

The SACN report on vitamin D is overall excellent with extremely thorough reviews and as a report is of value to many trying to get a grip on the role of vitamin D.

The clear comment that it is not possible to recommend the amount of sunshine exposure required during the summer to ensure that the levels in the winter do not fall below 25nmol/L is welcome, as the evidence suggests that this is so. The SACN have therefore suggested that a minimum daily intake of 10µg/day should be taken by all.

I have no problem with this in general terms as it is supported by data. It is unfortunate that the NICE report on sunlight currently out for stakeholder review appears to suggest something else and I hope that SCAN can find a way to liaise with the NICE GDG working on Sunlight to avoid inconsistency.

I am clinical lead of the NICE Clinical Melanoma Guideline. Given the advice given to melanoma patients to avoid the sun after diagnosis, and theoretical concerns around high levels of vitamin D, an approach to vitamin D management in melanoma patients was a topic the Melanoma GDG considered. I was aware that the SACN was considering vitamin D, so that I made informal contact with a committee member to avoid a situation where the NICE Melanoma GDG might make a recommendation which was at odds with the SACN recommendations. The confidentiality rules were such that I was unable to avoid such a situation. It is true that the terms of reference make it clear that the brief of SACN was primarily to consider dietary requirements. The current wording of the NICE Clinical Melanoma Guideline however relates to measuring blood levels and therefore that our references within the Melanoma Guideline to the possibility of practical advice re management of low blood levels from SACN, was unhelpful. If the informal discussion I had with a committee member had identified that the reference was likely to be unhelpful that would have been preferable.

It would seem sensible to me that NICE and the SACN should find a means of liaising better to avoid what appears to be a lack of communication between experts.

Although the general conclusion drawn by SACN seems reasonable, in practice general practitioners and hospital doctors, in my view will find it extremely difficult to interpret this advice in the context of the patient sat in front of them in that the SACN report currently does not give them any practical advice as to what to do. I am sure that the committee has avoided this because of lack of hard evidence, and indeed perhaps the SACN did not consider that its role was advising health care professionals but in the meantime GPs will remain uncertain.

Specifically, the report describes how levels may be lower in the obese, which is an increasingly common occurrence in the UK. What would the SACN suggest GPs do there in terms of advice?

The casual reader of the SACN guideline recommendations may be unaware that very few UK diets include 10µg of vitamin D and therefore that supplementation is

currently the easiest means of accomplishing this intake in the absence of increased fortification of foods.

Similarly if a doctor measure a patient's blood level because of clinical concerns about their bone health and then on reading the SACN report latch on to the level of 25 nmol/L as the key level, the recommendations do not remind him/her that there is on average 20 nmol/L difference in levels between winter and summer, so a level of 45nmol/L might be key if measured in August.

The report quite rightly is based on evidence and where possible RCT evidence. It describes the concerns about U or J-shaped survival curves but discusses the evidence suggesting a lack of concern about high doses of vitamin D. The recommendation that a general population intake of 10µg is presumably based upon a lack of evidence that high levels are not deleterious in any way. In my role as doctor I am anxious however not to do harm and I would like to ensure that I am not recommending extra vitamin D intake where patients already have highish levels, in light of those J shaped curves. I have therefore measured levels and given advice on this basis. The SACN quite reasonably argues the difficulties in interpreting blood levels and I assume this is why blood level measurement plays no part in recommendations. Yet this leaves doctors even more unclear about what to do.

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