

Risks Associated with Ocular Vitamin and General Multivitamin Regimens in Patients with Age-Related Macular Degeneration

Alex R. Stoddard¹, Karie Vellos², Jay Highland ², Bruce I. Gaynes¹

1. Loyola University Chicago, Stritch School of Medicine 2. University of Illinois, College of Pharmacy, Chicago, IL

Introduction

Age related macular degeneration (AMD) is the leading cause of vision loss in patients over 50 years of age¹. The National Eye Institute developed the Age-Related Eye Disease Study (AREDS) to study risk factors associated with AMD. The AREDS study examined the use of various types of vitamins and minerals that may reduce the risk of AMD in specific clinical scenarios and promulgated recommendation for the use of vitamins and minerals as a means to reduce AMD risk. As a result, nonprescription vitamin and mineral use is widely recommended by clinicians who demonstrate early AMD retinal findings². However, many older adults self-medicate with multivitamins even prior to use of eye vitamins and therefore may be subject to increased levels of vitamins and minerals that may increase risk for toxicity. The goal of this study was to provide recommendations for safe and appropriate vitamin and mineral supplementation regimens for patients with age-related macular degeneration (AMD) who seek to add ocular vitamins to their general multivitamin regimen

Methods

A systematic review of the literature was performed using secondary literature databases. The reference search allowed for compilation of primary and tertiary sources. The evidence was compared to common ocular supplement and Centrum multivitamin ingredients; multivitamins and ocular vitamins were also directly compared. Upper limits of each vitamin or mineral examined was determined using total upper intake limit (TUIL) set by the Institutes of Medicine (IOM). The vitamins and minerals assessed in the ocular and multivitamin include: vitamins A, B₂, C, zinc, copper, lutein, selenium, calcium, omega-3 fatty acids, and zeaxanthin

Vitamins

Table 1. Ocular vitamin and mineral supplements analyzed in this study.

Sup			<u>-</u>
Brand	Product	Formula	Dose
			D000
	sion	Eye Vitamin with Lutein Formula Soft Gels	1 gel, twice daily
gmc	Preservision	Soft Gel	2 tablets, twice daily
Bauch & Lomb	Pre	Tablet	1 gel, twice daily
nch		AREDS 2 Soft Gels	1 gel, twice daily
Ba	Ocuvite	Adult 50+, Soft Gel	1 soft gel daily
		Eye Vitamin with Lutein, Tablet	1 tablet daily
		Tablet	2 tablets, twice daily
		Eye Vitamin with Lutein and	1 tablet, twice daily
		Zeaxanthin Tablet	r tablet, twice daily
Alcon	aps	Zeaxanthin Tablet Eye Vitamin with Lutein and Omega- 3 Tablet	1 tablet daily
Alcon	ICaps	Eye Vitamin with Lutein and	
Alcon	ICaps	Eye Vitamin with Lutein and Omega- 3 Tablet AREDS Formula Coated	1 tablet daily 2 tablets, twice daily
eterans Affairs Alcon	Ocular vitamin ICaps	Eye Vitamin with Lutein and Omega- 3 Tablet AREDS Formula Coated Tablets	1 tablet daily

Table 2. Daily multivitamin and mineral supplements analyzed in this study

	Brand	Produc	Formulation	Dose			
) i	Adults 50+, Tablet	1 tablet daily			
		Silver	Women's, Tablet	1 tablet daily			
		0)	Men's, Tablet	1 tablet daily			
		Ultra	Women's, Tablet	1 tablet daily			
		ā	Men's, Tablet	1 tablet daily			
		r t /S	Grape	4 chews daily			
	Centrum	Flavor Burst Chews	Mixed Fruit	4 chews daily			
		Specialist	Energy Tablet	1 tablet daily			
		itamin	Tablet	1 tablet daily			
		Multiv	Liquid	15mL daily			
	Veterans Affairs	Multivitamin Multivitamin	Tablet	1 tablet daily			

Results

Results from the systematic review found relevant data regarding the ingredients present in both ocular supplements and daily multivitamin formulations. Cumulative levels of vitamin A and zinc were found to surpass the established TUIL.

Zinc levels reached a high of 99.6 mg with concurrent use of ICaps ocular multivitamin and Men's or Women's Centrum Ultra Silver, 2.49 times the TUIL. Zinc intake above the TUIL when combined with all multivitamins analyzed were seen with PreserVision Eye Vitamin with Lutein formula and AREDS 2 soft gel formula, and Ocuvite Eye Vitamin with Lutein (except in combination with VA multivitamin).

Among products examined, levels of vitamin A reached a high of 32,140 IU between the combination of Preservision Lutein, ICaps AREDS formulas, and the VAI-Vite Protect ocular vitamins in combination with Men's or Women's Centrum Ultra Silver. Patients taking this combination would be taking 3.21 times TUIL. There was an increase in vitamin A above TUIL in combinations of ICaps Eye Vitamin with Lutein and Omega-3 formula with all multivitamin formulations.

