# Effectively Using Calcium and Vitamin D Supplementation

# Osteoporosis 2019 A Clinical Update on Current Best Practice

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#### **Outline**

- Calcium requirements
- Optimising Calcium Intake
- Role of Vitamin D
- ROS Vitamin Guidelines

Who Should Be Tested for Vitamin D Deficiency How Should We Treat Vitamin D Deficiency Monitoring and Toxicity

Summary

#### **Disclaimer Statement**

This presentation reflects my point of view and not necessarily those of the organising committee

## **Disclosure Statement**

I have received honoraria for educational meetings from Eli Lilly and Company, UCB and Consilient Health in the last 12 months

## **Calcium and Vitamin D**



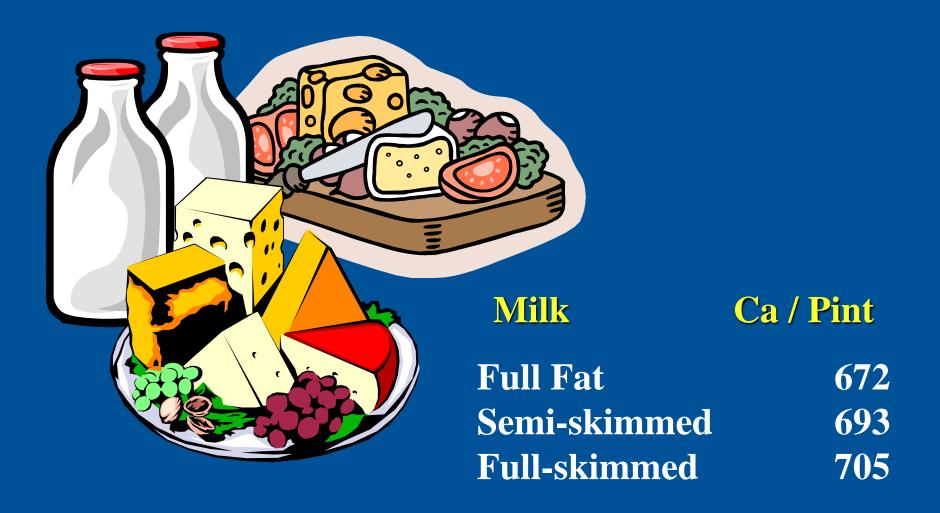
## **Calcium**

Group	Age (years)	Calcium (mg) per day		
Infants	Under 1	525		
Children	1-3	350		
	4-6	450		
	7-10	550		
Adolescents	11-18	800 (girls) 1000 (boys)		
Adults	19+	700		
Breastfeeding mums		1250		
Women past the menopause		1200		
Coeliac Disease	Adults	at least 1000		
Osteoporosis	Adults	1000		
Inflamatory Bowel disease	Adults	1000		
	Post menopausal women and Men over 55 years	1200		

https://www.bda.uk.c om/foodfacts/Calciu m.pdf



## **Calcium**



## **Calcium**

Group Age (yea	ars) Calcium Calcium		BDA (British Dietetics Assoc)
Calcium in dairy products	Quantity	Calcium (mg)	Stars 1 star = 60mg
Milk, all types	200ml	240	***
Cheese	matchbox-size 30g	220	***
Cheese triangle	1 triangle - 15g	60	*
Yoghurt	120g	200	***
Fromage frais	1 pot/pouch - 45-100g	60	*
Calcium-enriched fromage frais	1 pot/pouch - 50-90g	125	**
Malted milk drink	25g serving in 200ml milk	440-710	****** to
Hot chocolate (light) 20g (with water)	25g serving in 200ml water	200	***
Rice pudding	½ large tin (200g)	176	***
Custard	1 serving (120ml)	120	**
Milk chocolate	30g	66	*

