



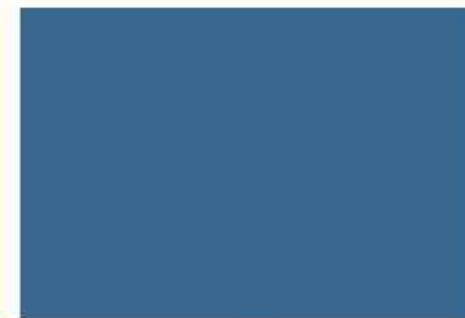
# Convegno Macroregionale AME DAY

26/27 Maggio 2017



GENOVA

Starhotel  
President



FRANCAVILLA  
AL MARE

villa Maria



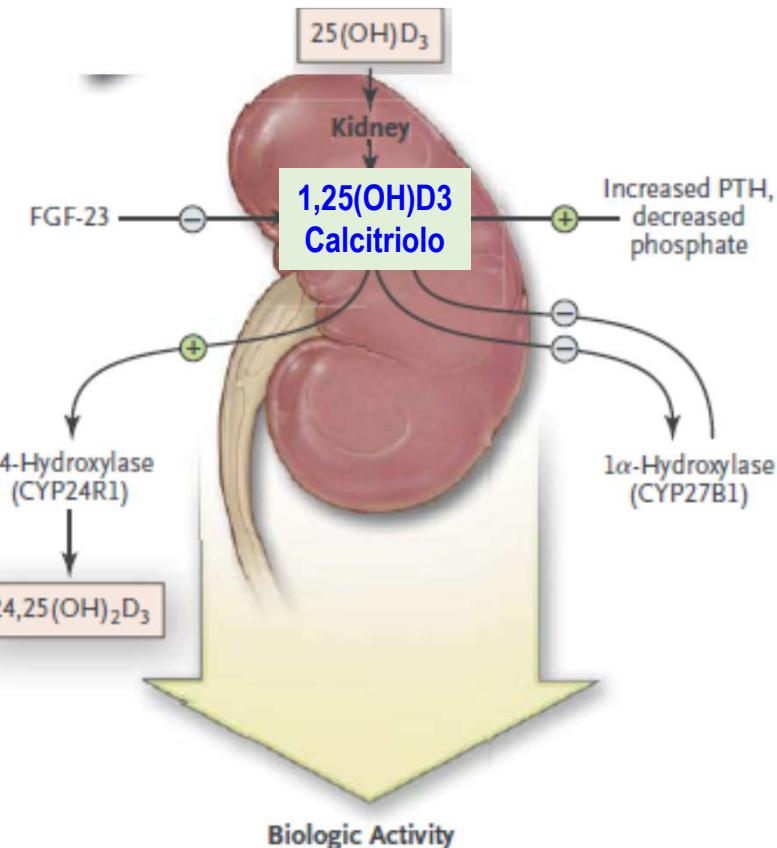
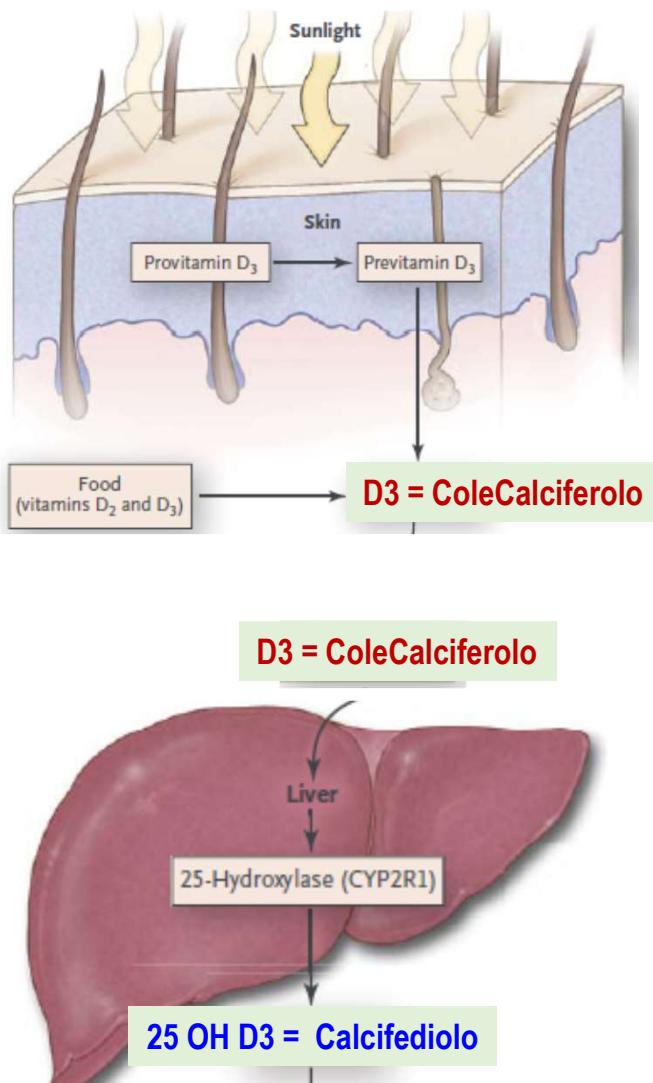
COSENZA

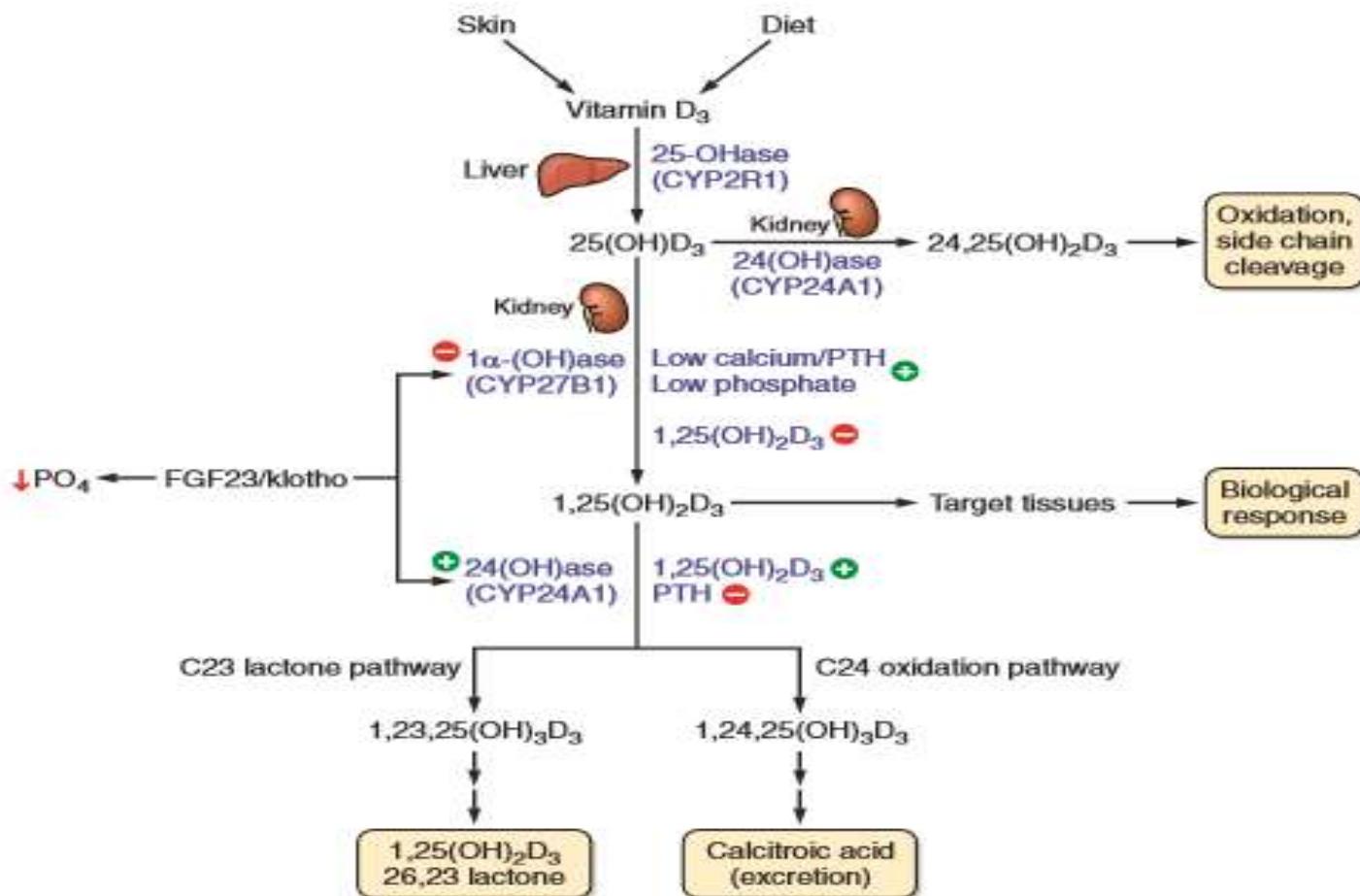
Royal hotel

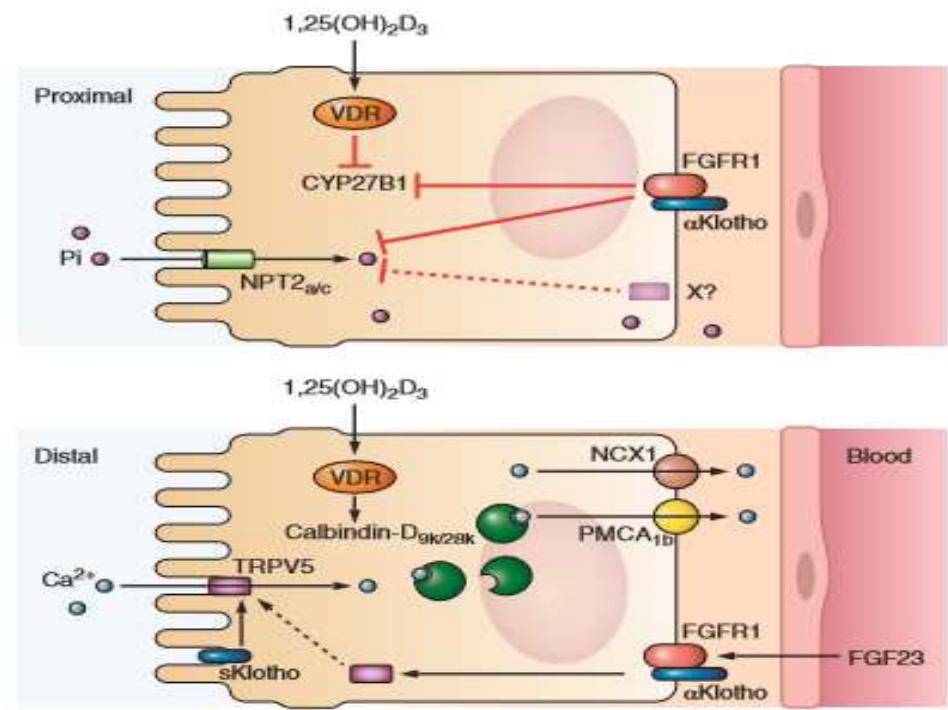
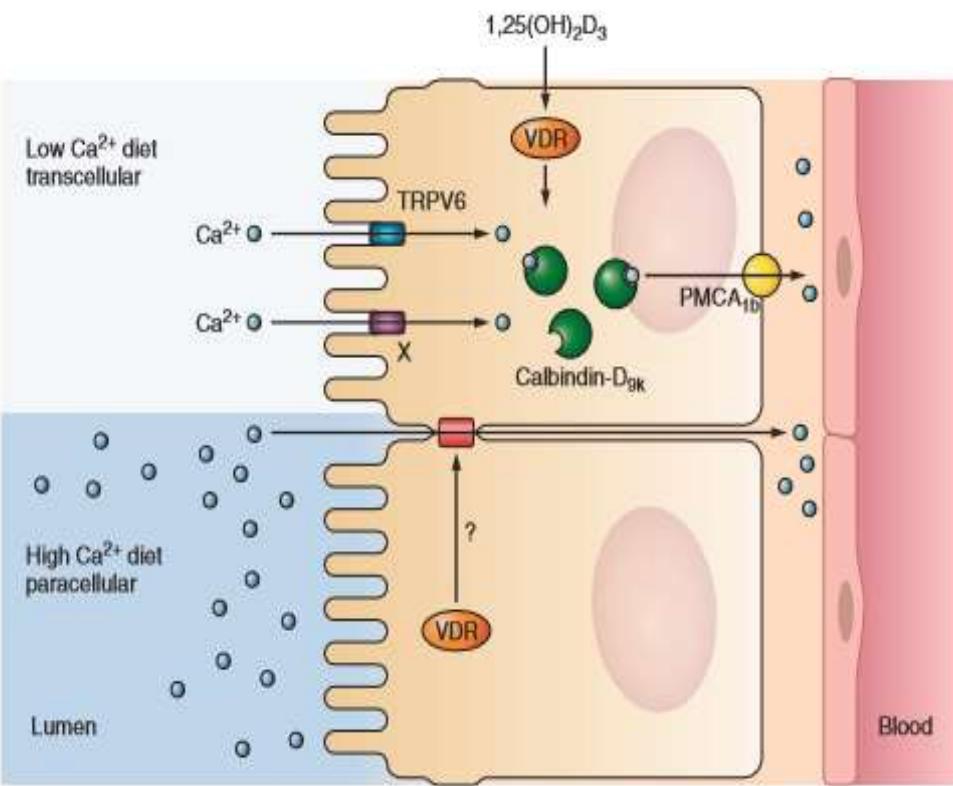
# I povitaminosi D Un'epidemia silente Come e quando affrontarla

