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Sent: 22 September 2015 23:00

To: SACN

Subject: Response to Consultation on draft SACN Vitamin D and Health report

Dear Sir/Madam,

In response to your draft SACN Vitamin D and Health report, I have the following comments:

1. Your report concerns the whole of the UK. However, although I applaud the universal recommendation for all UK citizens to take a vitamin D supplement, latitude and climate play an important role in obtaining cutaneously produced vitamin D and recommendations should therefore be more differentiated. For instance, some sections of the Scottish population have been shown to have 25(OH)D concentrations of below 25 nmol/l at a rate of 47% (1).

It is therefore not acceptable to simply recommend a 'one-size-fits-all' vitamin D supplement, when there are obviously quite different regional needs.

2. The definition of sufficiency of a serum 25(OH)D concentration of 25 nmol/l is no longer adequate. At least the US Institute of Medicine's recommendation of 50 nmol/l should be accepted (2). Many other vitamin D experts would go even further and say that sufficiency should be defined as serum 25(OH)D above 75 nmol/l (3). Evidence is also available that different serum levels are required for non-skeletal disease (4)

3. Evidence for benefits of vitamin D should be accepted for other than bone health outcomes. Causality has been proven in a number of publications with the application of Bradford-Hill's criteria, for instance in breast cancer(4). Randomised Controlled Trials (RCT) might be the 'gold standard', but are not the only acceptable wisdom. A book review by William Grant is attached, containing many relevant references and arguing the case. I would also like to point out that other widely accepted public health measures have also not been proven by RCTs, for instance discouragement of smoking, wearing of seat belts or recommendations of safe sex to name just a few.

Many thanks for considering my comments.

References:

- 1) Food Standards Agency in Scotland. Vitamin D status of Scottish adults: Results from the 2010 & 2011 Scottish Health Surveys . Purdon G, Comrie F, Rutherford L, Marcinkiewicz A. September 2013
- 2) IOM (Institute of Medicine) 2011 Dietary reference intakes for calcium and vitamin D. Washington DC: The National Academies Press
- 3) Holick MF, Binkley NC, Bischoff-Ferrari HA, Gordon CM, Hanley DA, Heaney RP et al. Evaluation, Treatment, and Prevention of Vitamin D deficiency: an Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab 2011;96(7): 0000-0000
- 4) Spedding S, Valint S, Morris H et al. Does Vitamin D Sufficiency Equate to a Single Serum 25-Hydroxyvitamin D Level or Are Different Levels Required for Non-Skeletal Diseases? Nutrients 2013, 5, 5127-5139
- 5) Mohr SB, Gorham ED, Alcares JE et al. Does the evidence for an inverse relationship between serum vitamin D status and breast cancer risk satisfy the Hill criteria? Dermato-Endocrinology 4:2, 152–157; April/May/June 2012; G 2012 Landes Bioscience

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Attached to the email by Helga Rhein was an article which can be accessed through the following link: <http://orthomolecular.org/resources/omns/v08n08.shtml>