

# United Press International

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## Many vitamin D deficient in winter

People living in northern latitudes have minimal if any previtamin D3 production in winter, a U.S. study found.

Senior author Dr. Michael Holick, director of the General Clinical Research Center at Boston University School of Medicine, said increased skin pigmentation, application of a sunscreen, aging and clothing have a dramatic effect on previtamin D3 production in the skin.

Holick said 45 nursing home residents who were taking a multivitamin that contained 400 IU of vitamin D2 — derived from fungal and plant sources — showed a dramatic

decline in their 25(OH)D levels, an accurate measure of the amount of vitamin D in the body, from the end of summer to the beginning of the following summer.

The study, published in the March issue of the Journal of Bone and Mineral Research, found 49 percent were vitamin D deficient in August, 67 percent were deficient in November, 74 percent in February and 78 percent in May.

Most experts agree that a minimum of 1,000 IU of vitamin D per day is necessary to maintain circulating concentrations of vitamin D, the researchers said.



February 25, 2008

## Consequences of Lack of Sun

It's not often you see the sun during Mid-Michigan winters. For the most part it's hidden behind a mass of gray clouds.

"I am so tired of winter," says Mary Prinze. "I am praying for spring — any time, any second would be fine with me with me."

"Gloomy, down in the dumps, it's depressing," Laurence Bush says.

That lack of sunshine can not only affect a person's emotional health, it can affect a person's physical health. That's because the sun provides Vitamin D, without it there's an increased risk of colon cancer, breast cancer and heart disease.

Dr. Kimberly Johnson with Charlotte Medical Group says the most significant disease from a lack of Vitamin D is osteoporosis.

"Osteoporosis can be caused by a calcium deficiency, but in order to adequately absorb your calcium, you have to have enough Vitamin D to facilitate that absorp-

tive that process."

A recent study released by Boston University School of Medicine, found that people living in states in northern latitudes are 74 percent Vitamin D deficient during the month of February. For the average person, at least 400 international units of Vitamin D a day is recommended.

"Most dairy products are fortified with Vitamin D now, such as milk, cottage cheese, cheeses, yogurt, fatty fishes, fishes with omega-three oils which are also good for the heart have Vitamin D," Dr. Johnson explains.

The UV Foundation recommends supplements and even moderate exposure to UV rays from tanning beds. The best source is always the sun, of course, but when that sun refuses to peak out from behind the clouds, your next best bet is to get Vitamin D artificially.

# The Eagle-Tribune

North Andover, MA

February 21, 2008

## We need to spend more time in the sun

Life on our planet requires sunlight to survive. And most organisms work hard to get it. Jungle reptiles often compete with each other to find the highest, warmest surfaces for sunbathing. Rain-forest plants race to fill rare, sunny openings in the thick canopy left by fallen trees. And some flowers even bend their stems to follow the sun's movement across the sky.

Humans also need sensible sun exposure. But unlike the rest of life on earth, we actively work to avoid the sun.

In recent years, several dubious groups have launched smear campaigns against the sun, blurring the line between overexposure — a very real threat to our health — and any exposure at all. The sunscreen industry constantly warns the public to “cover up” before venturing outside. Store shelves are flooded with products promising increasingly higher sun-protecting factors (SPF). And the latest children's swim trunks cover more skin than a nun's habit.

This frantic obscuration has hurt us in an unexpected area: nutrition. The Centers for Disease Control and Prevention estimates that more than 180 million Americans — 60

percent of the population — are not getting enough Vitamin D.

Though certain foods contain trace amounts, it's virtually impossible to get enough vitamin D through diet alone. The National Institute of Health lists sunlight as “the most important source of vitamin D.” Our bodies produce the aptly named “sunshine vitamin” when ultraviolet (UV) rays reach our skin. To produce the amount that most experts now agree is the minimum daily requirement (about 1,000 to 2,000 international units), one would need to expose 25 percent of one's body for around 10 minutes at least two to three times a week during spring, summer and early fall.

We don't even come close.

Geography, weather, pollution and sunscreen limit the amount of UV available. Even factors as simple as the season play a role. For instance, during this time of year, sunlight is a scarce commodity, especially for Americans in the northern states.

