

PSORIATIC ARTHRITIS NEWS AND VIEWS

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PSORIATIC ARTHRITIS MEDICAL NEWS

BLINDING EYE DISEASE MORE COMMON THAN THOUGHT

March 9 (HealthDayNews) -- Uveitis, a potentially blinding eye disease, affects many more Americans than previously estimated, says a study in the March issue of Ophthalmology.

The population-based study concluded that the incidence of uveitis in the United States is nearly three times that of previous estimates. This study's findings indicate that more than 280,000 Americans have uveitis -related problems each year.

Uveitis is an inflammation of the uvea, the middle layer of the eye. It has a number of causes, including viral infections, fungal infections, bacterial infections, ARTHRITIS, AUTOIMMUNE DISEASES, toxoplasmosis and eye injuries. However, in most cases of uveitis, the cause remains unknown.

Uveitis causes about 30,000 new cases of blindness each year in the United States.

"This study represents a major step in understanding who gets uveitis," says Dr. Ivan Schwab, spokesman for the American Academy of Ophthalmology and director of the Cornea and External Disease Service, University of California, Davis.

"The investigator's analysis raises very important issues -- the increased prevalence of uveitis in women and, the increased rates in older patients. This is a surprise to all of us that work in the field. It is important information," Schwab adds in a prepared statement. SOURCE: American Academy of Ophthalmology, news release, March 1, 2004. Copyright © 2004 ScoutNews, LLC. All rights reserved.

HOW DOES ANKYLOSING SPONDYLITIS AFFECT THE EYE AND HOW IS IT TREATED?

Patients with ankylosing spondylitis can develop inflammations of the iris of the eye. This is referred to as iritis. Recurrent attacks of iritis can affect either eye and is characterized by eye pain and redness with increased pain when looking at bright lights. In addition to the iris, the ciliary body and choroid of the eye can be inflamed and this is referred to as uveitis.

Iritis and uveitis can be serious complications of ankylosing spondylitis that can damage the eye and impair vision. Urgent consultation with an ophthalmologist may be required. Treatment can involve cortisone eye drops (such as pred

forte) and other drops to rest the muscles of the iris. Additionally, high doses of cortisone medication by mouth and/or injected directly into the involved eye can be required.

Finally, it should be noted that iritis and inflammation of the spine can occur in other forms of arthritis, such as reactive arthritis (formerly Reiter Syndrome), PSORIATIC ARTHRITIS, and the arthritis of inflammatory bowel disease.

COMBO DRUGS BEST FOR ARTHRITIS

February 27, 2004 - LONDON (AP)

Combining a new drug with the standard initial treatment for rheumatoid arthritis seems to work better than using either medicine alone, research indicates.

About 1 percent of people have rheumatoid arthritis, a crippling disease in which the immune system goes awry and attacks the joints.

For nearly two decades, the standard drug against the disease has been methotrexate, originally developed to fight cancer. But two out of three patients don't respond well to it.

The newer drug, Enbrel, belongs to a class of medicines that target an inflammation-causing protein called tumor necrosis factor, or TNF. Such drugs have helped people who have not benefited from methotrexate.

The new study, outlined this week in *The Lancet* medical journal, investigated for the first time whether giving both drugs from the onset would be better than using one alone. Conducted by experts at the Karolinska Institute in Stockholm, Sweden, it involved 682 patients who were given either one of the two drugs or both.

A year after treatment began, 35 percent of the patients in the combination group were in remission, compared with 13 percent of those on methotrexate alone and 16 percent of those on Enbrel alone.

There was no further deterioration of joints in 80 percent of patients on combination treatment, compared with 68 percent on methotrexate and 57 percent on Enbrel alone.

Dr. Armin Schnabel of the Rheumatology and Immunology Clinic in Bad Wildbad, Germany, said that although the results show the combination treatment is better, therapy for rheumatoid arthritis remains imperfect.

"Efficacy can be enhanced by combining (Enbrel) and methotrexate from the beginning, but even the combination leaves a sizable number of patients with active inflammation," said Schnabel, who was not connected with the research.

The *Lancet* study involved people who had suffered from the disease for a long time. Perhaps aggressive combination treatment early in the course of the

disease could make a big difference in switching off the destruction caused by inflammation, he said.

The study was funded by Wyeth, the company that makes Enbrel. Copyright 2004 The Associated Press. All rights reserved.

