



Bone Research Society 1950-2015

Bringing basic and clinical researchers together

The Secretariat

Strategic Committee for Advice on Nutrition

22nd September 2015

To The Secretariat,

Re: Bone Research Society response to the Consultation on the draft report for Vitamin D and Health

We congratulate the committee in producing a comprehensive review of the current status of the evidence for Vitamin D and Health. We particularly note and welcome the inclusion of muscle health in the guidelines. Our specific comments:

1. Please can the guidance make clear that the Committee is not mandating that everyone takes 400IU per day as a supplement? We realise that the document is a risk assessment, and not guidance of how to implement the advice, however this is not widely appreciated and the guidelines as they stand may be interpreted as so.
2. Do the Committee plan to consider the inclusion of the European Society for Paediatric Endocrinology Global Consensus for Guidance on the Prevention and Management of Nutritional Rickets (Munns, Hogler et al)? To avoid confusion it would be important to include reference to these guidelines if they are published within the timeframe of the SACN report?
3. The report notes refers to osteomalacia as a disorder in adults. Whilst 'osteomalacia' strictly defines a histological disorder of bone, the symptoms and disease also occur in teenagers, particularly in girls. Common signs are muscle weakness and musculoskeletal pain and a 'post-viral-like' fatigue syndrome^{3,4}. Acknowledging this is an important consideration for public health and prevention of future disease.
4. There is a comprehensive review of the assessment of bone health on page 38. However, the report does not mention that a low BMD can indicate osteoporosis (a quantitative loss of bone) or osteomalacia (qualitative disorder of bone). It is not possible to distinguish the two using BMD and in the context of the report is important to note.

5. In the 'Assessment of Bone Health' section reference is also made to the pitfalls of the assessment of bone in children. Reference to the recent International Society for Clinical Densitometry guidelines for Children would be relevant here ^{1,2}.

Once again, as a Society we broadly support the document and do not have any major concerns. The opinions expressed here are on behalf of the Society and do not reflect the personal opinion of individual members.

Yours Sincerely,

On Behalf of the Bone Research Society,

Prof. Eugene McCloskey (BRS President)

Prof Nick Harvey (BRS Committee Member)

Dr Kate Ward (BRS Secretary)

References:

1. Bishop N, Arundel P, Clark E, Dimitri P, Farr J, Jones G, Makitie O, Munns CF, and Shaw N. Fracture prediction and the definition of osteoporosis in children and adolescents: the ISCD 2013 Pediatric Official Positions. *Journal of clinical densitometry : the official journal of the International Society for Clinical Densitometry*. 2014;17(2):275-80.
2. Crabtree NJ, Arabi A, Bachrach LK, Fewtrell M, El-Hajj Fuleihan G, Kecskemethy HH, Jaworski M, and Gordon CM. Dual-energy X-ray absorptiometry interpretation and reporting in children and adolescents: the revised 2013 ISCD Pediatric Official Positions. *Journal of clinical densitometry : the official journal of the International Society for Clinical Densitometry*. 2014;17(2):225-42.
3. Das G, Crocombe S, McGrath M, Berry JL, and Mughal MZ. Hypovitaminosis D among healthy adolescent girls attending an inner city school. *Archives of disease in childhood*. 2006;91(7):569-72.
4. Ward K, Pye SR, Roy D, Berry J, Swarbrick C, Silman AJ, O'Neill TW, and Adams JE. Age at menarche, bone geometry and density in Asians versus Caucasians. *Bone*. 2005;36(S1):S29-S30.