CONVEGNO MACROREGIONALE AME  
FRANCAVILLA AL MARE 27/28 MAGGIO 2017  
DOTTOR ROBERTO CESAREO  
LATINA

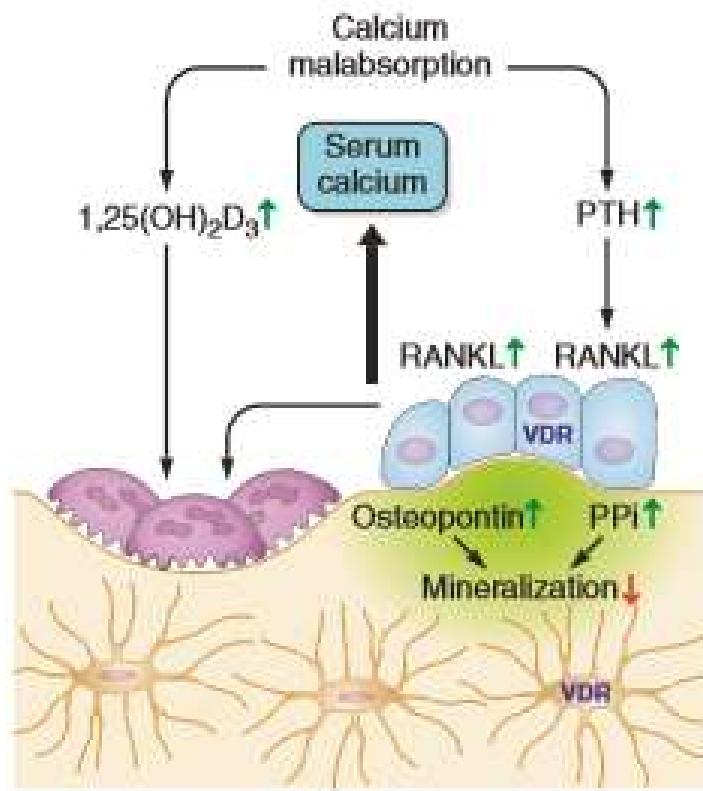
## Il Metabolismo della Vitamina D



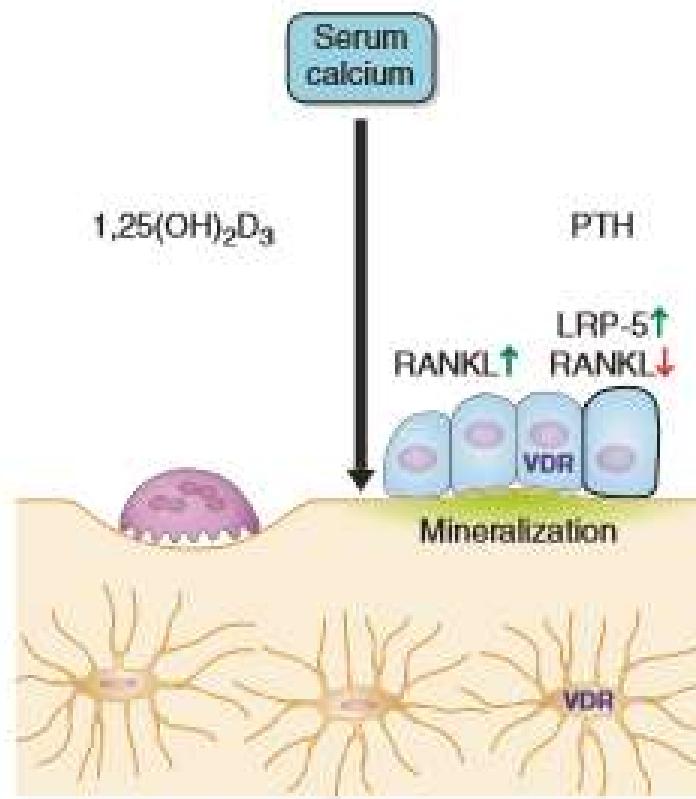




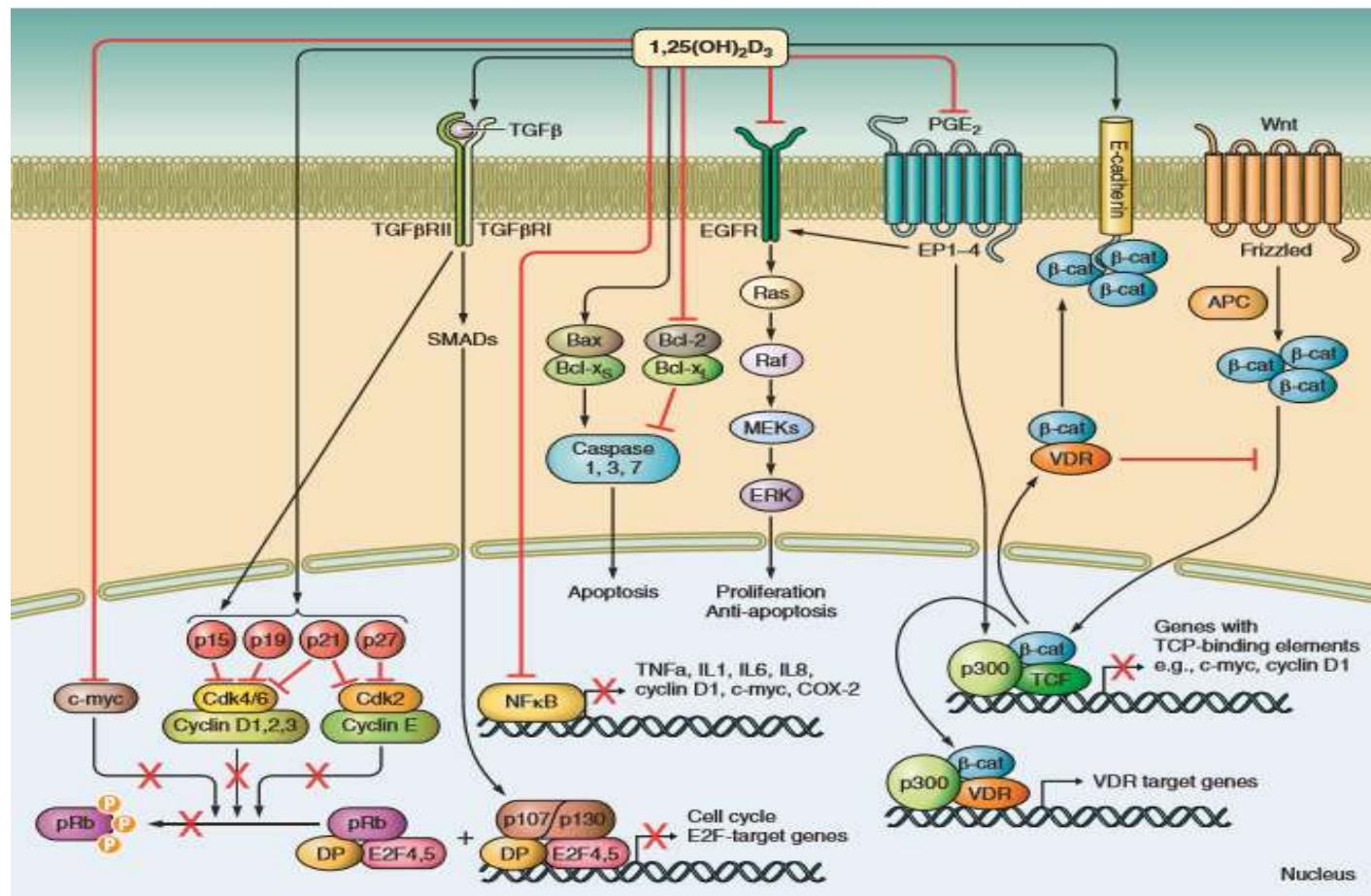
### A Negative calcium balance



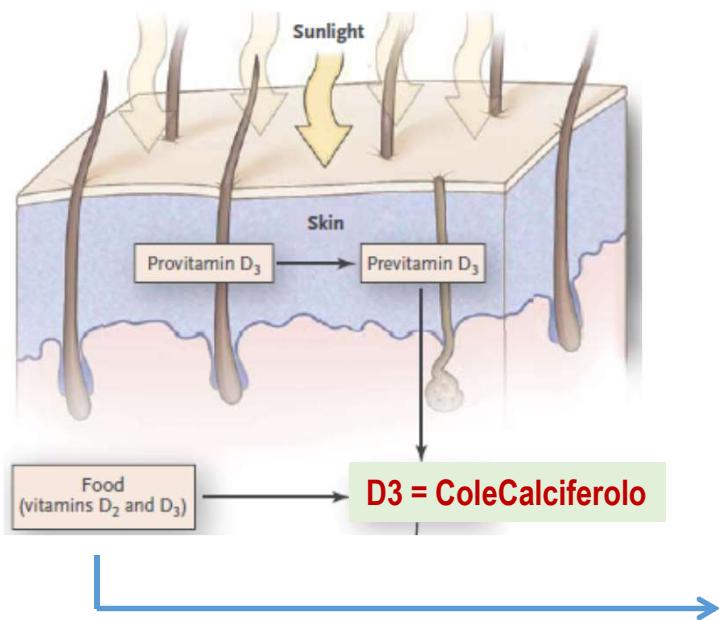
### B Positive calcium balance



# VITAMIN D PLEIOTROPIC EFFECTS



# *Il Metabolismo della Vitamina D*



- Olio di fegato di merluzzo**  
400-1,000 IU/ vitamina D<sub>3</sub> per cucchiaino
- Sardine in scatola**  
300 IU /3.5 oz
- Sgombro in scatola**  
250 IU/3.5 oz
- Tonno in scatola**  
236 IU/ 3.5 oz
- Salmon, fresco d'allevamento**  
100-25 IU/ 3.5 oz
- Tuorlo d'uovo**  
20 UI / tuorlo

10-20%

RIZA

AGOSTO 2016 PERIODICO MENSILE  
ISSN 2465-3470 (ON LINE)

N.87

# SALUTE NATURALE EXTRA

OGNI MESE UNA CURA VINCENTE

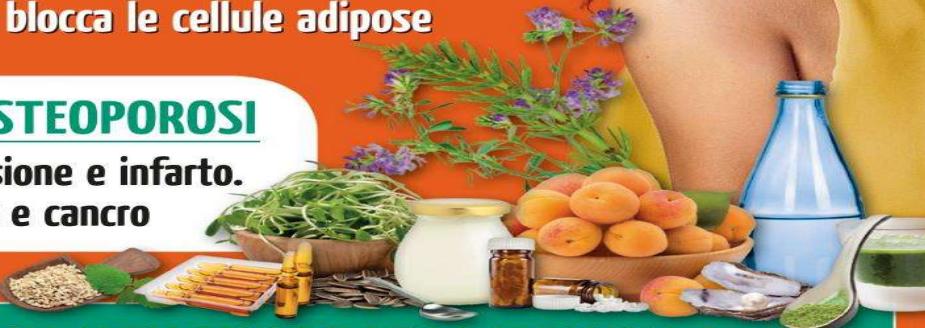
L'ALLEATO PIÙ PREZIOSO PER PERDERE PESO IN VACANZA

## Dimagrisci subito con la vitamina D

È L'ULTIMA SCOPERTA per sciogliere il grasso che ristagna  
Riattiva il metabolismo e blocca le cellule adipose

### VINCE ANCHE L'OSTEOPOROSI

Efficace contro ipertensione e infarto.  
E tiene lontano diabete e cancro



### SCOPRI TUTTI GLI ALTRI BENEFICI DELLA VITAMINA D

Indispensabile per avere più memoria, lucidità e buonumore

Rinforza le difese e ti protegge dai virus per tutto l'anno

Ha un effetto rilassante e vince insonnia e stress



Life120

## Ricercatori: La vitamina D riduce del 30% l'incidenza dei tumori...

Q Q | Stampa | Email



Life120

Sul fatto che il sole provochi il cancro della pelle non tutti sono d'accordo ([www.takeonit.com](http://www.takeonit.com)). Anzi c'è chi dice che a provocarlo siano i moderni filtri solari chimici e un eccesso di oli polinsaturi nell'alimentazione. Sempre più numerose sono invece le conferme scientifiche che la vitamina D, prodotta dal nostro corpo proprio con la luce del sole, sia straordinariamente protettiva nei confronti di numerose malattie, non ultimi vari tipi di tumore.

