Should I take Gingko? Dr Chin AiYynn UMMC / Dr Bharathi UPM
Ginkgo biloba (in Chinese ‘silver fruit’?? yin guo or ‘silver apricot’ ?? yinxing) is the sole survivor of a group of Gymnosperms (Ginkgophyta) that flourished in the Mesozoic era (65- 245 million years ago). Indigenous to China, its seeds and leaves have been used in traditional Chinese medicine for various disorders.

Extracts of Ginkgo leaves contain flavonoid glycosides, terpenoids and terpene lactones (ginkgoglides, bilobalides) and are held to have anti-inflammatory, antioxidant and neuroprotective effects. A standardised extract EGb761 is used as a herbal remedy in Europe and USA for the treatment of a range of conditions including cognitive and memory problems. However, results of studies evaluating the efficacy of Ginkgo on cognition have been mixed. A Cochrane Database Systematic review on the use of Ginkgo in dementia and cognitive impairment which included 36 studies (n=4423) showed no consistent benefits. The Ginkgo Evaluation of Memory (GEM) study, a randomized, double- blind, placebo- controlled trial (n=3069, median follow-up 6.1 years) showed no evidence that Gingko given at a dose of 120mg twice a day had any benefits in reducing the overall rate of dementia in elderly individuals with normal cognition or mild cognitive impairment. There was also no evidence to show that Gingko prevented cognitive decline. Results from another study (the GuidAge study) are awaited.

Although Ginkgo appears to have no excess of side effects compared with placebo, it may interact with certain medications. As such, individuals on medications such as anticoagulants should not take Ginkgo without first consulting a doctor.

Should I take Vit D and Calcium supplements? Prof Khoo Ee Ming UMMC
Calcium is a mineral essential for bone development and maintenance. It is also important for muscle contraction, heart action, blood clotting, transmission of nerve impulses to target cells, and cell metabolism. Vitamin D is a fat soluble vitamin that promotes calcium absorption in the gut and maintains calcium homeostasis. It indirectly affects bone mineralization. It also exerts its effects in immunomodulation, pancreas, cardiovascular, muscle and brain; and control of cell cycle.

Elderly generally has a low calcium intake, and reduced calcium absorption. This coupled with a reduction of vitamin D due to lack of sun exposure and reduced dietary intake, results in negative calcium balance that leads to secondary hyperparathyroidism. This may increase fracture risk and hence morbidity and mortality.

Earlier studies on calcium and vitamin D have shown significant reduction of incidence of all fractures in both elderly women living in institutions and in independently living older people aged over 65 years. More recent meta-analysis on people aged 50 years and older using calcium or calcium and vitamin D have showed both risk reduction in fractures of all types and reduced rate of bone loss at the hip and in the spine. The recommended minimum dose for calcium was 1200 mg with vitamin D 800 IU. A systematic review has found vitamin D3 plus calcium supplementation also resulted in small increases in bone mineral density of the spine, and other women in postmenopausal women. In addition to risk reduction of fractures, two meta-analyses on people aged 65 and over also showed reduced risk of falls. However, cochrane reviews published in 2010 showed inconsistent findings, that vitamin D supplementation did not reduce the risk of falls in older people but reduced the rate of falls in nursing care facilities.

For other health outcomes, the benefit of vitamin D, calcium, or combination was inconsistent for colorectal, breast and prostate cancer, hypertension, and cardiovascular events.

Calcium and vitamin D supplements can be considered for people over the age of 65, have poor diet, immobile and lack outdoor activities and are recommended if they live in institutions, have history of recurrent falls or fragility fracture, on long term steroids, or are taking biphosphonates.