



| <b>Vitamin E -Tocopherol</b>            |   |
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| <b>Description</b>                      | A fat-soluble antioxidant vitamin   |
| <b>Function</b>                         | Helps to neutralise potentially damaging free radicals in the body. Vitamin E is particularly important for the protection of cell membranes as well as maintaining healthy skin, heart and circulation, nerves, muscles and red blood cells.   |
| <b>Human Requirements</b>               | EU RDA: 10mg  |
| <b>Dietary Intake<sup>1</sup></b>       | In the UK, the average adult daily diet provides 8.3 mg.  |
| <b>Food Sources</b>                     | Seed oils, and the outer germ of cereals are the richest sources as well as olive oil, avocado pear, muesli, nuts, leafy green vegetables, wholemeal bread, cereals and egg yolks.  |
| <b>Deficiency Symptoms</b>              | None known.   |
| <b>Precautions / Contra-Indications</b> | Vitamin E supplements should be avoided by patients with iron-deficiency anaemia and hyperthyroidism.<br>Safe Upper Level: 540mg <sup>2</sup>   |
| <b>Pregnancy &amp; Breastfeeding</b>    | No problems reported at normal intakes.   |
| <b>Adverse Effects<sup>1</sup></b>      | Vitamin E is relatively non-toxic. Large doses in excess of 1000mg daily for prolonged periods have occasionally been associated with increased bleeding tendency in vitamin K-deficient patients; and rarely, blurred vision, diarrhoea, dizziness, fatigue and weakness, headache and nausea. |
| <b>Interactions<sup>1</sup></b>         | Vitamin E supplements should be avoided by patients taking oral anticoagulants (blood thinners)   |
| <b>References</b>                       | 1. Mason, P. Dietary Supplements. Pharmaceutical Press, London, 2001.<br>2. Expert Group on Vitamins and Minerals, 2003.  |