

Early Epidurals Don't Impact Operative Delivery

BY SHARON WORCESTER
Southeast Bureau

HOLLYWOOD, FLA. — Epidural analgesia given in early labor has been shown to have no significant effect on the risk of operative delivery in patients with spontaneous labor, and the same appears to hold true for patients with induced labor, according to data presented at the annual meeting of the Society for Obstetric Anesthesia and Perinatology.

In a series of 796 consecutive women with induced labor who requested early pain relief, the operative delivery rates were similar in those who did and did not receive early labor epidural analgesia (28%

and 27%), Dr. Philip E. Hess reported.

Because labor induction is known to be associated with higher operative delivery rates, there was concern that the effects of epidural analgesia in induced labor might be different from its effects in spontaneous labor, Dr. Hess wrote in a poster.

The findings will hopefully put to rest the debate over whether there is a benefit with regard to operative delivery rates with delayed epidurals, Dr. Cynthia A. Wong said during a poster review session

that she moderated. Dr. Wong of Northwestern University, Chicago, was lead author on a major study showing no benefit of delaying epidural analgesia in women with spontaneous labor (*N. Engl. J. Med.* 2005;352:655-65).

In the current study, patients undergoing labor induction who requested early pain relief (prior to 4-cm dilation) received parenteral opioid or labor epidural analgesia according to their obstetrician's protocol, reported Dr. Hess of Beth Israel

Deaconess Medical Center in Boston.

A total of 350 women received epidural analgesia, and 446 received parenteral opioid. The groups were demographically similar, except the average body mass index was higher in the group that did not receive early epidural analgesia. The groups were also similar to a comparison group of 503 women with spontaneous labor who had a 21% operative delivery rate, significantly lower than the rates in the induced labor groups, he noted. ■

CSE Minimally Benefits External Cephalic Version

HOLLYWOOD, FLA. — Combined spinal-epidural analgesia did not significantly improve the rate of successful external cephalic version, compared with systemic opioid analgesia for breech presentation, but it did improve maternal pain and satisfaction, Dr. John T. Sullivan reported at the annual meeting of the Society for Obstetric Anesthesia and Perinatology.

A total of 86 women with singleton breech presentation were randomized to receive combined spinal-epidural (CSE) analgesia (2.5-mg intrathecal bupivacaine) plus 15-mcg fentanyl, followed by a 45-mg lidocaine and 15-mcg epinephrine epidural test dose, or 50 mcg of IV fentanyl.

Patients received analgesic intervention and terbutaline timed to provide peak analgesic and uterine relaxant effect at the time of external cephalic version, said Dr. Sullivan of Northwestern University, Chicago.

The success rate of external cephalic version was 43% in the CSE group and 33% in the systemic analgesia group. Vaginal deliveries occurred in 36% of those in the CSE group and 24% of those in the systemic analgesia group. The differences were not statistically significant.

However, pain scores were significantly lower in the CSE group (mean visual analog scale score of 11 vs. 36), and patient satisfaction with analgesic technique was higher in that group (median verbal rating of satisfaction score of 10 vs. 7).

Higher parity, greater estimated gestational age, and shorter procedure duration were significantly associated with version success, Dr. Sullivan noted.

Data regarding the impact of neuraxial anesthesia on the success rate of external cephalic version have been conflicting, and because improved success with external cephalic version has been suggested as a means for lowering cesarean section rates, further study is warranted, he said, noting that additional cases will be randomized for this study in an attempt to improve its power.

—Sharon Worcester

Vitamin D—both its importance and the amount needed—cannot be underestimated for proper calcium absorption AND OPTIMAL BONE HEALTH

How much proof is there that vitamin D is essential to bone health?

Volumes.

Vitamin D is critical

To help maintain normal blood levels of calcium and absorb the calcium needed to form and help maintain strong bones, vitamin D is essential.¹ Most calcium absorption occurs in the small intestine.² Without vitamin D, the small intestine absorbs only a fraction of dietary calcium. In a study by Heaney et al, vitamin D increased calcium absorption by as much as 65%.³

Vitamin D insufficiency is becoming an epidemic problem, especially for older Americans^{4,5}

The majority of Americans do not achieve adequate vitamin D levels.^{6,7} 90% of older adults aged 51 to 70 (and 98% of those over 70) are not getting adequate vitamin D from their diet.^{6,7} But inadequate intake isn't limited to just postmenopausal women and the elderly. More than two thirds of adolescent and adult women do not meet the adequate intake of vitamin D from their diet.^{6,7} Clearly, something needs to be done.

"...[current] recommendations are totally inadequate..."⁴

Current recommendations for daily vitamin D intake were established almost a decade ago. Many experts now agree that the daily recommended intake is too low.^{4,8-12} The response to vitamin D supplementation in clinical trials is further evidence that patients can benefit from higher levels of vitamin D. Emerging research suggests that getting at least 750-800 IU of vitamin D daily is associated with improved bone and muscle health in the elderly.^{8,13} Furthermore, a meta-analysis by Papadimitropoulos et al suggests, "Vitamin D decreases vertebral fractures and may decrease nonvertebral fractures."¹³ Zittermann states, "Current estimations for an adequate oral intake are obviously much too low to achieve an optimal vitamin D status..."¹⁰

Many experts agree: the lowest daily dietary intake for vitamin D for adults should be at least 750-800 IU per day.^{4,8,11,12}

Why Rx osteoporosis therapy still requires calcium and vitamin D

Rx treatments, including bisphosphonates, uniformly require sufficient calcium intake. However, as the use of these drugs has risen, a simultaneous decrease in the use of calcium supplements has occurred.¹⁴ This may be a result of patients believing that their Rx drug replaces their need for calcium. In addition, the majority of this population fails to consume the minimum recommended dietary intake of calcium, making calcium supplementation more critical.

Adequate vitamin D intake must also be taken into consideration.¹⁵ As noted in FDA's official magazine, for those receiving osteoporosis treatments, calcium and vitamin D supplements can be essential.¹⁶ Yet, more than half of North American women receiving therapy to treat or prevent osteoporosis have inadequate levels of vitamin D.¹⁷ This population needs to understand the importance of getting the right amount of calcium and vitamin D every day.

When patients need more D, you need to recommend a supplement

Very few foods are natural sources of vitamin D. And while sunlight is an excellent source of vitamin D, many individuals limit sun exposure or use sunscreen, which interferes with vitamin D synthesis of the skin, putting them at increased risk of inadequate vitamin D levels. In addition, as many people age, their ability to produce vitamin D decreases. Calcium supplements with added vitamin D are an excellent way to help ensure patients get the D they need daily for optimal bone health. It's never too soon to improve bone health. And it's never too late. The US Surgeon General states, "...[for those] not getting enough calcium and vitamin D in your diet, supplements can be bone savers."¹⁸

Together, calcium and vitamin D can transform the future of bone health

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