DRUG COMBO CAN EASE ENLARGED PROSTATE JEFF DONN - BOSTON (AP)

Two workhorse drugs can be combined to strike a doubly powerful blow against symptoms of an enlarged prostate, an irritating and occasionally dangerous condition widespread in older men, a study found.

Researchers say up to 7 million men might benefit from the combined drugs, which act in different ways on the body to ease such symptoms as weak or urgent urination.

"I can't think of many combination therapies where two drugs work by different mechanisms and jointly work so much better. It's a beautiful outcome," said one of the study's leaders, Dr. Claus Roehrborn, a urologist at University of Texas Southwestern Medical Center in Dallas.

The study was published Thursday in The New England Journal of Medicine. The five-year experiment with 3,047 patients at 17 hospitals coast to coast was the most ambitious study yet of drug treatments for enlarged prostate. It was backed by the National Institutes of Health.

The two drugs in the study, doxazosin and finasteride, are now widely used, but not normally combined, to treat an enlarged prostate. The study was designed to decide if they can be teamed up for a stronger effect. Often, such a drug combination fails to greatly boost effectiveness.

This time, though, it succeeded. On its own, each drug reduced the risk of worsening symptoms by about a third. Together, they worked twice as well, cutting the risk by two-thirds.

Over five years, the condition worsened in about 10 percent of patients on only one drug, but in only 5 percent of those who took the combination. Without either drug, the condition deteriorated in 17 percent.

"Although we had predicted that combination therapy would be more effective than either drug alone, the magnitude of risk reduction was surprising," said chief researcher Dr. John McConnell, also at Southwestern Medical Center.

Doxazosin relaxes muscles that tend to choke off the flow of urine. It is usually the first drug given for an enlarged prostate. Finasteride, which also goes by the brand name Proscar, slowly shrinks the prostate gland itself. It is contained in smaller amounts in the baldness drug Propecia.

The two-drug combination can cost about \$3 a day.

Half of men ages 51 to 60 and up to 90 percent of those over 80 have enlarged

prostates, according to the American Urological Association.

The prostate, a semen-secreting gland, lies under the bladder. In middle age, it is about the size and shape of a chestnut. Over a man's lifetime, it might typically double in size, and can sometimes grow tenfold to the size of a baseball.

An enlarged prostate - medically known as benign prostatic hyperplasia - tends to squeeze off the flow of urine from the bladder, making it more difficult to urinate or causing an urgent need to urinate. Much more rarely, the flow is totally blocked, requiring quick surgery.

In the University of Texas study, finasteride alone and combination therapy worked equally well at warding off complete blockages. Doxazosin was not effective against this complication. The combination therapy worked better than either drug alone at controlling minor but annoying symptoms.

The frequency of known side effects from the drugs, including impotence and dizziness, remained small for dual therapy. However, the combination did appear to boost slightly the risk of abnormal ejaculation, ankle swelling and breathing trouble.

Also, earlier cancer research suggested finasteride reduces the overall likelihood of prostate tumors but may increase the risk of more aggressive ones.

The researchers said their findings show that combination therapy is the best all-purpose choice for many men. Roehrborn said around 40 percent of patients with this condition - about 3 million men - can now be considered for combination therapy.

Dr. E. Darracott Vaughan, a urologist at Cornell University's Weill Medical College, said up to 7 million men might theoretically benefit. Researchers said other members of the same two drug classes are apt to work similarly in tandem.

American Urological Association: New England Journal of Medicine: The Associated Press.

BACTERIAL DNA REDUCES INFLAMMATION IN MICE

From the NIH/National Institute of Allergy and Infectious Diseases, and forwarded by our fellow member Michael Szczygiel

DNA from inactivated "probiotic" bacteria triggers a specific anti-inflammation immune response in mice with experimental colitis, researchers supported by the NIH's National Institute of Allergy and Infectious Diseases (NIAID) have discovered. Led by Eyal Raz, M.D., of the University of California, San Diego (UCSD), the investigators provide a possible explanation for the observed benefits of consuming probiotics, supplements from bacteria and other microbes, regarded by some as helpful in maintaining or restoring intestinal health. Knowing how probiotics work could give scientists a way to identify and select which probiotic bacteria might be effective against such human ailments as inflammatory bowel disease (IBD).

