Institute of Medicine (IOM) Updates Vitamin D Recommendations

On November 30, 2010 the highly regarded Institute of Medicine (IOM) released new recommendations for calcium and vitamin D. The IOM is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public.

IOM increased their recommendations for vitamin D intake to 600 international units (IU) of vitamin D every day for most healthy adults under age 71 and 800 IU for healthy people age 71 and older. These recommendations for vitamin D are sufficient for most healthy adults. However, some adults may need more. These include people with very little sun

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Institute of Medicine (IOM) Updates Vitamin D Recommendations continued

exposure (or who consistently wear sun screen or protective clothing), dark skin, osteoporosis, problems absorbing dietary fat or who are taking medicines that interfere with vitamin D.

Since 2008, NOF has recommended that adults age 19 to 49 get 400 to 800 IU of vitamin D every day and that adults age 50 and older get 800 to 1,000 IU every day. NOF’s recommendations for daily intake of vitamin D remain higher than IOM’s but fall well within their safe upper limit for daily intake now at 4,000 IU.

IOM also increased the safe upper limit for daily intake of vitamin D at 4,000 IU. The IOM report did not address the vitamin D requirements for high risk individuals or those who require treatment. NOF recommends that you consult with your healthcare professional for your particular requirements.

IOM recommendations for calcium intake remained similar to NOF’s calcium recommendations. Both groups agree that calcium should come from food sources first and that individuals should only supplement the estimated shortfall.

NOF is currently reviewing the data on calcium and vitamin D intake to determine if any changes need to be made to our current recommendations. NOF applauds IOM for their comprehensive review of the evidence supporting their updated recommendations for vitamin D and calcium intake.
In the study, 616 women received the medicine for six years and 617 received zoledronic acid for three years, followed by a placebo for three years. Women who received the medicine for six years had slightly better bone density than those who received the medicine for three years and 617 received zoledronic acid for three years, followed by a placebo for three years. Women who received the medicine for three years had a 33% lower incidence of hip fractures compared to those who received the medicine for six years. However, the bone density in patients who stopped the medicine after three years. This type of medicine may continue to protect bones even after stopping the medicine. Continuing the annual medicine for six years may have greater benefits, but may not be necessary for all patients.

Furthermore, the number of hip fractures stopped after three years was still much higher than before the medicine was given. The number of painful clinical vertebral fractures in the women who stopped the medicine after three years. This type of medicine may continue to protect bones even after stopping the medicine. Continuing the annual medicine for six years may have greater benefits, but may not be necessary for all patients. However, the bone density in patients who stopped the medicine after three years.

The major difference between the groups included an increase in posture changes, but may not cause noticeable pain at the time of the fracture. Further research will help to better understand which patients may have the greatest benefit from staying on the medicine for longer than three years.

NOF's recommendations for osteoporosis guidelines from USPSTF. Visit www.nof.org to learn more about screening updates. Osteoporosis is a timely subject since news reports can often be confusing or contradictory. This is a timely subject since news reports can often be confusing or contradictory. This is a timely subject since news reports can often be confusing or contradictory.
New findings on the osteoporosis medicine zoledronic acid (Reclast®) suggest that people who have an annual infusion of the medicine for three years may have residual benefits after stopping the medicine. Continuing the annual medicine for six years may have greater benefits, but may not be necessary for all patients.

In the study, 616 women received the medicine for six years and 617 received zoledronic acid for three years, followed by a placebo for three years. Women who received the medicine for six years had slightly better bone density than those who stopped the medicine after three years. However, the bone density in patients who stopped after three years was still much higher than before the medicine was given. Furthermore, the number of hip fractures and other non-spine fractures were similar in both groups, suggesting that these medicines may continue to protect bones even after stopping the medicine.

The major difference between the two groups included an increase in the number of morphometric vertebral fractures in the women who stopped the medicine after three years. This type of spine fracture can cause height loss and posture changes, but may not cause noticeable pain at the time of the fracture. The number of painful clinical vertebral fractures was similar in both groups.

Further research will help to better understand which patients may have the greatest benefit from staying on the medicine for longer than three years.

U.S. Food and Drug Administration Approves New Form of Risedronate

The U.S. Food and Drug Administration approved a new delayed-release form of the once weekly osteoporosis medicine risedronate. The new formulation is being sold under the brand name Atelvia™. It is approved to treat osteoporosis in postmenopausal women. Unlike Actonel®, which must be taken on an empty stomach, Atelvia is taken immediately after breakfast. If you are interested in learning more about Atelvia, talk to your healthcare provider or call Warner Chilcott at (800) 521-8813.

Osteoporosis Screening Updates

Visit www.nof.org to learn more about NOF’s recommendations for osteoporosis screening and the recent expanded guidelines from USPSTF.
Q. In addition to calcium and vitamin D, I’ve heard that vitamin K is important for my bones. If I have osteoporosis, should I be taking a vitamin K supplement?

A. Like many vitamins and minerals, vitamin K appears to play a role in your bone health. The recommended daily intake is 90-120 micrograms (µg). There are two types of vitamin K. They are vitamin K1 and vitamin K2. Vitamin K1 sources include kale, brussels sprouts, spinach, mustard greens, turnip greens and vegetable oils. Vitamin K2 sources include egg yolks, organ meats and natto (a type of fermented soybean).

