

BEYOND THE BREAK Does Canada's Food Guide meet requirements for vitamin D and calcium?

Susan J Whiting

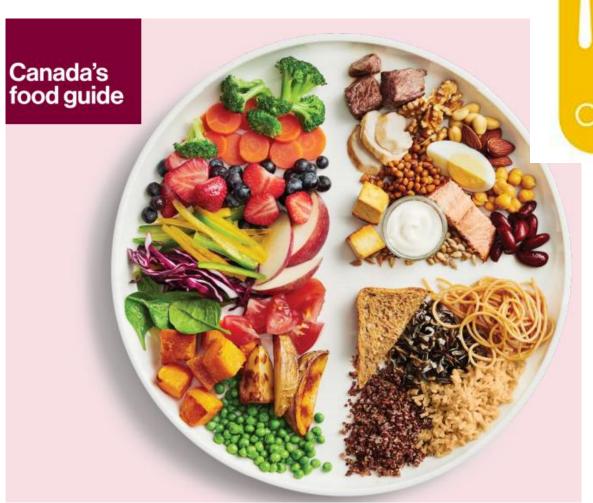
Distinguished Professor of Nutrition

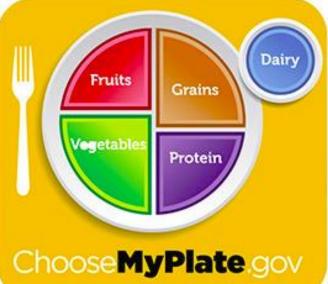




"Where's calcium?"







Outline

1. Requirement for Calcium

- Recommended intakes (2011) from Health Canada (IOM) and Osteoporosis Canada
- Food sources of calcium are they in the new Food Guide?
- Dietary factors affecting calcium retention

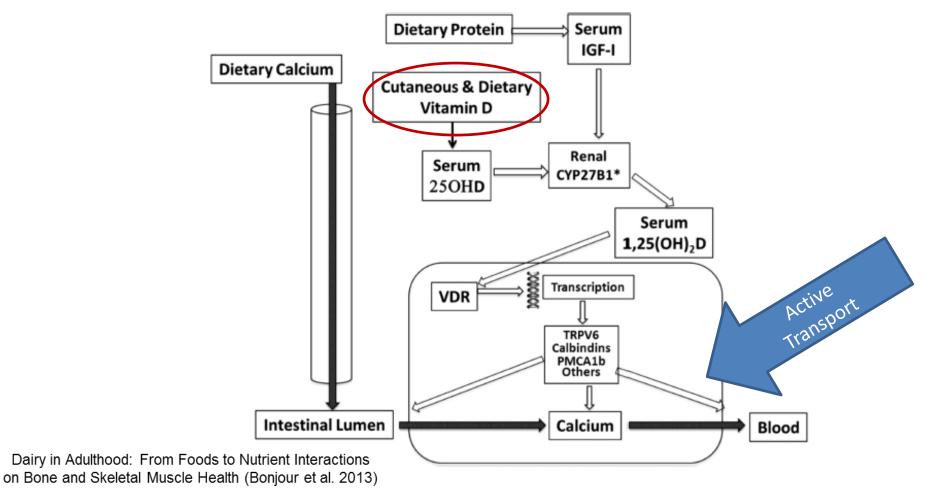
2. Concern about Excess

- More is not better ... the upper level
- Is there a concern about supplement use?
- 3. What are Canadians currently getting from foods and supplements?
 - Who is most at risk for inadequacy (2015)

Calcium – still a nutrient of concern

What about Vitamin D?

 Bone Matters: The D-Lemmas of D with Dr Stephanie Atkinson – March 20, 2019



Does the Canadian diet supply enough vitamin D to reach EAR of 10 µg (400 IU)?

