

The Most Common Errors Made When Recommending Supplements

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We've all had the patient who started a workout program and was told by their gym trainer to purchase protein powder. We have also had female patients who purchased supplements on the recommendation of their hair-and-nail people. I chuckle at how often the slightly informed (in this case, the gym and hair/nail folks) advise the uninformed (the average person with little interest in supplements). When I encounter these stories, I always ask the patient if the person who made the recommendation asked any questions about their diet or supplements. The answer is almost always no - meaning the gym trainer had no idea if additional protein was needed, and the salon workers were equally unaware if the amount of sulfur-containing amino acids, biotin, antioxidants and other B vitamins were indicated. The slightly informed aren't the only ones to make this error. Health care professionals can inadvertently slide down this slope, too.

I just saw a man for nighttime cramps. It turned out that he had used a [calcium/vitamin D product](#) for many years. It contained 600 mg calcium carbonate and 400 IU vitamin D per tablet. He had been advised by a chiropractor he knew that he should switch to calcium citrate, because it was a better form. He bought a calcium citrate/vitamin D product that was labeled as providing the same amount of calcium/vitamin D as his previous product. He took one pill a day (just like he always did) and overlooked the tiny print that stated three tablets provided label levels.

It took a few weeks for him to develop the cramps, so he didn't make the connection until I explained that the new product only provided 200 mg calcium *per tablet*. I then asked if the person who had made the recommendation had inquired about his bone density or stomach acid. The answer was no. Had the chiropractor asked, he would have discovered that the patient did not have low stomach acid (meaning he could absorb carbonate) or low bone density (confirming that he was absorbing the carbonate form). The patient elected to return to the calcium carbonate because it cost less money and required fewer pills.

Here's another example of the potential for error when it comes to supplement recommendations. A physical therapist asked a patient, "[Do you take vitamin C?](#)" The patient said, "I take a multi and some other stuff from my chiropractor." The PT said, "You need to take 500 mg a day since you just had shoulder surgery." Had the therapist pursued the matter fully, she would have learned that the patient's multivitamin contained 250 mg vitamin C and the "other stuff" was a temporary injury formula the patient's DC (me) had put him on, which provided an *additional* 500 mg of vitamin C. Furthermore, the man has a great diet and gets around 400 mg of vitamin C from food alone, meaning his all-source post-op vitamin C intake was about 1,150 mg.

Another doctor told one of my patients, whose complaints were loose stools and easy bleeding, that [he needed more omega-3](#). When I analyzed the patient's diet, I learned that he averaged 10 to 11 servings of seafood a week, much of which was rich in omega-3. It turned out that his doctor had no idea how

much fish the patient ate. I told him to stop the omega-3 and return in a few weeks. He called and cancelled the visit because his symptoms were gone, and told me, "I've already told three people to stop taking that stuff!" What should have been a short call wasn't, since I needed to explain to a victim of "advice without background" that he was now guilty of the same mistake.

To summarize, before making a supplement recommendation, find out what your patients eat and what vitamins/supplements they are taking. If they are taking something, find out what form, what amount and if it's working. When you follow those steps, you'll probably make fewer recommendations, but the ones you do make will have better results.

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