Evidence of Use of Dietary Supplements by the Elderly: Current Usage Patterns: Who and What?

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There is little question that dietary supplement use is prevalent among older adults in the United States. Data from the NHANES III show that from 1988-1994, more than 40 percent of men and 50 percent of women aged 60 and above reported the use of at least one vitamin or mineral supplement during the past month. Of supplement users above the age of 40 years, 56 percent used only one supplement, while 44 percent used two or more. Characteristics associated with greater likelihood of supplement use included being non-Hispanic white, female, and with higher socio-economic status. Smaller data sets confirm these findings. Data from the Baltimore Longitudinal Study on Aging, collected between 1990-1999, show that among this relatively affluent group of older adults (n = 213 aged 60-94), 38 percent of men and 54 percent of women reported supplement use. Data from the Framingham Heart and Offspring Studies show a rapid increase in supplement use over recent years. In the original cohort, aged 67-96 in 1988-1989, supplement use was reported by 26 percent of men and 33 percent of women. In the Offspring Cohort, using the same questionnaire in 1991-1995, 33 percent of men and 45 percent of women 60 years and older reported supplement use. Offspring subjects measured again in 1995-1999, reported greater supplement use: 43 percent of men and 59 percent of women. Similarly, 31 percent of men 50 years and older in the Veteran’s Administration Normative Aging Study reported supplement use from 1987-1989, and this increased to 59 percent by 1990-2000. In all of these studies, multivitamin/mineral preparations were the most commonly reported supplement, followed by individual use of vitamins C and E, and calcium. African American and Hispanic populations appear less likely to use supplements (30% of male and 42% of female non-Hispanic blacks in the NHANES III, relative to 41 and 55% of non-Hispanic white men and women). Similarly, in a study of mainly low-income neighborhoods in Massachusetts (1992-1997), 39 percent of non-Hispanic white elders, relative to 27 percent of Puerto Rican and Dominican elders reported supplement use.

Although herbal and other supplements appear to be increasing in popularity, there are currently few data from which to determine use by the elderly. A recent telephone survey of adults reported that 11 percent of men and 14 percent of women reported use; the most popular included gingko biloba, garlic, glucosamine, saw palmetto, and ginseng. The NHANES III did not specifically ask about herbal or other supplement use, but 3.6 percent reported use of such supplements when asked about vitamins and minerals. It is likely that future NHANES data will better clarify use of these supplements. Priorities for research include better specification of dose and length of use of all types of dietary supplements; better understanding of the implications of supplement use in evaluating the effects of nutrient intakes on health, including issues of bioavailability, and nutrient-nutrient and nutrient-drug interactions; improved understanding of
confounding effects and improved statistical modeling approaches; and finally, improved communication about appropriate supplement use to reach those most likely to benefit from it.

References:


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