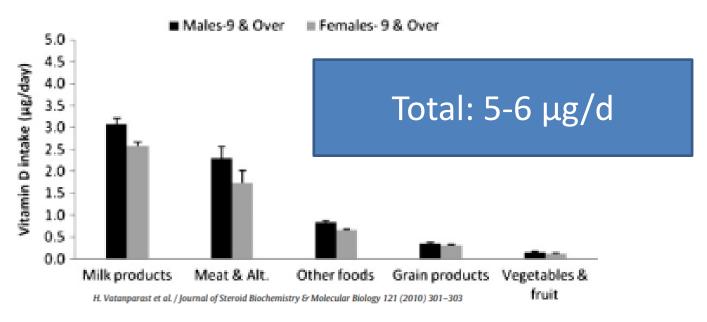
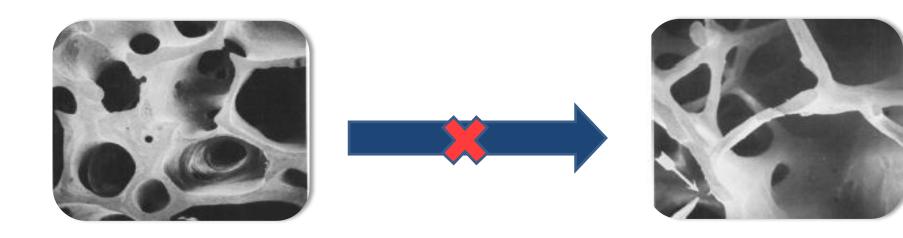


Fig. 2. Vitamin D intake (mean \pm SEM, $\mu g/day$) of Canadians from food groups in males and females age 9 and over.

