Aging Clinical and Experimental Research (2021) 33:2633
https://doi.org/10.1007/s40520-021-01939-3

LETTER TO THE EDITOR

Vitamin D—let common sense prevail—on the balance of probabilities

Helga Rhein[1]

Received: 23 June 2021 / Accepted: 13 July 2021 / Published online: 28 July 2021

High latitude, dark skin type, overweight, inflammatory conditions, are all predisposing factors for severe vitamin D deficiency (serum 25(OH)D below 25 nmol/l) [1]. The authors of the latest rapid evidence review for vitamin D and Covid-19 [2] find the evidence not compelling enough to advise population-wide prophylactic vitamin D supplementation to prevent Covid-19 severity. They confirm, however, vitamin D's role in immune modulatory processes. Should not therefore at least those risk groups deserve to be advised on adequate vitamin D supplementation, better even, have their serum 25(OH)D assessed?

I disagree with the authors that existing national guidance in the UK on vitamin D supplementation appears appropriate. Firstly, this guidance is not well taken up [3], secondly, it does not abolish vitamin D deficiency, it just reduces it by a small degree [4], and thirdly, it completely ignores nutritional science by advising the same dose for all (400 IU), whether for a baby or an overweight adult.

The risk groups for vitamin D deficiency and severe Covid-19 disease are overlapping. Evidence for the benefits of avoiding D-deficiency during this pandemic far outweighs the theoretical risk of overdose. Physicians and chief medical officers should urgently and pro-actively seek to abolish vitamin D deficiency, now, ahead of a third wave, rather than only wait for further trial results.

Funding None.

This reply refers to the article available at https://doi.org/10.1007/s40520-021-01894-z.

Helga Rhein: Retired general practitioner

✉ Helga Rhein
helga.rhein@blueyonder.co.uk

[1] Sighthill Health Centre, 380 Calder Road, Edinburgh EH11 4AU, United Kingdom

Declarations

Conflict of interest The author declares that there is no conflict of interest.

Ethical approval Not applicable.

Informed consent Not applicable.

References

1. Sutherland JP, Zhou A, Leach MJ et al (2021) Differences and determinants of vitamin D deficiency among UK biobank participants: a cross-ethnic and socioeconomic study. Clin Nutr 40:3436–3447. https://doi.org/10.1016/j.clnu.2020.11.019
2. Raisi-Estabragh Z, Martineau AR, Curtis EM et al (2021) Vitamin D and coronavirus disease 2019 (COVID-19): rapid evidence review. Aging Clin Exp Res 33:2031-2041. https://doi.org/10.1007/s40520-021-01894-z
3. Less than one third of this Scottish population sample takes vitamin D supplements. Food Standard Agency. November 2020. https://www.foodstandards.gov.scot/downloads/Vitamin_D_research_data_tables_-_for_publishing.pdf
4. Zgaga L, Theodoratou E, Farrington SM et al (2011) Diet, environmental factors, and lifestyle underlie the high prevalence of vitamin D deficiency in healthy adults in Scotland, and supplementation reduces the proportion that are severely deficient. J Nutr 141:1535–1542. https://doi.org/10.3945/jn.111.140012