest data highlights the inequality in children's death among the 194 countries it studied, even though the number of under-five deaths has fallen by 4 million compared to 2010.

Of the 5.9 million deaths last year, 3.6 million happened in 10 Asian and African countries - India, Nigeria, Pakistan, the Democratic Republic of Congo, Ethiopia, China, Angola, Indonesia, Bangladesh and Tanzania.

The two leading causes were complications due to premature birth and pneumonia, according to researchers from the Johns Hopkins Bloomberg School of Public Health, the London School of Hygiene and Tropical Medicine and the World Health Organization.

The researchers said child survival has improved substantially, although countries failed to meet the UN Millennium Development

Goal to cut the rate of under-five deaths by two-thirds between 1990 and 2015.

The rate fell by 53 percent over the period. The slow progress to reduce newborn deaths - in the first 28 days of life - hampered the MDG target, the researchers said. Of the 5.9 million under-five deaths in 2015, 2.7 million were newborns.

"The problem is that this progress is uneven across all countries, meaning a high child death rate persists in many countries," said the study's lead author Li Liu, from the Johns Hopkins Bloomberg School of Public Health in the US. "Substantial progress is needed for countries in sub-Saharan Africa and Southern Asia to achieve the child survival target of the Sustainable Development Goals," she added.

Under the Sustainable Development Goals, which replaced the MDGs last year, all countries aim to reduce under-five mortality to no more than 25 deaths per 1,000 births by 2030. The researchers recommended breastfeeding, vaccines for pneumonia, malaria and diarrhoea, as well as improving water and sanitation to help with children's survival.—Reuters

## SURPRISING STUDY FINDS POSSIBLE CULPRIT IN PRETERM BIRTHS

**WASHINGTON:** Researchers have uncovered a surprising possible trigger for some preterm births: calcium buildup in the womb, similar to the kind that stiffens older people's arteries or causes kidney stones.

Ohio researchers studying more than 100 pregnant women found that when a mom-to-be's water breaks too early, the culprit seems to be abnormal calcium deposits that make the normally elastic amniotic sac prone to rupture.

It's a small study and more research is needed to prove if calcification really is behind this baffling kind of prematurity and if so, what to do about it. But the research, reported Wednesday in Science Translational Medicine, raises the possibility of investigating interventions. "To have a new potential mechanism for one significant form of preterm birth is quite exciting," said Dr. Edward McCabe, chief medical officer of the March of Dimes, who wasn't involved in the study. Premature birth - being born before 37 weeks of pregnancy - can cause lifelong health problems, and babies who are very premature can die. Sometimes there's an obvious cause for prematurity, such as an infection. Yet most of the time, doctors can't explain what triggers preterm birth in an otherwise healthy pregnant woman.

Dr. Irina Buhimschi of Nationwide Children's Hospital took a closer look at a curiosity: Calcified plaques have often been spotted in placentas after birth - both preterm and full term - and no one knows why. But abnormal calcification is well-known to play a role in a number of disorders. Clusters of minerals, known as calciprotein particles, that float in the blood may be deposited in soft tissue instead of the skeleton, leading to such problems as artery-stiffening atherosclerosis or kidney stones.

Could that process go awry in preterm birth, too? Buhimschi's team found higher concentrations of the calcium-containing deposits in the amniotic sac when a mom's water broke prematurely than with full-term births or other types of preterm births.

Amniotic fluid can produce calciprotein particles, the team found - and with preemies, that fluid also contains lower levels of a protein named fetuin-A that's supposed to keep those deposits from being dumped in the wrong place, like the amniotic sac. Lab experiments found those deposits led to less flexible fetal membranes. "We've shown that formation of these particles in amniotic fluid is unhealthy, and we need to keep it in check," Buhimschi said.

Importantly, testing mom's blood didn't uncover any signal that a problem was brewing. Buhimschi said the problem may be restricted just to the amniotic fluid - if the fetus' own organs simply don't produce enough fetuin-A to protect itself. But that would pose a barrier to uncovering at-risk pregnancies, because testing amniotic fluid is risky.

It's a plausible theory, said Dr. Catherine Spong, a maternal-fetal specialist at the National Institute of Child Health and Human Development. But "the clinical relevance of this finding remains to be explored," Spong cautioned. "Preferably noninvasive methods for detection might allow for the development of interventions or the opportunity for prevention."—AP