

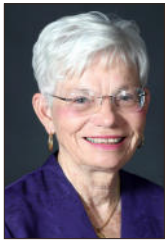
Much to consider about multi vitamin-mineral supplements

Q I am 67 years old. Should I take a multiple vitamin-mineral supplement? GH, Greenville

A I had a great time visiting with seniors enrolled in the Brainiac Boot Camp at the Pitt County Senior Center. Brittany Smith, registered dietitian nutritionist (RDN) at ECU Health Family Medicine, Jenna Carter Hamed, second-year Brody Medical student, and I led two sessions in this camp coordinated by Cyndi Shimer at the center and Dr. Donna Roberson, ECU College of Nursing. A shout out to all the people attending and the teachers and helpers with all the sessions.

Brittany led a session on following the MIND diet to slow memory loss. I started my session on dietary supplements for MIND health by sharing my philosophy about supplements. We should try to get all our nutrients from food and beverages but there are times that just isn't enough. Talk with your doctor or RDN about the dietary supplement you are interested in taking, before starting one.

Don't be surprised however if your doctor or RDN has to get back to you. There are more than



KATHY KOLASA

85,000 different supplements on the market in the USA, and no one knows about all of them. As a nutrition expert, it is my responsibility to encourage a supplement when it is needed and known to be effective. I also warn people about the risks and dangers of some supplements — like if a supplement might change the way your prescription medicines work.

I also warn them from taking too much because there can be dangers in taking too many supplements. And because FDA has very little power to regulate supplements, I warn people to save their money if there is no evidence an expensive supplement will do any good. Most of the time I help people make their own decision. I ask who recommended the supplement to them, what they expect will happen and can they afford to take them every day.

A really good study, conducted at a renowned medical center with many participants and

published in a highly regarded peer-reviewed nutrition journal demonstrated that older adults taking a senior multiple vitamin-mineral supplement every day can potentially slow cognitive decline or memory loss. It takes more than one study — even a good one — before I can say without a doubt taking a supplement might help. But this study is good enough to think about the risks and benefits of doing so.

At the same time, I have seen the number of products adding vitamin D to their mix is growing, and that is concerning. Doctors and RDNs know that some people can develop hypercalcemia — a condition that can weaken the bones — if they routinely take more than the Upper Tolerable Limit of vitamin D (unless it's been prescribed by their doctor because of a deficiency). Jenna and I talked about a product that advertises it is good for brain health. It now has 250% vitamin D or 50 mcg in it. This is the same as the Upper Tolerable Limit in just one pill. If a person either eats foods with vitamin D or takes other supplements that have vitamin D, they can be at risk of harm. It is critical to read the Supplement

Facts label to understand what nutrients you are putting in your body. Don't take more than you need.

There are lots of good reasons to consider taking a multiple vitamin in addition to helping memory. One is that they contain vitamin B12, which almost everyone over the age of 50 might need in a supplement unless they are big meat eaters. Our nation's 2020 Dietary Guidelines encourage older adults to meet their B12 needs with animal foods, foods fortified with B12, or B12 supplements (after consulting with a health care provider). Vitamin B12 shots also work to avoid and treat deficiencies. Sometimes symptoms that look a bit like memory loss or confusion are due to a vitamin B12 deficiency. Unfortunately, none of the current lab tests do a good job of identifying this deficiency.

If you eat fewer than 1,200 calories a day, it is difficult to get all the nutrients you need, so it is good to take a supplement. Jenna checked out products locally available and found a good-quality multi should cost no more than 15 cents a day. If you are paying more, you may be getting

pretty packaging, fancy marketing, nutrients you don't need or larger doses than you need. No one knows what the exact blend should include but a good quality multi would include vitamin A (700-1,000 mcg), vitamin C (60-200 mg), vitamin D 3 (20-25 mcg), vitamin E (15-20 mcg), vitamin K 50 mcg, thiamin (1.1 mg), riboflavin (1.1 mg), niacin (14-20 mg), vitamin B6 (1.7-5 mg), folate (400-600mcgDFE), vitamin B12 (2.4-50 mcg), calcium (some), iron (no more than 8 mg — premenopausal women need more), iodine (150 mcg), magnesium (40-350 mg), zinc (8-24), selenium (18-55 mg), copper (0.5-2.2 mg) and potassium (some).