At this time, research does not support the practice of taking vitamin K supplements to prevent osteoporosis and broken bones. Taking a supplement doesn’t always have the same effects as eating whole foods that contain that same nutrient. Also, because vitamin K plays a role in blood clotting, getting too much vitamin K could cause problems in individuals who take blood thinning medicines or are at risk of blood clots. More research will help us to determine the amount and type of vitamin K that is necessary for bone health. Until we know more, try to get enough vitamin K from food sources.

Talk to your healthcare provider about any nutrition deficiencies you may have and discuss which supplements you should take for your bone health.
Health Care in 2011

Because health reform legislation, the Affordable Care Act, was signed into law on March 23, 2010 more people will be able to have health care coverage. For most people. For most people with or at risk for osteoporosis, the legislation should improve their health care and make it more affordable.

Below are some highlights of the laws' implementation that may affect you:

- **Lowering prescription drug costs**
  
  Beginning in 2011, people who fall into the Medicare Part D coverage gap or “doughnut hole,” paying between $2,840 and $6,448 for prescription drugs, will receive about a 50 percent discount on covered brand-name drugs and other discounts on generic drugs. This contrasts with the one-time, tax-free $250 rebate they received in 2010. (However, for those Medicare beneficiaries with incomes above $85,000 and couples with $170,000, the cost of drug coverage may go up.)

- **Helping people with pre-existing conditions**
  
  States have created new temporary insurance programs for people who have been uninsured for six months and who have a pre-existing condition. For the same coverage, premiums will cost the same as those for individuals without pre-existing conditions. Information is available on these programs at www.health.gov.

- **Providing free prevention benefits**
  
  All new insurance plans will be required to cover prevention and wellness benefits (as recommended by certain organizations) with no deductibles or cost-sharing or co-payments. This includes adding coverage for a new “wellness visit” and testing for osteoporosis, as recommended by the US Preventive Services Task Force.

- **Ending unfair insurance cancellations**
  
  Insurance companies will be prohibited from arbitrarily cancelling coverage for people who have paid their premiums when they file a claim for benefits. An insurer cannot cancel a person’s coverage for an honest mistake or if someone left out information that has little bearing on his or her health.

- **Ending arbitrary limits on coverage**
  
  Insurance companies will be prohibited from placing lifetime limits on benefits. In new plans they will be severely restricted in using annual limits, which will be prohibited completely beginning in 2014 for all plans offering essential benefits.

*On September 23, 2010 new consumer protections – A Patient’s Bill of Rights - began to take effect. Many of the described benefits are effective for health plan years beginning on or after September 23 and apply to all “non-grandfathered” plans. Grandfathered plans are those in which individuals are enrolled as of March 23, 2010, and plans that are renewed for individuals and allow for enrollment of family members and new employees after this date. However, many of the benefits already have been incorporated in other plans, so it is best that to check with your insurer.

** For additional information that may affect you, visit http://www.nof.org/news/advocacynews
Youth Making Bone Health a Priority

Through various events across the country, individuals and groups raise funds for NOF while increasing osteoporosis awareness and promoting healthy bones for life. In recent years, we have been excited to see an increase in involvement of teens and young adults educating their peers and their communities.

Students at the Penn State Dairy Science Club have organized an annual OsteoChallenge 5K walk/run since 2002, raising more than $7,000 in support of NOF programs. This event helps educate college students about the importance of calcium and physical activity in supporting strong bones.

Mallory, an 18 year old high school senior organized a 5K run to raise funds and osteoporosis awareness at the 17th annual Mandarin Festival in Auburn, CA. She raised more than $500 and provided educational materials to hundreds of individuals that visited her booth.

Osteoporosis is the national philanthropy of the Delta Phi Lambda Sorority. With twelve chapters nationwide, these young women organize various events and activities each year to raise funds for NOF and increase awareness. The Delta Lambda Phi Web site has a page dedicated to osteoporosis that offers information and a listing of osteoporosis resources as well as highlighting their awareness activities.

As we know, about 85 – 90 percent of adult bone mass is acquired by age 18 in girls and 20 in boys. Building strong bones during childhood and adolescence can help to prevent osteoporosis later in life. These young adults are creating a stronger future not only for themselves but also for future generations through their educational efforts. You're never too young or too old to improve the health of your bones.

Whatever your age, the habits you adopt now can affect your bone health for the rest of your life.
NOF Conducts Survey of State Osteoporosis Activities

In 2010, NOF along with the National Osteoporosis Council conducted a survey of state osteoporosis activities, focusing on a few targeted questions.

Despite advancements in the field of osteoporosis prevention, diagnosis and treatment, the results are mixed. While most states reported decreased funding for osteoporosis programs, and many have lost state funding altogether, more than 75 percent of states report the availability of programs with an osteoporosis component. But it is unclear if these programs adequately address the needs of those with or at risk for osteoporosis and how states will maintain and expand programs related to bone health during these difficult economic times.

Visit the NOF Web site to view the report at www.nof.org/advocacy.

RESOURCES

NOF Introduces Osteopedia™

The NOF Web site now contains an Osteopedia™. You can access this new online glossary of common terms used to explain osteoporosis, bone health and medical treatment at www.nof.org/aboutosteoporosis/moreresources/osteopedia. These definitions can help you to better understand what you read or hear from NOF, your healthcare team or elsewhere.

Jewelry for a Cause

Pearls of Strength® bracelets are genuine, freshwater, cultured black or white pearls. Available for $25 online at www.nof.org, 100% of the proceeds benefits NOF.

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