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**PHYSICIANS FROM BETH ISRAEL MEDICAL CENTER
CONDUCT STUDY MEASURING THE EFFECT OF OVER-THE-COUNTER
NUTRITIONAL SUPPLEMENT CREATINE ON KIDNEY FUNCTION**

New York, NY (May 24, 2010) For nearly two decades, many athletes wishing to gain muscle mass have been known to take creatine as a nutritional supplement, ingested by either a powder mixed into a drink or as a capsule. This drug has been verified in several studies to be effective in assisting athletes who desire to make strength gains. However, because the Federal Drug Administration does not tightly regulate over-the-counter nutritional supplements, creatine has many unknown side effects.

Kristopher Hunt, M.D. and Robert J. Hoffman, M.D from the Department of Emergency Medicine at Beth Israel Medical Center in Manhattan, conducted a pilot study entitled, "Effect of Creatine on Serum Creatinine," investigating the effect creatine has on creatinine, a marker for kidney function. In the study, 25 healthy volunteers, including both men and women aged 23-41, were given a single dose ingestion of two commercially available forms of creatine: Creatine Monohydrate and Creatine Ethyl Ester. Creatinine levels in the blood were then measured several times over the next 24 hours.

Dr. Hunt says, "In the case of Creatine Monohydrate, the effect on kidney function mimics a slight damage to the kidney. In the case of Creatine Ethyl Ester, the effect on the kidney mimics such substantial damage that it could deceive clinicians, mistaking this effect as a need for dialysis in some patients. However, within 24 hours of not taking creatine, this effect completely disappeared. This effect is mostly attributable to the breakdown of creatine into creatinine, and after a few hours, the creatinine washes out of the body. Creatinine levels in the blood then

return back to normal, making it appear that there is no actual effect on the kidney from a single ingestion.”

Dr. Hoffman adds, “Hopefully, the results of this study will give physicians another reason to check what kind of nutritional supplements their patients are taking, in addition to medications. Otherwise, if a physician is unaware of what supplements a patient is taking, this could lead to unnecessary tests, including expensive blood and urine tests, as well as possibly unnecessary admissions. It could also lead to potentially devastating clinical decisions including unnecessary dialysis.”

On June 5th, 2010, Dr. Hunt and Dr. Hoffman will be presenting their study at the national meeting for the Society of Academic Emergency Medicine in Phoenix, AZ. For more information about the study, please call Michelle Pipia-Stiles in Beth Israel’s public affairs office at 212/523-4044.

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