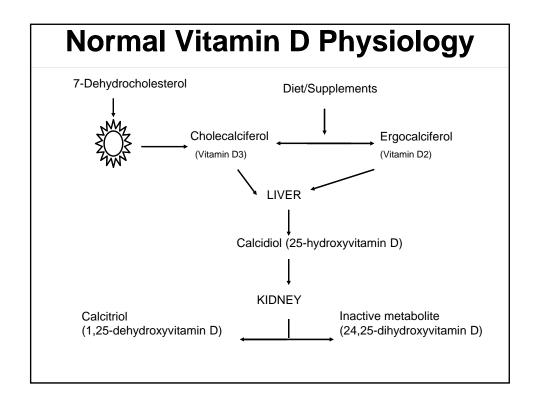
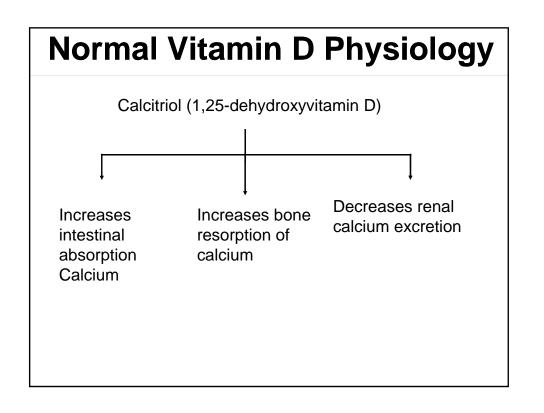
Vitamin D Deficiency

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Clinical Case

BD is a 67- year female with PMHx of HTN, hyperlipidemia, OA and varicose veins. She presents for her medicare wellness. She has a negative falls screening. She has a BMI of 28.2 and otherwise negative exam. She had a DEXA at age 65 which showed t-score of -1.1. She has been tired of late with aching muscles and requests for all her vitamins to be checked.





Definitions of Normal and Deficiency

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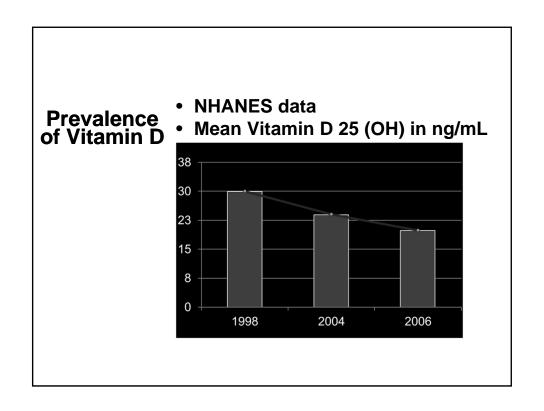
- Low <20
- Optimal-???
 - 20-40 ng/mL- IOM,
 - 30-50 ng/ml- ENDO, NOF,AGS, IOF
- Undetermined safe upper limit
- Racial differences

Definitions of Normal and Deficiencycriteria to define optimal levels

- Maximal suppression PTH
- Adequate intestinal calcium absorption
- Fracture prevention

Definitions of Normal and Deficiency- criteria to define optimal levels

- Maximal suppression PTH= 27.5 to 30 ng/mL
- Adequate intestinal calcium absorption- 4.4 ng/mL
- Fracture prevention- 28-40 ng/mL



Symptoms of Deficiency

Symptoms of Deficiency

- Overt:
- Subclinical
- Nonskeletal

Symptoms of Deficiency

- Overt:
 - Hypocalcemia
 - Rickets
 - Osteomalacia
- Subclinical
 - Osteoporosis
 - Muscle pain/weakness, fatigue, falls
- Nonskeletal

Symptoms of Deficiency: Muscle pains

- MayoClinic Proc 2003
- Prevalence of severe hypovitaminosis D in patients with persistent nonspecific musculoskeletal pain
- 150 patients presented consecutively between February 2000 and June 2002 with persistent, nonspecific musculoskeletal pain to the Community University Health Care Center, a university-affiliated inner city primary care clinic in Minneapolis, Minn (45° north). Ages 10-65. 6 ethnic groups

Symptoms of Deficiency: Muscle pains

- 93% (140/150) <20 nl/mL in all
- 100% below 20 ng/mL
 - African Americans, East Africans, American Indians
- Levels of vitamin D in men were as deficient as in women (P = .42)
- not seasonal

Effects of Deficiency- Nonskeletal

- VitaminD receptor (VDR) expressed in all nucleated cells
- 3% of human genome is under control of 1,25 dihydroxyvitamin D
- 10 tissues other than kidney express
 1-alpha-hydroxylase

