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Vitamin D Deficiency It May Be an Epidemic

... One Day at a Time

If you haven't had your Vitamin D level tested, ask your doctor to do a test. It's very possible that you could have a Vitamin D deficiency.

Why it matters: Almost every tissue type in the body has receptors for Vitamin D, which means that the tissues require Vitamin D for adequate functioning.

Recent research is revealing that inadequate levels of Vitamin D could be responsible for increasing the risk of diabetes, heart disease, many cancers, autoimmune diseases, cognitive decline, pregnancy complications, bone disease, allergy, chronic fatigue, and even frailty.

Sunlight is our best source: We all learned in grammar school that D is "the sunshine vitamin" because when our skin is exposed to sunlight, we make our own D. What happens is that the sun's ultraviolet B (UVB) waves trigger chemical reactions in our bodies so they manufacture a pre-vitamin D that penetrates our bloodstream and then converts to the active form, Vitamin D3. We have all been told for years that we should stay out of the sun and use sunscreen. But limited exposure to the sun can make a huge difference in our Vitamin D levels.

In the Northern hemisphere, exposing your arms and legs (and abdomen and back whenever possible) to sunlight twice weekly for about 15 to 30 minutes of June noontime sun produces adequate levels of D3. There's no need to expose the sensitive skin of your face because, ironically, your face is highly inefficient at Vitamin D production anyway. If you have darker skin, you'll need more exposure.

Melanin is what gives skin its color. Lighter skin has less melanin than darker skin. Melanin is able to absorb UVB radiation from the sun and reduce the skin's capacity to produce Vitamin D3. People with a naturally dark skin tone have natural sun protection and require at least three to five times longer exposures to make the same amount of Vitamin D as a person with a white skin tone.

We can also get some limited D from foods, oily fish like wild salmon and fortified milk among them, but not enough. So supplements are often the answer.

How Much Vitamin D Do We Need?

All it takes is a simple blood test to find out if you are deficient in Vitamin D, but determining the optimal level is not quite as simple. There is a lot of controversy about what the optimal levels and deficient levels are. The test will measure your 25 (OH)D level. The Institute of Medicine set the guidelines for serum (blood) 25(OH)D levels to be as follows:

- Deficiency: 25(OH)D level BELOW 12 ng/mL
- Inadequate: 25(OH)D level BETWEEN 12-20 ng/mL
- An adequate 25(OH)D level is between 20-50 ng/mL
- Excessive: 25(OH)D level over 50 ng/mL

If you have an adequate level of Vitamin D, you may still need a supplement to maintain that level if you have limited sun exposure.

The guidelines for how much Vitamin D we need were updated in 2010 by the Institute of Medicine (IOM). They were set based on the evidence for bone health and assumed that there was limited sun exposure. The recommended dietary allowance (RDA) for Vitamin D is as follows:

- 600 IU/day for ages 1 to 70
- 800 IU/day for over 70 years of age
- 600 IU/day for pregnant and lactating women

These amounts need to be increased, however, if you have a Vitamin D deficiency. Your doctor may recommend 1000 – 2000 IU/day or more of a D3 supplement.

Caution: Before taking larger amount of supplemental Vitamin D, know your current blood level. High blood levels can cause harm also.

Excessive intakes of Vitamin D can lead to high levels of calcium (hypercalcemia). The symptoms of this are weakness, confusion, constipation, loss of appetite, and development of painful calcium deposits.

See your doctor and know your Vitamin D level.



American Diabetes Month

RISK FACTORS FOR PREDIABIATES AND TYPE 2 DIABETES

Researchers don't fully understand why some people develop prediabetes and type 2 diabetes and others don't. It's clear that certain factors increase the risk, however, including:

- Weight. The more fatty tissue you have, the more resistant your cells become to insulin.
- Inactivity. The less active you are, the greater your risk. Physical activity helps you control your weight, uses up glucose as energy and makes your cells more sensitive to insulin.
- Family history. Your risk increases if a parent or sibling has type 2 diabetes.
- **Race.** Although it's unclear why, people of certain races including blacks, Hispanics, American Indians and Asian-Americans are at higher risk.
- Age. Your risk increases as you get older. This may be because you tend to exercise less, lose muscle mass and gain weight as you age. But type 2 diabetes is also increasing dramatically among children, adolescents and younger adults.
- **Gestational diabetes.** If you developed gestational diabetes when you were pregnant, your risk of developing prediabetes and type 2 diabetes later increases. If you gave birth to a baby weighing more than 9 pounds (4 kilograms), you're also at risk of type 2 diabetes.
- **Polycystic ovary syndrome.** For women, having polycystic ovary syndrome a common condition characterized by irregular menstrual periods, excess hair growth and obesity increases the risk of diabetes.
- **High blood pressure.** Having blood pressure over 140/90 millimeters of mercury (mm Hg) is linked to an increased risk of type 2 diabetes.
- Abnormal cholesterol and triglyceride levels. If you have low levels of high-density lipoprotein (HDL), or "good," cholesterol, your risk of type 2 diabetes is higher. Triglycerides are another type of fat carried in the blood. People with high levels of triglycerides have an increased risk of type 2 diabetes. Your doctor can let you know what your cholesterol and triglyceride levels are.

PREVENTION IS KEY

- Maintain a healthy weight. If you put on a few pounds, lose them.
- If you are overweight, losing even 10 -15 lbs can help prevent the onset of diabetes.
- Be active. Just 30 minutes a day of walking will help prevent diabetes or help control your blood sugar levels if you have diabetes.





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