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IN THE NEWS

SAMe aids arthritis without side effects

A group of researchers at the University of Maryland has confirmed that the dietary supplement S-adenosylmethionine (SAMe) is just as effective in easing the pain of one form of arthritis as non-steroidal anti-inflammatory drugs (NSAIDs), but without the unwanted side effects of NSAIDs [J Fam Pract 2002 May;51(5):425-30].



The researchers conducted a large-scale investigation of published controlled studies that tested the efficacy of SAMe versus NSAIDs and placebo given at random to patients with osteoarthritis.

Previously, they found that there had been insufficient medical evidence documenting SAMe's benefits against osteoarthritis, despite talk of its increasing popularity.

When analyzing the level of pain, functional limitation and any adverse effects generated by the treatments given, the researchers found that SAMe provided a similar effect as anti-inflammatory drugs, but without the common gastrointestinal side effects [National Library of Medicine, National Institutes of Health].*

"We would agree that based on the findings, patients with osteoarthritis — especially those particularly susceptible to side effects of NSAIDs—might consider using SAMe on a regular basis," the researchers said.

Studies published as early as 1987 echoed the same results [Am J Med 1987 Nov 20;83(5A):60-5]. Italian researchers reviewed the outcomes of clinical trials conducted in the 1980's that also found that SAMe was just as effective as NSAIDs, but more tolerable, as an arthritis treatment.

In a German study published that same year, researchers made randomized, double blind comparisons between SAMe and ibuprofen in patients with osteoarthritis of the knee, hip and spine. They concluded that SAMe was just as effective as ibuprofen in treating the disease [Am J Med 1987 Nov 20;83(5A):81-3].

—John Martin

*<http://www.nlm.nih.gov/medlineplus/druginfo/uspdi/202743.html>

Vitamin intake may be answer to esophageal cancers

A recent string of epidemiological studies has shown that certain vitamins and minerals can reduce the risk of developing stomach and esophageal cancers.

Researchers at Yale University found that people who consumed nutrients such as beta-carotene, folate, vitamins C and B6, and fiber had a lower risk of cancers of the esophagus and stomach [Cancer Epidemiol Biomarkers Prev 2001 Oct;10(10):1055-62]. They based their findings on nutrient intake among cancer patients in three states.

The scientists also pointed to the familiar benefits of plant-derived nutrients. "Higher intake of nutrients found primarily in plant-based foods was associated with a reduced risk of [esophageal cancers], whereas higher intake of nutrients found primarily in foods of animal origin was associated with an increased risk."

In a similar case-control study, Swedish scientists analyzed the effects of various antioxidants on patients with cancers of the esophagus and stomach, and compared the results with those of a control group [Int J Cancer 2000 Sep1;87(5):750-4].

The researchers found that levels of vitamin C, beta-carotene and vitamin E cut the risk of developing two forms of esophageal cancer nearly in half, with vitamin C and beta-carotene providing the most dramatic effect.

The conclusions of other studies have been similar. Scientists with the National Cancer Institute analyzed cancer death rates over a five-year period in a region of China known for epidemic rates of certain esophageal and stomach cancers [J Natl Cancer Inst 2000 Nov 1;92(21):1753-63]. They found that higher intakes of the nutrient selenium resulted in a lower cancer incidence.

Likewise, researchers examining esophageal cancer rates in a region of Iran discovered that consumption of specific nutrients had an effect on the risk of esophageal cancer development [Cancer Detect Prev 2000;24(3):295-303]. In fact, the scientists wrote that those with niacin and phosphorus deficiencies faced more than twice the risk. The researchers concluded: "... the status of these nutrients may be used eventually as an epidemiologic predictive marker" in determining whether a patient may or may not be at risk.

In yet another related study, Italian scientists found that a diet containing a specific set of vitamins and minerals resulted in a reduced risk of developing esophageal squamous-cell carcinoma [Int J Cancer 2000 Jun 1;86(5):626-31]. The effect was the same, the researchers noted, even for those who smoked or consumed heavy amounts of alcohol.



Mayo Clinic: Vitamin E, supplements
keep eyesight in focus

Vitamin E—tocopherol—and a host of other supplements have just won prestigious backing as powerful prevention against macular degeneration.

In a recently released book entitled *Mayo Clinic on Vision and Eye Health*, the respected medical organization touts vitamin E, in combination with other specific vitamins and minerals, as therapies that can lower the risk of this common eye disease [Mayo Clinic on Vision and Eye Health. Mayo Foundation for Medical Education and Research. May 2002].



Age-related macular degeneration, also known as AMD, is a disease that affects central vision. It typically occurs in people over age 60, and because only the center of vision is affected, its victims rarely go blind. Yet AMD can commonly make it difficult to perform routine tasks like driving or reading [National Eye Institute, National Institutes of Health].*

Mayo Clinic points to recent research—the Age-Related Eye Disease Study—that found people were able to lower their risk of developing macular degeneration by 25%, and decrease their risk of vision loss due to the disease by about one-fifth by using a combination of vitamin E, and other vitamins and minerals.

The book points out that the study showed the impact of dietary supplements on people at high risk of developing the advanced stages of macular degeneration. “Here was positive proof of the role dietary supplements can play in preserving your eyesight,” the authors pointed out.