Effects of Deficiency- nonskeletal

- Falls
- Cancer
- CV system
- Diabetes

- Immune System
 - MS
 - Asthma
 - URI
- mortality

Effects of Deficiencynonskeletal Falls

- Several metanalysis decrease risk as high as 20%
- Metanalysis not showing reduction falls in community-dwelling adult

Symptoms of Deficiency: Falls

- Annual high-dose oral vitamind and falls and fractures in older women: a randomized controlled trial. JAMA 2010;303:1815
- Effect of four monthly oral vitamin D supplementation fracture and mortality in men and women living in the community: randomized double blind controlled study. BMJ 2003;326:469

Effects of Deficiency • Colon Cancer • Breast Cancer

Colon Cancer

• WHO

Effects of Deficiency-Cancer

- for each 4nl/mL increase in pre diagnosis serum
 25(OH)D concentration, there was a 6% reduction colorectal cancer risk. ANN INTer Med 2011;155:827
- can elevate risk of pancreatic cancer if >40 ng/ml

• Breast Cancer

- observational studies: inconsistent
- Prospective studies: possibly
- metanalysis showed inverse relation between cancer risk between 27 and 35 ng/ml in post- but not pre-menopausal women. Medicine(Baltimore) 2013; 92:123

Effects of Deficiency-Cardiovascular

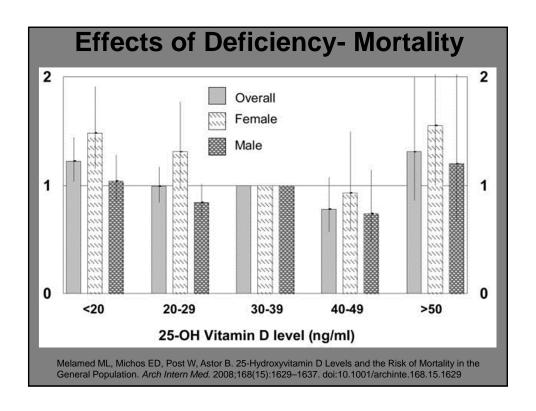
Effects of Deficiency-

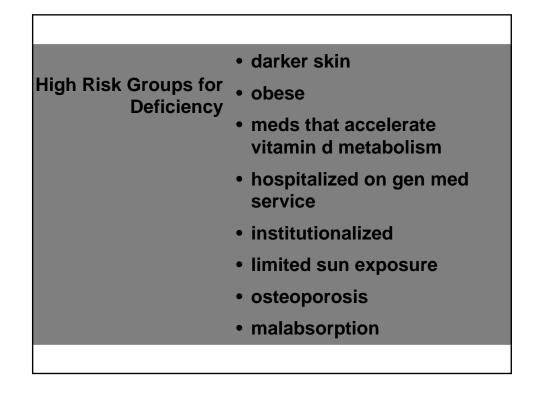
Cancer

- Blood pressure:
 observational studies
 show inverse associated
 between 25 OH D and
 blood pressure. no effect
 with supplementation
- CV events: Prospective meta-analysis with inverse relationship between 25(OH)D and CVD. no effect with treatment

Effects of Deficiencynonskeletal Endocrine

- Diabetes type 1: mixed results suggesting link
- Diabetes type 2: prospective meta-analysis showed inverse relation between 25 (OH)D and risk of diagnosis. interventional studies negative or limited beneficial effects of supplementation



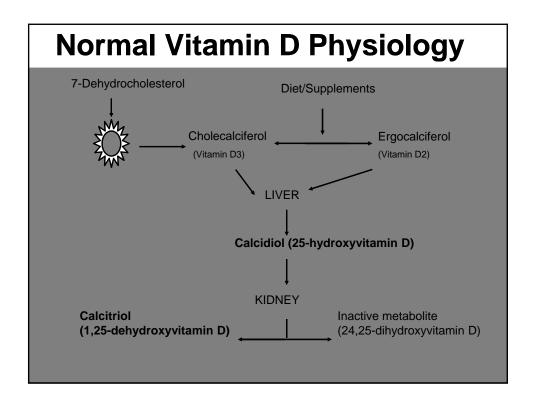


Whom to test

USPSTF 11/2014: in community-dwelling,nonpregnant,asymptomatic adults age 18 years and older, the USPSTF concludes that the current evidence is insufficient to asses the balance of benefit and harms of screening for vitamin D deficiency High risk groups

Laboratory testing

- Vitamin D 25 (OH)
- Vitamin D 1,25 (OH)
- total Vitamin d= 25 (OH) and 1,25 (OH)



Laboratory • Vitamin D 25 (OH)
testing • Vitamin D 1,25 (OH)

Vitamin D 25 (OH) Vitamin D 1,25 (OH) if vitamin D25 is less 10= Calcium, phosphorus, iPTH, alkaline phosphatase, BUN/Cr, TTG, DEXA

