

FAIT 1 : BESOIN DE CALCIUM

Les fondamentaux de l'hygiène osseuse, notamment l'apport adéquat en calcium, permettent une réduction significative des fractures.

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Effect of dietary sources of calcium and protein on hip fractures and falls in older adults in residential care: cluster randomised controlled trial

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ABSTRACT

OBJECTIVE
To assess the antifracture efficacy and safety of a nutritional intervention in institutionalised older adults replete in vitamin D but with mean intakes of

five months (P=0.02) and three months (P=0.004), respectively. Mortality was unchanged (900 v 1074; hazard ratio 1.01, 0.43 to 3.08).

CONCLUSIONS

Improving calcium and protein intakes by using dairy products in a nutritional intervention that reduces the risk of falls and fractures is commonly occurring in

Un apport optimal de 1 200 mg de calcium permet d'avoir :

Réduction significative de 33 % du risque de fracture total.

Réduction significative de 46 % du risque de fracture de la hanche.

Réduction significative de 11 % du risque de chute.

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2423; 0.89, 0.78 to 0.98; P=0.04). The risk reduction for hip fractures and falls achieved significance at

WHAT IS ALREADY KNOWN ON THIS TOPIC

Few studies have investigated the efficacy and safety of a nutritional approach to reduction of fracture risk in institutionalised older adults. One study using pharmacological doses of calcium and vitamin D reduced hip fractures in female nursing home residents with low calcium intakes and vitamin D deficiency.

WHAT THIS STUDY ADDS

Supplementation using high calcium, high protein dairy foods reduced falls and fractures in vitamin D replete older adults in aged care

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FAIT 2 : CARENCE EN CALCIUM

En sachant que nos Canadiens ne consomment pas assez de calcium de façon alimentaire, que peut-on faire ?

Nutrient intakes of Canadian adults: results from the Canadian Community Health Survey (CCHS)–2015 Public Use Microdata File

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ABSTRACT

Background: Accurate estimates of nutrient intakes are important for monitoring the health of populations. In Canada, nutrient estimates have

Objective: The objective was to describe the nutrient intakes, distributions, and

Methods: Participants' 24-hour dietary recall from a subsample of the 2015 Public Use Microdata File (PUMF) was used to estimate usual nutrient intakes in adults (≥19 years) with invalid energy intake groups were estimated using

adjusted for age, sex, and sequence of recall.

Results: Canadian macro-nutrient intakes were generally below recommended acceptable macronutrient distribution ranges (AMDR). A high prevalence of inadequate intakes (>47%), vitamin D (>94%) and >59% for smokers), whereas <25% and <40% adequate intake for fiber and continue to consume sodium

Conclusions: A significant number of Canadian adults may not be meeting recommendations for several essential nutrients, contributing to nutrient inadequacies. These results highlight the need for public health interventions aimed at improving diet quality and nutrient adequacy for Canadian adults. *Am J Clin Nutr* 2021;114:1131–1140.

Keywords: dietary assessment, CCHS national nutrition survey, nutrient intakes, Canada, nutrient adequacy, National Cancer Institute (NCI) method, adults, DRI age-sex groups

La consommation de calcium chez nos canadiens de plus de 30 ans est de seulement :

♀ Femmes : 600 à 700 mg / jour

♂ Hommes : 700 à 800 mg / jour

Donc le recours à une supplémentation est nécessaire !

Am J Clin Nutr 2021;114:1131–1140

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from the same link in the online table of contents at <https://academic.oup.com/ajcn/>.

Address correspondence to MRLA (e-mail: mary.labbe@utoronto.ca). Abbreviations used: AI, adequate intake; AMDR, acceptable macronutrient distribution ranges; CCHS, Canadian Community Health Survey; CDRR, chronic disease risk reduction; EAR, estimated average requirement; EI, energy intake; NCD, noncommunicable disease; NCI, National Cancer Institute; PUMF, Public Use Microdata File; SIFE, software for intake distribution estimation; TEE, total energy expenditure; U.S. RDA, United States Recommended Dietary Allowance.

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vieillessement, IPP ou anti-H2 ?



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- Prise d'antiacides¹
- Constipation²
- Personnes âgées/achlorhydrie³
- Dysphagie
- Polymédication
- Malabsorption⁴
- Lithiase rénale⁵
- Chirurgie bariatrique⁶

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