Secondo una recente ipotesi i tumori sarebbero causati non tanto da una mutazione genetica, ma quanto da una incapacità da parte delle cellule di continuare a stare insieme, di riconoscersi in un'unica individualità tissutale. Il primo evento è una perdita di comunicazione cellulare, causata, tra l'altro, anche da una carenza di vitamina D.

SCOPRI IL TUO PESO IDEALE PER VIVERE IN SALUTE

LA GOTTA NON DIPENDE DAL CONSUMO DI CARNE MA DAI CARBOIDRATI

ECCO PERCHÉ I TUMORI SONO CAUSATI DAL CONSUMO DI PANE, PASTA, RISO, PIZZA, PATATE E LEGUMI

DALLA CANDIDA SI PUÒ GUARIRE SENZA FARMACI. ECCO I CONSIGLI PRATICI

5.000.000 DI DIABETI IN ITALIA? ECCO PERCHÉ È TUTTA COLPA DELLA DIETA MEDITERRANEA

MAL DI STOMACO E IL REFLUSSO GASTROESOFAGEO? E SE DIPENDESSE DALLA DIETA MEDITERRANEA?

DAL MAL DI TESTA SI PUÒ GUARIRE SENZA FARMACI. ECCO COME FARLE

TI SENTI GONFIO DOPO I PASTI? ATTENZIONE LA DISBOSI È LA CAUSA DI QUASI TUTTE LE PATOLOGIE

HAI PROBLEMI DI EREZIONE? E SE TUTTO DIPENDESSE DA QUELLO CHE MANGI?

L'INFLAMMAZIONE CRONICA IL KILLER SILEZIOSO. ECCO COME RICONOSCELERLA

HAI PROBLEMI ALLA PROSTATA? TUTTO DIPENDE DA QUELLO CHE MANGI

L'OSTEOPOROSI DIPENDE DAL CONSUMO DI PANE, PIZZA, PASTA, RISO, PATATE E LEGUMI

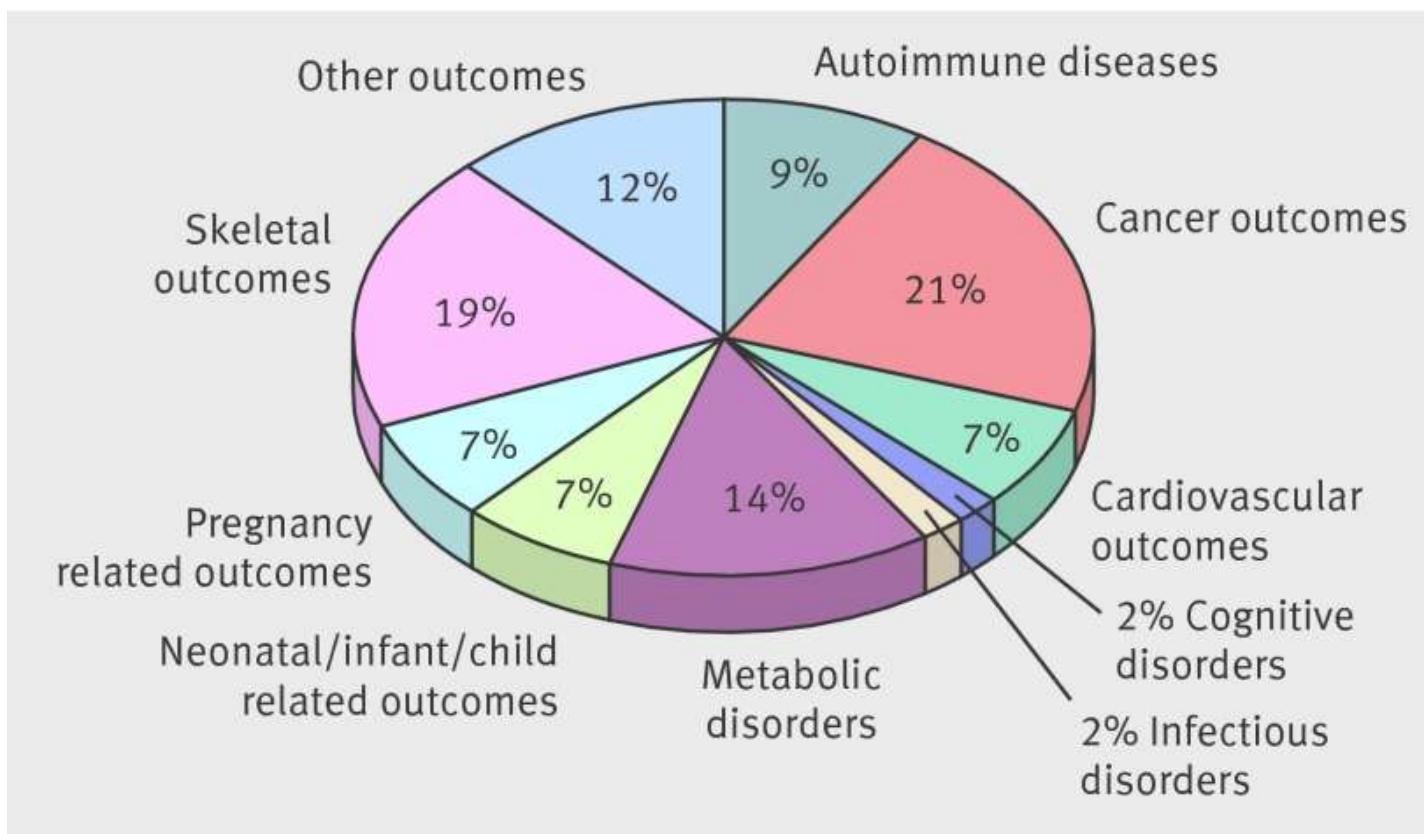
LA CALVIZIE È CAUSATA DAL CONSUMO DI LATTE E DA QUELLO CHE MANGIAMO...

I CAPELLI BIANCHI DIPENDONO DAL CORTISOL, ECCO COME COMBATTERLI

LA DEPRESSIONE PUÒ ESSERE CURATA SENZA FARMACI, LEGGI COME FARLE

ALITOSI E TARTARO DIPENDONO DAL CONSUMO DI ZUCCHERI E CARBOIDRATI COMPLESSI

LA RIDUZIONE DI MASSA MUSCOLARE DEGLI ANZIANI DIPENDE DALLA DIETA



# P.A. a maggiore incidenza sulla spesa netta ASL Latina I° semestre 2016

NomeATC		Spesa Netta				
SALMETEROLO E FLUTICASONE		€ 1.095.275,47				
REGIONE LAZIO, anno 2016		Numer o Assistit i Trattati	Trattat i per 100 ass*	Numero Ricette	Spesa Netta	Spesa procapite *
Vitamina D ed analoghi (A11CC)	502.377	8,6	1.920.379	€ 19.205.519,11	3,29	
SIMVASTATINA ED EZETIMIBE				€ 684.877,72		
FORMOTEROLO E BECLOMETASONE				€ 680.262,44		
OMEPRAZOLO				€ 673.046,03		
OLMESARTAN MEDOXOMIL E DIURETICI				€ 654.581,51		

## **Evaluation, Treatment, and Prevention of Vitamin D Deficiency: an Endocrine Society Clinical Practice Guideline**

Michael F. Holick, Neil C. Binkley, Heike A. Bischoff-Ferrari,  
Catherine M. Gordon, David A. Hanley, Robert P. Heaney, M. Hassan Murad,  
and Connie M. Weaver

- ✓ **Endocrine Society 2011:** “.... serum 25(OH)D levels in the range 21–29ng/mL (52.5–72.5nmol/L) are considered insufficient”. **Optimal 25OHD levels: >30ng/ml (>75 nmol/L)**

<b>nmol/l</b>	<b>ng/ml</b>	<b>Interpretazione</b>
<25	<10	Grave carenza
25-50	10-20	Carenza
50-75	20-30	Insufficienza
75-125	30-50	Range ideale
125-375	50-150	Possibili effetti indesiderati ?
>375	>150	Intossicazione



## Calcium Vitamin D

Committee to Review Dietary Reference Intakes for Vitamin D and Calcium  
Food and Nutrition Board

A. Catharine Ross, Christine L. Taylor, Ann L. Yaktine, and  
Heather B. Del Valle, *Editors*

INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

Serum 25OHD levels of 16 ng/ml (40 nmol/liter) cover the requirements of approximately half the population, and levels of 20 ng/ml (50 nmol/liter) cover the requirements of at least 97.5% of the population.

Serum concentrations of 25OHD above 30 ng/ml (75 nmol/liter) are not consistently associated with increased benefit, and risks have been identified for some outcomes at 25OHD levels above 50 ng/ml (125 nmol/liter)

The Committee finds that the prevalence of vitamin D inadequacy in the North American population has been overestimated by some groups due to the use of inappropriate cut-points that greatly exceed the levels identified in this report.

## IAN REID

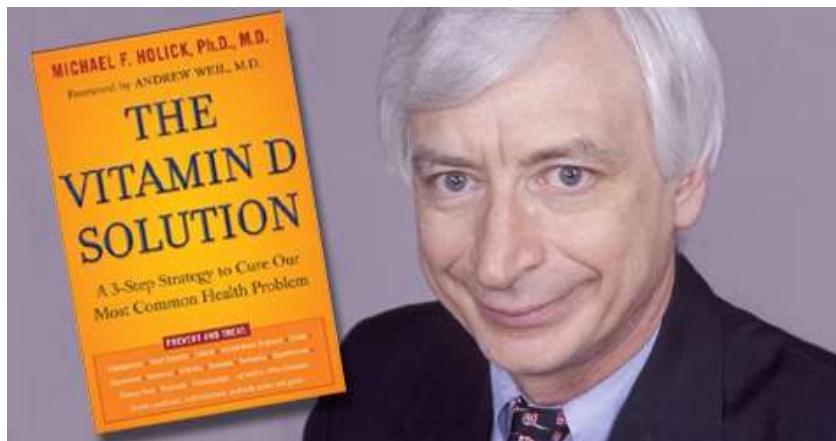


« the progressive increase of the reference interval based on associations of 25(OH)D with health outcomes has led to:

- a) Widespread use of vitamin D supplements
  - Which is not supported by randomized control trials and
- b) Massive expenditure on 25(OH)D assays
  - Which is not justified by either the quality of the measurements produced or by demonstrable health benefits from that investment»