Without Vitamin D, our bodies cannot build strong bones or maintain a healthy immune system. New research indicates that the sunshine vitamin plays a vital role in the prevention of many deadly illnesses, including multiple sclerosis, tuber-

culosis, schizophrenia and heart disease. Health officials estimate that as many as 47,000 cancer deaths could be prevented each year in America if adequate vitamin D levels were attained. But sun-scare messengers and health “experts” irresponsibly urge us to wear lotions and cosmetics with added SPF, which can block up to 100 percent of our vitamin D production.

Vitamin D deficiency is contributing to hundreds of thousands of cases of chronic and terminal diseases. That means that the sunlight myths perpetuated by the skin-care industry aren't only misleading. They're deadly.

We need sunlight as we need water, food and a roof over our heads.

It would be false prudence to completely avoid the sun to prevent skin cancer. Yes, too much UV light is unhealthy. However, too much of any good thing can be bad for your health. And too much UV avoidance can be downright dangerous.

When it comes to sunlight, the old adage holds true: Everything in moderation.

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*Michael Holick, M.D., is the director of the vitamin D, skin, and bone research laboratory at Boston University.*



February 21, 2008

## Vitamin D and Your Heart

Lack of the so-called Sunshine Vitamin may not just affect your bones, it could be hazardous to the heart.

It's estimated that one third to one half of otherwise healthy adults are low in Vitamin D. Couple that with this winter's lack of sunshine, and levels for Midwesterners could be dipping even lower. Not only does Vitamin D help keeps bones healthy, but folks with too little of this vitamin could be facing up to twice the risk of heart attack or stroke.

Vitamin D seems to be the new buzzword of the millennium. It's causing controversy and creating confusion because most of us get our Vitamin D from the sun. Scientists have said too much sun exposure is bad for you, but now we're being told maybe we've gone too far — and, possibly, are not getting enough.

A new wave of research is showing Vitamin D may reduce risk from several major illnesses, including cancer, diabetes and now heart disease.

"I was dumbfounded cause this was not in our radar that we should be checking this," said Dr. Annabelle Volgman, cardiologist, Rush Univ. Med. Ctr.

Rush cardiologist Annabelle Volgman started to check her female patients for Vitamin D deficiency. She was shocked to learn the majority were lacking. Baumgart, 31, who

works at Rush, is one of them.

"She tested my blood and I was severely Vitamin D deficient," said Baumgart.

Doctors don't know if that played a role, but Angela's heart was skipping beats. She says a pacemaker made a big difference in her health. She later added a Vitamin D rich diet — along with supplements.

"My activity has gone up I do feel better," said Baumgart.

Josie Lempa, who was also measuring on the low side, is also taking prescription Vitamin D.

"I haven't taken anything other than the D, and it really has made a difference."

A recent study in the journal "Circulation" may be the strongest evidence yet linking Vitamin D to cardiovascular disease. It found that events such as heart attacks, strokes and heart failure were anywhere from 53 to 80 percent higher in people with low levels of vitamin d in their blood. That risk increased even more in people with high blood pressure.

"This article in Circulation just made it a great mark in my suspicion that we should be checking Vitamin D deficiency in all of our cardiac patients," said Baumgart. "I have been telling a lot of physicians about this and I'm not sure they have accepted it yet."

Vitamin D is best known as one

of the most important regulators of calcium absorption in the body. It can be found in dairy products, fatty fish such as salmon and eggs.

So why would it help the heart? Researchers speculate that more of this vitamin could lead to less inflammation in the arteries. It has also been linked to reduced blood pressure. But, don't be too quick to rush out and stock up on Vitamin D supplements.

"We don't yet know if taking them really makes a difference in term of heart disease," said Dr. Rupa Meh-ta, cardiologist, Univ. Of Chicago Med. Ctr.

There's the catch. University of Chicago Cardiologist Rupa Meta says we still know so little about the relationship between Vitamin D and the heart. Does lack of the vitamin cause the problems or does cardiovascular disease essentially lead to Vitamin D deficiency? Also, other vitamins in the past such as "C" and "E" have shown promise in preventing heart problems- only to eventually fizzle out.

"I would not recommend routine testing as of yet because we don't have enough data," said Dr. Mehta.