I don't usually recommend brand names, but in this case, Centrum Silver was the multi used in the memory study. This formula seems to be a good one. At least one store brand, Equate, is similar and less money. Compare labels as you make your choice.

Professor emeritus Kathy Kolasa, a registered dietitian nutritionist and Ph.D., is an affiliate professor in the Brody School of Medicine at ECU. Contact her at kolasaka@ecu.edu.

No more needles? Daily pill may work as well as Wegovy shots to treat obesity

BY JONEL ALECCIA
The Associated Press

What if treating obesity could be as easy as popping an effective pill?

That's a notion that has long fueled hope for many of the more than 40% of Americans who are considered obese — and fueled criticism by those who advocate for wider weight acceptance. Soon, it may be a reality.

High-dose oral versions of the medication in the weight-loss drug Wegovy may work as well as the popular injections when it comes to paring pounds and improving health, according to final results of two studies released Sunday night. The potent tablets also appear to work for people with diabetes, who notoriously struggle to lose weight.

Drugmaker Novo Nordisk plans to ask the U.S. Food and Drug Administration to approve the pills later this year.

"If you ask people a random question, 'Would you rather take a pill or an injection?' People overwhelmingly prefer a pill," said Dr. Daniel Bessesen, chief of endocrinology at Denver Health, who treats patients with obesity but was not involved in the new research.

That's assuming, Bessesen said, that both ways to take the medications are equally effective, available and affordable. "Those are the most important factors for people," he said.

There have been other weight-loss pills on the market, but none that achieve the substantial reductions seen with injected drugs like Wegovy. People with obesity will be "thrilled" to have an oral option that's as effective, said Dr. Katherine Saunders, clinical professor of medicine at Weill Cornell Health and co-founder of Intellihealth, a company that focuses on obesity treatment.

Novo Nordisk already sells Rybelsus, which is approved to treat diabetes and is an oral version of semaglutide, the same medication used in the diabetes drug Ozempic and Wegovy. It comes in doses up to 14 milligrams.

But results of two gold-standard trials released at the American Diabetes Association's annual meeting looked at how doses of oral semaglutide as high as 25 milligrams and 50 milligrams worked to reduce weight and improve blood sugar and other health markers.

A 16-month study of about 1,600 people who were overweight or had obesity and were already being treated for Type 2 diabetes found the high-dose



THE ASSOCIATED PRESS

High-dose oral versions of the medication in the weight-loss drug Wegovy may work as well as injections at paring pounds and improving health, including hard-to-treat people with diabetes, according to research released Sunday.

daily pills lowered blood sugar significantly better than the standard dose of Rybelsus. From a baseline weight of 212 pounds (96.16 kilograms), the higher doses also resulted in weight loss of between 15 pounds (6.80 kilograms) to 20 pounds (9.07 kilograms), compared to about 10 pounds (4.54 kilograms) on the lower dose.

Another 16-month study of more than 660 adults who had obesity or were overweight with at least one related disease — but not diabetes — found the 50-milligram daily pill helped people lose an average of about 15% of their body weight, or about 35 pounds (15.88 kilograms), versus about 6 pounds (2.72 kilograms) with a dummy pill, or placebo.

That's "notably consistent" with the weight loss spurred by weekly shots of the highest dose of Wegovy, the study authors said.

But there were side effects. About 80% of participants receiving any size dose of oral semaglutide experienced things like mild to moderate intestinal problems, such as nausea, constipation and diarrhea.

In the 50-milligram obesity trial, there was evidence of higher rates of benign tumors in people who took the drug versus a placebo. In addition, about 13% of those who took the drug had "altered skin sensation" such as tingling or extra sensitivity.

Medical experts predict the pills will be popular, especially among people who want to lose weight but are fearful of needles. Plus, tablets would be more portable than injection pens and they don't have to be stored in the refrigerator.

But the pills aren't necessarily a better option for the hundreds of thousands of people already taking injectable versions such as Ozempic or Wegovy, said Dr. Fatima Cody Stanford, an obesity medicine expert at Massachusetts General

Hospital.

"I don't find significant hesitancy surrounding receiving an injection," she said. "A lot of people like the ease of taking a medication once a week."

In addition, she said, some patients may actually prefer shots to the new pills, which have to be taken 30 minutes before eating or drinking in the morning.

Paul Morer, 56, who works for a New Jersey hospital system, lost 85 pounds using Wegovy and hopes to lose 30 more. He said he would probably stick with the weekly injections, even if pills were available.