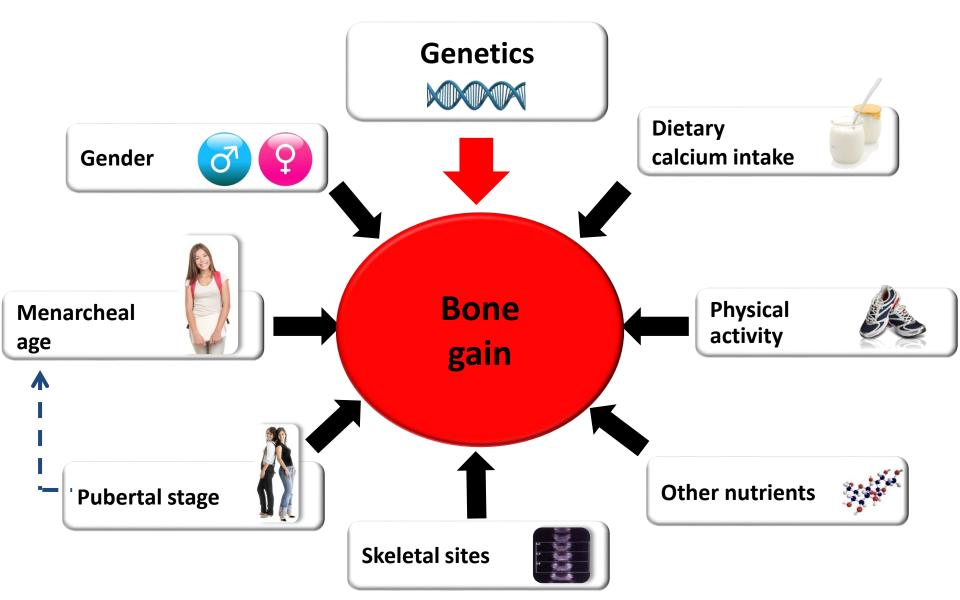


Calcium: Important for bone health

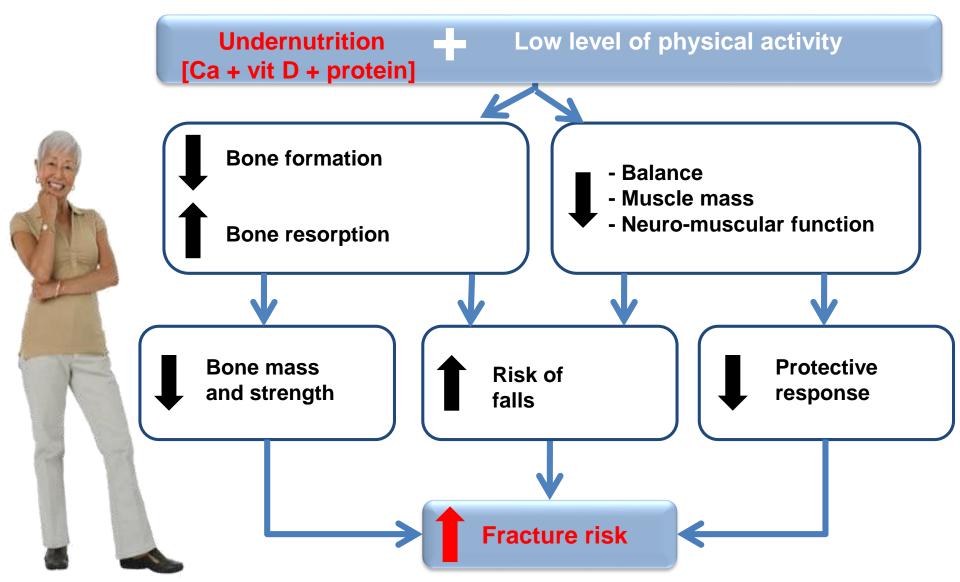
- RDA based on attaining Peak Bone youth
- RDA based on slowing bone loss adults



Many Factors Affect PBM



Pathophysiology of fragility fracture risk: Adults



Both calcium and vitamin D are needed to reduce hip fracture risk

NOF 2016

Rate Ratio and 95% CI Study Name Chapuy, 1992 [20] Chapuy, 2002 [21] Dawson-Hughes, 1997 [22] Porthouse, 2005 [23] Salovaara, 2010 [24] Prentice, 2013 [10]a SRRE = 0.70 (0.56-0.87) P-heterogeneity = 0.74 0.1 0.2 0.5 1.0 10 P = 0.00Decreased Risk Increased Risk **Benefit of** calcium + vitamin D is a 30% reduction in risk of hip fx

Describing Dietary Adequacy and Excess

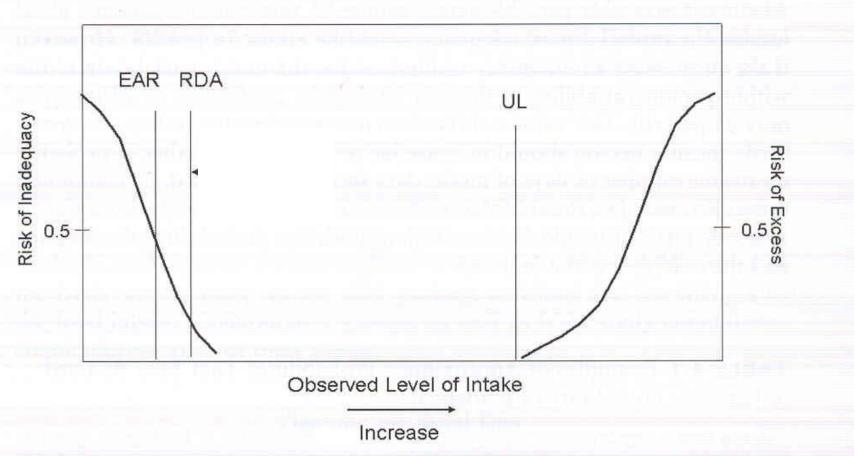


FIGURE 4-2 Relationship of the AI to the EAR and RDA.

NOTE: EAR = Estimated Average Requirement; RDA = Recommended Dietary Allowance; AI = Adequate Intake; UL = tolerable upper intake level.

