



CORRESPONDENCE

Calcium Supplementation in Postmenopausal Women: Is the Threat to Heart that Real?

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This is with reference to your editorial (1), which we read with great interest. The article addresses one of very important recent controversy. It suggest that women at all stages of life be it pregnancy, lactation, perimenopause, postmenopause need adequate supplementation of calcium along with Vit D as a preventive prophylaxis. However, in view of recent cardiac and renal concerns documented by few studies, emerging in relation to calcium prophylaxis for prevention of postmenopausal osteoporosis, it may become necessary to focus on initial evaluation and intermittent monitoring for cardiac & renal risk factors and diseases before starting calcium and Vit D prophylaxis. At the same time while updating guidelines regarding preventive and therapeutic strategies for postmenopausal osteoporosis, this concern need to be addressed.

The intent if not the content of which appears to be cautious use of calcium supplementation in postmenopausal women. In the end of your editorial, though, you take a middle path by advising caution against the routine use of calcium supplements that is so prevalent in this part of the world. I am not building the case for the indiscrete use of calcium supplements but would like to state some facts before you. The spirit of the editorial is influenced by a study (2) where the investigators reported adverse cardiovascular events associated with the use of calcium supplements in the postmenopausal women. of course there are situations where calcium is known to exert harmful cardiovascular effects like in renal failure where atherosclerosis is enhanced in the presence of calcium (3). Before discarding the conventional wisdom regarding the intuitive use of calcium supplements in the older women, following points should be kept in mind:-

High levels of calcium in drinking water lowers the cardiovascular risk (4). Calcium raises the level of HDL-cholesterol and lowers LDL- cholesterol in blood (5). Calcium lowers the incidence of renal stones (6,7). Calcium supplements have a beneficial role in

osteoporosis. The Auckland Calcium Study (2) itself has been questioned on the various grounds:- a) it did not monitor vitamin D levels and it is known that lower levels of this vitamin are associated with higher cardiovascular mortality (8); b) high drop out rates; and c) incorrect surmising as the authors themselves state - 'thus the present study does not unequivocally show an adverse cardiovascular effect of calcium but suggests that this matter needs to be considered carefully before calcium supplementation can be broadly advocated'- meaning that the results were equivocal ('not unequivocal').

Before us squarely blaming calcium supplementation in the elderly women for the adverse cardiovascular effects, it would be unwise to disturb the status quo in the absence of results from good randomized controlled trials.

References

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