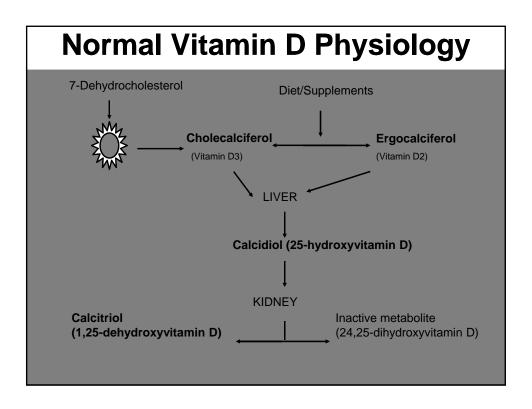
Treatment

Treatment

- Prevent deficiencies
- Treat deficiencies
- With what?

Treatment

- Vitamin D3/Cholecalciferol
- Vitamin D2/ergocalciferol
- Calcitriol (1,25 dihydroxyvitamin D)
- Calcidiol (25 dihydroxyvitaminD)
- ultraviolet B exposure



Treatment-D3 versus D2

 Am J Clinical Nutrition 2012" Comparison of Vitamin D2 and Vitamin D3 supplementation in raising serum 25hydroxyvitaminD status: a systematic review and metanayyaisis "

Any randomized intervention trials that involved human adults (men and women) that directly compared the effects of vitaminD2 and vitamin D3supplementation and used serum 25(OH)D concentrations as a primary outcome were initially included for consideration

3030 studies to 10 studies for systematic review, 7 for met analysis

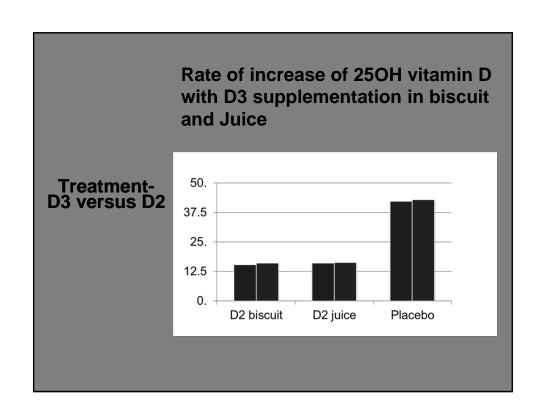
followup 14 days to 6 months

Systematic review= 8 studies showed d3 with increase in 25 oh measurements. two showed equal effect

Metanalysis: 15.23 ng/ML increase with D2

Treatment-D3 versus D2

- Daily food supplementation with 15ug vitamin d2 compared with vitamin d3 to increase wintertime 25-hydroxyvitamin D status in healthy south Asians and white European women
- America Journal of Clinical Nutrition July 5,2017
- n=335 in Surrey, United kingdom
- given place, supplemented juice or biscuit for 12 weeks



Treatment- Prevention

- AGS/NOF: 800-1000 IU
- IOM: adults 600-800 IU of cholecalciferol (vit d3)
 - >18, pregnant=600 IU
 - Older >70=800 IU

Treatment-deficiency

Preparation	DOSAGES AVAILABLE	TYPICAL DOSING	POPULATION
VitD3 cholecalciferol	400,800,1000,2000,5000, 10000, 50,000 IU IM	increased 0.7 to 1.0 for every 100 IU given	Most recommended
VitD2 ergocalciferol	400,50000 IU liquid IM		
Calcitriol	0.25, 0.50 mcg	to bid	GFR<30 ml/min, type 1vitamin d- dependent rickets
Calcidiol	25, 50 mcg	50-200 mcg daily	Liver disease
ultraviolet exposure			malabsorption patients

Guidelines

- USPSTF: final recommendation statement on Vitamin D deficiency in adults-screening 2014
- USPSTF: final recommendation statement on vitamin supplementation to prevent cancer and CVD-preventive medication 2014
- Choosing Wisely: Don't perform population based screening for 25-OH vitamin D deficiency 2013
- Choosing Wisely: Don't routinely measure 1,25-dihydroxyvitamin D unless the patient has hypercalcemia or decreased kidney function 2013

Guidelines

- Endocrine Society: clinical practice guideline on evaluation, treatment and prevention of vitamin D deficiency 2011
- ACOG: Committee opinion on vitamin D screening and supplementation during pregnancy 2011, reaffirmed 2015
- North American menopause Society(NAMS): recommendation for clinical care of midlife women 2014

Clinical Case

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Clinical Case

- Vitamin D 25(OH)- 17.7
- What do you recommend?

Summary

- Increasing in incidence
- Do not test all
- Treat with cholecalciferol
- Monitor for vitamin D repletion