The Development of the DRIs 1994-2004 Lessons Learned and New Challenges. NAP 2008

Calcium has recommended intakes:

RDAs and EARs

Population groups	Calcium (mg/d)		
	EAR	RDA	
Children 1-3	500	700	
Children > 3	800	1000	
Adolescents 9 - 18	1100	1300	
Adults 18 – 50 (F) 18-70 (M)	800	1000	
Pregnancy/lactation	800	1000	
Adult men > 70	1000	1200	
Adult women > 50	1000	1200	

EAR is cutoff for estimation of prevalence of inadequacy of a population

RDA is goal for optimal intake by an individual

"Where's calcium?"



Food Sources of Calcium The Calcium Calculator™

Print version
Calcium-rich foods
organized by content
50 mg, 75 mg, 150
mg, 200 mg, 300 mg
Online
Calcium sources by
amount

BC Dairy Foundation

	CALCIUM-RICH FOODS	PORTION SIZE	# OF TOTAL PORTIONS	MILLIGRAMS PER PORTION	TOTAL MILLIGRAMS OF CALCIUM
50 1	Black beans, Lima beans, Lentils—cooked Bread Broccoli Gal lan, Mustard greens Humnus Orange—fruit, not juice	(1 cup or 250 mL) (2 slices or 70 g) (¾ cup or 175 mL) (½ cup or 125 mL) (½ cup or 125 mL) (1 medium)]=	x 50 mg =	
75	Almonds Bok fony, Kele, Rapini, Okra—cooked Chickpeas, Kidney beans, Pinto beans, Romano beans—cooked Cottage chees—reguler or low fat Dessert tofu be cream, Frozen yogurt Parmesan cheese	(¼ cup or 60 mL) (½ cup or 125 mL) (1 cup or 250 mL) (½ cup or 125 mL) (100 g) (½ cup or 125 mL) (1 Tbsp or 15 mL)	=	x 75 mg =	
150	Baked beans, Soybeans, White beans—cooked Blackstrap molasses Collards—cooked Cheese—soft and samisoft such as Blue, Feta Mozzarella Pancake or Walfie Pudding—made with milk Tofu—made with calcium	(1 cup or 250 mL) (1 Tbsp or 15 mL) (½ cup or 125 mL) (25 g) (1 large or 2 small) (½ cup or 125 mL) (100 g)		x 150 mg =	
200	Cheese—firm such as Cheddar, Swiss, Gouda Cheese—processed Sakmon—canned with bones Sardnes—canned with bones Soup—made with milk Vogurt, fruit flavoured—regular or low fat*	(25 g) (2 slices, 21 g each) (½ can) (½ can) (1 cup or 250 mL) (¾ cup or 175 mL)]=	x 200 mg =	
300	Milk—skim, 1%, 2%, whole, buttermilk, chocolate, flavoured* Calcium-fortified beverages such as Soy, Rioo, Crange Juloe Skim milk powder Yogurt—plain, regular or low fat*	(1 cup or 250 mL) (1 cup or 250 mL) (½ cup or 75 mL) (½ cup or 175 mL)]=	x 300 mg =	

SELECT YOUR FOODS

WHAT DID YOU EAT? ENTER THE NUMBER OF SERVINGS FOR EACH OF THE CALCIUM-RICH FOODS THAT YOU ATE YESTERDAY FROM EACH CATEGORY:

















Other

Legumes

Proteins

Amt	Food	New FG
mg	Examples	Groups
50	1 cup lentils, 2 slices bread 3/4 c broccoli, orange	Grain Fr&Veg Protein
75	1 cup chickpea, 1 pancake ½ c cottage cheese, 5 figs	Grain Fr&Veg Protein
150	1 cup soybeans, ½ c collards Instant oatmeal	Grain Fr&Veg Protein
200	½ can salmon, 25 g cheese	Protein
300	1 milk,1 c fortified soy beverage	Protein

BC Dairy Foundation; www.Osteoporosis.Ca

Amt	Food	P' w FG
mg	Examples	ke ups
50	1 cup lentil 1 cup lentil 3/4 cu 2 consideration of energy into identication needed to identication needed to identicate calcium foods. Education needed calcium foods higher calcium foods.	tifY
7	consideration of to local consideration needed to local consideration needed to local to local consideration needed to local c	
150	highe.	Grain Fr&Veg
		Protein
200	mon, 1 c yogurt	Protein
300	1 milk,	Protein
	1 c fortified soy beverage	