What most doctors agree on is that an over the counter multi vitamin that contains vitamin d is a good idea for the average person. And if you have questions ask your doctor what they recommend.

## Lack of sunlight could cause vitamin D deficiency

While the cold winter weather may put you in a bad mood and keep you indoors, one group says it can also have an adverse health impact. Tim Miller is a spokesman for the U.V. Foundation and says many people in Iowa and other Midwestern states aren't getting enough sunlight.

Miller says that results in vitamin D deficiency, which he says can lead to increased risk for colon, prostate and breast cancer, M.S. and an increase in children reporting rickets. Miller says there are a lot of remedies including supplements and tanning beds. He says the recommended level of vitamin D is one-thousand units per day.

He says you can look on the side of the supplement bottle to see how much that is. One serving of salmon has 900

units, so that would cover a day. One glass of milk is 400 units, and five to seven minutes twice a week in a tanning bed would cover the need.

Miller says supplementing your vitamin D intake is important in the winter months, then you must also be sure to get some sunlight in the spring. Miller says you need 15 to 20 minutes of exposure in the sun before you put on your sunscreen.

A recent study released by Boston University School of Medicine, found that people living in Iowa and other northern latitude states are 74-percent Vitamin D deficient during the month of February. And a Harvard Medical School study published in the New England Journal of Medicine has reported that 60-percent of Americans are vitamin D deficient.

## Exposing the Benefits of Ultraviolet Light

Make no bones about it—getting enough vitamin D is key to maintaining healthy bones and can help to prevent other health problems.

Unfortunately, a Harvard Medical School study published in *The New England Journal of Medicine* has reported that 60 percent of Americans are vitamin D deficient.

This is particularly troublesome since vitamin D is proven to ward off many types of cancer including colon, prostate and breast cancer and is further shown to guard against heart disease, MS and other chronic health problems.

Experts say that moderate exposure to sunlight or UV light is thought to be the best way to help the body manufacture the vitamin D it needs.

However, during the bleak winter months it becomes harder to get the necessary amount of vitamin D. In fact, getting the requisite amount in cities north of 37 degrees latitude for as many as six months out of the year can be a real challenge. That includes cities such as Richmond, Va., St. Louis, Mo., and Sacramento, Calif., and all cities farther north.

While it is true that too much exposure to

UV (ultraviolet) light may lead to various health problems, extreme avoidance of UV light can be dangerous as well.

When it comes to sunlight, the old adage holds true: Everything in moderation.

“More and more science is emerging every day confirming the enormous health benefits of vitamin D and the significant health consequences of not getting enough of it,” said Tim Miller, Communications Director for the UV Foundation.

For those concerned about vitamin D deficiency and who find it difficult to get the necessary amount of sunlight, there are other ways to get your dose of the “sunshine vitamin.”

Vitamin D supplements, moderate exposure to UV light from a tanning bed, and a diet rich in vitamin D fortified foods will all help fight against vitamin D deficiency.

However, experts agree that the easiest and best way to get the requisite amount of vitamin D is through sunlight and UV light. Founded in 2004, the UV Foundation is dedicated to funding research to explore the effects of ultraviolet light on the human body.

For more information, visit [TrustTanning.com](http://TrustTanning.com).

## Gray Skies, Blue Moods

### Area Among Country's Cloudiest, Which May Affect our Health

Sometimes, it feels as if late winter in northern Indiana and southwest lower Michigan is a soul-sucking succession of slushy, lead-gray days. And it turns out that weather observations back that theory up.

The numbers speak for themselves: According to statistics kept by the National Oceanic and Atmospheric Administration, South Bend ranks 61st out of 271 American cities in terms of cloudy days per year. That means, on average, area residents wake up to the depressing glow of overcast skies instead of happy Mr. Sunshine about 193 times per year.

Why?

According to National Weather Service meteorologist T.J. Turnage, who works in the agency's Grand Rapids office, the answer to that question is the same as the answer to why vineyards flourish in Michigan and why Chicago stockbrokers buy million-dollar weekend homes in New Buffalo: Lake Michigan.

