

# Nutrition and Hypoparathyroidism

## *CALCIUM*

In hypoparathyroidism, the body does not produce enough parathyroid hormone (PTH), a key hormone for maintaining normal blood calcium levels.

Due to insufficient PTH, the body struggles to release calcium from bones absorb it from the diet (as vitamin D activation is reduced), or retain it in the kidneys. As a result, blood calcium levels drop – a condition known as hypocalcaemia.

**Adequate calcium intake in hypoparathyroidism helps to prevent hypocalcaemia.**

**To limit fluctuations in calcium levels, it is important to maintain regular calcium intake, ideally tailored to your planned physical activity.**

## What are my calcium needs ?

Calcium needs may increase in certain situations, such as during pregnancy, breastfeeding, or menopause...  
Here are the recommended calcium intakes for adults:

Women	Calcium (mg/day)
19-50 years	1000
Post-menopause (51+ years)	1200
During pregnancy/lactation (14-18 years)	1300
During pregnancy/lactation (19-50 years)	1000

Men	Calcium (mg/day)
19-70 years	1000
70+ years	1200

<https://www.osteoporosis.foundation/health-professionals/prevention/nutrition/calcium>

### How ?

Calcium is found in food, certain types of mineral water, and – if needed – can be supplemented with calcium medication.

### When ?

It is important to spread calcium intake throughout the day.

If you are planning intense physical activity, consider taking calcium beforehand or during the effort.

Calcium needs may also increase during menstruation.