—JM

*http://www.nei.nih.gov/health/maculardegen/armd_facts.htm

Breast implants not linked to cancer risk, study finds

Fears that many women may have about the increased risk of cancer from breast implants are unfounded, according to researchers who conducted a study last year for the Dow Corning Corporation, a one-time maker of silicone gel implants [Plast Reconstr Surg 2001 May;107(6):1393-407].

The researchers conducted a meta-analysis of the literature, and concluded that there is “no persuasive evidence” of a relationship between breast implants and cancer risk. In fact, they suggested that such implants may provide a protective effect against breast cancer.

Not only do breast implants have no link to cancer. Women who use them are typically not diagnosed with late-stage breast cancer, do not have recurrences, and do not have a lower risk of survival, the researchers wrote.

In 1992, the FDA restricted the use of silicone gel breast implants after reports of their possible link to risk of cancer and connective tissue disease.

Congress subsequently ordered the National Institutes of Health to conduct safety studies, and the National Cancer Institute (NCI) later drew similar conclusions [Plast Reconstr Surg 2000 Nov;105(3):919-27]. “For women followed for more than 10 years, there was no change in breast cancer risk,” said Louise Brinton, Ph.D., of the NCI’s Division of Cancer Epidemiology and Genetics, and the study’s lead author.

Brinton added, however, that the study did not show a reduced risk of breast cancer from implants, compared with other studies. “This may relate to the longer follow-up in this study as compared with most others,” she said.

Further research is planned to determine whether implants are linked to connective tissue disease and the risk of other cancers.



—JM

Study finds seniors skip drugs, risk health because they can't afford drugs



The increasing cost of prescription drugs is more than just a financial burden for senior citizens—it's a health risk with nearly one in four skipping medication because they can't afford it, a [recent] report said.

The survey of 10,927 seniors in eight states, including California, focused on the struggle to afford medicine by those 65 and older. Results showed that seniors are having an increasingly difficult time paying for lifesaving medicines.

Even seniors with severe and chronic conditions, such as heart disease and diabetes, often reported going without medication because of the costs.

"I think the evidence suggests it's pretty bad right now, and it's likely to get worse," said report co-author Tricia Neuman, vice president and director for the Medicare Policy Project with the Kaiser Family Foundation.

The survey of 10,927 diverse seniors in California, Colorado, Illinois, Michigan, New York, Ohio, Pennsylvania and Texas was sponsored by the Kaiser Family Foundation and the Commonwealth Fund and published online in the journal Health Affairs.

The report paints a dismal picture for the nation's elderly. Many seniors reported having no prescription coverage as part of their health plan and having difficulty paying for a health plan that covers prescriptions. Nearly 25% of seniors reported they spent \$100 or more per month out-of-pocket for medicines in 2001.

"The finding of nearly one in four skipping medicines is both with coverage and without and cuts across all income groups," Neuman said.

While the report did not provide specific numbers for the Valley, it suggests the problem is worse in rural areas and places with a higher poverty rate.

Some 31% of all low-income seniors and 42% of low-income seniors who lacked drug coverage either skipped doses or did not fill a prescription because of costs.

While some of these seniors were helped by state pharmacy assistance programs and discount drug cards, such programs didn't provide enough assistance in most cases.

Shirley Grand Main, program manager for the Health Insurance Counseling and Advocacy Program for the Kings-Tulane Area Agency on Aging, said she isn't surprised by the survey results.

Main said desperate seniors come to her office all the time seeking assistance. "It's 'Do I eat or take my meds?'" Main said.

It is not uncommon to see local elderly couples spending \$300 to \$400 a month on medications, and that's if they can afford it, she said.

"What we tell our folks is to ask for [medicine] samples from their doctors. The way I look at it is they are free from the pharmaceutical companies," Main said. Seniors helped pay for government research on these drugs, she noted.

Medicare—which covers 40 million older Americans—doesn't cover prescriptions, and Congress continues to debate the issue of adding a drug benefit to the government program.

While seniors have the option to purchase additional coverage through private HMOs and Medigap policies sold by private insurers, such plans usually are expensive, not widely available and impose annual caps on drug costs.

The report found that some poor seniors could qualify for additional help from programs such as Medicaid or Medi-Cal, but many seniors don't enroll because they don't believe they'll qualify or fear losing other government benefits if they participate.

Ross Dille, a 68-year-old Visalia resident, said he and his wife spend about \$525 a month on health-care coverage—about \$300 of it

on a prescription drug plan they recently added. More than 25% of the retired couple's fixed monthly income is spent on health care.

"There's little choice," Dille said. She has high blood pressure, and he had prostate cancer.

Seniors are living on a median income on \$13,000 a year, "and they have expenses just like the rest of us," Neuman said.

The report concludes the problem will get worse with projected double-digit increases in drug spending.

"While there is a difference of opinion on a solution, there is no arguing there needs to be solution," she said.

Kaiser is an independent, national health philanthropy and not associated with Kaiser Permanente or Kaiser industries. Commonwealth Fund in New York is a national foundation that supports research on health and social issues.

The survey also included researchers from Tufts-New England Medical Center in Boston.

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[Back to the Magazine Forum](#)

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