Vetoplosbare vitaminen

Vitamine A

Maternal Dietary Intake of Vitamin A and Risk of Orofacial Clefts: A Population-based Case-Control Study in Norway. Anne Marte W. Johansen *et al.* Am J Epidemiol 2008;167(10):1164-1170.

A population-based case-control study was carried out in Norway between 1996 and 2001. The aim was to evaluate the association between maternal intake of vitamin A from diet and supplements and risk of having a baby with an orofacial cleft. Data on maternal dietary intake were available from 535 cases (188 with cleft palate only and 347 with cleft lip with or without cleft palate) and 693 controls. The adjusted odds ratio for isolated cleft palate only was 0.47 (95% confidence interval: 0.24, 0.94) when comparing the fourth and first quartiles of maternal intake of total vitamin A. In contrast, there was no appreciable association of total vitamin A with isolated cleft lip with or without cleft palate. An intake of vitamin A above the 95th percentile was associated with a lower estimated risk of all isolated clefts compared with the 40th–60th percentile (adjusted odds ratio = 0.48, 95% confidence interval: 0.20, 1.14). Maternal intake of vitamin A is associated with reduced risk of cleft palate only, and there is no evidence of increased risk of clefts among women in our study with the highest 5% of vitamin A intake. **Keywords:** case-control studies; cleft lip; cleft palate; diet; Norway; pregnancy; vitamin A.

Both α- and β-Carotene, but Not Tocopherols and Vitamin C, Are Inversely Related to 15-Year Cardiovascular Mortality in Dutch Elderly Men. Brian Buijsse *et al.* J Nutr 2008;138(2):344-350.

The role of β-carotene, α-tocopherol, and vitamin C in the prevention of cardiovascular diseases (CVD) is controversial. Prospective studies on γ-tocopherol and carotenoids other than β-carotene are sparse. We assessed relations between the intake of different carotenoids, α- and γ-tocopherol, and vitamin C with 15-y CVD mortality in elderly men who participated in the Zutphen Elderly Study. Information on diet and potential confounding factors was collected in 1985, 1990, and 1995. In 1985, 559 men (mean age ~72 y) free of chronic diseases were included in the current analysis. After 15 y of follow-up, comprising 5744 person-years, 197 men had died from CVD. After adjustment for age, smoking, and other potential lifestyle and dietary confounders, relative risks (RR) (95% CI) of CVD death for a 1-SD increase in intake were 0.81 (0.66–0.99) for α-carotene and 0.80 (0.66–0.97) for β-carotene. Carrots were the primary source of α- and β-carotene and their consumption was related to a lower risk of death from CVD (adjusted RR, 0.83; 95% CI = 0.68–1.00). Intakes of carotenoids other than α- and β-carotene were not associated with CVD mortality, nor were vitamin C and α- and γ tocopherol. In conclusion, dietary intakes of α-carotene and β-carotene are inversely associated with CVD mortality in elderly men. This study does not indicate an important role for other carotenoids, tocopherols, or vitamin C in lowering the risk of CVD death.