1000

1200

Adults

women and

Men over 55 years

Post menopausal

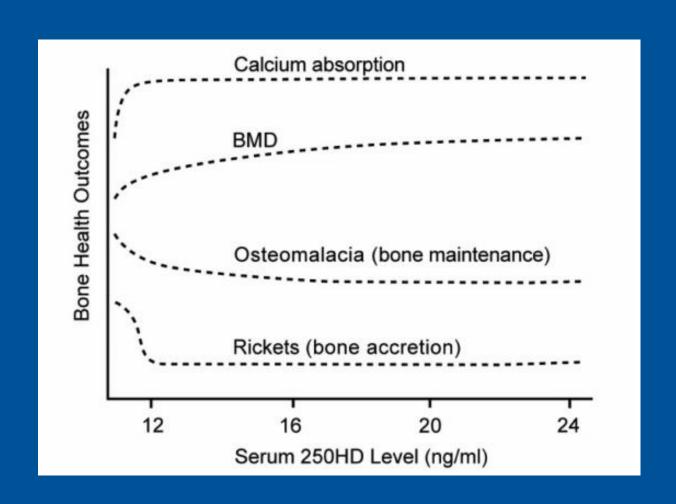
Inflamatory

Bowel disease

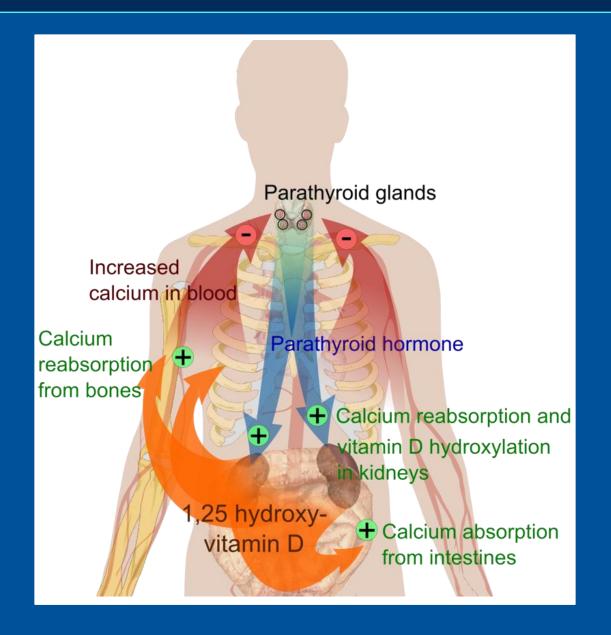
17 stars

20 stars

## **Optimising Calcium Absorption**



## **Optimising Calcium Absorption-Vitamin D**

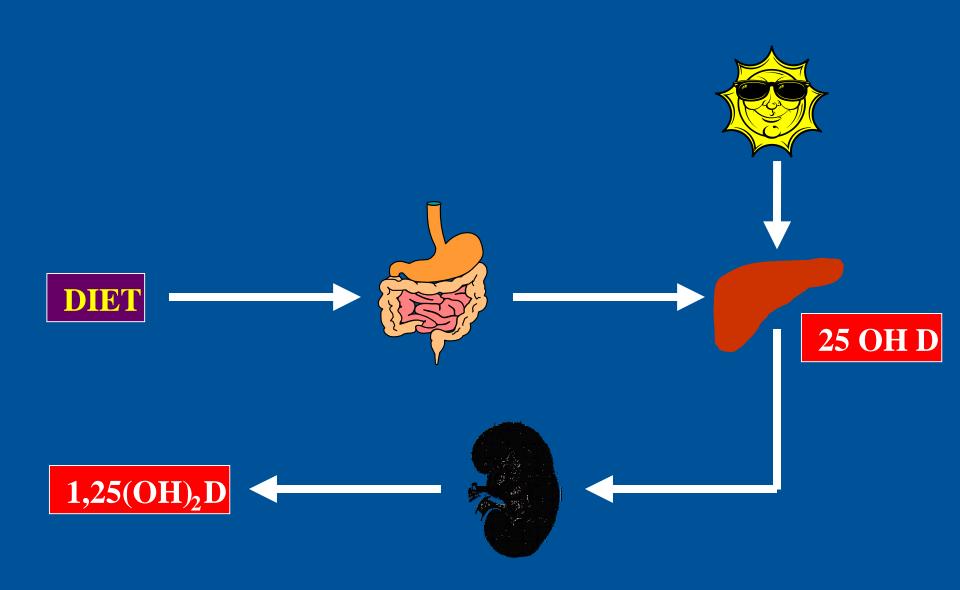


## **Prevalence of Vitamin D Deficiency**

- Part of Health Survey for England (HSE) 2000, on behalf of DoH
- Nationally representative sample of people aged 65 and over
- Data on vitamin D levels from 1297 patients
  - 642 in private households (320 female)
  - 655 in institutions (454 female)

- Proportion with vitamin D level < 30 nmol/L:</li>
  - Women in private households: 55%
  - Women in institutions: 75%

