

Q & A: Fitness and Nutrition for Your Bones - CANCER TREATMENT

Q: When considering their treatment plans, how should patients look at nutrition and exercise?

A: I strongly encourage people to view food and exercise as medication. To put it on that level—on that plane of importance—that changes perception. Forget the “no pain, no gain” mentality. Some kind of movement and trying to eat as healthfully as possible—those combined with the other parts of the treatment regimen can maximize quality of life and help people get better faster.

Q: What is it about exercise that helps bones?

A: Exercise builds muscle and other tissues that help support bone under the umbrella of balance, coordination and strength. It’s like adding little bits of additional concrete to a mixture that is quite dynamic. If we can use muscle more regularly and find ways to challenge it, then it can grow and support us in a variety of ways.

Q: How do you recommend patients get moving?

A: You don’t have to join a gym or lift weights. You don’t have to do extraordinary things. Just buy the best sneakers you can afford and walk every day—even if it’s just 15 minutes or a few sessions of 10 minutes each. We now know that exercise is just as beneficial broken into smaller segments. The key here is weight-bearing exercise—something that gets you up and on your feet. Walking can be low impact. And dancing is very popular. People can climb stairs or go outdoors and hike.

Q: Are there situations where certain exercises aren’t recommended?

A: Someone with advanced osteoporosis has probably been advised to avoid heavy lifting. Instead of adding additional weight, we counsel people to work with what they already have; to use their own body as resistance by walking, dancing or hiking.

We always tell people to listen to their bodies. If you feel like it’s too much, then stop. You don’t have to walk for exactly 20 minutes. If you do 15, that’s great. These numbers are somewhat arbitrary. Just move a little bit more, and maybe that little bit will help during and after treatment for keeping bones strong and dealing with other side effects.

Q: Calcium and vitamin D help boost bone health, but exactly how much of these nutrients should a cancer patient get?

A: We don’t have evidence-based guidelines that are exclusively for people undergoing treatment or who have undergone treatment. So you have to revert to the [Dietary Reference Intakes](#) that are designed for the average population.

We know that for the average adult, it’s 1,000 to 1,200 milligrams of calcium daily. For vitamin D, they recently went from 400 international units per day up to 600. Some people are calling for them to go up to as much as 1,000.

Q: What are some everyday ways to incorporate the recommended amounts of calcium and vitamin D into diet?

A: The easiest and most efficient way is to drink low-fat cow’s milk or eat a product made with cow’s milk, like low-fat yogurt or cheese. Cow’s milk is one of the better sources because it has calcium and

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vitamin D together. Three servings of dairy a day provides roughly 900 milligrams of calcium. That could be three 8-ounce glasses of cow's milk, or it could be an 8-ounce glass of milk, about an ounce of cheese and one cup of yogurt. It's possible to get the rest through kale, broccoli, spinach—green, leafy vegetables have calcium in them. Vitamin D is a little harder. It's not widely distributed in our food supply. It's in egg yolks, which are very nutritious. Vitamin D is also in catfish, but a lot of people don't eat catfish. It's also in any type of fish where you consume the bones. Examples would be sardines or canned salmon.

Otherwise, vitamin D is hard to get from diet. Now, a little exposure to sun helps the body convert vitamin D to its active form. And by "a little" I mean 10 to 15 minutes two to three times a week. We're not suggesting people go to the beach for an hour every day.

Q: What if a patient is still having a difficult time hitting that daily recommended amount of calcium or vitamin D?

A: That's where supplements come in—not megadoses, just the basic calcium and vitamin D supplements if the medical team thinks the patient's diet is inadequate.

Q: Is getting calcium and vitamin D from natural sources such as food and sunlight better than supplements?

A: No, not in this case. I'm a firm believer of food first because food doesn't just provide calcium or vitamin D; it provides fiber and other nutrients and phytochemicals that have anticancer properties. But if you don't eat egg yolk and you don't drink cow's milk and you don't eat catfish, then it's very hard, if not impossible, to get enough. You add on top of that a population that is largely deficient in vitamin D anyway, especially people in northern

parts of the country where we don't have as much sun exposure year-round. Then, supplementation may be required.

Q: Is there an upper limit of how much calcium or vitamin D someone with cancer should get?

A: The upper limit for calcium is 2,000 to 2,500 milligrams daily. If you happen to be someone who consumes a high amount of calcium-rich foods and takes supplements, then you might be at risk of getting too much calcium. The most common problem of too much calcium is constipation.

The upper limit for over-the-counter vitamin D is 4,000 international units daily. I would never recommend someone take that much.

Q: Other than calcium and vitamin D, what other nutrients should cancer patients make sure they get plenty of?

A: The most important nutrient, especially for people with cancer, is water. Without water, we'd be in big trouble. When people are dehydrated, they're going to feel weak, so they won't have energy to exercise or eat.

Written by Melissa Weber.