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RE: Preventative Health - Vitamin D Resolution

I appreciate your efforts and agree that research links Vitamin D deficiency and insufficiency to depression, bone disorders, cancer, immune disease, diabetes, and coronary disease, at the very least. Therefore, I support your resolution.

Perhaps, an addendum to your resolution might address a list of micronutrients including Vitamins and Minerals **be drawn annually** by all primary healthcare providers and with all initial mental health assessments. I would suggest expanding, at the very least, to include Niacin, B12, folate (folic acid), thiamine, Vitamin D and trace minerals including iron, magnesium, and selenium. Scientific evidence links a variety of psychiatric symptoms with deficiency and insufficiency as components to psychiatric syndromes.

I receive healthcare through Indian Health Services and have had few of these labs drawn to my knowledge as late as age 60. My Father is 83, a diabetic, with hypertension, hyperlipidemia, skin cancer, and situational depression who receives services through the VA. The labs listed below were not drawn, any time recently that I am aware of, *until* I made a request of a local practitioner October of 2010. Which found the labs to be: Vitamin D 25 OH Total level of 21, optimum levels range from 30-100 with <20 deficient and 20-30 insufficient, B12 was 127, low was indicated at 180 and high 914, and his Iron was 23, low indicated at 45 and high 182. I plan to request a recheck at his next VA visit this month. His diet has improved and he has been taking supplements I would like to evaluate any improvement or lack thereof. Additionally, I am awaiting my own lab results as we speak.

A large majority of Alaska's citizens would not know to request these labs. It is, therefore, up to the State of Alaska to protect the physical & mental

health and wellbeing of Alaska's people, of all ages. We seek as healthcare professionals and legislative representative's to address the prevention of medical and mental illness; not only personal and family short and long term impact, but as our obligation to address and curb the economic impact on Alaska as a whole.

Additionally, I would support, as an indication of need, an Alaskan research study to evaluate levels of vitamins and minerals, using a very large sample group of both rural and urban Alaskans (not less than 20,000), with a variety of ages, listing medical and psychiatric diagnoses, and comparing regions, those consuming the traditional Native diet compared to Western diet, and those taking supplements with those not. *Including*, those individuals of all ages having threatened and attempted suicide. In order to discover whether levels may or may not suggest a relationship to depression and other psychiatric symptoms potentially contributing to suicide. With a follow-up study evaluating diet changes and vitamin and mineral supplements provided over time.

I appreciate your addressing the preventative health of Alaskans.

With Kindest Regards,



Sharon Norton, RN

[Reference links attached.]

References links that support my response [sorry I did not have time to format them correctly].

Page 844 http://books.google.com/books?id=U-ohbTtxCeYC&pg=PA844&lpg=PA844&dq=vitamin+deficiency+and+depression+scientific+evidence&source=bl&ots=9fBDwji4xU&sig=Q8Su0TNEtpPOa3s6WUahWQmyj0Q&hl=en&ei=vFFOTYbeA42isQPL6onCg&sa=X&oi=book_result&ct=result&resnum=10&ved=0CGAQ6AEwCQ#v=onepage&q=vitamin%20deficiency%20and%20depression%20scientific%20evidence&f=true

Mayoclinic http://www.mayoclinic.com/health/vitamin-d/NS_patient-vitamin/d/DSECTION=evidence suggests among many other diagnoses that: **Seasonal affective disorder (SAD) is a form of depression that occurs during the winter months, possibly due to reduced exposure to sunlight. In one study, vitamin D was found to be better than light therapy in the treatment of SAD. Further studies are necessary to confirm these findings.**

NYU Medical Center <http://www.med.nyu.edu/content?ChunkIID=21566> Other micronutrients are also commonly deficient in elderly populations. A small study among nursing home residents found that low levels of the mineral selenium was associated with depression. Moreover, 8 weeks of mineral supplementation tended to improve the mood of the most seriously depressed patients with low selenium levels.

Science Direct: http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WN2-4COD0FP-YT&_user=10&_coverDate=02/28/1991&_rdoc=1&_fmt=high&_orig=search&_origin=search&_sort=d&_docanchor=&_view=c&_searchStrId=1633643654&_

Lance Armstrong Foundation: <http://www.livestrong.com/article/309794-what-vitamin-mineral-deficiencies-cause-anxiety/>

National Institute of Health: Vitamin D in fibromyalgia depression and anxiety
<http://www.ncbi.nlm.nih.gov/pubmed/16850115>

National Institute of Health: Vitamin D in over weight and obese:
<http://www.ncbi.nlm.nih.gov/pubmed/18793245>

National Institute of Health: Vitamin D and Women with Depression in the Winter
<http://www.ncbi.nlm.nih.gov/pubmed/19616172>

National Institute of Health: Vitamin D and Depression in Japanese
<http://www.ncbi.nlm.nih.gov/pubmed/19690578>

National Institute of Health: Vitamin D and Depression in Young Adults
<http://www.ncbi.nlm.nih.gov/pubmed/21067618>