"The lake has a huge influence on our climate," he said. "When the lake is a different temperature than the air, it causes air masses to pick up moisture from the surface of the water. That causes clouds downwind of the lake." Which can cause real trouble for sun-loving Michiganders. Although the statistic could not be verified through government data, WGN's veteran Chicago meteorologist Tom Skilling once listed the state as the second cloudiest in

the continental United States, directly behind perpetually overcast Washington...

#### Health concern

So, experts agree that lack of sunlight can make you feel depressed, sluggish and generally sick. But don't forget that it can also eventually kill you. Really. With the one-two punch of cloudy skies and short days during the winter, lucky folks living north of the 37th parallel — in other words, anyone living between northern Kentucky and the North Pole — run the risk of developing a vitamin D deficiency.

This vitamin, which is produced by the body in reaction to ultraviolet light exposure, is crucial to overall health. And, as Tim Miller of the Washington, D.C.-based UV Foundation states, a lack of it can increase the risk of heart disease and cancer, along with making people feel generally lousy.

"A recent study showed that about 74 percent of people living north of the 37th parallel have some degree of vitamin D deficiency," Miller said. "That includes you people in most of Indiana and all of Michigan."

Which is one reason why Miller and his colleagues at the UV Foundation have tasked themselves with educating the public on the best ways to fight the scourge. Recommendations include drinking plenty of vitamin D-enriched milk, eating plenty of oily

fish such as salmon and catfish, and, most importantly, getting a healthy level of exposure to ultraviolet light.

"The key is moderation," he said, noting that overexposure to UV rays can increase the risk of skin cancer, premature aging and eye diseases. "About five to seven minutes in a tanning bed twice weekly is about right, or just wait 15 to 20 minutes to put on sunscreen after you go out in the sun." Miller, a Washington, D.C., resident, chooses the former and says he never fails to realize an instant pickup in mood and energy.

"It really makes you feel better," he said. "I find myself looking forward to it just because of that."

And there's one more piece of advice: Drag that winter-weary carcass out of the house and move around a little.

Doctors have long espoused the benefits of regular exercise for bodily health and vitality. But it turns out that a workout -- and the endorphins created by physical activity -- can help people boost their mood and energy levels year-round.

Twenty-five-year-old Brandon Howard of South Bend was doing just that as he ran along the river near South Bend recently. "The hardest part is that first half-mile," he said, blowing frosty clouds of breath into the chill air while fat snowflakes melted and steamed on his black balaclava. "After that, everything just kicks in and you feel great."

## Dermatologists' Seal-for-Sale Program Stirs Recriminations

The American Academy of Dermatology is locked in a furor with a subset of its membership over whether to sell its name, prestige, and a special seal for endorsement of commercial sunscreens.

The imbroglio has an eerie similarity to the infamous Sunbeam logo-for-sale scandal that rocked the AMA a decade ago.

The AAD's internecine squabbling has featured strong invective between the academy's leadership and a former AAD board member, A. Bernard Ackerman, M.D., a dermatopathologist from New York, who considers the seal plan disgraceful and a sellout of ethical principles.

The academy leadership believes Dr. Ackerman is living in a day gone by, in a time when a thick wall still separated academia and the pharmaceutical industry.

The bickering reached the stage of an angry exchange between the academy's counsel, Rob Portman, and Dr. Ackerman, a prominent member of the AAD.

Dr. Ackerman alleged that the attorney tried to censor a presentation at a special session on the issue at the academy's annual meeting in San Antonio. The attorney had no comment on the allegations and Dr. Ackerman's presentation was given as planned.

Dr. Ackerman, who received the "Master Dermatologist Award" for outstanding contributions to dermatology from the AAD in 2004, minced no words on his distaste for the plan. In interviews with MedPage Today, he dismissed academy protestations concerning extensive testing of the endorsed products.

He argued that testing isn't the point. The point, he insisted, is that taking money for an endorsement for any product, even a sunscreen, crosses an ethical line into the dark side for an academic group such as the AAD. Dr. Ackerman is a professor of dermatology and pathology at SUNY Downstate Medical Center in Brooklyn.

Even though the academy is charging only \$5,000 to apply for an endorsement,

and then \$10,000 annually, Dr. Ackerman likens this to the not-so-fine line between an inexpensive prostitute and an expensive one.