BC Dairy Foundation; www.Osteoporosis.Ca

Calcium in Grains: Flour – 100 g

Food	Calcium (mg)	
White flour	14	
Whole wheat	26	
Barley	52	
Ca-enriched (NL- no longer made)	110	
Ancient grains		
Amaranth	152	
Teff	146	
Quinoa	36	

Other Calcium Sources

1 T Blackstrap Molasses = 150 mg 10 g dried kelp = 80 mg

1 L Mineral water (hard water) = 180 mg

Fortified foods:

- Calcium as a food ingredient
 - Some breakfast cereals 110 mg/serving
- Fortified beverages = 30 % DV

Plant-based beverages (excluding soy)

Not all are fortified & all are low in protein

Coconut "original" (L) Almond "original" (R) beverages

0.5 - 1 g protein 0% DV for Calcium



Plant-based beverages Original vs. Fortified

Low in protein (1 g)

Almond "original" (L) Almond (R) beverages

Fortified: 30% DV Ca -from calcium carbonate 45% DV as vitamin D2 Plus vitamin A, B₁₂, zinc, riboflavin...



4 %

4 %

4 %

10 %

0 %

4 %

2 %

Bioavailability

Foods that don't allow GI absorption



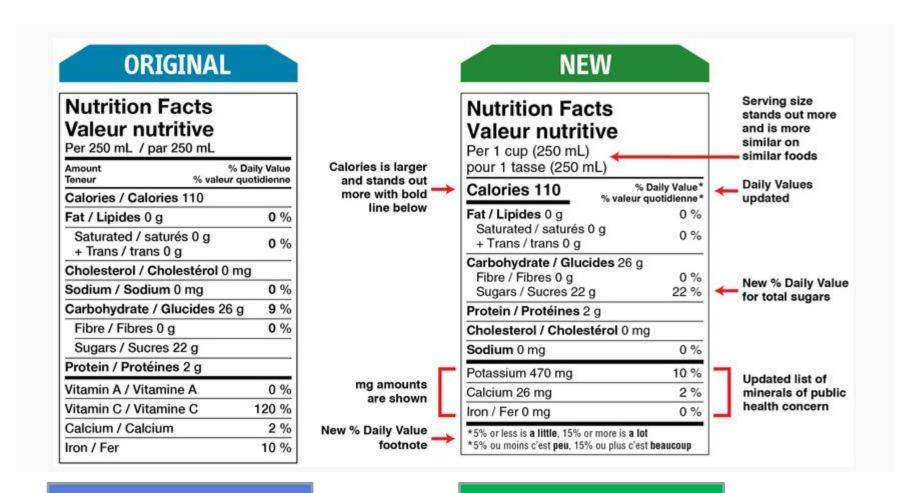
- Spinach absorption < 5% due to oxalates
- Plant-based beverages made with tricalcium phosphate

Food constituents causing urine excretion

- High salt (NaCl) intake (> UL 2300 mg)
- Salt

- Excessive caffeine
- Extreme dietary practices (e.g. paleo, keto)

Check the Nutrition Facts Label



DV based on 1100 mg

DV based on 1300 mg

Summary

1. Requirement for Calcium

 Recommended intakes (2011) from Health Canada (IOM) and Osteoporosis Canada

EAR (adults): 800-1000 mg

RDA (adults): 1000-1200 mg

 Food sources of calcium - they are in the new Food Guide

F&V, Grains: foods with 50-150 mg

Dietary factors affecting calcium retention

Salt – expect to be less if follow CFG

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Upper Level for calcium

Since 2011, set to prevent kidney stones

- ➤ UL set in older adults (> 50y) as **2000 mg** as at this intake, there is risk of kidney stones
- For adults 19-50 y, UL set at **2500 mg** as risk of kidney stones from calcium not common
- ➤ In adolescents, UL increases to **3000 mg** as kidney stone risk very low.
- ➤ Younger children: UL is **2500 mg** due to smaller body size

Upper Level for Calcium

- Other concerns; "milk-alkali syndrome" which is soft tissue calcification when calcium is excessive
- Prostate cancer risk in men
- Possible risk of low iron or zinc with high intakes of calcium
- Risk of heart disease evidence is conflicting...