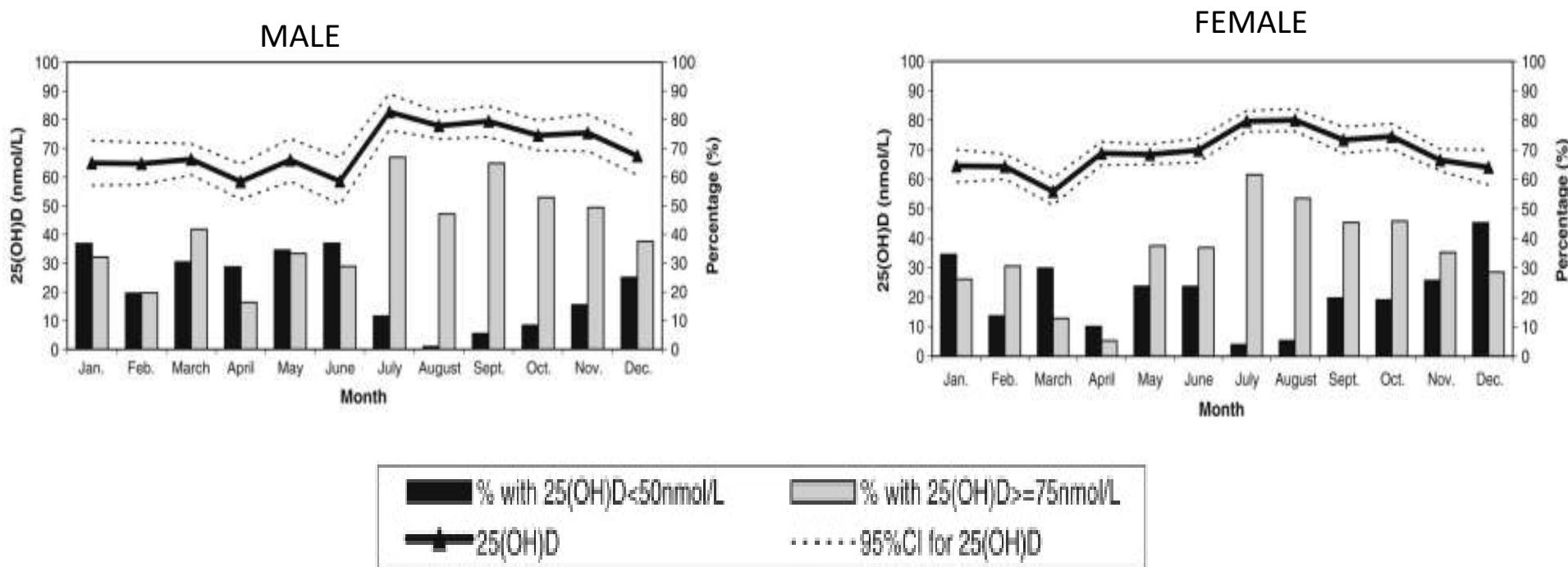
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Michael F. Holick, Neil C. Binkley, Heike A. Bischoff-Ferrari,  
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and Connie M. Weaver



## 25-Hydroxyvitamin D in Canadian adults: biological, environmental, and behavioral correlates

**Results—** Participants (2.3%) were deficient in 25(OH)D (<27.5 nmol/L); a further 18.1% exhibited 25(OH)D insufficiency (27.5–50 nmol/L). Levels <75 nmol/L were evident in 57.5% of men and 60.7% of women and rose to 73.5% in spring (men) and 77.5% in winter (women). 25



## Diapositiva 17

---

**u2** praticamente se consideriamo questo lavoro che holic ci consiglia di leggere possiamo vedere che in media circa un buon 55% dei soggetti sono costantemente tra i 20 ed i 30 ng dl. quanto ci costa trattare questi soggetti?

user; 16/04/2017

**u3** se invece il cut off fosse solo 20 noi dovremmo trattare ammesso che vengano tutti screenati solo il 23% dei soggetti esaminati

user; 16/04/2017

## **Evaluation, Treatment, and Prevention of Vitamin D Deficiency: an Endocrine Society Clinical Practice Guideline**

Michael F. Holick, Neil C. Binkley, Heike A. Bischoff-Ferrari,  
Catherine M. Gordon, David A. Hanley, Robert P. Heaney, M. Hassan Murad,  
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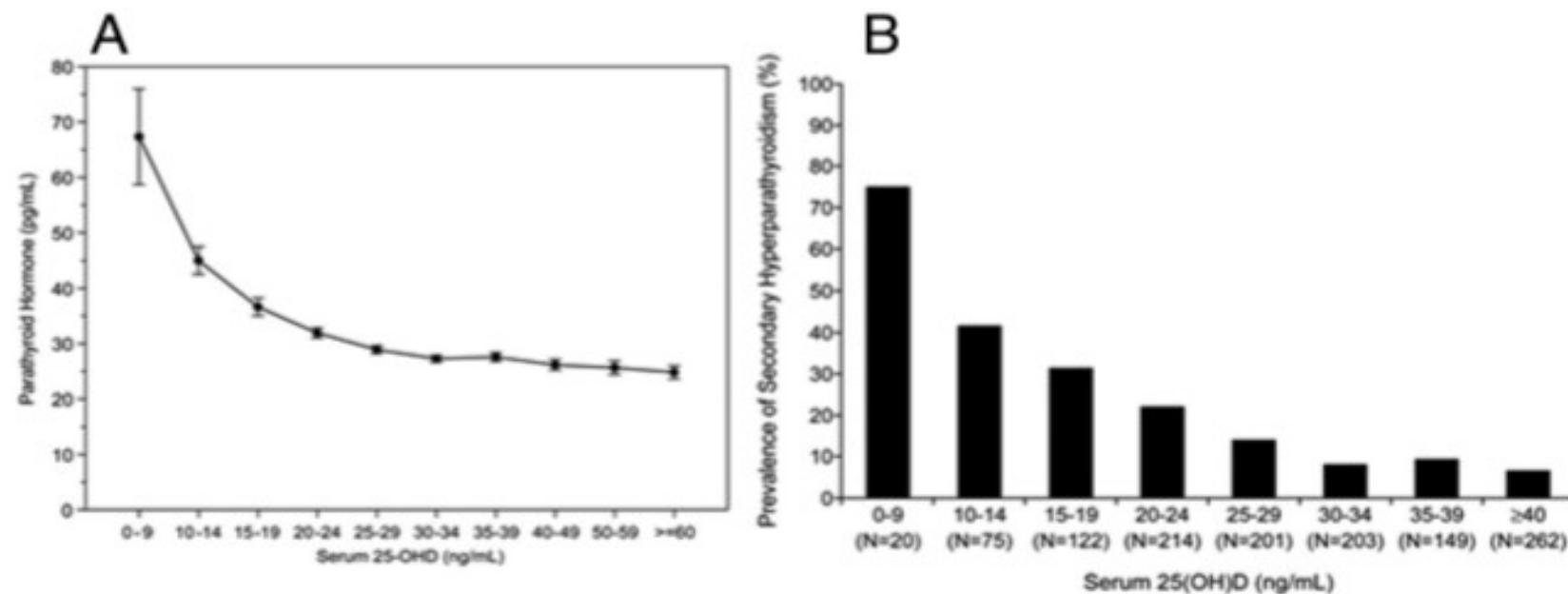
- 
- Rickets
  - Osteomalacia
  - Osteoporosis
  - Chronic kidney disease
  - Hepatic failure
  - Malabsorption syndromes
    - Cystic fibrosis
    - Inflammatory bowel disease
    - Crohn's disease
    - Bariatric surgery
    - Radiation enteritis
  - Hyperparathyroidism
  - Medications
    - Antiseizure medications
    - Glucocorticoids
    - AIDS medications
    - Antifungals, e.g., ketoconazole
    - Cholestyramine
  - African-American and Hispanic children and adults
  - Pregnant and lactating women
  - Older adults with history of falls
  - Older adults with history of nontraumatic fractures
  - Obese children and adults ( $\text{BMI} > 30 \text{ kg/m}^2$ )
  - Granuloma-forming disorders
    - Sarcoidosis
    - Tuberculosis
    - Histoplasmosis
    - Coccidiomycosis
    - Berylliosis
    - Some lymphomas
-

# Consequences of Vitamin D Deficiency

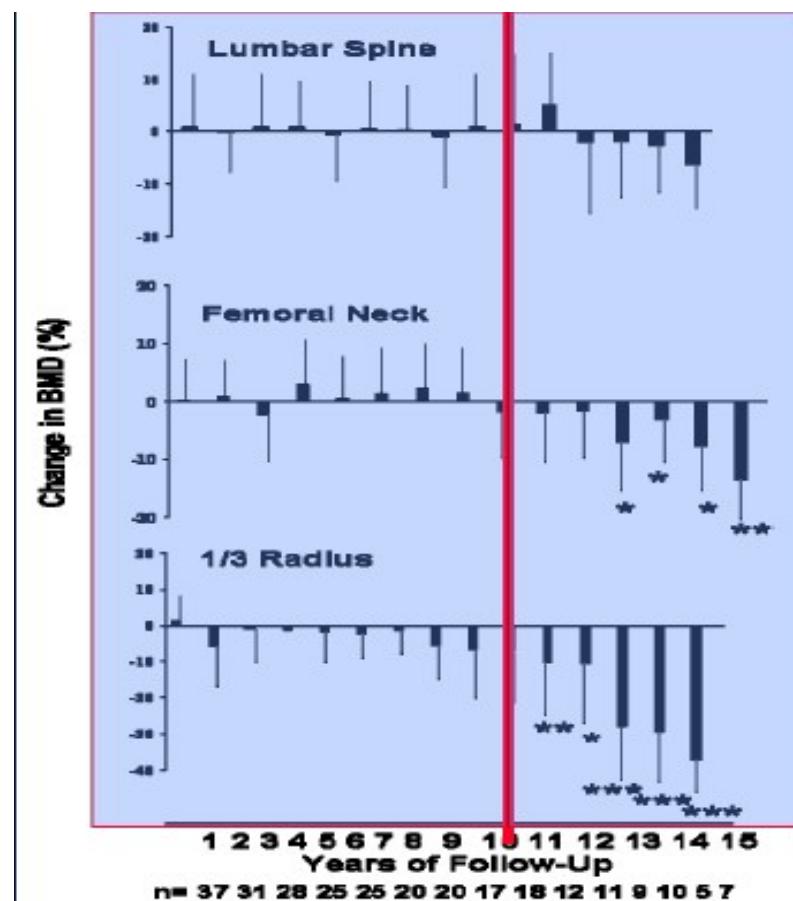
- **Secondary hyperparathyroidism.** The PTH-mediated increase in osteoclastic activity creates local foci of bone weakness and causes a generalized decrease in bone mineral density (BMD), resulting in osteopenia and osteoporosis
- **Osteomalacia** causes a decrease in BMD and is associated with isolated or generalized aches and pains in bones and muscles
- **Muscle weakness;** affected children have difficulty standing and walking whereas the elderly have increasing sway and more frequent falls

## Guidelines for Preventing and Treating Vitamin D Deficiency and Insufficiency Revisited

secondary hyperparathyroidism (PTH >40 pg/ml)

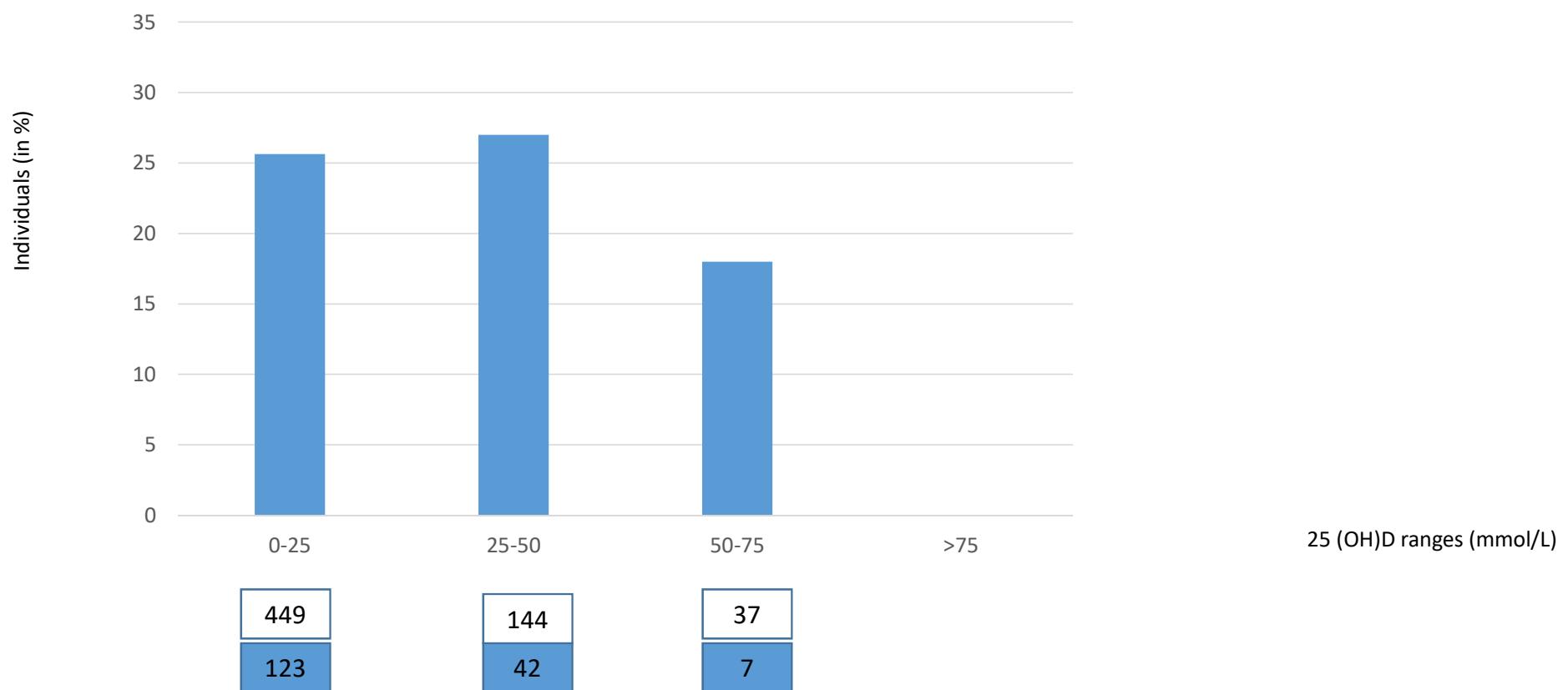
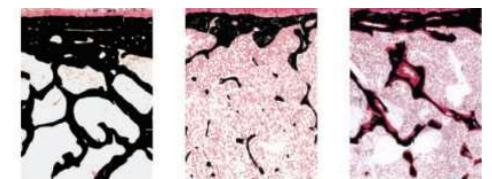


