



# EMPLOYEE HEALTH PLAN NEWSLETTER

## Niacin in the News:

### Good news or Bad news for Heart Patients?



This year niacin has received lots of attention in the news spotlight. Also known as nicotinic acid or vitamin B3, niacin is a dietary supplement that can increase “good” cholesterol, decrease “bad” cholesterol, and decrease the amount of fat in the blood

known as triglycerides. Other studies show that niacin can decrease the thickness of artery walls which may lower the risk of coronary artery disease (CAD). All of these effects are expected to improve heart health so doctors have recommended niacin for patients with heart disease for many years.

Results from a large study known as “AIM-HIGH” were recently released and have caused patients and doctors alike to question the usefulness and safety of niacin. The AIM-HIGH trial compared the effects of a cholesterol-lowering drug, simvastatin, with the effects of the drug combined with niacin. Due to concerns that the group taking the combination with niacin had a higher occurrence of stroke and heart attacks, the study was stopped early. However, after all of the data was collected, the results showed that there was in fact no statistically or clinically significant increased risk of stroke in the group taking the combination with niacin. Over a three year period, “16.4 percent of patients taking niacin had a heart attack, stroke, died from heart disease, were hospitalized or needed blocked arteries opened, compared with 16.2 percent of the patients receiving a placebo.”

One expert, Dr Steven Nissen, said, “The [study] sponsors saw a weak signal of stroke and panicked, and when all the data have come in, this doesn't appear to be an issue.” Some experts criticized the study's design, while others were critical of the decision to stop the trial early. In summary, **the study did not show a risk or benefit with the use of niacin.**

Be sure to talk to your doctor before you start or stop taking niacin. The most common side effect of niacin is flushing, or feeling hot and blushing of the skin. This side effect usually lasts only 30 minutes and goes away after two weeks. In order to avoid this, it is best to start with low doses and increase slowly. Additionally, taking niacin at night before bedtime with a small, low-fat snack can help prevent flushing.



## More Harm than Good:

### Taking Antibiotics for a Viral Infection



Antibiotics are the most common cause of emergency department visits for adverse drug events in children. Moreover, inappropriate use of these bacteria-fighting drugs is fueling the problem of antibiotic resistance- i.e. these drugs won't work when you really need them.

Colds, some ear infections, and many other infections of the upper respiratory tract are caused by viruses about 80% of the time. Antibiotics work only against bacteria, and have no effect on viruses. Yet too often, many people are given antibiotics for colds and other viral infections. Not only does this lead to increased bacterial resistance, it also increases the cost burden on the health system because resistant infections are harder, take longer, and are more expensive to treat.

The CDC urges people to get keep this fact in mind and not to expect to receive antibiotics for viral infections. **Do not press for antibiotics if your doctor says you don't need them,** and do not to take antibiotics prescribed for someone else or left over antibiotics you might have at home. Self-prescribing antibiotics can delay getting the correct treatment and allow bacteria to multiply. Antibiotic resistance also occurs when patients are prescribed antibiotics for the right reason, but take them incorrectly. So if you are prescribed an antibiotic, you should not skip doses, and definitely not save them for next time.

The preferred options for treating a virus include rest, fluids and over-the-counter medications that treat specific symptoms. Most viral infections will resolve on their own in ten days. Most likely, when you take antibiotics for a viral infection:

- The infection will not be cured;
- You or your child will not feel better;
- You may experience unnecessary harmful side effects.

If you have an upper respiratory infection, you should:

- Ask your doctor or pharmacist about over-the-counter products that provide relief;
- Drink plenty of fluids and get plenty of rest.
- Relieve congestion with a saline nasal spray or a cool-mist room vaporizer;
- Soothe a sore throat with chips of ice, throat spray or lozenges;
- See a doctor if your symptoms do not improve after ten days.



## Got the Winter Blues? Vitamin D Could Help



About one billion people worldwide do not have enough vitamin D in their bodies. This varies among different regions based on distance from the equator and amount of time spent in the sun. The major source of

vitamin D is exposure to natural sunlight. As a result, the major cause of vitamin D deficiency is too little exposure to sunlight. Wearing a sunscreen with a sun protection factor of 30 reduces the skin's ability to make vitamin D by more than 95%. People with a dark skin tone have natural sun protection and require at least three to five times longer exposure to make the same amount of vitamin D as a person with a white skin tone.

