Do calcium supplements increase the risk of cardiovascular events?

Liew SM, Ng CJ

Liew SM, Ng CJ. Do calcium supplements increase the risk of cardiovascular events?. Malaysian Family Physician 2013;8(2): 41-3

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Assess

Madam Chan, a 65-year-old retired staff nurse, walks into my clinic and asks for a refill of her prescription of losartan 50 mg daily and calcium carbonate 1200 mg daily. Her blood pressure is well controlled at 130/80 and she feels well otherwise. Examination and her annual investigation reports reveal no abnormalities.

I remember the news of calcium supplements increasing the risk of cardiovascular events on BBC. Her bone mineral density scan, which was carried out a year ago, was normal. Madam Chan was started on calcium supplements by another doctor 5 years ago.

Ask

Do calcium supplements increase the risk of cardiovascular events?

In PICO format:

<table>
<thead>
<tr>
<th>Population</th>
<th>Intervention</th>
<th>Control</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (specifically menopausal women)</td>
<td>Calcium supplements</td>
<td>No calcium supplements or placebo</td>
<td>Cardiovascular events</td>
</tr>
</tbody>
</table>

Acquire

We searched the medical literature using the terms “calcium supplements” and “cardiovascular events” in PubMed Clinical Queries, Trip database, and Cochrane reviews. Cochrane reviews did not address this question. Trip database identified an abstract in DARE (database of abstracts of systematic reviews that have been quality assessed) on the following review: Bolland MJ, Avenell A, Baron JA, et al. Effect of calcium supplements on risk of myocardial infarction and cardiovascular events: meta-analysis. (BMJ. 2010;341:c3691). This review was also picked up in PubMed Clinical Queries.

Appraise

The first step is to decide whether the research question of the study fits the PICO for our clinical question. The stated objective in the paper is “To investigate whether calcium supplements increase the risk of cardiovascular events.” This seems to fit our PICO well; so, we shall proceed with appraisal of the review.
Calcium supplements were associated with about 30% increase in the incidence of myocardial infarction. From the patient-level analysis, it was evident that treatment of 1000 people with calcium for 5 years would cause additional 14 myocardial infarctions, 10 strokes, and 13 deaths, but prevent 26 fractures.

I explain to Madam Chan that the risk is small but significant. She agrees to stop using calcium supplements. Three months later, she brings her latest bone mineral density results, which show a drop in her T-score. She is worried as there is a family history of osteoporosis. We discuss the issue in detail and come to a conclusion that she should restart taking her calcium supplements but with a lower dose of 600 mg daily and should increase her dietary calcium.

As calcium supplements are widely used, even a small risk of increased harm would have substantial effect on the population. The review by Bolland et al. sparked a great debate over the use of calcium supplements. Although the evidence points to an increased risk of myocardial infarction with calcium supplements, this must be tempered by the patient’s own priorities and needs. The practice of evidence-based medicine should be a combination of research evidence, clinical expertise, and patients’ values and expectations.

This case report highlights the method used to answer a clinical question using evidence from the medical literature. Clinical Queries in PubMed and Trip database are very useful for finding relevant articles focusing on the clinical question without having to search through a large number of articles. Clinical Queries uses in-built search filters and Trip databer was designed as an archive of answers to clinical questions. Cochrane reviews and the DARE databases are also useful for searching systematic reviews to answer clinical questions related to intervention studies.
References

1. Bolland MJ, Avenell A, Baron JA, et al. Effect of calcium supplements on risk of myocardial infarction and cardiovascular events: meta-analysis. BMJ. 2010;341:10.1136/bmj.c3691. This review was also picked up with PubMed Clinical Queries.