## The Natural History of Primary Hyperparathyroidism with or without Parathyroid Surgery after 15 Years



JCEM 2008

## Bone Mineralization Defects and Vitamin D Deficiency: Histomorphometric Analysis of Iliac Crest Bone Biopsies and Circulating 25-Hydroxyvitamin D in 675 Patients

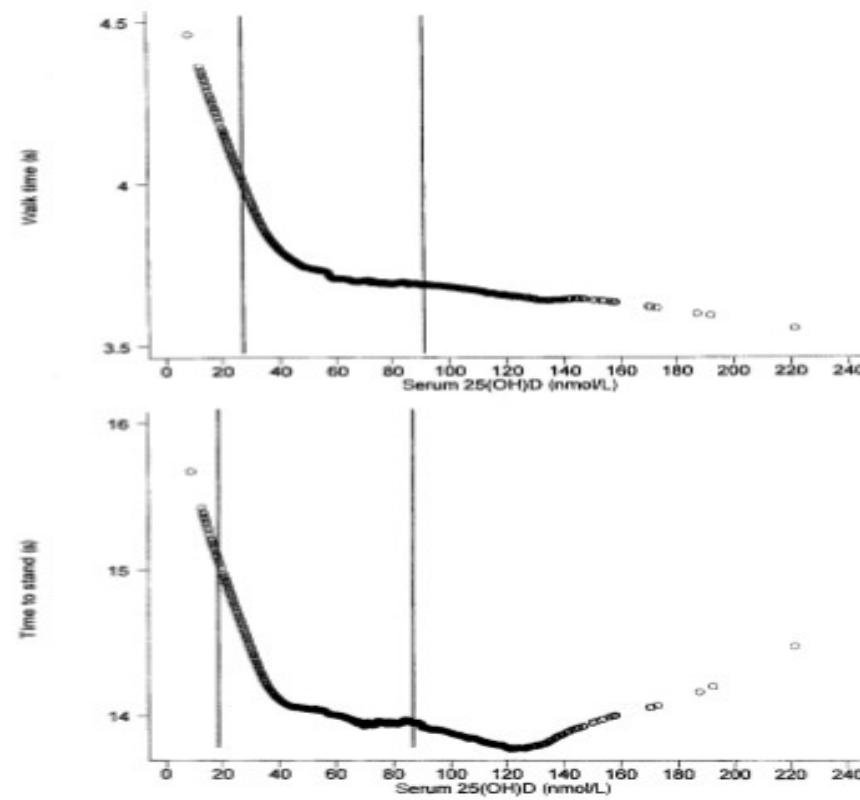


## **Diagnostica istologica delle malattie metaboliche dello scheletro: istomorfometria ossea**

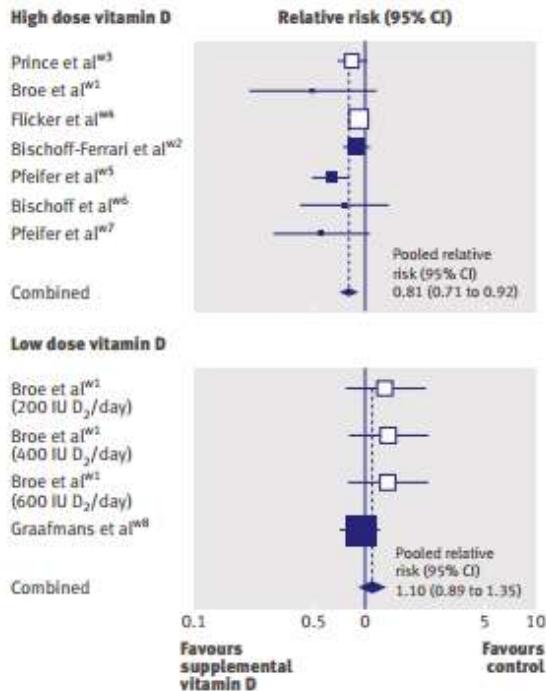
*Histologic diagnosis of metabolic bone diseases: bone histomorphometry*

There also are, however, certain clear limitations of our study that need to be considered. First, tetracycline labeling, as one gold standard for quantification of bone formation, is missing. Second, serum analysis is limited to the assessment of 25(OH)D, whereas other laboratory data, such as serum calcium, phosphate, creatinine, PTH, and alkaline phosphatase levels, are missing owing to a lack of stability, and thus some circumstances that potentially interfere with bone mineralization, such as moderate renal dysfunction or mild primary hyperparathyroidism, might remain undetected at the tissue level. And third, one could argue that the cohort studied here

Higher 25-hydroxyvitamin D concentrations are associated with better lower-extremity function in both active and inactive persons aged  $\geq 60$  y<sup>1-3</sup>

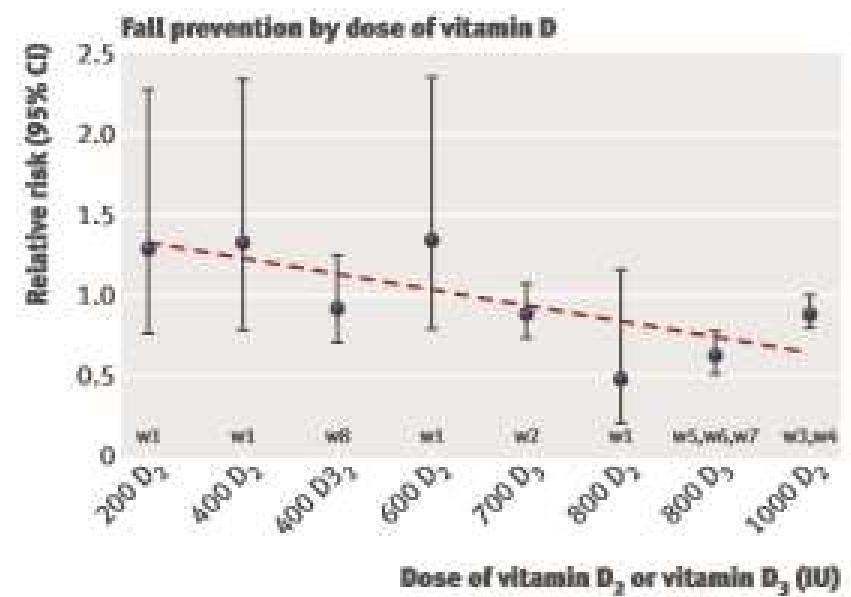
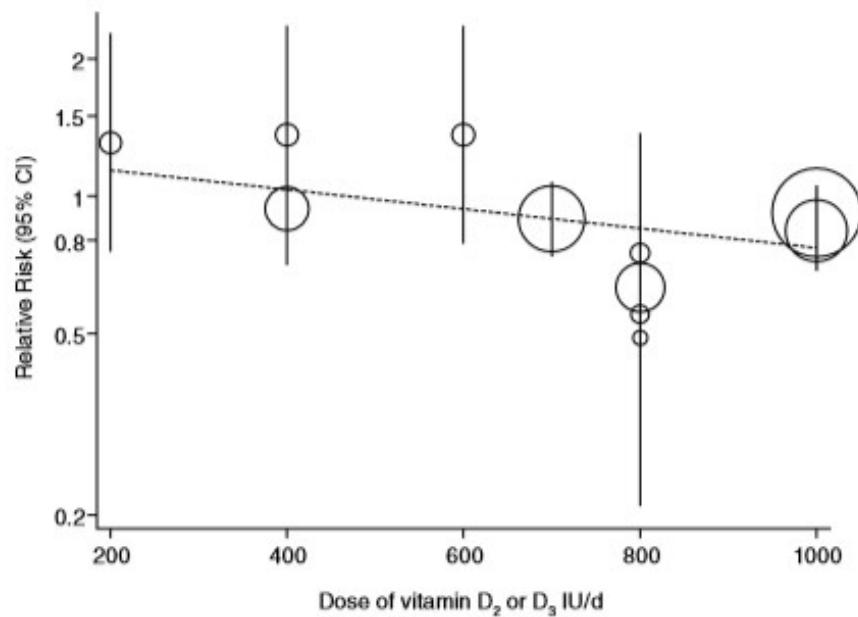


# Fall prevention with supplemental and active forms of vitamin D: a meta-analysis of randomised controlled trials



Achieved serum 25(OH)D concentrations of 60 nmol/l or more resulted in a 23% fall reduction (pooled relative risk 0.77, 95% CI 0.65 to 0.90), whereas concentrations of less than 60 nmol/l had no effect on number of falls (pooled relative risk 1.35, 95% CI 0.98 to 1.84)

## Fall prevention with supplemental and active forms of vitamin D: a meta-analysis of randomised controlled trials

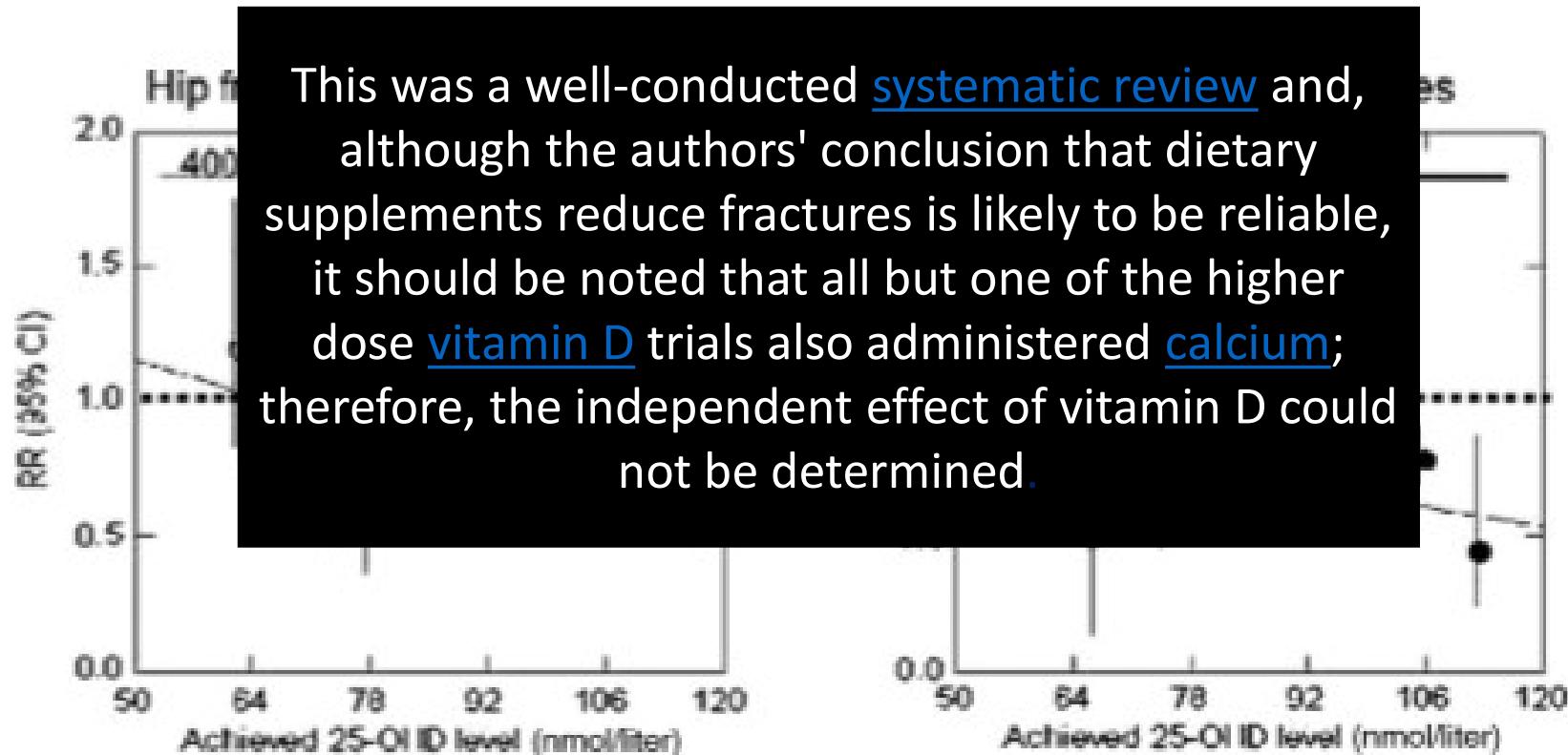


IOM DOCUMENT 2011

BMJ 2009

# Fracture Prevention With Vitamin D Supplementation

A Meta-analysis of Randomized Controlled Trials



JAMA 2005

## .....about IOM

In contrast, the IOM (20) concluded that a level of 25(OH)D of 20ng/ml was adequate to prevent osteomalacia in at least 97.5% of the population and therefore.