Additionally, our skin does not convert sunlight to vitamin D as well as we get older. Certain medications, including antiseizure medications and medications that treat AIDS/HIV, enhance the breakdown of vitamin D. Symptoms of low vitamin D may include depression, bone pain, muscle cramps, weakness, tingling, and bones that break easily.



### Vitamin D: Does it really work?

Association between depression and low vitamin D levels has been proven in multiple studies. Association studies have also suggested that increasing vitamin D levels may help protect against some cancers, infectious disease, diabetes, and high blood pressure. However, none of these studies have shown a true cause and effect. For example, one study showed that only 3% of patients with colorectal cancer had sufficient vitamin D levels; this shows that most people with colorectal cancer may have low vitamin D, but it does not explain why- did the low vitamin D cause the cancer, or did the cancer cause the low vitamin D? More studies need to be conducted in order to find these answers.

### Too much of a good thing: Vitamin D Toxicity

Because vitamin D is fat-soluble, it can build up in your body into toxic levels. Too much vitamin D can cause your body to store extra calcium, which can then cause potentially irreversible kidney damage. Symptoms of too much vitamin D may include loss of appetite, nausea, and vomiting, often followed by excessive urination, feeling extra thirsty, weakness, nervousness, itching, and eventually kidney failure. In order to be safe, *do not take more than the recommended daily amount of vitamin D without medical supervision.*

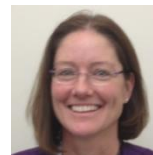
Age	Maximum Amount of Vitamin D per Day*
Infants aged 6 months to 1 year old	1,500 IU/day
Children aged 1 to 3 years	2,500 IU/day
Children aged 4 to 8 years	3,000 IU/day
Everyone older than 8 years	4,000 IU/day

\* per the US Endocrine Society 2011 Practice Guidelines on Vitamin D

### Which is better: D2 or D3?

Vitamin D3 is about three times more potent than D2, and is recommended for most people. Some people with chronic kidney disease may benefit more from taking D2. If you are vegan or vegetarian, you may want to choose a D2 product, as it is made from Shiitake mushrooms, while D3 is made from lanolin, or sheep's wool wax. In the United States and Canada, milk, bread products, orange juices, cereals, yogurts, and cheeses are fortified with both vitamin D2 and D3. Other good sources of natural vitamin D include fresh, wild-caught salmon, cod liver oil, and sun-dried Shiitake mushrooms.

## Ask the Pharmacist



This month's questions are answered by Dr. Andrea Blocher, a pharmacist who works in the UCH Mail Order Pharmacy.

Dear Pharmacist,

I noticed two different strengths of infant Tylenol™ at my local drug store. I'm confused, which one should I use?

Thank you, Which Tylenol™?

Dear Which Tylenol™,

In the past, infant's and children's Tylenol™ came in two different strengths. In an effort to decrease dosing errors and improve safety in infants and children, some drug companies are changing the more concentrated infant Tylenol™ from 80mg/0.8mL (100 mg/mL) to the less concentrated children's strength of 160mg/5mL (32 mg/mL). Some manufacturers are also changing the dropper to an oral syringe. Since this change is not mandatory, you may notice both strengths on the shelf at your local drug store. In order to be sure you are giving the right dose, be sure to carefully read the label on the box before you give the medication to your child. Also, be sure to use the dropper or syringe that comes in the box with the product. If you are not sure how much to use, ask a healthcare professional to be sure you are giving the correct dose.

Dear Pharmacist,

How come my insurance will pay for some drugs, but not others?

Many thanks, Denver Dan



Dear Denver Dan,

In an effort to reduce overall costs, insurance companies use formularies developed by pharmacists and physicians. The formulary is a list of medications that the insurance company agrees to pay for and it usually includes less expensive drugs instead of more expensive drugs. This helps keep drug costs low, which translates into lower premiums and lower copays. If the insurance company paid for all medications, regardless of price, the monthly premiums and copays would be too expensive for most people to afford. As an example, the Anthem formulary has 3 tiers. Tier 1 medications have the lowest co-pay, tier 2 medications have a middle co-pay, and tier 3 medications have the highest co-pay. A list of the Anthem formulary can be found on the website, [anthem.com/universityofcolorado](http://anthem.com/universityofcolorado).