

Wendy Haaf answers your questions about health, nutrition, and well-being



Do adults need to take vitamin supplements?

A lot of us certainly must think so—according to data from the 2015 Canadian Community Health Survey by Statistics Canada, 65 per cent of women and 42.5 per cent of men aged 51 to 70 reported taking at least one nutritional supplement in the month previous to being surveyed.

While some of those who take such supplements are undoubtedly doing so to remedy a diagnosed deficiency or to treat another health issue—such as a problem with nutrient absorption—for most, “that’s not the reason,” says Dr. David Jenkins, a professor of nutrition sciences and medicine at the University of Toronto. Instead, he says, “they think it’s going to give them better overall health.” Curiously, people who use supplements are perhaps more likely to already have traits that protect against poor health: in a 2009 study, supplement use was linked with physical activity, increased fruit and vegetable consumption, and higher levels of education and income.

“The question that everyone should be asking is, ‘Does taking supplements make a difference to how long I live?’” Jenkins says, “and the answer seems to be that it does not.”

In fact, in some cases, taking supplements has been linked to poor health outcomes. “The only clear-cut evidence that we’ve got is that it appears that when smokers take antioxidants without selenium in them, they seem to do worse,” Jenkins explains. A 2020 update to a systematic review by the international health research organization Cochrane, for example, found that vitamin A increased the incidence of and mortality due to lung cancer in smokers; vitamin C increased lung cancer incidence in women, and vitamin E increased the incidence of hemorrhagic stroke.

Nevertheless, there are circumstances in which your doctor or dietitian may recommend a specific supplement. For example, according to Abby Langer,

a consulting dietitian and food and nutrition writer in Toronto, “you may need a B12 supplement if your blood levels are low.” This can happen in some people over 50 due to age-related changes in absorption, as well as in strict vegetarians, since red meat is the main source. “Vitamin D can be an issue for older people if they spend a lot of time indoors,” Langer adds. (If you’re concerned about these issues or the quality of your diet, talk with your doctor or dietitian before you start dosing yourself.)

Overall, however, the evidence for taking supplements, even for specific indications, is still sorely lacking. “There may be special indications for taking supplements, but we have to identify these,” Jenkins says. “We really do need a lot more data from randomized clinical trials—and not just short-term studies, but long-term studies.” He believes that particularly



since supplement use is so popular, funding agencies such as the Canadian Institutes of Health Research should be mandated to devote a portion of their budgets to such trials. One possible avenue of investigation, for example, is whether certain supplements might reduce the risk for either infection with the SARS-CoV-2 virus or the ill effects of COVID-19 disease.

Until then, unless a health professional advises you otherwise, concentrating your energies on eating well is your best defence. “Most people don’t need vitamin supplements if they’re healthy and they’re eating a varied diet,” Langer says. “The majority of us can save our money.” ■

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