Orthopaedic Connection

Do Older Patients Need Supplements?

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Transforming patient information into patient understanding.

I am not a huge fan of supplements in general, but I know there is a place for them. It’s just that I see so many patients in the office who are taking a lot more supplements than they need. Patients don’t start out taking all of them at once. Supplements get added over time and before long you are taking many more than you need. Besides that they can be expensive.

So what is my point?
Based on government guidelines everyone over 60 should seriously consider taking these four dietary supplements.

- Multivitamins
- Vitamin D
- Calcium
- Fish Oil

Multivitamins
As people get older their diets may not be as well balanced as they once were. It’s hard to meet all nutritional needs unless you have a balanced diet and adequate calorie intake. Unless you are positive you are getting the basic vitamin and mineral amounts in a well rounded diet, the first supplement to consider is a multivitamin. Honestly, who of us, unless you are a Registered Dietitian, knows we are getting everything we need from food? Impaired capacity to absorb nutrients as you age and fewer vitamins and minerals in some foods make taking a daily multivitamin essential. Everyone doesn’t agree with this, but you will need to make your own choice.

Vitamin D
Research shows there is practically an epidemic of Vitamin D deficiency in the United States. Some physicians feel ninety percent of adults age 51 - 70 are deficient in Vitamin D.

Three groups of people are especially prone to Vitamin D deficiency.

- Postmenopausal women
- Black Americans
- The elderly

Higher levels of Vitamin D intake are recommended for older men and women because the amount made by the body decreases with age. Without Vitamin D bones can become osteoporotic leading to fractures. There are a lot of different recommendations out there, but a growing number of physicians (including me) are recommending a minimum intake of 1000 i.u. per day. The National Osteoporosis Foundation recommends this.

However in patients over 60 and postmenopausal women, 2000 i.u. of Vitamin D are required.

Calcium
Take 1200mg of Calcium daily for optimal bone health. Split the Calcium into two 600mg doses to allow for better absorption. Calcium not only keeps bones healthy, but also helps muscles function well and helps normalize blood pressure.

**Fish Oil**

Fish Oil can keep triglyceride levels down. People who don’t eat much fish could benefit from a fish oil supplement. Take Omega-3 Fish Oil 2000mg per day.

Some of my patients think taking fish oil is good for their joints, but this is not true. It is for your arteries particularly your coronary arteries, not your joints.

**Supplements for Special Needs**

**Eye macular degeneration**

Take extra zinc and the antioxidant vitamins C and E and beta carotene.

**Knee Arthritis**

I recommend Glucosamine/Chondroitin in certain cases for patients who have painful knees from mild to moderate osteoarthritis. I don’t recommend it for every patient I see with arthritis. I may recommend it after taking a history, examining the patient and seeing their standing x-rays of the knees.

In closing, there are hundreds of supplements and thousands of claims supporting their use. I have tried to focus your attention on what I believe to be the basic four; Multivitamins, Vitamin D, Calcium and Fish Oil. It is always best to check with your doctor before adding any supplements

*My patients put their trust in me and what I do improves the quality of their lives.*

**Gratiot County Herald Archive and Office Website**

I hope what you have read has raised questions. No problem! Please log onto www.orthopodsurgeon.com. It has a huge amount of musculoskeletal information in the Website and the Archive of all previous GCH articles.

Check it out and be amazed what you can learn. Good health. Good life. All the best to you. Be well.

315 Warwick Drive
Alma, Michigan 48801
Phone 989-463-6092 for an appointment

Dr. Haverbush