

From: Phil Thompson
To: SACN
Subject: Vitamin D Consultation - SACN

I have read the consultation documents and make my observations below. I am a male patient aged 54 who corrected an "insufficiency" of Vitamin D from 37.3 nmol/l to 83.7 by supplementing at 4000 - 5000 IU per day for 3 months.

1. The report does not suggest what the "optimum" level of 25(OH)D might be, but only addresses the minimum. Table 17 in Appendix 1 reports studies pointing to better bone health in the elderly at 25(OH)D concentrations 3 times the proposed minimum. Table 13 reports increased body strength at supplementation levels 10 times the proposed RNI and so on. Should SACN not be recommending an optimum as well as a minimum, or at least alluding to the potential presence of one ?

2. To correct my low level of Vitamin D I took a high strength supplement daily, in line with the evidence of Diamond T, et al. "Effect of oral cholecalciferol 2,000 versus 5,000 IU on serum vitamin D, PTH, bone and muscle strength in patients with vitamin D deficiency". Osteoporos Int. 2012 Mar 16. Similar evidence from Bacon et al <http://www.ncbi.nlm.nih.gov/pubmed/19101755> supports the use of high dose levels to correct inadequate Vitamin D. I suggest the SACN report should be clearer on the level of supplementation that may be required to correct an insufficiency, as the proposed RNI may be inadequate to bring about a correction. I would also like to see some reference to I.U values as many supplements are sold on the basis of IU rather than µg/d.

3. I believe a clearer message about the benefit of sunlight exposure is required. As I understand it there are months where no Vitamin D synthesis occurs at the UK's latitude - Dec, Jan, Feb - and other months where very little occurs. Should Public Health England be advocating appropriate exposure tactics for the summer months where Vit D is synthesised in order to counter the prevailing phobia of sun exposure and use of excessive sun protection factor creams.

4. The current cost to the NHS of Vitamin D supplements is about £80m and it is the 12th or 13th highest number / cost prescription item. How will SACNs recommendations affect this ? Would a population health strategy reduce NHS expenditure or do we expect to see more prescribing and testing to maintain the minimum blood levels proposed ?

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