# **Monthly High-Dose Vitamin D Treatment for the Prevention of Functional Decline A Randomized Clinical Trial**

Heike A. Bischoff-Ferrari, MD, DrPH; Bess Dawson-Hughes, MD; E. John Orav, PhD; Hannes B. Staehelin, MD;  
Otto W. Meyer, MD; Robert Theiler, MD; Walter Dick, MD; Walter C. Willett, MD, DrPH; Andreas Egli, MD

**CONCLUSIONS AND RELEVANCE** Although higher monthly doses of vitamin D were effective in reaching a threshold of at least 30 ng/mL of 25-hydroxyvitamin D, they had no benefit on lower extremity function and were associated with increased risk of falls compared with 24 000 IU.

JAMA 2016

# Vitamin D Supplementation and Increased Risk of Falling A Cautionary Tale of Vitamin Supplements Retold

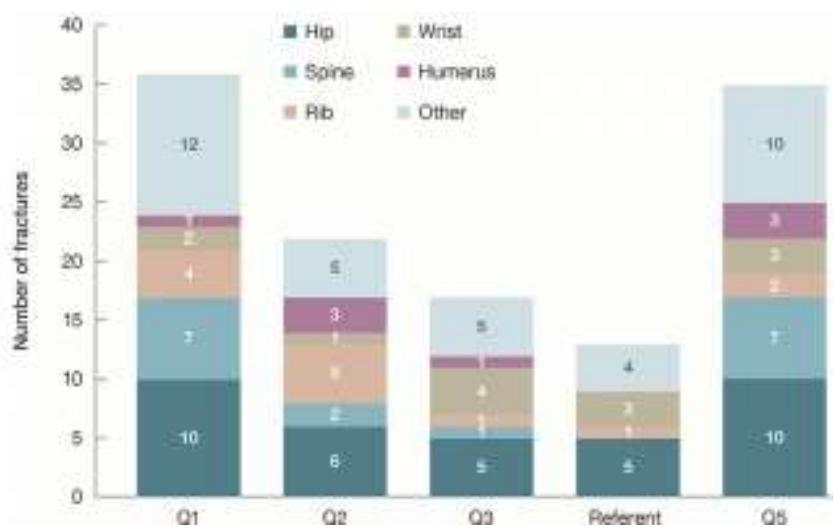
Steven R. Cummings, MD; Douglas P. Kiel, MD, MPH; Dennis M. Black, PhD



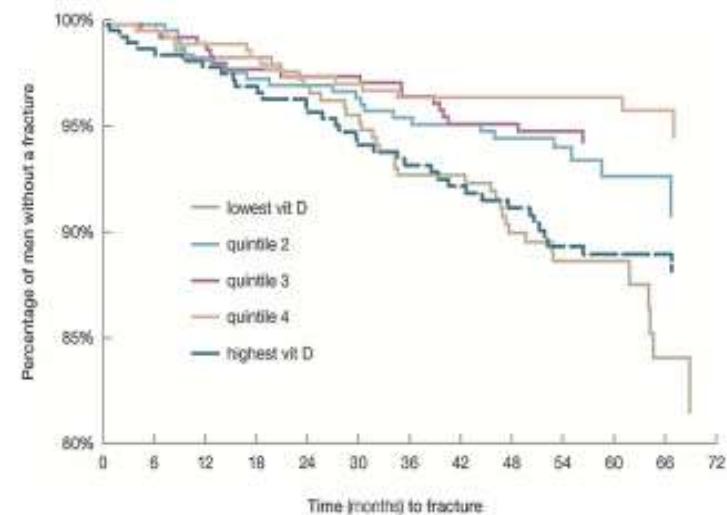
The strategy of supplementation with vitamin D to achieve serum levels of at least 30 ng/mL has not been supported by RCTs to reduce the risk of falls and fractures. In fact, it may increase the risk of falling. Until that approach is supported by randomized trials with updated meta-analyses, it would be prudent to follow recommendations<sup>21</sup> from the Institute of Medicine (IOM) that people 70 years or older have a total daily intake of 800 IU of vitamin D without routine measurement of serum 25(OH)D levels.

JAMA 2016

## **U-Shaped Association Between Serum 25-Hydroxyvitamin D and Fracture Risk in Older Men: Results From the Prospective Population-Based CHAMP Study**



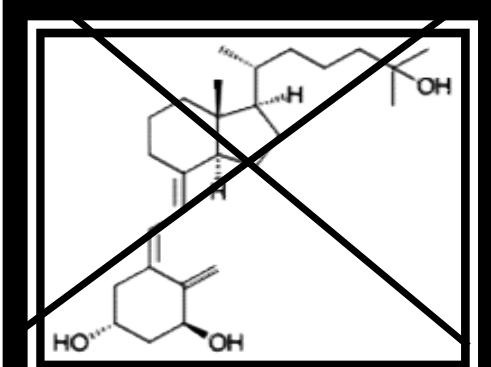
Number of fractures by site in each 25OHD quintile.



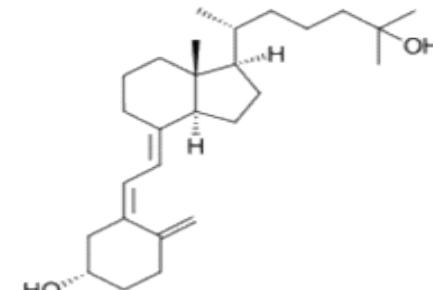
Survival curve depicting time to first fracture according to baseline serum 25OHD quintile.

# COSA DOSARE?

**CALCITRIOLO**



**25(OH) VIT. D**

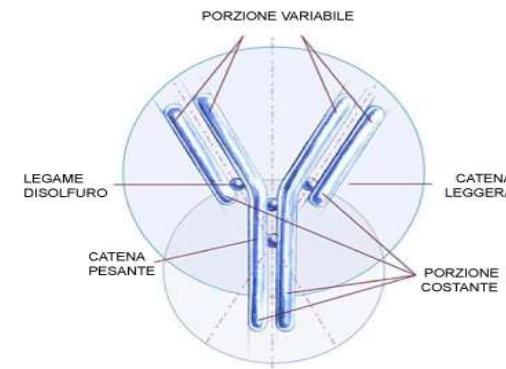


## QUALE METODICA?

**HPLC**



**IMMUNOMETRIA**



# IOM

.....The current lack of evidence-based consensus guidelines is problematic and of concern because individuals with serum 25OHD levels above 50 nmol/L (20 ng/mL) may at times be classified as deficient and treated with high-dose supplements of vitamin D containing many times the levels of intake recommended by this report.

# ENDOCRINE SOCIETY

.....a value of 40 ng/ml is without toxicity and virtually ensures that the individual's "true" value is greater than 30 ng/ml.

A clinical approach of targeting a higher 25(OH)D value seems prudent in that improving vitamin D status should reduce multiple adverse consequences of vitamin D deficiency at extremely low cost with minimal toxicity risk



**Cochrane**  
Library

Cochrane Database of Systematic Reviews

## Vitamin D and vitamin D analogues for preventing fractures in post-menopausal women and older men (Review)

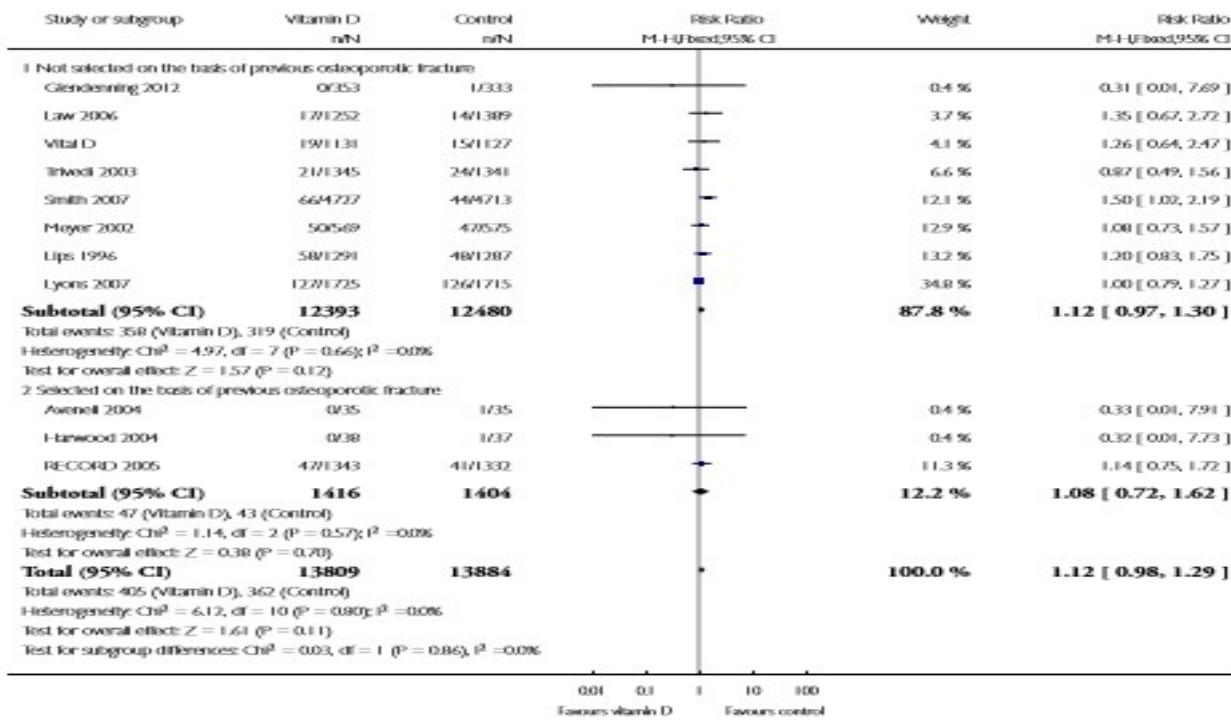
Avenell A, Mak JCS, O'Connell D

### Analysis 1.1. Comparison I Vitamin D [D2, D3 or 25(OH)D] versus control or placebo, Outcome I Persons sustaining new hip fracture.

