

Scientific Advisory Committee on Nutrition (SACN)
Draft Vitamin D and Health Report
Consultation 22nd July – 23rd September 2015
NHS Health Scotland response.

The work of the committee in preparing this report is welcome. The report particularly provides clarity on the impact of vitamin D on the development of particular medical conditions. The recommendation for Dietary Reference Values for Vitamin D for the population is also welcome. This will aid the formulation of vitamin supplements and for dietary analysis / research purposes. The issue before us is important, and has encouraged a great deal of public debate and created widespread concern. At the close of this process, and notwithstanding SACN's focus on diet and nutrition, there should be clear guidance for the public about the means safely to achieve adequate Vitamin D by natural means, encompassing dietary choice and outdoor exposure. There are concerns about the medicalization of Vitamin D. The presumption remains that the whole population required medication rather than providing a balanced view from the evidence about what it takes, by eating and walking around in the sunshine to do it by natural means. The evidence presented should give a benchmark indication to ensure that individuals within the population can make informed decisions about the adequacy of their vitamin D intake.

NHS Health Scotland has a number of concerns about specific population groups referred to or missing in the recommendations made within this report.

- Evidence from the latest Infant Feeding Survey shows that an increasing number of infants are fed a mixture of breast and formula milk. It is important for SACN to consider the evidence for this population group and provide specific recommendations for this group. Providing clear and concise information for health professionals is important to ensure all women receive a consistent message.
- SACN should produce guidance on the impact of supplementation during pregnancy and the effect on the infant's vitamin D status. Such guidance could inform the recommended intakes discussed as 'safe intake' during infancy.
- Evidence should be provided for the impact on the infant of a breastfeeding woman taking a vitamin D supplement. 10 micrograms is not enough to transfer vitamin D to the infant via breast milk so should breastfeeding women take a higher dose? Or should the breastfed infant receive a supplement from birth? Clarity is required to ensure consistent messages are provided for the public.
- 'Safe intakes' for infants and children under the age of 3 years – how confident are SACN that the evidence to support the amount added to formula feed has been based on the best available evidence? The sources of evidence that support the vitamin D content of infant formula should be reviewed again if this hasn't been done already.
- Recommendations should be made for women who are formula feeding. There is an assumption that they would have the same requirements as the general adult female population but this should be clear. This would aid the development of consistent messages for women and the general public.
- Clear guidance / recommendations should be made as to when supplementation should start in formula fed infants? Is the 500ml cut off still valid? Has the evidence for this been reconsidered?
- At the age of 6 months infants should be introduced to solid food but in reality it is often well before 6 months. Guidance / recommendations should be made for the impact of the timing of introduction of solid foods on vitamin D status. This would aid the provision of simple / consistent messages to the population / specific target groups.

- There should be clarity about whether we no longer need to provide specific messages for specific population groups. Is a whole population approach is recommended?
- It is important to review the evidence for effective interventions for promoting uptake of Vitamin D supplements, particularly for population groups who find it difficult to engage with statutory services or aren't in a position to purchase supplements. If this is not the role of SACN this should this be included as a recommendation for future research.
- The review should be clear about the impact of fortification on vitamin D status within a population. This would inform future debate at a national level. If the review of such evidence is not the role of SACN then a recommendation for future research should be made. Lessons could be learned from other countries who have implemented this approach. If fortification is the route of preference the inequalities impact should be considered.
- Health Scotland has some concerns about the limited nature of some of the evidence to inform the recommendations in general. In particular, concerns are raised concerning insufficient data to advise on a safe upper limit and the adverse effects of a higher than recommended intake within this. The impact of sunlight on vitamin D status should be clear. If this hasn't been considered already modelling should be undertaken to identify impact on vitamin D status of adequate exposure to sunlight combined with a regular intake of foods containing vitamin D and the addition / omission of a supplement. This will give clarity as to whether supplementation is required for the whole population.

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