Probiotics have shown promise for treating such IBDs as Crohn's disease and ulcerative colitis, both of which cause periodic intestinal inflammation. But scientists have had many theories of how these mixtures of "good" bacteria work, notes Marshall Plaut, M.D., of NIAID's Division of Allergy, Immunology and

Transplantation. Plausible theories suggested that proliferation of the living bacteria either generated helpful metabolic products or crowded out "bad" intestinal bugs. Prior to this study, the general thinking about probiotics, which include bacteria like those found in yogurt, has been that they mediate their effects through some kind of non-specific action, adds Dr. Plaut.

Dr. Raz and his colleagues, whose work is published in the February 2004 issue of the journal Gastroenterology, irradiated a commercially available probiotic preparation, halting bacterial proliferation, but preserving its DNA. When given to mice, the irradiated probiotics performed as well as live bacteria in reducing inflammation. They also found that purified probiotic bacterial DNA alone similarly reduces inflammation in mice with experimentally induced colitis.

The researchers also showed that probiotic DNA acts in a specific way by activating a defined element within the innate immune system. In animals, including humans, components of the innate immune system play complementary roles in initiating, then halting, inflammation. Improperly regulated inflammation is one symptom of IBDs.

An innate immune system protein called TLR9 is a pivotal player in the chemical signaling chain that slows inflammation. In a series of experiments, the UCSD team showed that probiotic DNA exerts its effects through TLR9. Indeed, mice without the gene for TLR9 protein cannot benefit from probiotics, either living or irradiated, or from probiotic DNA.

Taken together, insights into mechanisms of probiotic activity open new possibilities for probiotic therapies. For example, say some researchers, purified probiotic DNA or irradiated probiotics may be safer than viable preparations, and could be used by people with compromised immune systems.

Dr. Raz also received support for this research from the National Institute of Diabetes and Digestive and Kidney Diseases, a part of the NIH.

GROUP SEEKS BAN OF ANTI-CHOLESTEROL DRUG March 5, 2004 WASHINGTON (AP)

A 39-year-old woman has died of a muscle-destroying condition linked to the controversial new anti-cholesterol drug Crestor, a consumer advocate said Thursday, citing 16 cases of serious side effects in urging a ban of the drug.

Crestor is in the popular family of cholesterol-lowering drugs called statins.

It won Food and Drug Administration approval in August, after a delay because of safety concerns: Seven cases of the potentially fatal, muscle-destroying condition called rhabdomyolysis occurred during studies involving patients on an 80-milligram dose. For that rare condition to pop up in clinical trials was unusual and particularly worrisome since another statin, Baycol, had been pulled off the market in 2001, linked to dozens of rhabdomyolysis-caused deaths worldwide.

In studies, Crestor also was linked to some cases of kidney abnormalities not seen with other statins.

Still, FDA ultimately decided to approve Crestor, saying it appeared to be slightly more potent than other statins and thus may be important for some patients. To lower the risk of side effects, FDA recommended starting doses of 5 mg. to 10 mg, and said patients should never exceed 40 mg.

But records from the FDA and health agencies in Canada and Britain show life-threatening side effects occur even at those lower doses, said Dr. Sidney Wolfe of the consumer advocacy group Public Citizen, in a petition filed with FDA Thursday seeking a ban.

Among the records:

- Seven patients with rhabdomyolysis, including the 39-year-old American who died after using a 20-mg dose, and a second death from an unspecified country.
- Four patients with acute kidney failure, including a 79-year-old U.S. man who died.
- Five additional patients with less severe kidney damage.

Also, among six patients, Crestor interacted dangerously with the blood-thinner Coumadin, commonly used by heart-disease patients. One had a hemorrhage, Wolfe said.

Crestor maker AstraZeneca wouldn't comment on the deaths or other serious side effects except to say "the safety profile is totally comparable" to what pre-marketing studies had predicted, said spokesman Gary Bruell.

"We're very pleased with the performance of the drug thus far," he said, noting that 1 million patients worldwide have tried Crestor, including 600,000 in the United States. The company is about to begin major television advertising for the drug.

But Wolfe contended that Crestor "has no unique advantage, but some unique risks" over other statins. He told the FDA there is growing concern about the drug, citing two major U.S. insurers who refuse to pay for it because of the muscle risk and a recent recommendation against use by Sweden's drug advisers.

The FDA will evaluate the petition, said spokeswoman Laura Bradbard.

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GROUP SUES FDA FOR BAN ON ANTIDEPRESSANT
March 16, 2004 WASHINGTON (AP)

A consumer advocacy group sued the government Monday, seeking to force a ban on sales of the antidepressant Serzone.