Review: Vitamin D and vitamin D analogues for preventing fractures in post-menopausal women and older men

Comparison: I Vitamin D [D2, D3 or 25(OH)D] versus control or placebo

Outcome: I Persons sustaining new hip fracture



# HIP FRACTURES



**Vitamin D and vitamin D analogues for preventing fractures in post-menopausal women and older men (Review)**

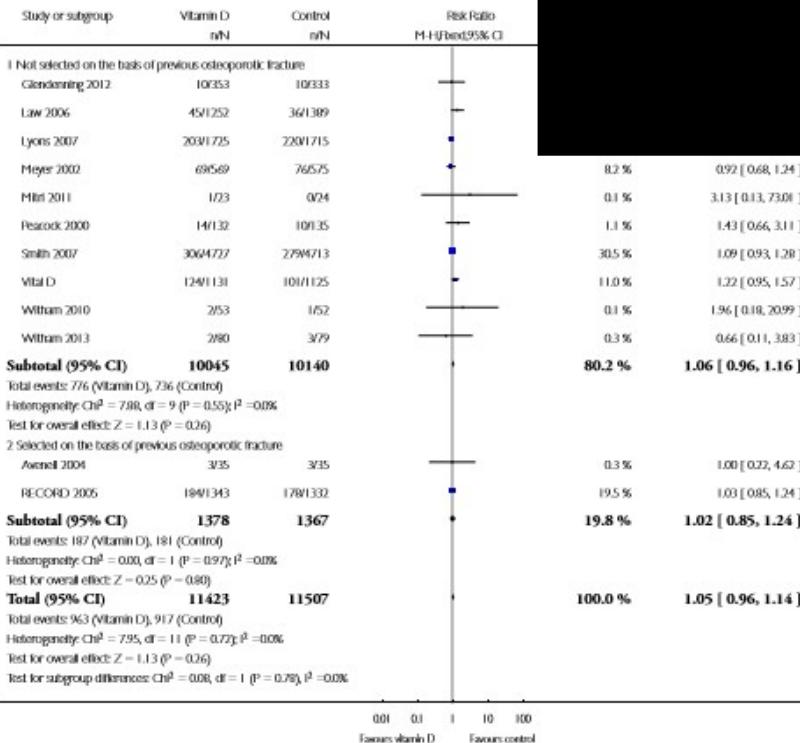
Avenell A, Mak JCS, O'Connell D

**Analysis 1.2. Comparison I Vitamin D [D2, D3 or 25(OH)D] versus control or placebo for preventing fractures in post-menopausal women and older men**

Review: Vitamin D and vitamin D analogues for preventing fractures in post-menopausal women and older men

Comparison: 1 Vitamin D [D2, D3 or 25(OH)D] versus control or placebo

Outcome: 2 Persons sustaining new non-vertebral fracture



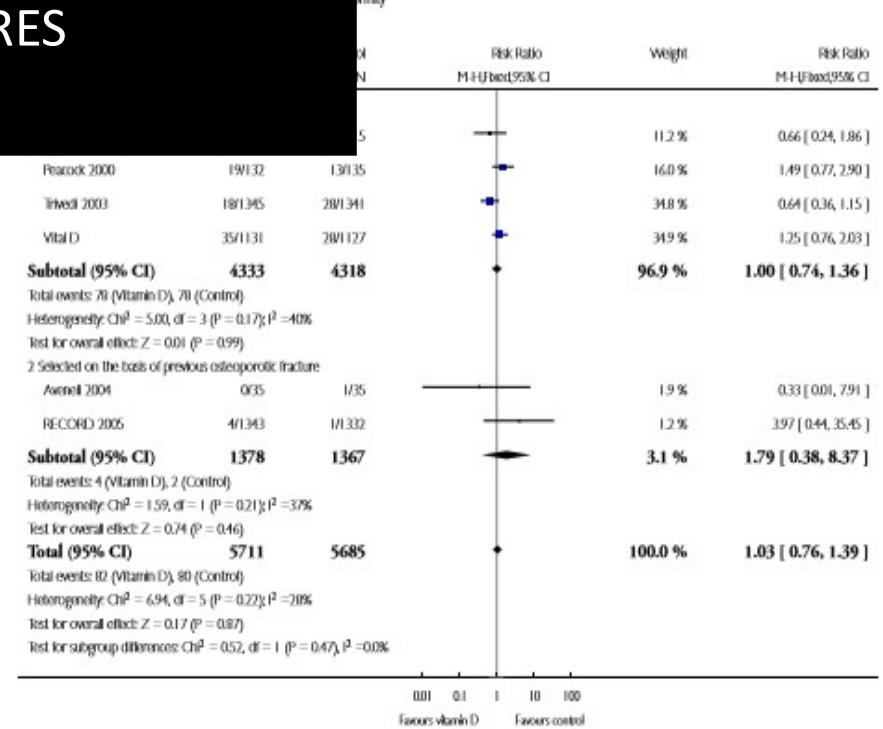
## VERTEBRAL AND NON VERTEBRAL FRACTURES

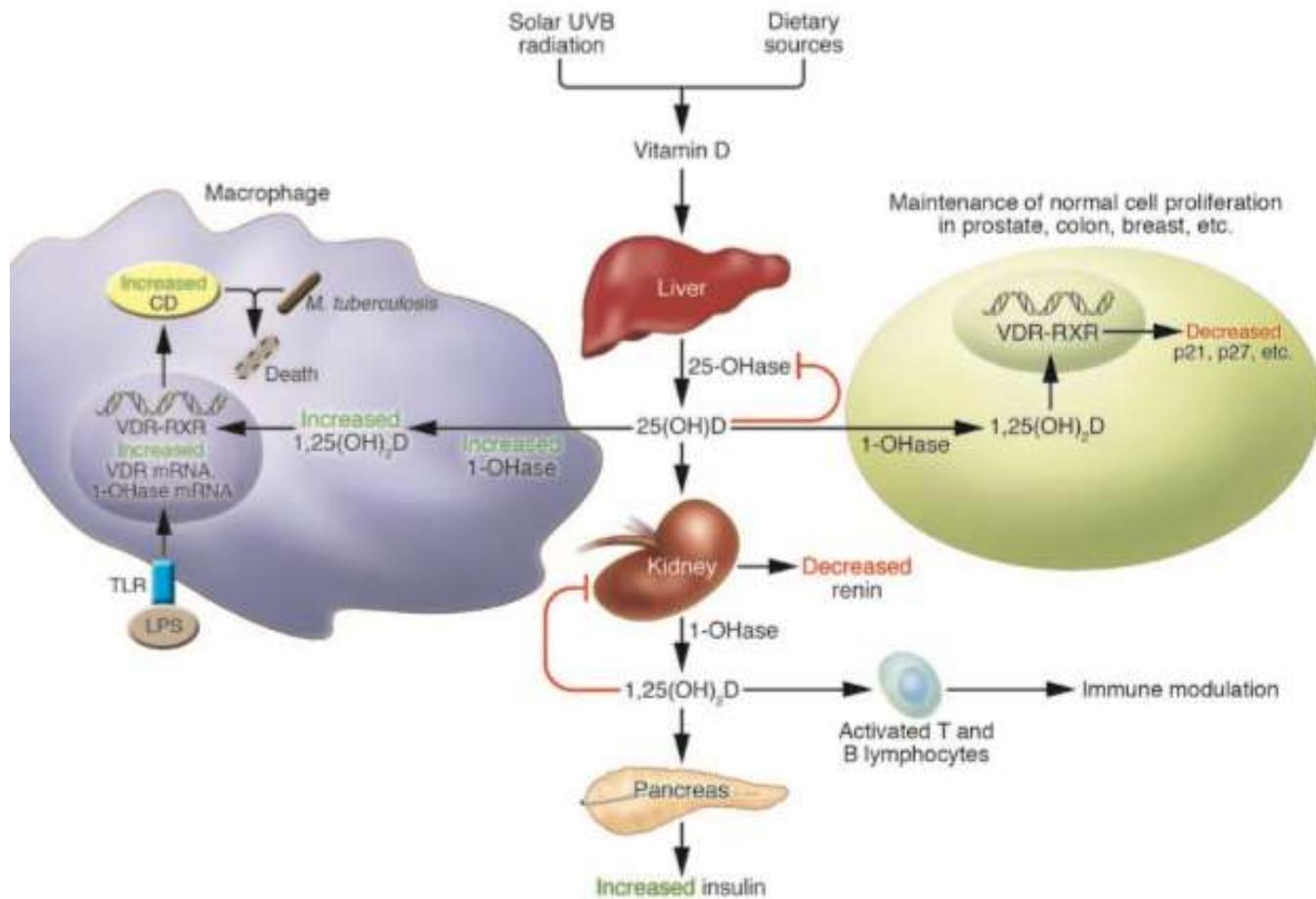
**D2, D3 or 25(OH)D] versus control or placebo, Outcome 3 Persons sustaining new vertebral fracture or deformity.**

Review: Vitamin D and vitamin D analogues for preventing fractures in post-menopausal women and older men

Comparison: 1 Vitamin D [D2, D3 or 25(OH)D] versus control or placebo

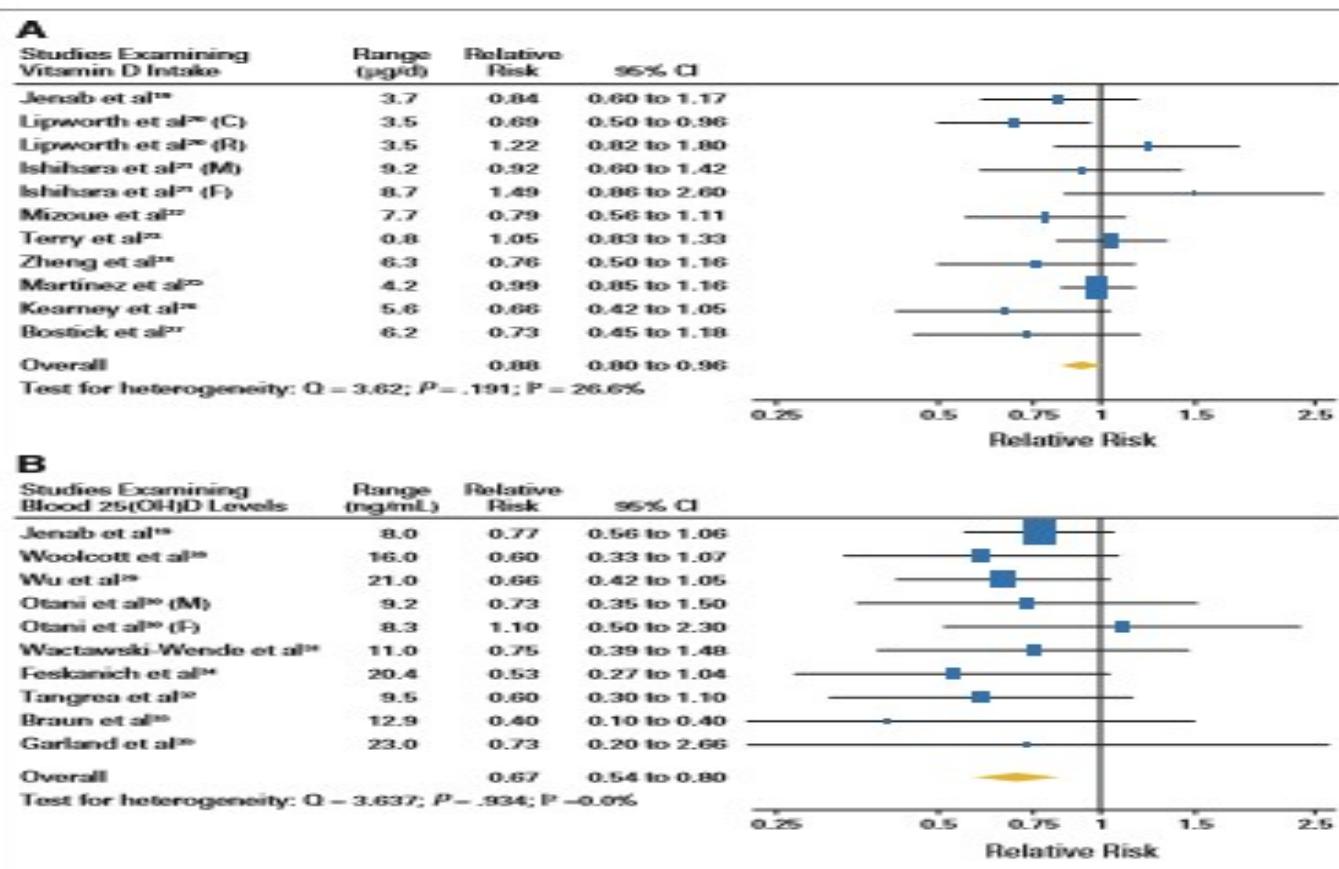
Outcome: 3 Persons sustaining new vertebral fracture or deformity





# Association Between Vitamin D and Risk of Colorectal Cancer: A Systematic Review of Prospective Studies

Yanlei Ma, Peng Zhang, Feng Wang, Jianjun Yang, Zhihua Liu, and Huanlong Qin



VITAMIN D INTAKE



BLOOD 25(OH)D LEVELS



## Vitamin D supplementation for prevention of cancer in adults (Review)

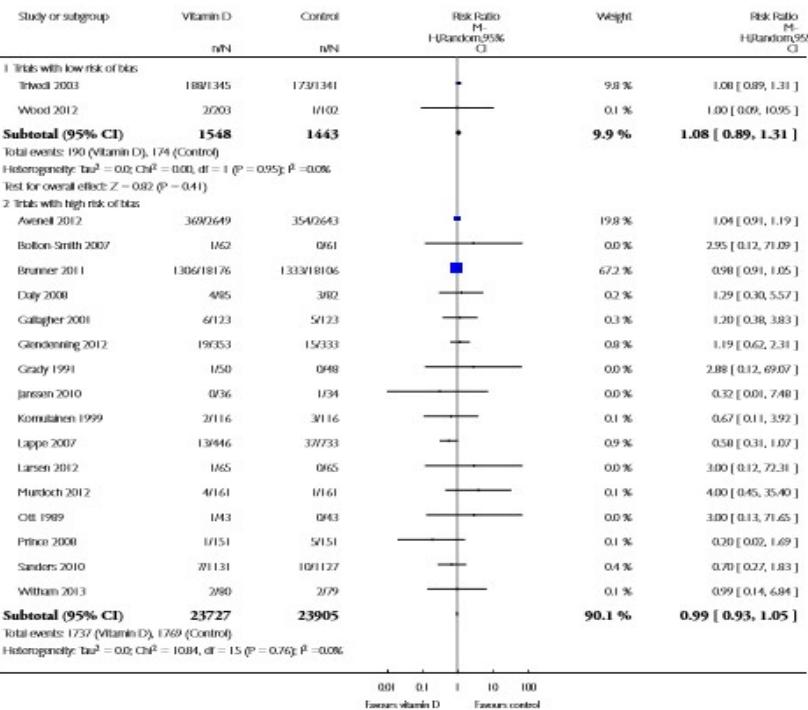
Bjelakovic G, Gluud LL, Nikolova D, Whitfield K, Krstic G, Wetterslev J, Gluud C

### Analysis I.1. Comparison I Vitamin D versus placebo or no intervention, Outcome I Cancer occurrence in trials with a low or high risk of bias.