Calcium in the News



Trusted advice for a healthier life

What can we help you find? SIGN IN

HEART HEALTH MIND & MOOD PAIN STAYING HEALTHY CANCER DISEASES & MEN'S HEALTH WOMEN'S HEALTH HEALTH

Harvard Heart Letter

Calcium and heart disease: What is the connection?

There's no good evidence the harm your heart. Still, it's be pills.

Published: January, 2017

Are Calcium Supplements Safe?

Kidney stones are a known risk, but studies have investigated other potential safety concerns, including an increased risk of death, cancer and heart disease.

The New Hork Times



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Controlling Your Blood Pressure

Starting to Exercise

6-Week Plan For Healthy Eating

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Get health information and advice from the experts at Harvard Medical School.

Establishing secure connection...

meta-Analysis

Asemi et al. 2015



- No significant association between total and dietary calcium intake and mortality
 - Mortality from all-causes, CVD, and cancer.
- A significant positive association between total calcium intake and CVD mortality for cohort studies with a mean follow-up duration of >10 years yet an inverse (protective) effect if < 10 years.

Use foods to achieve RDA for calcium where possible Supplements can "fill the intake gap": ≤ 500 mg

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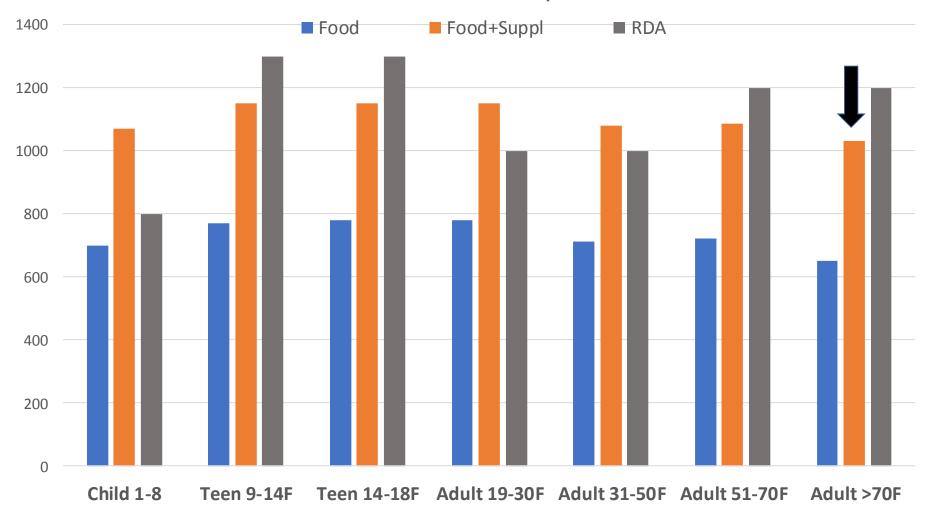
Summary of Calcium Intakes

(All CANADIANS ≥ 1y)

INTAKE	2004	2015
Food alone	875 mg	840 mg
Food + Supplements	1220 mg	1160 mg

CALCIUM FROM FOOD, SUPPLEMENTS - FEMALES In 2015 compared to 2011 recommendations