The drug can cause deadly liver failure and is linked to 20 deaths -- and it's impossible to predict which patient is at risk, said the consumer group Public Citizen.

Serzone already has been taken off the market in Canada and Europe, and will quit selling in Australia and New Zealand in May, said Public Citizen's Dr. Sidney Wolfe.

He first petitioned the FDA to take Serzone off the U.S. market a year ago, but FDA didn't act. Public Citizen filed suit Monday, asking a federal judge to declare FDA's delay illegal and force the agency to act to "protect public safety and prevent needless death and injury."

The FDA is reviewing the issue, said spokeswoman Susan Cruzan.

But the agency has maintained that liver failure is a rare risk adequately managed by warning patients. In 2002, the FDA added to Serzone's label the agency's strongest type of warning, one set off by a black box.

Wolfe argues that warnings haven't helped. He details 55 cases of liver failure, including the 20 deaths, and another 39 cases of less severe liver injury reported to the FDA since Serzone began selling in 1994.

Rather than seeing side-effect reports trickle off as the years pass, as is typical with older medications, the FDA received more reports of liver failure in the 17 months after strengthening the warning than in the five previous years, the lawsuit contends.

The FDA estimates its monitoring system counts fewer than 10 percent of the side effects caused by medications, meaning far more Serzone users may have been harmed, Wolfe said.

The drug works no better than older, safer antidepressants, he added, pointing to a report from the World Health Organization and Health Canada that compared a number of popular antidepressants and found only Serzone linked to serious liver injury.

Serzone maker Bristol-Myers Squibb declined comment on the suit.

Serzone, known chemically as nefazodone, inhibits an enzyme key to drug metabolism, allowing the antidepressant to sometimes build to toxic levels in the liver, Wolfe said. That enzyme also metabolizes numerous other drugs, meaning patients taking multiple medications could be at higher risk, he said.
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JOB STRESS AND YOUR HEALTH

Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury.

The concept of job stress is often confused with challenge, but these concepts are not the same. Challenge energizes us psychologically and physically, and it motivates us to learn new skills and master our jobs. When a challenge is met, we feel relaxed and satisfied. Thus, challenge is an important ingredient for healthy and productive work. The importance of challenge in our work lives is probably what people are referring to when they say "a little bit of stress is good for you."

When the challenge has turned into job demands that cannot be met, relaxation has turned to exhaustion, and a sense of satisfaction has turned into feelings of stress, the stage is set for illness, injury and job failure.

Nearly everyone agrees that job stress results from the interaction of the worker and the conditions of work. Views differ, however, on the importance of worker characteristics versus working conditions as the primary cause of job stress. These differing viewpoints are important because they suggest different ways to prevent stress at work.

According to one school of thought, differences in individual characteristics such as personality and coping style are most important in predicting whether certain job conditions will result in stress -- in other words, what is stressful for one person may not be a problem for someone else. This viewpoint leads to prevention strategies that focus on workers in ways to help them cope with demanding job conditions.

Although the importance of individual differences cannot be ignored, scientific evidence suggests that certain working conditions are stressful to most people (for example, excessive workload demands and/or conflicting expectations).

Such evidence argues for a greater emphasis on working conditions as the key source of job stress, and for job redesign as a primary prevention strategy.

According to the NIOSH (National Institute for Occupational Safety and Health), these are job conditions that may lead to stress:

The design of tasks. Heavy workload, infrequent rest breaks, long work hours and shiftwork; hectic and routine tasks that have little inherent meaning, do not utilize workers' skills, and provide little sense of control.

Management style. Lack of participation by workers in decision-making, poor communication in the organization and lack of family-friendly policies.

Interpersonal relationships. Poor social environment and lack of support or help from coworkers or supervisors.

Work roles. Conflicting or uncertain job expectations, too much responsibility, too many "hats" to wear.

Career concerns. Job insecurity and lack of opportunity for growth, advancement, or promotion; rapid changes for which workers are unprepared.

Environmental conditions. Unpleasant or dangerous physical conditions such as

crowding, noise, air pollution, or ergonomic problems.

Short-lived or infrequent episodes of stress pose little risk. But when stressful situations go unresolved, the body is kept in a constant state of activation, which increases the rate of wear and tear to biological systems. Ultimately, fatigue or damage results, and the ability of the body to repair and defend itself can become seriously compromised. As a result, the risk of injury or disease escalates.