### Calcium from your diet

4 servings of fruits  
& vegetables  
= 250 mg

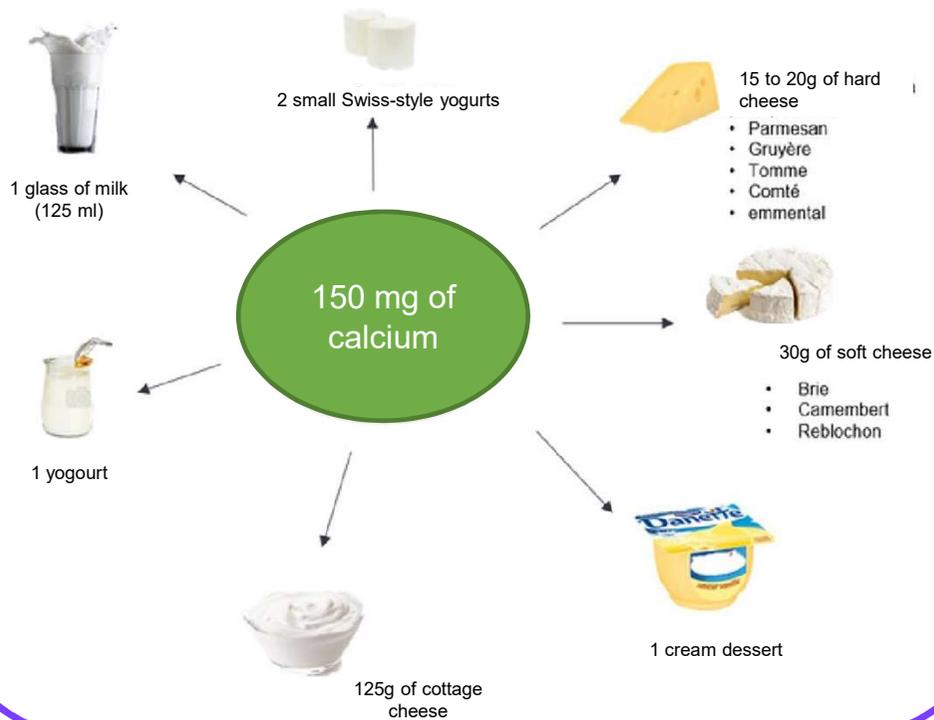
Tap water  
= 200 mg / 2 L

3 servings of dairy  
products  
= 450 à 600 mg

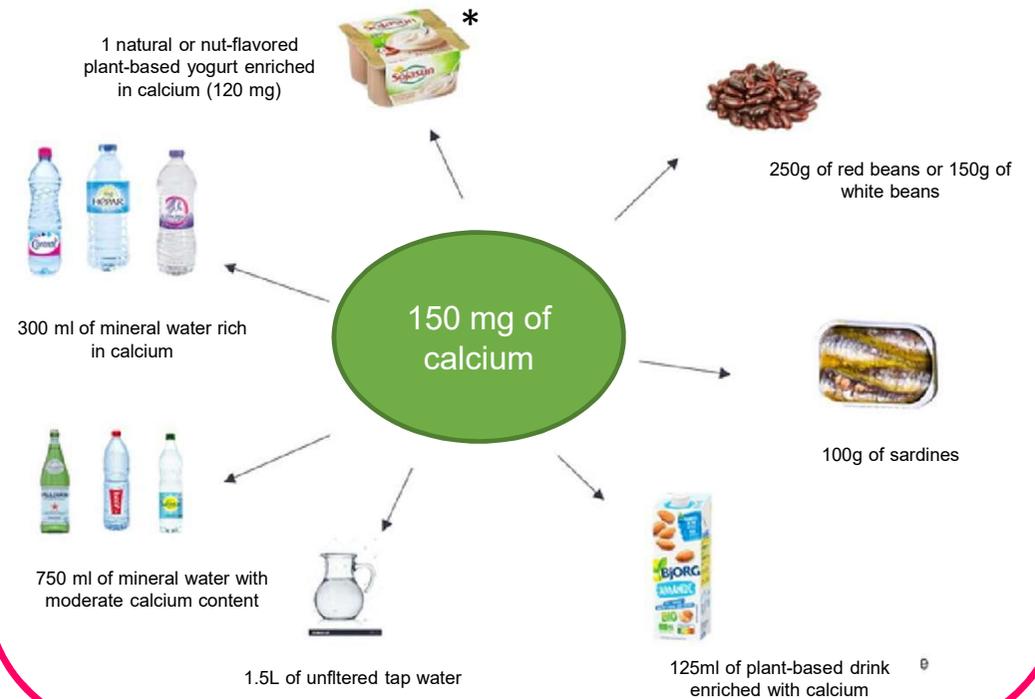
You can visit the [Ciqual](#) website from ANSES to check how much calcium is in 100g of each food.

# Where can I find calcium in my diet ?

## Dairy products



## Other calcium-rich foods



*Note: plant-based drinks and desserts do not naturally contain calcium; please check if they are calcium-fortified.*

Hypocalcaemia can happen at any time, especially in certain situations (physical exertion, stress, hot weather, menstruation...).

Always make sure you have something with you to quickly top up your calcium if you start experiencing symptoms of hypocalcaemia (tingling, cramps...).

Here are a few calcium-rich items you can keep in your bag:

## Calcium-rich water

280 mg / 500 ml



## Dairy products

120 mg / serving



## Calcium supplements

500 mg / cp



## Are you getting enough calcium?

You can assess your daily calcium intake by:

1. The GRIO questionnaire
2. An evaluation by a dietician

It is important to have calcium intake that meets the recommended minimum requirements.



### Calculating daily calcium intake

To help you calculate your daily calcium intake (quantity of calcium provided each day by your diet), the GRIO provides you with an online calculation tool:  
This is a test developed by the scientific team at the AMIENS University Hospital (\*). This test only takes a few minutes. Its accuracy depends on the care taken in answering your questions. You can print the results.

You are of gender:  Female  Male

Your age:  Years

Take the test

[Click here to access the GRIO website](#)

## Are you getting too much calcium ?

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There is **no maximum recommended intake** for calcium. If your calcium intake is too high, you will likely need less active vitamin D to maintain blood calcium levels.

In practice, **maintain regular calcium intake** so that the rest of your treatment can be adjusted accordingly, and consider increasing your intake in situations that may put you at risk of hypocalcaemia.

If you are in a **situation where your calcium intake drops** (e.g., prolonged fasting, gastroenteritis, traveling abroad...), consider compensating with medicinal calcium supplements.

A magnesium deficiency can worsen hypocalcaemia. Indeed, magnesium helps parathyroid hormone (PTH) function to limit hypocalcaemia. It is therefore important to maintain sufficient magnesium levels, even if your parathyroid glands produce little or no PTH. Urinary magnesium also helps to reduce the risk of kidney stone formation.

Magnesium supplementation may be considered, but there is no “miracle” recipe. While magnesium often brings relief by lowering hypocalcemia and symptoms, it doesn’t always have a noticeable impact. Taking magnesium does not always lead to normal blood magnesium levels. There are many different forms, and none seem superior in hypoparathyroidism.



### Where to find magnesium ?

Fruits and vegetables  
Medication-based supplements  
Mg<sup>2+</sup> rich mineral waters



Find our talk on diet and  
hypoparathyroidism on our  
YouTube channel:

[@centrecalipso](#)