VATANPARAST et al., 2019



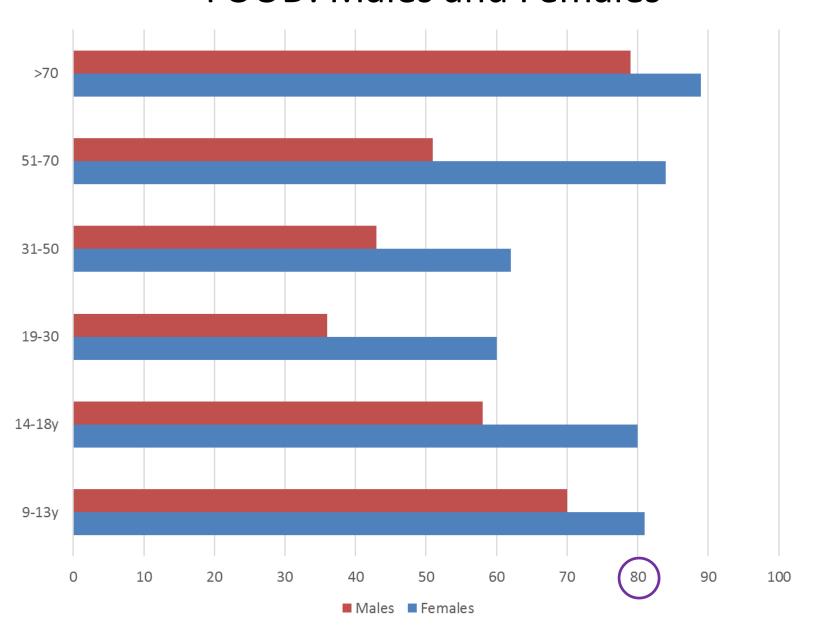
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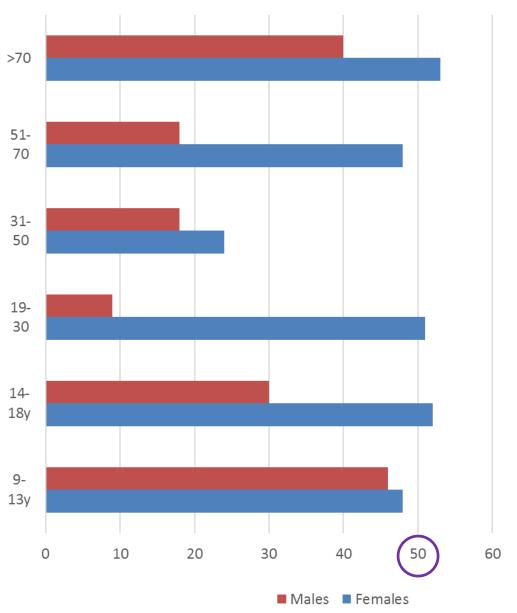
INTAKE	2004	2015
Food alone	875 mg	840 mg
Food + Supplements	1220 mg	1160 mg

PREVALENCE OF INADEQUACY	2004	2015
Food alone	58 %	69 %
Food + Supplements	32 %	33 %

PREVALENCE OF INADEQUACY IN **2015** FROM FOOD: Males and Females



PREVALENCE OF INADEQUACY IN **2015** FROM FOOD & SUPPLEMENTS: Males and Females (22%)



Summary

- 1. Requirement for Calcium
 - Food sources of calcium are in the new Food Guide
 - Need to select higher calcium foods from each group
- 2. Concern about Excess
 - No risk in consuming supplements to "fill the intake gap" to the RDA
- 3. What are Canadians currently getting from foods and supplements?
 - Those most at risk for inadequacy: Women and girls
 - 80% Prevalence of Inadequacy → a calcium strategy is warranted for women
 - Supplements improve % adequacy yet use has fallen since
 CVD story appeared



International Osteoporosis Federation (IOF) 2017

- ➤ Dietary protein intake of 1.0–1.2 g/kg/day
 - > 20-25g of high-quality protein at each main meal.
- Vitamin D 800 IU/day
 25(OH)D levels >50 nmol/L.
- Calcium intake of 1,000 mg/day



OF OSTEOPOROSIS









Our vision is a world without fragility fractures, in which healthy mobility is a reality for all.

2014 European Society for Clinical and Economic Aspects of Osteoporosis and Osteoarthritis (ESCEO)