Table S1

Table S1. Bone health. BMD was measured by dual energy x-ray photometry (DXA) using T- or Z-scores of the lumbar spine, depending on age and gender. T-scores were used in post-menopausal women and men ≥ 50 years. Z-scores, considering age, gender, and ethnicity, were used in pre-menopausal women and men < 50 years. A low BMD was classified as BMD T-score ≤ -1.0 standard deviation (SD) or a BDM Z-score ≤ -2.0 SD.

Median BMD Z-score in studied population was -0.8 SD, range -5.1 to 4.0 SD

Median BMD T-score in studied population was -1.1 SD, range -4.0 to 4.3 SD

	n	valid n	%
Low BMD[1]	76	287	26.5
Fractures[2]	21	213	9.9
Vitamin D level		200	
Normal (> 75 nmol/l)	77		38.5
Insufficiency (50-75 nmol/l)	70		35.0
Deficiency (0-49 nmol/l)	53		26.5
Vitamin D deficiency + calcium supplement	35	46	76.1
Vitamin D deficiency + vitamin D supplement	38	47	80.9
Calcium supplement	281	412	68.2
Vitamin D supplement	288	405	71.1
Adequate physical activity according to WHO recommendation[3]	140	186	75.3

[1] 64.9 % was female.

[2] Median age of patients who reported fractures was 24 years, range 6 to 59 years. A low BMD was present in 23.8% (5/21) of the patients with fractures, 61.1% of patients with a fracture was male.

[3] The World Health Organization (WHO) recommends 60 minutes of moderate- to vigorous-intensity physical activity per day for children and 150 minutes per week for adults.