In that, he was backed by Arthur Caplan, Ph.D., director of the Center for Bioethics at the University of Pennsylvania. "I can't believe they're this stupid in this day and age when you've got people on the prowl everywhere looking for conflicts of interest," said Dr. Caplan. "It's worse than selling indulgences. It's just flat-out prostitution."

The academy's leadership, for its part, views the seal program as educational, a proper role for an academic group. In addition to selling its name for use on sunscreens, it also plans to put its imprimatur on other sun-protection products, including cosmetics/moisturizers, clothing, hats, laundry additives, shade structures, and window films/tints.

The AAD has set minimum standards for each product category and has an independent scientist evaluate applications, including companies' documentation from independent labs.

The academy maintains that the AAD Seal of Recognition program, which has a special seal rather than using the AAD logo, in no way resembles the AMA's misbegotten endorsement programs for Sunbeam.

The academy's program focuses on its mission to educate the public about the importance of sun protection. Yet the AMA also said it planned to use funds from Sunbeam for public health education programs.

The AAD allocated up to \$550,000 to establish the seal program. Last year, the academy accepted the first two sunscreen products into the AAD Seal of Recognition program. Both were Johnson & Johnson Aveeno Sunblock Lotions with SPF 55.

The AAD stressed that, unlike the AMA's Sunbeam deal, the academy's

program was not an exclusive endorsement. Stephen Stone, M.D., a dermatology professor at Southern Illinois University School of Medicine, who was AAD president when the organization adopted the seal program two years ago, also noted that the AAD will rely on independent testing provided by manufacturers in deciding whether to grant its seal.

James Spencer, M.D., a St. Petersburg, Fla., dermatologist, who chairs the AAD Seal committee, said the point of the program is to drive the use of sunscreen. "There's no debate on the desirability of using sunscreen within the dermatology community. It's a good idea -- like brushing your teeth. The American Academy of Dermatology would like to do everything it could possibly think to do to lower the incidence of skin cancer. Everything."

Diane Baker, M.D., of Portland, Ore., the immediate past president of the AAD, said that by requiring manufacturers to prove broad-spectrum protection against UVA and UVB, the program has standards that exceed the FDA's simple labeling of SPF.

Dr. Baker said the academy is raising the bar by factoring in UVA protection in sunscreens and moisturizers/cosmetics.

"What makes Dr. Ackerman uncomfortable and indeed many people uncomfortable," Dr. Spencer said, "is that there's a fee. And the appearance is, 'Gee, well, is this a fundraiser?' And the answer is no. The idea of this is to be revenue neutral, just to cover administrative expenses." Any money left over is earmarked for public education on skin cancer.

Dr. Ackerman scoffed at this. Dr. Ackerman said, "That's not the issue. This is the business of what you charge as a prostitute. Are you a \$5 hooker? Or are you a \$5 million hooker? The AAD just didn't think as big as the AMA."

He said he was puzzled by AAD's rates: "They don't do their own testing. And it costs all that money to have some-

one look at their data?"

Dr. Spencer portrayed the \$5,000 charge as minuscule for major manufacturers. He said, "The AAD's annual operating budget is \$34 million. C'mon. Five thousand, \$10,000 is not going to affect them."

Dr. Spencer also minimized membership interest in the issue, noting that only 80 dermatologists, mainly from Dr. Ackerman's home turf in New York, signed a petition calling for a meeting. He said the issue did not even draw a quorum at the special meeting here.

But Dr. Ackerman said he only needed 50 signatures from members and obtained them from New York but also elsewhere around the country from dermatologists concerned about the future of their specialty and their profession.

The absence of a quorum, he asserted, was because the AAD gave the membership only 10 days notice of the special meeting and scheduled it at a time when most members had already gone home.

Dr. Baker, who runs a clinical research firm with her allergist husband, stood by the seal program. She also believes that in the modern world physicians and their associations need to work hand-in-glove with industry on behalf of patients.

"It gets right down to whether you believe that a professional organization should take donations in any form from or have any kind of financial relationship with pharmaceutical companies or not," she said. "I think Dr. Ackerman believes we should not. I think there is a more practical group of individuals who know that we live in the United States of America and that we need each other."