"I do it on Saturday morning. It's part of my routine," he said. "I don't even feel the needle. It's a non-issue."

Some critics also worry that a pill will also put pressure on people who are obese to use it, fueling social stigma against people who can't — or don't want to — lose weight, said Tigris Osborn, chair of the National Association to Advance Fat Acceptance.

"There is no escape from the narrative that your body is wrong and it should change," Osborn said.

Still, Novo Nordisk is banking on the popularity of a higher-dose pill to treat both diabetes and obesity. Sales of Rybelsus reached about \$1.63 billion last year, more than double the 2021 figure.

Other companies are working on oral versions of drugs that work as well as Eli Lilly and Co.'s Mounjaro — an injectable diabetes drug expected to be approved for weight-loss soon. Lilly researchers reported promising mid-stage trial results for an oral pill called orforglipron to treat patients who are obese or overweight with and without diabetes.

Pfizer, too, has released mid-stage results for darglipron, an oral drug for diabetes taken twice daily with food.

Novo Nordisk officials said it's too early to say what the cost of the firm's high-dose oral pills would be or how the company plans to guarantee adequate manufacturing capacity to meet demand. Despite surging popularity, injectable doses of Wegovy will be in short supply until at least September, company officials said.

The Associated Press Health and Science Department receives support from the Howard Hughes Medical Institute's Science and Educational Media Group. The AP is solely responsible for all content.

No such thing as a sunscreen pill

Hello, dear readers, and welcome to a bonus letters column. You've had us thinking about and researching a fascinating collection of topics, and we're eager to dive right in.

Q With the warmer weather and longer days, we're in peak sunscreen season. We recently heard from a reader wishing for an alternative. "I hate the feel and look of sunscreen, and my husband just forgets to use it," she wrote. "What about these sunscreen pills you see advertised? Are they an option?"

A The short — and emphatic — answer is no. While some companies tout dietary supplements as a so-called sunscreen pill, the claims they make are false. In fact, the Food and Drug Administration issued a statement several years ago warning against these products and ordered the manufacturers to correct their advertising.

The only products that protect against sun damage are topical lotions, sprays and creams that contain either minerals that physically block UV rays or specially formulated chemicals that absorb them. If not a fan of sunscreen, you can use hats, clothing and umbrellas to block UV rays.

Q After a column touched on time-restricted eating, we heard from a reader who wondered if it's suitable for her. "Would this approach be safe for someone who



ELIZABETH KO



EVE GLAZIER

is in perimenopause?" she asked.

A Time-restricted eating refers to the practice of limiting food intake to a set number of hours each day. For instance, eating from 8 a.m. to 6 p.m., and fasting until the following morning. Because perimenopause involves fluctuating hormone levels, which can be influenced by outside factors, this is an important question.

A body of research into this question suggests that time-restricted eating is safe.

This includes a study published last fall in the journal *Obesity*.

The study looked at premenopausal and postmenopausal women who restricted food intake to windows of four or six hours.

After eight weeks, researchers saw no changes to levels of estrogen or testosterone in either group.

However, before embarking on any significant change to your dietary habits, please first check with your doctor.

Q A recent column discussed the guidelines for colon cancer screenings, which have recently

been updated. This led a reader to inquire about a potential cause of the disease. "Is it possible that stress could be a precursor to colon cancer?" they asked.

A Chronic stress has emerged as a factor in the occurrence and progression of a number of diseases, including several types of cancer.

Stress can drive inflammation, which in turn appears to have a role in colorectal cancers. But the disease has numerous other risk factors as well. These include smoking, being overweight, poor diet, alcohol consumption, being sedentary, the composition of the gut microbiome and genetics.

We will take this as an opportunity to remind everyone that, when caught early, colorectal cancers are highly treatable. Please keep up with your screenings.

Is it repetitive to thank you (again!) for your letters? We love hearing your thoughts, appreciate your kind words and take your criticisms to heart.

And just a reminder — we can't provide a diagnosis, offer a second opinion or comment on a specific treatment plan.

Please do not send us your personal medical information.

Eve Glazier, M.D., MBA, is an internist and associate professor of medicine at UCLA Health. Elizabeth Ko, M.D., is an internist and assistant professor of medicine at UCLA Health.

WE'RE MOVING TO SEPTEMBER!



NOMINATIONS BEGIN JULY 10
stay tuned!