## **Vitamin D Life Cycle**



## **Vitamin D Foods**



### **Fortification of Foods**



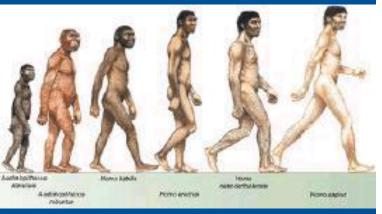


## Vitamin D



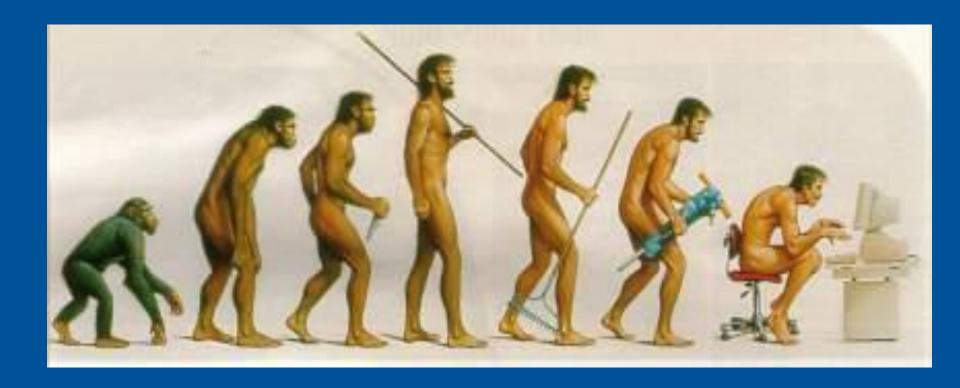
**Bathsheba Beach-Barbados** 

## **Out of Africa model**

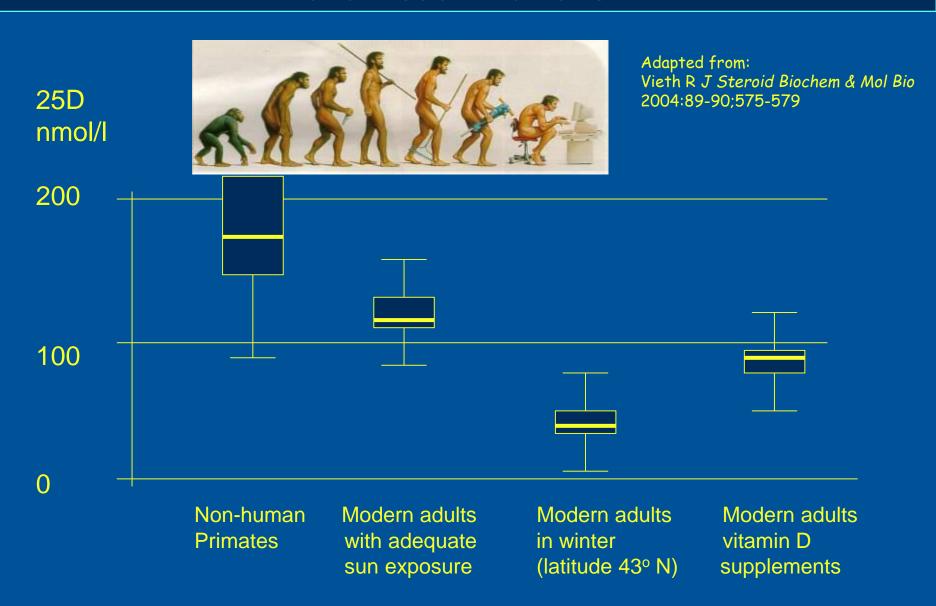




## **Modern Man**



# 25D in non-human primates and modern humans



#### **Modern Weather**

#### **Thursday**

**Sunrise 05:32 (BST)** 

**Sunset 20:34 (BST)** 





#### **Friday**

**Sunrise 05:31 (BST)** 

**Sunset 20:31 (BST)** 





#### **Saturday**

**Sunrise 05:29 (BST)** 

**Sunset 20:34 (BST)** 





### Sunday

**Sunrise 05:34 (BST)** 

**Sunset 20:39 (BST)** 





## Vit D: Skin Cancer





## Vit D Supplementation: The Alternative Answer



#### SALSA ALURA SUNLAMP

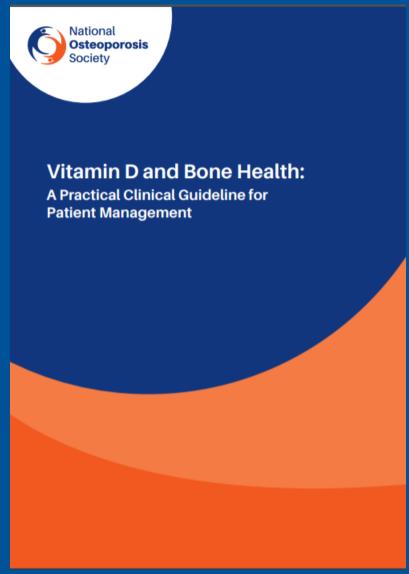
PRICE £ 595

FACIAL TUBES £ 1795 VARIABLE BODY COOLER £ 75

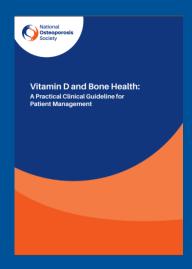
## Vit D Supplementation: UV Radiation

- •45 FEMALE PSYCHOGERIATRIC PATIENTS
  MEAN AGE 85 YRS
- RANDOM ALLOCATION UV-B IRRADIATION LOWER BACK [3x/Week, 1/2 Minimal Erythema Dose] 12 Week Study
- EXCLUSION CRITERIA
  GOING OUTDOORS > 1 / WEEK
  ACTINIC / CANCER SKIN LESIONS
- 12 WEEK ENDPOINT
  MEDIAN 250HD INCREASED FROM
  30 TO 60 nmol/l





- Definition of Vitamin D Deficiency