"The pharmaceutical industry is the industry that provides medication to our patients," she continued. "They need physicians because we are the ones that prescribe it. And patients need both. We have to find a way to work with industry that is of benefit and doesn't require or pose a conflict of interest or at least limit that as much as possible. To me, that gets down to doing what's in the best interests of the patient. We envisioned this program as a way to help physicians advise their patients."

Countered Dr. Ackerman, "An academy is an academy. It's supposed to be academic. AAD is far from it."

In the presentation that the AAD at-

torney allegedly tried to censor, Dr. Ackerman showed slides he said were based on information from the AAD and faculty disclosures. Dr. Ackerman said six of seven AAD officers in 2006 and four of seven in 2007 had ties to companies that manufacture sunscreens.

During the special session, he targeted in a slide presentation:

\*Dr. Spencer for consulting for IVAX, L'Oréal and Neutrogena, makers of sunscreens.

\*Dr. Baker for a consulting arrangement with Basilea Pharmaceutica, Ltd., L'Oréal, OrthoNeutrogena, Merck, Connetics, and Galderma, all of which manufacture sunscreens.

\*Dr. Stone for serving as a consultant to Procter & Gamble and Bradley Pharmaceuticals, makers of sunscreen.

\*Henry Lim, M.D., vice president of the AAD and chairman of the AAD Council on Science and Research, for ties to Johnson & Johnson, the first company to be awarded the Seal of Recognition for its Aveeno sunscreens. Dr. Lim broke two appointments for interviews and failed to respond to e-mails from MedPage Today.

Dr. Baker said, "I do not feel that I have a personal conflict of interest with regards to the relationships I've had with industry. We sign contracts with them to provide a service for doing these clinical investigations and we follow the protocol."

She said her research arrangements had nothing to do with another division of that same company receiving a Seal of Recognition for its sunscreen.

Moreover, Dr. Baker said that when she had dealings with drug companies, she tried to "make it as clear as possible that I, as a private practitioner, this is part of my relationship with you and it has nothing to do with me being president of the American Academy of Dermatology or immediate past president as I am now."

Dr. Stone, in an e-mail, confirmed he has had an advisory relationship with Bradley on a new medication for genital warts, and with P&G on matters unrelated to sunscreens.

He said that prior to email query from MedPage Today, he was unaware of a Bradley Pharmaceutical sunscreen.

He said, however, that to "the best of my knowledge, neither of those compa-

nies has applied for the seal."

But he had no objection to either company applying for the seal, which he said was "available to any sunscreen manufacturer that produces a sunscreen which meets certain evidence-based criteria for sun protection."

Dr. Spencer said that two years ago, while on the faculty at Mount Sinai School of Medicine in New York, he "consulted, meaning giving advice as a practicing physician," but that did not create a conflict of interest.

The criteria for receiving the Seal of Recognition are "public and verifiable and evenly applied to all applicants," Dr. Spencer said.

Moreover, Dr. Spencer flatly denied receiving any payments or personal benefits from his work with the seal program.

Dr. Baker said Dr. Ackerman is a purist and that physicians need to work with industry on behalf of the public's health.

Dr. Ackerman said it is unacceptable for the doctors involved in the seal program to have been involved with companies that made sunscreen, no matter whether they were consulting on products other than sunscreens.

Dr. Stone said, "Clearly, if the AAD is going to take a position on sunscreens in any way, they will be bringing into the process the most knowledgeable experts in the field -- and equally obviously, those experts are the ones most likely to be used as consultants and researchers by companies in that arena."

Dr. Ackerman described Dr. Stone's response as "an exercise in sophistry and duplicity." He said it mattered "not a whit" that he does not discuss sunscreens with the companies for whom he consults. "The conflict of interest is that he serves as consultant to companies that manufacture sunscreens at the same time that he, as president, advocated a seal program to an academy that then promotes the products of those companies."

Dr. Baker said she was "a little disappointed that Dr. Ackerman chose to make it a more personal attack on conflict of interest and I personally don't believe I have any conflict of interest in supporting this program for the academy. I feel I don't stand to gain anything financially from it in any way."

Dr. Spencer dismissed Dr. Ackerman as "our (AAD) gadfly."