There were inconsistent results when assessing the combination of VA I-Vite tablet formulation with multivitamin formulas assessed. While an increase in zinc was seen with all combinations involving I-Vite, amounts of vitamin A above the TUIL were seen in the following vitamins: Centrum Multivitamin tablets, Ultra Men's and Women's tablets, Silver Men's and Women's tablets, and Specialist Energy tablet formulations.

No amounts of any vitamins or minerals above the recommended TUIL were seen when comparing the Ocuvite Eye Vitamin for Adults 50+ soft gel formula to all of the multivitamins assessed.

Vitamin A:

Substantial data exists on the adverse effects of high vitamin A intakes. Acute toxicity can manifest as signs and symptoms of nausea, vomiting, headache, increased cerebrospinal fluid pressure, vertigo, blurred vision, muscular incoordination.³ These are usually transient effects involving single or short-term large doses of greater than or equal to 150,000 µg in adults and proportionately less in children.⁴ Chronic and excessive vitamin A intake has been shown to cause bone density loss in animals.⁵ Additionally, alcohol intake has been shown to potentiate heptatotoxicity. 6

Adverse effects associated with chronic and excessive zinc intake include signs and symptoms of epigastric pain, nausea, vomiting, loss of appetite, abdominal cramps, diarrhea, and headaches.^{7,8} Specific effects associated with increased zinc intake include immune response suppression, decreases in high-density lipoprotein cholesterol, and reduced copper.9

Conclusion

- In many combination regiments vitamin A and zinc levels surpassed tolerable upper intake levels.
- Patients with comorbidities, such as those with diabetes and complicating renal disease are susceptible to toxicity and should also take caution when adding an ocular vitamin to their daily multivitamin therapy¹⁰⁻¹²
- Select combinations regimens keep nutrients at safe levels. Eye care professionals should be knowledgeable of harmful combinatory effects when adding ocular vitamins to established daily multivitamin regimens and recommend regimens that avoid interactions.

Results

Table 3. Amounts of zinc in ocular vitamins, daily multivitamins, and combined levels. Amounts of zinc were taken from the product label of the respective ocular vitamin or daily multivitamin. Numbers highlighted in red represent the combined amounts of zinc that are above the daily total upper intake limit of 40 mg established by the Institutes of

ledic	JIIIE	•		Centrum									Veterans Affairs	
				Adults (under 50	Flavo	or Burst		Ultra		Silver		Specialist	
				Tablet	Liquid	Grape	Mixed Fruit	Men's	Women's	Men's	Women's	Adults 50+	Energy	Multivitamin
			Zinc (mg)	11	3	5	5	11	8	15	15	11	11	0
	_	Eye Vitamin with Lutein Formula,												
		Soft Gels	69.6	80.6	72.6	74.6	74.6	80.6	77.6	84.6	84.6	80.6	80.6	69.6
	er <u>i</u>	Soft Gel	69.9	80.9	72.9	74.9	74.9	80.9	77.9	69.9	69.9	69.9	69.9	69.9
	Preservision	Tablet	69.6	80.6	72.6	74.6	74.6	80.6	77.6	84.6	84.6	80.6	80.6	69.6
		AREDS 2, Soft Gels	80	91	83	85	85	91	88	95	95	91	91	80
	Ocuvite	Adult 50+, Soft Gel	9	20	12	14	14	20	17	24	24	20	20	9
	วั 0	Eye Vitamin with Lutein, Tablet	40	51	43	45	45	51	48	55	55	51	51	40
		Tablet	84.6	95.6	87.6	89.6	89.6	95.6	92.6	99.6	99.6	95.6	95.6	84.6
		Eye Vitamin with Lutein and												
	S	Zeaxanthin Tablet	60	71	63	65	65	71	68	75	75	71	71	60
	ICaps	Eye Vitamin with Lutein and												
	∠ ا	Omega-3, Tablet	7	18	10	12	12	18	15	22	22	18	18	7
		AREDS Formula Coated Tablets	69.6	80.6	72.6	74.6	74.6	80.6	77.6	84.6	84.6	80.6	80.6	69.6
		AREDS Formula Soft Gels	69.6	80.6	72.6	74.6	74.6	80.6	77.6	84.6	84.6	80.6	80.6	69.6
	s Affairs	I-Vite Protect Tablets	69.6	80.6	72.6	74.6	74.6	80.6	77.6	84.6	84.6	80.6	80.6	69.6
	Veterans													
	Š	I-Vite Tablets	80	91	83	85	85	91	88	95	95	91	91	80

Table 4. Amounts of vitamin A in ocular vitamins, daily multivitamins, and combined levels. Amounts of vitamin A were taken from the product label and are displayed as International Units (IU) of retinol. Product labelling with units of beta-carotene were converted to units of retinol. Numbers highlighted in red represent the combined amounts of vitamin A that are above the daily total upper intake limit of 10000 IU of retinol established by the Institutes of Medicine.

