Calcium Supplements and Alzheimer's in Older Women?

Women of a certain age know the refrain well: Make sure to get enough calcium to protect your bone health. To accomplish this, physicians will often prescribe supplements as menopause approaches. It’s the customary way of fending off osteoporosis, the bane of older folks.

But women have come across conflicting information that may give them pause.

A five-year-old study that found an association between calcium supplements and an increased risk of dementia in older women is making the rounds on social media. It’s gotten enough traction that some are questioning the value of these supplements.

Should they stop taking them? The short answer is No.

For most women, oral calcium is safe. In fact, it could be considered part of a healthy lifestyle routine, along with exercise and healthy eating.

“We must keep in mind that as we get older, our ability to adequately maintain and absorb calcium significantly declines,” says Marcio R. Soares, M.D., chief of geriatric and palliative medicine at the University of Miami Health System. “As a consequence, we need ways to supply what we’re not getting through the usual avenues.”

Before delving into the fine points of the calcium-dementia research, it’s essential to understand osteoporosis and how it develops. Osteoporosis means porous bone. As osteoporosis advances, bones weaken, usually without obvious symptoms or pain. Some people may not even know they have the disease until they suffer a fracture,
usually in the back or hips.

Patients with osteoporosis suffer from an increased loss of bone strength and mass. This loss of bone — essentially the growth of holes in the spongy part of the bone called the trabecular — increases as we age. For women, that process can prove even more menacing. That’s because low hormone levels tend to speed up the loss of bone mass, and as women enter perimenopause and menopause, this is precisely what happens.

“Historically we have recommended supplements,” Dr. Soares says. “And not only do we increase calcium but we also want to make sure that this calcium is easier to absorb.” To promote absorption, doctors suggest taking calcium carbonate or calcium citrate.

Yet, even with such pharmaceutical help, the body doesn’t always absorb calcium the way it should.

“We’re hoping it goes to the right places, to strengthen bones,” he adds, “but the reality is that the body doesn’t always work that way.”

In other words, the body can deposit the calcium in the wrong places, such as artery walls — and this is how calcium supplements may lead to unwanted results.

The study linking calcium to an increased risk of dementia was originally published in 2016 in the online issue of Neurology, the medical journal of the American Academy of Neurology. Researchers in Sweden tracked 700 women between the ages of 70 and 92 for five years. No participants had signs of dementia. But during the study, the scientists found that women taking calcium supplements were twice as likely to develop dementia.

It wasn’t all women, however. That elevated risk applied most strongly to those who
had a history of cerebrovascular disease. This group was seven times more likely to develop dementia if they also were on calcium supplements. However, for women who have no personal or family history of vascular disease, calcium supplements didn’t appear to be problematic.

On a practical level, this means doctors and patients must determine which health goal is most important. While most women should continue taking their supplements without worry, those with vascular issues must consider where they are in the aging process. In the case of a middle-aged patient, for example, “I’ll focus on cardiovascular problems because that’s the primary concern,” Dr. Soares says. This means oral calcium may not be immediately recommended. On the other hand, the supplement should be part and parcel of their daily routine in much older women, such as the 70-plus age group with a higher risk of falls and fractures.

The important takeaway, however, goes beyond the calcium-dementia association. All medication issues involve weighing of risks and benefits.

“At the end of the day, you can’t make broad generalizations,” Dr. Soares says. “Every patient is an individual case, and we have to take into account what the risks are and what the benefits are. It’s a fine balance. You have to ask yourself: Which benefit do you want to focus on most? What risks are you willing to live with?”

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