In the past 20 years, many studies have looked at the relationship between job stress and a variety of ailments. Mood and sleep disturbances, upset stomach and headache, and disturbed relationships with family and friends are examples of stress-related problems that are quick to develop and are commonly seen in these studies. These early signs of job stress are usually easy to recognize. But the effects of job stress on chronic diseases are more difficult to see because chronic diseases take a long time to develop and can be influenced by many factors other than stress. Nonetheless, evidence is rapidly accumulating to suggest that stress plays an important role in several types of chronic health problems -- especially cardiovascular disease, musculoskeletal disorders, and psychological disorders.

Some employers assume that stressful working conditions are a necessary evil-- that companies must turn up the pressure on workers and set aside health concerns to remain productive and profitable in today's economy. But research findings challenge this belief. Studies show that stressful working conditions are actually associated with increases absenteeism, tardiness, and intentions by workers to quit their jobs -- all of which have a negative effect on the bottom line.

Recent studies of so called healthy organizations suggest that policies benefiting worker health also benefit the bottom line. A healthy organization is defined as one that has low rates of illness, injury, and disability in its work-force and is also competitive in the marketplace. NIOSH research has identified organizational characteristics associated with both healthy, low-stress work and high levels of productivity. Examples of these characteristics include the following:

- Recognition of employees for good work performance
- Opportunities for career development
- An organizational culture that values the individual worker
- Management actions that are consistent with organizational values

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PILL FIGHTS URGE TO SMOKE, OVEREAT

News Review by James Winshall, M.D., Harvard Medical School

A drug now being developed can help people to lose weight and quit smoking, according to studies presented March 10 at the American College of Cardiology meeting in New Orleans. The Associated Press reports that the drug, rimonabant, temporarily stops reception of signals from a body system that regulates both hunger and cravings for substances such as alcohol and nicotine.

A new pill that kills two birds with one stone may be just the way to help you shed the habits that can kill you prematurely.

Studies released this week suggest that the experimental drug rimonabant is remarkably effective at helping people to control two destructive habits: smoking and overeating. About half the people enrolled in clinical trials were able

to lose about 10 percent of their body weight, as well as three inches from their waistline; and more than a quarter had at least short-term success in quitting smoking. To put things in perspective, a recent report from the federal

Centers for Disease Control and Prevention identified obesity and tobacco as each killing about 400,000 people in the United States each year.

But is a pill the answer to our bad habits? The answer may not be straightforward. We know that other drugs -- such as nicotine patches or gum, and the antidepressant bupropion -- are effective at helping people to quit smoking. However, it's rare that just taking one of these drugs is enough to get people to give up cigarettes. They need to be motivated to quit, too. Several studies have shown that smoking cessation rates are much higher when drug treatment is combined with a support program or other form of behavioral treatment for cigarette addiction.

More importantly, we've had a very checkered experience with weight loss drugs. Almost every drug that's been tried for weight loss over the past half-century has either been pulled from the market or fallen out of favor. Redux and fen-phen are great examples from the 1990s: These drugs had remarkable success at helping people to lose weight, but were later found to cause serious heart and lung problems.

As a new drug, there are more questions than answers about rimonabant. The studies just released seem promising, but most doctors will want to see larger, longer-term studies before they recommend this drug to their patients who want to quit smoking, lose weight, or both. It's also likely that the average person will have less success than the highly motivated individuals who enroll in research studies.

Rimonabant is still in development. If all goes well, the drug could hit the U.S. market in about two years. However, there is always the possibility that further studies will turn up major problems, or at least slow the drug's approval process.

In the meanwhile, people who want a drug to help them quit smoking have reasonable options in nicotine products and bupropion. Nicotine gum and patches are available over the counter, while bupropion requires a doctor's prescription. Either drug works best when combined with a structured smoking cessation program.

Options for weight loss are much more limited. Two drugs are currently approved to help people lose weight: orlistat (Xenical) and sibutramine (Meridia). Neither drug produces remarkable results, and each has significant side effects. Many experts recommend that these drugs be used only in the setting of a structured weight loss program, and with close medical supervision. There are also preliminary studies that suggest that the epilepsy drug topiramate (Topamax) may help with weight loss, although the drug is not approved for this purpose, and can cause serious side effects, too.

