

USPSTF: Evidence lacking for use of vitamins for CVD, cancer prevention

May 4 2021



(HealthDay)—The U.S. Preventive Services Task Force (USPSTF)

concludes that evidence is currently insufficient for determining the benefits and harms of most single or paired and multivitamin supplements but recommends against use of beta-carotene and vitamin E for prevention of cardiovascular disease (CVD) and cancer. These findings form the basis of a draft recommendation statement published online May 4.

Elizabeth A. O'Connor, Ph.D., from the Kaiser Permanente Evidence-Based Practice Center in Portland, Oregon, and colleagues examined the benefits and harms of vitamin and mineral supplementation for preventing CVD and cancer among healthy adults. Data were included from 78 studies, with 694,084 participants. The researchers found that compared with placebo, vitamin D, with or without calcium, was associated with a [lower risk](#) for all-cause mortality (odds ratio, 0.94; 95 percent confidence interval, 0.89 to 1.00) and cancer mortality (odds ratio, 0.88; 95 percent confidence interval, 0.79 to 0.97). Beta-carotene, with or without vitamin A, was associated with an increased risk for cardiovascular mortality and lung cancer (odds ratios [95 percent confidence intervals], 1.10 [1.02 to 1.19] and 1.20 [1.01 to 1.42]). Clear evidence suggested that vitamin E offered no benefit for all-cause mortality, CVD events, and cancer. Multivitamins, vitamin A, vitamin C, calcium, and selenium also had no effect on all-cause mortality, CVD, or cancer.

Based on these findings, the USPSTF recommends against use of beta-carotene or vitamin E supplements for prevention of CVD or cancer (D recommendation). With respect to other multivitamin supplements and single or paired nutrient supplements, the current evidence is insufficient for assessing the balance of benefits and harms of use for the prevention of CVD or [cancer](#) (I statement).

The draft recommendation statement and evidence review have been posted for public comment. Comments can be submitted from May 4

through June 1, 2021.

More information: [Draft Evidence Review](#)
[Draft Recommendation Statement](#)
[Comment on Recommendation Statement](#)

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