- Who Should Be Tested for Vitamin D Deficiency
- How Should We Treat Vitamin D Deficiency
- Monitoring and Toxicity



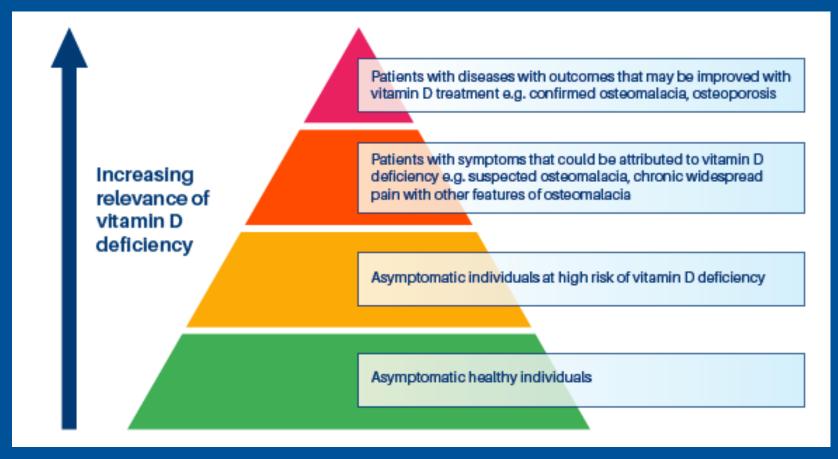
### **Definition of Vitamin D Deficiency**

In agreement with the Institute of Medicine, the ROS propose that the following vitamin D thresholds are adopted by UK practitioners in respect to bone health in adults:

Definition	Serum 25(OH)D
Deficient	<30 nmol/L
Inadequate (In some people)	30–50 nmol/L
Sufficient (For almost the whole population)	>50 nmol/L

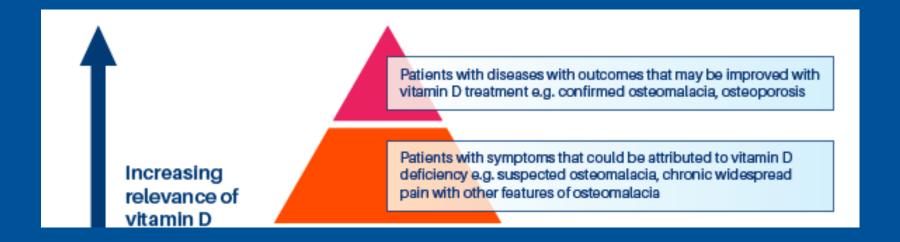


#### Who Should be Assessed





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#### Who Should be Assessed

#### Department of Health and Social Care Guidance<sup>53</sup>

#### Adult groups at risk of vitamin D deficiency:

- older people, aged 65 years and over
- people who have low or no exposure to the sun, for example those who cover their skin for cultural reasons, who are housebound or who are confined indoors for long periods
- people who have darker skin, for example people of African, African-Caribbean or South Asian origin, because their bodies are not able to make as much vitamin D.

#### Recommendations:

 people aged 65 years and over and people who are not exposed to much sun should also take a daily supplement containing 10 µg (400 IU) of vitamin D.