Rimonabant is an exciting discovery because of its effectiveness at helping people to lose weight and quit smoking, but also because it works through an entirely different mechanism than existing drugs. Rimonabant appears to block endocannabinoid receptors -- the parts of the brain that are "turned on" by drugs like marijuana. Even if the drug runs into problems, it's possible that other drugs could be developed that would work in the same way. Nonetheless, it's unlikely that any drug alone is going to solve America's problems with obesity and tobacco. Getting people motivated to lead healthier lives is the key issue; drugs are there to help us achieve that goal. Last updated March 12, 2004

VITAMIN D MAY PREVENT ARTHRITIS

Research Links Vitamin D Deficiency to Rheumatoid Arthritis - By Salynn Boyles WebMD Medical News

Move over vitamins A, B, C and E. It is beginning to look like the long ignored vitamin D is every bit as important for preventing disease as you are.

New research makes the case that vitamin D helps protect older women against rheumatoid arthritis -- an autoimmune joint disorder of unknown cause. Recent studies have also linked deficiencies of vitamin D to other disorders such as certain cancers, heart disease, diabetes, and even unexplained pain but its role in human autoimmune disease is less clear.

The studies are far from conclusive, but researcher Michael Holick, MD, says there is every reason to believe that the supplement plays a much bigger role in disease prevention than has been recognized.

"Vitamin D has always been considered sort of a ho-hum vitamin," Holick tells WebMD. "People think they get plenty of it from the sun or in their diets, but these days that just isn't the case."

Vitamin D and Rheumatoid Arthritis

The latest research drew on data from the Iowa Women's Health Study, which followed almost 30,000 women, aged 55 to 69, for 11 years. Over the course of

the study, the women were questioned about their eating habits, their use of nutritional supplements, and other health-related issues.

During the trial, 152 of the women developed rheumatoid arthritis. The investigators found that women whose diets were highest in vitamin D had the lowest incidence of rheumatoid arthritis.

Women who got less than 200 international units (IU) of vitamin D in their diets each day were 33% more likely to develop rheumatoid arthritis than women who got more, researcher Kenneth G. Saag, MD, tells WebMD. Saag is an associate professor of medicine at the University of Alabama at Birmingham.

The association remained significant even after the researchers adjusted for other suspected rheumatoid arthritis risk factors, such as smoking. And even though many foods with vitamin D are also high in calcium, the vitamin's protective effect seemed to be independent of how much calcium the women ate.

The findings are reported in the January 2004 issue of the journal *Arthritis and Rheumatism*.

How Much Is Enough? - An 8-ounce glass of milk or fortified orange juice has about 100 international units (IU) of vitamin D and a typical multivitamin has 200 to 400 IU. Other good dietary sources of vitamin D include cod liver oil, which has 1360 IU of vitamin D per tablespoon; salmon, which has 425 IU per

3-ounce serving; and herring and sardines. The recommended intake of adequate amounts of vitamin D depends on a person's age. The Food and Nutrition Board (FNB) of the Institute of Medicine says that older women should consume 400 to 600 IU per day in order to have adequate vitamin D intakes.

Like Holick, Saag says he believes vitamin D deficiency is an under-recognized health problem in the U.S. today.

"General population studies indicate that about one in three people are vitamin D deficient," he says. "This is a particular problem during the winter months, when sun exposure is minimal. This is another reason why people should think about supplementing their diets with a multivitamin."

But Holick says most people need to take 1000 IU of vitamin D each day. And he says even this amount may be inadequate in people who have no exposure to the sun.

"Most people get between 90% and 95% of their vitamin D from sun exposure, so if you eliminate that you are setting the entire country up for vitamin D deficiency," he says.

The director of the Vitamin D Research Lab at Boston University, Holick advocates a limited amount of sun exposure, without sunscreen, every day -- a message that the nation's top dermatology group abhors. In a recent press release, officials with the American Academy of Dermatology expressed "deep concern" that the public is being misled "about the very real danger of [unexposed] sun exposure -- the leading cause of skin cancer."

But Holick counters that it does not take much sun to get more than enough

vitamin D -- only a few minutes of unprotected sun exposure at most for most people.

SOURCES: Saag, K. Arthritis and Rheumatism, January 2004; vol. 50: pp. 72-77.
Kenneth G. Saag, MD, MSc, associate professor, division of clinical immunology and rheumatology, University of Alabama, Birmingham. Birmingham.
Michael
Holick, MD, Vitamin D Research Lab, department of medicine, Boston University Medical Center.
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Good health to all,

Jack Nicholas
Newsletter Editor
Cornishpro@aol.com

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