

**From:** M Hewison  
**Sent:** 13 August 2015  
**To:** SACN  
**Subject:** SACN draft recommendations on vitamin D

Dear SACN

As a senior UK academic who has been active in vitamin D research for the last 30 years, I read with great interest the SACN draft recommendations on vitamin D. That SACN have recognized the prevalence of vitamin D-deficiency in the UK is a significant milestone in vitamin D health for our country, and the committee members should be congratulated for the report's detail. However, the extremely cautious nature of the final recommendations is disappointing. The Reference Nutrient Intake (RNI) of 10 microgram (400 IU) daily is lower than the Institute of Medicine's (IOM) Recommended Dietary Allowance (RDA) (15 microgram/600 IU daily) which, when published in 2010, was itself considered to be a conservative recommendation. Most important of all, whilst IOM proposed an optimal serum vitamin D level of 50 nmol/L, SACN set their sights much lower (25 nmol/L). This may be sufficient to improve some bone parameters and reduce the incidence of rickets/osteomalacia, but it is unlikely to improve much else. Of course many of the extra-skeletal effects of vitamin D remain unproven in clinical trials, but clearly this may take many years and huge funding to address – who in the UK will fund a vitamin D supplementation trial to determine possible effects on risk for developing type 1 diabetes? Large-scale vitamin D supplementation trials are currently underway that will answer some (although not all) of the questions concerning vitamin D and human health. Crucially almost all of these are targeting levels of vitamin D that are much higher than those suggested by SACN.

Everyone currently working in the vitamin D field will admit that research remains inconsistent and the task of researchers like me is to address this problem. In the meantime the current SACN recommendations are a missed opportunity for a country where vitamin D levels are alarmingly low. Surely it would have been prudent to adopt a similar strategy to that taken by the IOM. Since the IOM recommendations, there has not yet been a major breakthrough in vitamin D research, but equally there has been no change in the IOM's view on vitamin D. An RNI raised modestly to 15 micrograms (600 IU) daily to target 50 nmol/L would increase the likelihood of lowering rickets/osteomalacia rates, and would also be consistent with strategies in North America. This alone would be invaluable in future should upcoming trials (largely in the USA) prove successful. Nutrient recommendation reviews are not trivial undertakings and it is to be hoped that the current SACN advice can be modified in the final version to provide lasting value to the UK public.

Yours sincerely

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