

Speaking out

Healthier kids: You can help

Are you a retired pharmacist who is ready to give back to your community? Are you the parent of an elementary or middle-school child? Perhaps you just have a heart for children and are seeking ways to become involved. Your community may need your help more than you realize. Disease and poor health can be the consequence of poor life choices. How can we influence our children to make better choices?

Heart disease, cancer, stroke, and diabetes, all leading causes of death in this nation, have a strong association with overweight and obesity. We have seen a dramatic increase over recent years of childhood overweight and obesity. To make an impact, let's influence children at an early age to make healthy food choices and to choose an active lifestyle rather than sitting in front of a screen.

Unintentional injuries, including motor vehicle injuries, are another leading cause of death. We can teach about accidents and influence our children's behavior regarding fire, poison, playground, bicycle, water, and sports safety. Other behavior-related health topics we can raise with children include substance abuse, youth violence, and hygiene choices for disease prevention.

Students of elementary school age may be an ideal audience for public health information. The earlier a healthy habit is developed the sooner prevention begins. Not only are young students developing personality, habits, and character, but messages and projects started in school are often continued in the home and may encourage family members to model healthy lifestyles.

The federal government does a fantastic job of making public health information available and much of that information is available in other languages. This information is free, accurate, and can be used to deliver a powerful preventive message.

Here is where you as a pharmacist can play an important role. As a pharmacist, you have honed the skill to communicate

health information. Why not use that valuable tool to inform and help the children in your community to make important healthful choices? Last fall, many pharmacists in the U.S. Public Health Service (USPHS) did just that. Approximately 40 pharmacist officers visited elementary school children in many communities throughout the United States. They spoke about injury prevention and provided information about bus safety, bicycle safety, Halloween safety, home fire safety, and sports safety. The pharmacists encouraged students to participate in a poster contest, which yielded winning posters for Internet safety, vaccination, and safety when walking to school. The elementary school interventions were so well received by faculty and students that another round of visits is being planned to help curb childhood overweight and obesity by encouraging healthy food choices and an active lifestyle.

USPHS pharmacists are sharing information about the elementary school visits at www.hhs.gov/pharmacy/php-harm/activities.html. Information at the website includes a list of government resources for free public health information as well as ideas for a successful intervention. Please consider contacting and making a date with the elementary school principal in your community. Go alone or take a fellow pharmacist. Together we can help children make healthier life choices, which translates into a brighter and more successful future.

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Sharon Gershon and Charles Hoppes are pharmacists for FDA, but no official support or endorsement of this article by FDA is intended or should be inferred.

Dosage clarification needed

In her article "Natural Products for People Taking Prescription Drugs" (p. 19, May *Pharmacy Today*), Anne L. Hume, PharmD, states the following: "Vitamin

D toxicity can occur at dosages above 2,000 IU daily and entails nausea, vomiting, constipation, weakness, confusion, and hypercalcemia."

This statement may be technically correct in that 2,000 IU/day has been noted as the tolerable upper intake level (UL) for oral vitamin D₃; however, no research evidence supports this, and it has been disputed by many experts in the field. I believe Dr. Hume has created a misperception with her brief statement.

Research has demonstrated that the required doses for toxicity actually are vastly greater—such as 40,000 IU to 50,000 IU on a daily basis for a continuous period of time. Doses of 4,000 IU have been used safely for 15 months, and 5,000 or 10,000 IU have been used safely in research trials for at least several months. Even 50,000 IU once per week has been recommended by some experts to correct vitamin D deficiency.

As to the signs/symptoms of toxicity, those described by Dr. Hume result secondarily to hypercalcemia. The implication from Dr. Hume's list is that the other signs/symptoms are separate from hypercalcemia, which is misleading.

A concern here is that, without full knowledge, your readers will come to a conclusion that any dose of vitamin D greater than 2,000 IU/day will always be harmful. This is not the case and would not serve your pharmacist readers very well in their consultations with patients or health care providers.

We are completing for *Pain Treatment Topics* a comprehensive report on vitamin D for chronic pain that discusses these issues in great detail. This could be made available to you and your readers.

—Stewart B. Leavitt, MA, PhD
Publisher/Editor
Pain Treatment Topics

Dr. Leavitt has identified important points that deserve further discussion. The first is in regard to the stated upper level of 2,000 IU of vitamin D per day in the May column. The stated tolerable upper intake level (UL) of vitamin D and other nutrients was recommended in the 1997 expert report of the Institute of Medicine (IOM) of the National Academies of Science. The IOM report stated that the UL "is the highest level of daily