

Is Vitamin Supplementation “Essential” During Prescription Medication Use?

By Cathy H. Turner, Pharm.D.

Nature Made is manufacturing a new line of products called RxEssentials™. (See Table 1.) These vitamin combinations are advertised to “replenish and supply key nutrients that may be at reduced levels when taking prescriptions.” The marketing message insinuates that medications used to treat depression, arthritis hypercholesterolemia, diabetes, and heartburn cause specific vitamin deficiencies, but are generally untrue with the exception of limited vitamin B-12 deficiencies associated with metformin (Glucophage®) and proton-pump inhibitors.

In clinical trials of metformin, about 7% of patients were noted to have a decrease in vitamin B12 levels, but these changes were typically asymptomatic and were rarely associated with anemia. Long-term daily acid suppression (i.e., 3 years) with proton-pump inhibitors has been rarely reported to cause hypo- or achlorhydria which causes malabsorption of vitamin B-12. Although vitamin B-12 deficiency has been reported, it is unlikely that oral supplementation would be beneficial in the setting of continued acid suppression.

The components of the other products may have some purported benefit in management of the disease state for which the prescription medication is being used; however, no clear advantage of using the RxEssential™ product over general vitamin supplementation is apparent.

Patients expressing concerns that their prescription medications are causing vitamin deficiencies should be reassured and counseled to maintain a healthy diet. The need for specific supplementation is unlikely, but in the case of metformin or prolonged use of proton-pump inhibitors, patients may be referred to their physician for laboratory evaluation.

Table 1. RxEssential™ Products

RxEssential™	Component	Amount/ Tablet	%DV
Antidepressant Meds	Vitamin D	1,000 I.U.	250
	Vitamin B-6	10 mg	500
	Folic acid	400 mcg	100
	Vitamin B-12	200 mcg	3333
Arthritis Meds	Vitamin C	500 mg	833
	Vitamin D	1,000 I.U.	250
	Folic acid	400 mcg	100
Cholesterol Meds	Vitamin B-6	10 mg	500
	Folic acid	400 mcg	100
	Vitamin B-12	200 mcg	3333
	Coenzyme Q-10	100 mg	---
Diabetes Meds	Vitamin B-6	10 mg	500
	Folic acid	400 mcg	100
	Vitamin B-12	200 mcg	3333
Heartburn Meds	Vitamin D	1,000 I.U.	250
	Vitamin B-6	10 mg	500
	Folic acid	400 mcg	100
	Vitamin B-12	200 mcg	3333
	Calcium	120 mg	12

References available upon request

Patient Education and Complementary Therapy: Talking Points for Providers

By Andrew Webster, PhD.

The last decade has seen an explosion in the purchase and use of alternative/complementary medicines in the United States. Alternative/complementary medicine refers to a group of therapeutic and diagnostic disciplines that exist largely outside the institutions where conventional health care is taught and provided. These practices encompasses such techniques as acupuncture, Ayurvedic medicine, herbal formulas, homeopathy, massage, manipulations, and rolfing and offer patients many alternative caregivers.¹

Almost half of American adults consult alternative/complementary practitioners annually. Herbal products are the most commonly employed. It has been suggested that more than 60 million Americans consume one or more herbal products in a given year. Because of this number, clinicians should develop some basic knowledge and understanding of herbal therapies. Figure 1 offers key points to discuss with patients taking herbal products.¹

Reference

1. Complementary Therapy. In: Facts & Comparisons. *Nonprescription Drug Therapy: Guiding Patient Self-Care*. 6th ed. St. Louis, MO: Wolters Kluwer Health; 2007:921-3.

Figure 1. Discussion Points for Patients Considering Use of Herbal Products¹

1. Ask patients about herbal therapy use and dietary supplements. Document uses in the medical record.
2. "Natural" does not mean safe.
3. Herbal – pharmaceutical interactions do exist; avoid combined use.
4. Lack of standardization of herbal agents may result in inconsistent content and efficacy between manufactures.
5. Lack of quality control can lead to contamination during manufacturing and misidentification of plant starting materials.
6. Do not use herbals if contemplating pregnancy or during pregnancy or lactation. There is a lack of long term clinical trials showing safety. Some herbals may cause premature contractions and some herbals cross the placental barrier.
7. Do not exceed recommended doses.
8. Do not use for more than several weeks. There are no long term studies showing safety.
9. Avoid herbal treatments with known adverse effects and toxic effects.
10. Do not use herbals in infants, children, or the elderly without professional advice.
11. Obtain an accurate diagnosis prior to herbal use.
12. Document adverse effects in the patient's

Drug Information Center Resources Available for Use

The Drug Information Center is now fully operational in Inman 208. Periodicals and reference books are available on the following topics: anatomy, adverse drug effects, drug administration, drug-drug interactions, domestic/foreign drug identification, infectious diseases, internal medicine, pathophysiology, pediatrics, pharmaceuticals, pharmacokinetics, pharmacology, pharmacy practice, physiology, therapeutics. A limited teaching library is also available. All health sciences faculty and students are encouraged to use the center resources. In order to ensure maximum availability, drug information center resources are not available for circulation; however, many of the references are available at Bunch Library. Please call Cathy Turner at ext. 6531 for hours of operation or other questions.

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