

Calcium Supplements May Increase Heart Disease Risk

Results could be tied to inadequate vitamin D.

Calcium supplements, commonly taken by older adults to ward off osteoporosis, may increase the risk of heart attack. An international team of researchers examined data from 11 studies covering around 12,000 people who took calcium supplements without vitamin D. In all of the studies, people older than 40 years took supplements with calcium doses of 500 mg or higher daily. Compared with those who took a placebo, people who took calcium had a 31% higher risk of heart attack. There were also slightly higher, nonsignificant increases in the risk of stroke and death.

The increase in cardiovascular risk is modest, but “the

widespread use of calcium supplements means that even a small increase in incidence of cardiovascular disease could translate into a large burden of disease in the population,” write the authors. Although many people take calcium supplements to prevent osteoporosis, these supplements only marginally reduce the risk of bone fractures—by about 10%. “Maintaining a healthy weight, being physically active, not smoking, and having bone density measured are other important aspects of osteoporosis management,” author Ian R. Reid told *AJN*.

Dee Sandquist, a spokesperson for the American Dietetic Association, advises people taking calcium supplements to add



vitamin D to their regimens because other studies show no risk of heart problems when calcium and vitamin D are combined.

—Carol Potera

Bolland MJ, et al. *BMJ* 2010;341:c3691.

NewsCAPS

Consider the menstrual cycle when evaluating lipid levels. As estrogen levels rise during the menstrual cycle, so does the level of high-density lipoprotein cholesterol, which peaks at ovulation. And as estrogen peaks, low-density lipoprotein (LDL) cholesterol and triglyceride levels fall, according to a report in the September *Journal of Clinical Endocrinology and Metabolism*. Hormone and blood lipid levels were measured in 259 healthy women ages 18 to 44 years over two menstrual cycles. Approximately 14 measurements were taken in each woman, most of whom were physically active; only 5% had baseline total cholesterol levels higher than 200 mg/dL (borderline high), but 20% reached 200 mg/dL at least once during the study. Levels of total cholesterol, LDL cholesterol, and triglycerides were lowest just before menstruation started. The results suggest that variations in lipoprotein cholesterol levels “have clinical implications regarding the appropriate timing of lipoprotein cholesterol measurement during the [menstrual] cycle,” the authors write.

Updated classification criteria for rheumatoid arthritis. The standard international criteria for classifying rheumatoid arthritis, created in 1987, rely on symptoms of chronic erosive disease, or disease that’s already well established. In an effort to identify and study patients who could benefit

from early treatment, members of the American College of Rheumatology and the European League Against Rheumatism collaborated to develop a new approach that allows for earlier identification of the disease. The 2010 criteria are available online at <http://bit.ly/9MVT3V>.

A culturally based approach may help prevent HIV in partners. Heterosexual African American couples in which one partner is HIV-positive adopt safer sexual behaviors after completing an intervention program that incorporates *Eban*, a “traditional African concept meaning ‘fence,’ a symbol of safety, security, and love within one’s family” and relationships. According to a report in the September 27 *Archives of Internal Medicine*, couples in the intervention group reported more frequent condom use and fewer unprotected sexual acts, compared with control couples at 12-month follow-up. The eight-week *Eban*-based classes taught skills to reduce sexual risk, including condom use, communication, and monogamy. Couples in the control group learned about general health behaviors like improving diet and exercise and adherence to HIV medication regimens. The results of this study suggest that the *Eban*-based intervention “may be scaled up to curb the magnitude and continued spread of HIV and other [sexually transmitted diseases],” write the authors. ▼