### **How Should We Treat Vitamin D Deficiency**

- Less urgent
   Co-prescribing with an oral antiresorptive agent, maintenance therapy may be started without the use of loading doses
- Rapid correction

  Patients with symptomatic disease or about to start treatment with a potent antiresorptive agent (zoledronate or denosumab or teriparatide), the recommended treatment regimen is based on fixed loading doses followed by regular maintenance therapy



#### **How Should We Treat Vitamin D Deficiency**

#### Loading dose

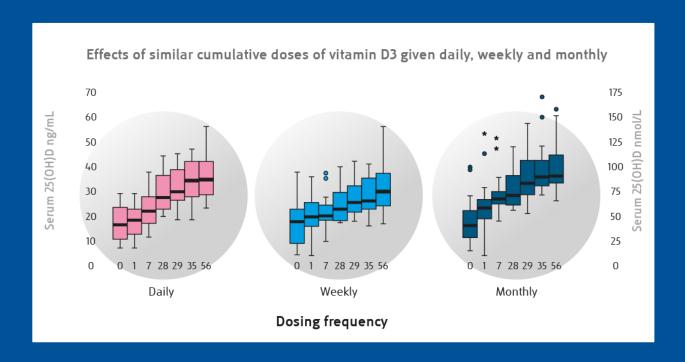
- A loading regimen to provide a total of approximately 300,000 IU vitamin D.
- Given either as separate weekly or daily doses over 6 to 10 weeks.
- e.g. 50,000 IU/week for six weeks.

#### Maintenance dose

- Maintenance therapy comprising of vitamin D in doses equivalent to 800– 2000 IU daily.
- Occasionally up to 4,000 IU daily.
- Given either daily or intermittently at a higher equivalently dose.



# **How Should We Treat Vitamin D Deficiency Maintenance**



Ish Shalom S et al. J Clin Endocrinol Metab 2008;93:3430-3435.

#### **Monitoring**

## Routine monitoring of 25(OH)D is unnecessary but may be appropriate in patients with

- Symptomatic vitamin D deficiency
- Situations where malabsorption or poor compliance with medication is suspected
- Patients taking antiresorptive therapy who have extremely low levels at baseline assessment
- Repeat testing may be indicated prior to sequential doses of potent antiresorptives

Adjusted plasma calcium is recommended to be checked one month after completing the loading regimen or after starting lower dose vitamin D supplementation in case primary hyperparathyroidism has been unmasked.



### **Vitamin D Toxicity**

The Food and Nutrition Board of the IOM concluded

Vitamin D below 10,000 IU per day is not usually associated with toxicity, whereas doses equal to or above 50,000 IU per day for several weeks or months are frequently associated with toxicity.

The IOM set the Upper limit (UL) for long-term intake at 4,000 IU (100 µg) per day.

Similarly, the European Food Safety Authority (EFSA) and the UK Scientific Advisory Committee on Nutrition (SACN) reviewed the evidence and concluded that an upper limit of 4,000 IU (100  $\mu$ g) per day is safe for adults

<sup>1.</sup> IOM (Institute of Medicine). Dietary reference intakes for calcium and vitamin D. Washington DC; The National Academies Press 2011;

<sup>2.</sup> EFSA Panel on Dietetic Products NaAN. Scientific opinion on the tolerable upper intake level of vitamin D. EFSA Journal 2012; 10(7):2813;

#### **Vit D Toxicity**

#### Hypercalcaemia

Patients with granulomatous disease are at risk of hypercalcaemia because of increased 1α-hydroxylase activity (converts 25(OH)D to active 1,25(OH)2D).<sup>1</sup>

Toxicity has been reported during vitamin D treatment of tuberculosis and in patients with active sarcoidosis.<sup>2</sup>

#### Hypercalciuria and renal stones

No strong evidence that correcting vitamin D deficiency with vitamin D alone will increase the risk of renal stones.<sup>1</sup>

Patients with active nephrolithiasis should be managed on a case by case basis.<sup>1</sup>

https://theros.org.uk/media/100231/nos\_vitamin\_d\_and\_bone\_-health\_in\_adults\_web.pdf Sharma OP. *Chest* 1996;109:535–539.

## **Calcium and Vitamin D Summary**

- Optimise dietary intake (calcium)
- Consider OTC preparations
- Appropriate Use of Vitamin D Testing
- Vitamin D loading / Maintenance
- Vitamin D Toxicity
- Combination calcium and vitamin D supplements