		Centrum									Veterans Affairs		
			Adults under 50 Flavor Burst		or Burst	Ultra		Silver			Specialist		
			Tablet	Liquid	Grape	Mixed Fruit	Men's	Women's	Men's	Women's	Adults 50+	Energy	Multivitamin
		Vitamin A (IU)	3500	1300	2000	2000	3500	3500	3500	3500	2500	3500	2500
Preservision	Eye Vitamin with Lutein Formula, Soft Gels	0	3500	1300	2000	2000	3500	3500	3500	3500	2500	3500	2500
į	Soft Gel	28640	32140	29940	30640	30640	32140	32140	28640	28640	28640	28640	28640
)rec	Tablet	28640	32140	29940	30640	30640	32140	32140	28640	28640	28640	28640	28640
	AREDS 2, Soft Gels	0	3500	1300	2000	2000	3500	3500	3500	3500	2500	3500	2500
Ocuvite	Adult 50+, Soft Gel	0	3500	1300	2000	2000	3500	3500	3500	3500	2500	3500	2500
C	Eye Vitamin with Lutein, Tablet	1000	4500	2300	3000	3000	4500	4500	4500	4500	3500	4500	3500
	Tablet	0	3500	1300	2000	2000	3500	3500	3500	3500	2500	3500	2500
v	Eye Vitamin with Lutein and Zeaxanthin Tablet	6600	10100	7900	8600	8600	10100	10100	10100	10100	9100	10100	9100
Capa	Eye Vitamin with Lutein and Omega-3, Tablet	4000	7500	5300	6000	6000	7500	7500	7500	7500	6500	7500	6500
	AREDS Formula Coated Tablets	28640	32140	29940	30640	30640	32140	32140	28640	28640	28640	28640	28640
	AREDS Formula Soft Gels	28640	32140	29940	30640	30640	32140	32140	28640	28640	28640	28640	28640
c Affairs		28640	32140	29940	30640	30640	32140	32140	28640	28640	28640	28640	28640
Veterans	I-Vite Tablets	2000	5500	3300	4000	4000	5500	5500	5500	5500	4500	5500	4500

References

- 1. Facts About Age-Related Macular Degeneration. National Institute of Health's National Eye Institute Web site. http://www.nei.nih.gov/health/maculardegen/armd_facts.asp. Updated July 2013. Accessed April 15, 2014. 2. The Age-Related Eye Disease Study Research Group. A Randomized, Placebo-Controlled, Clinical Trial of High-Dose Supplementation With Vitamins C and E, Beta Carotene, and Zinc for Age-Related Macular Degeneration and Vision Loss. Arch Ophthalmol. 2001; 119(10): 1417-36.
- 3. Olson JA. Adverse effects of large doses of vitamin A and retinoids. Semin Oncol. 1983;10:290-293.
- 4. Bendich A, Langseth L. Safety of vitamin A. Am J Clin Nutr. 1989;49:358-371
- Rodhe CM, Manatt M, Clagett-Dame M, DeLuca HF. Vitamin A antagonizes the action of vitamin D in rats. J Nutr. 1999;129:2246-2250 6. Leo MA, Lieber CS. Alcohol, vitamin A, and beta-carotene: Adverse interactions, including hepatotoxicity and carcinogenicity. Am J Clin Nutr. 1999;69:1071-1085
- 7. Prasad AS. 1976. Deficiency of zinc in man and its toxicity. In: Prasad AS, Oberleas D, eds. Trace Elements in Human Health and Disease, Volume 1. Zinc and Copper. New York: Academic Press. Pp 1-20.
- 9. Samman S, Roberts DCK. The effect of zinc supplements on lipoproteins and copper status. Atherosclerosis. 1988;70:247-252.
- 8. Samman S, Roberts DCK. The effect of zinc supplements on plasma zinc and copper levels and the reported symptoms in healthy volunteers. Med J Aust. 1987;146:246-249.
- 10.McKeag NA, McKinley MC, Woodside JV, Harbinson MT, McKeown PP The role of micronutrients in heart failure. J.Acad.Nutr.Diet.2012, 112, 70-886 11. Tonelli M, Wiebe N, Thompson S, et al. Trace element supplementation in hemodialysis patients: a randomized controlled trial. BMC Nephrol. 2015;16:52. 12. Cunningham JJ, Fu A, Mearkle PL, Brown RG. Hyperzincuria in individuals with insulin-dependent diabetes mellitus: concurrent zinc status and the effect of high-dose zinc supplementation. Metab Clin Exp. 1994;43(12):1558-62