Review: Vitamin D supplementation for prevention of cancer in adults

Comparison: I Vitamin D versus placebo or no intervention

Outcome: I Cancer occurrence in trials with a low or high risk of bias

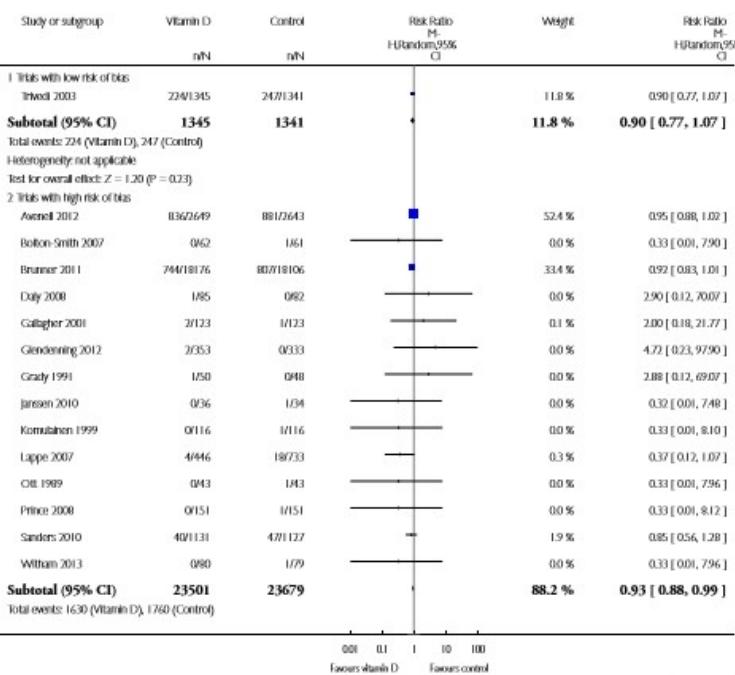


### Analysis I.23. Comparison I Vitamin D versus placebo or no intervention, Outcome 23 All-cause mortality in trials with a low or high risk of bias.

Review: Vitamin D supplementation for prevention of cancer in adults

Comparison: I Vitamin D versus placebo or no intervention

Outcome: 23 All-cause mortality in trials with a low or high risk of bias



# Forme Commerciali in Italia

PRINCIPIO ATTIVO	FORMULAZIONI	EMIVITA	
colecalciferolo	orali (gtt, fl) parenterali (i.m.)	2-3 mesi	METABOLITI NON ATTIVI Rischio di ipercalcemia basso
ergocalciferolo	parenterali (i. m.) orali	2-3 mesi	
calcifediolo	gtt	15 giorni	
α-calcidolo	orali (gtt, cp)	24 ore	METABOLITI ATTIVI Rischio di ipercalcemia alto
diidrotachisterolo	gtt	24 ore	
calcitriolo	cp	2-4 ore	

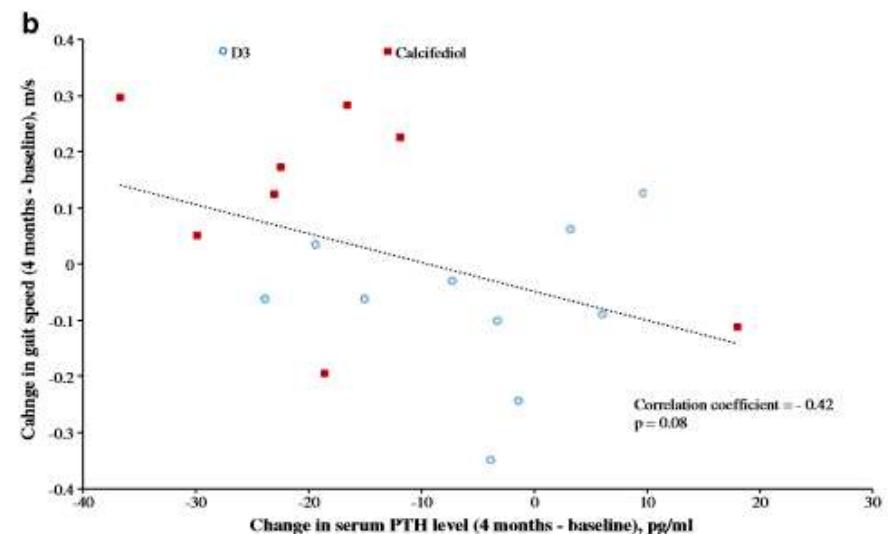
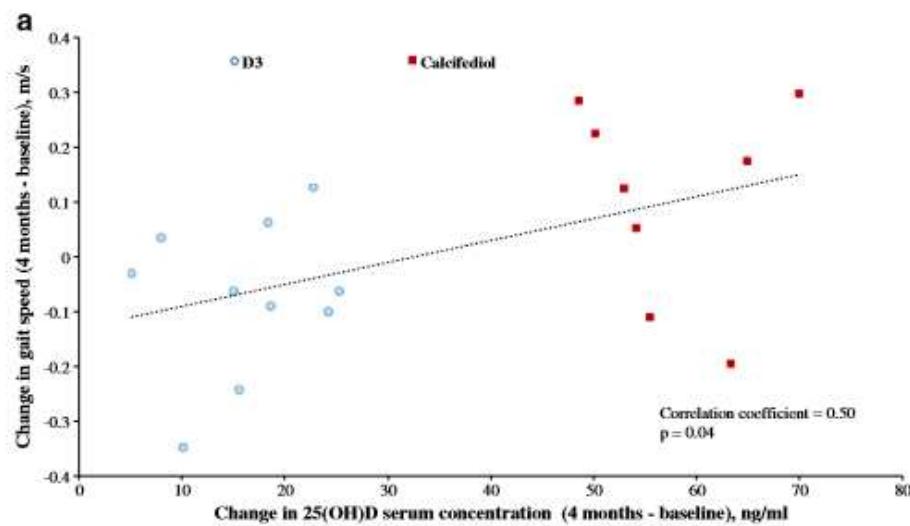
# INTEGRATORI DI VIT D DISPONIBILI IN COMMERCIO

PRINCIPIO ATTIVO	NOME COMMERCIALE - FORMULAZIONE
➤ Vit. D2 (ergocalciferolo) Vit. D3 (colecalciferolo)	→ <b>DIBASE</b> os (gtt, flaconi)/IM 1 gtt = 250 UI
➤ 25 idrossicolecalciferolo (calcifediolo)	→ <b>DIDROGYL</b> os (gtt) 1 gtt = 5 µg
➤ 1 alfa-idrossicolecalciferolo (alfacalcidolo)	→ <b>DEDIOL</b> os (cpr/gtt) 1 ml = 2 µg
➤ 1,25 didrossicolecalciferolo (calcitriolo)	→ <b>ROCALTROL</b> os (cps) 0.25 e 0.50 µg
➤ Vit D + calcio	→ <b>CACIT VITAMINA D3</b> (880 UI + 1g) os (bust) <b>CALCIUM D3 SANDOZ</b> (880 UI + 1 g) os (cpr) <b>NATECAL D3</b> (400 UI + 600 mg) os (cpr)

FORMULA  
CONVERSIONE:  
1 mcg = 40 UI  
1 mg = 40.000 UI

## **Calcifediol versus vitamin D<sub>3</sub> effects on gait speed and trunk sway in young postmenopausal women: a double-blind randomized controlled trial**

1 gtt calcifediolo = 2,5 gtt colecalciferolo



# Calcifediolo 25-OH-VITAMINA D3

## FARMACOCINETICA

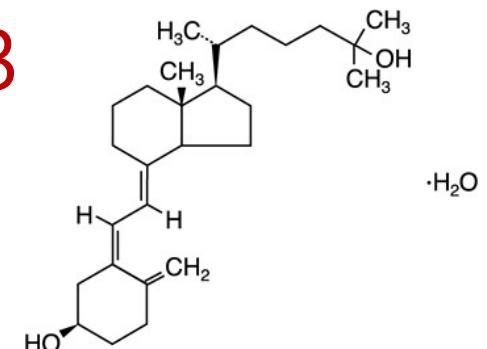
Picco sierico 4h

Emivita plasmatica 18-21 giorni

Minore liposolubilità  
 (= minore stoccaggio nei grassi)

Seconda idrossilazione nel rene

Azione diretta sulle ossa e sull'intestino



## FARMACODINAMICA

Azione più rapida  
Più potente (tassi più elevati)

## INDICAZIONI

Malassorbimento  
Cirrosi epatica  
Insufficienza epatica

# CONCLUSIONI: Schemi Terapeutici

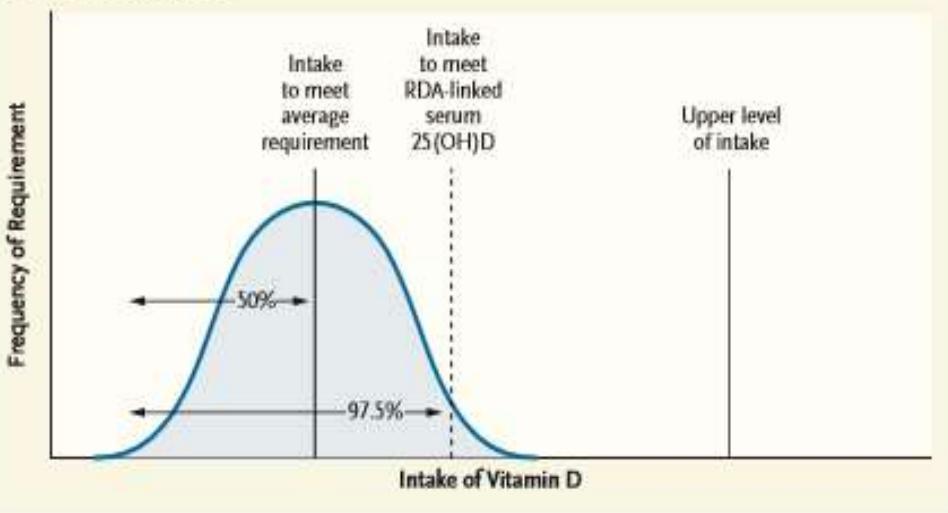
<b>Tabella 3</b> <b>Modulazione della supplementazione di vitamina D in funzione del fattore di rischio per ipovitaminosi D</b> (1 µg = 40 IU)										
<b>Condizioni di rischio</b>	<b>Correzione del deficit</b>	<b>Mantenimento</b>								
Correzione di grave carenza sintomatica (miopia o fratture)	25OH-D < 10 ng/mL: 50.000 IU/settimana x 5 settimane	Colecalciferolo 1500-2000 IU/die o 50.000 IU/mese								
	25OH-D 10-19 ng/mL: 50.000 IU/settimana x 3 settimane									
Anziani (> 65 anni) Esposizione scarsa o incostante alla luce solare Carnagione scura Uso costante di creme solari protettive Obesità (BMI > 30 kg/m <sup>2</sup> ) Diete vegetariane/ macrobiotiche Farmaci anti-comiziali	<table border="1"> <thead> <tr> <th><b>Principio attivo (simbolo)</b></th><th><b>Specialità</b></th></tr> </thead> <tbody> <tr> <td>Colecalciferolo (vit.D3)</td><td>Annister, Dibase, Xarenel</td></tr> <tr> <td>Ergocalciferolo (vit.D2)</td><td>Ostelin</td></tr> <tr> <td>Calcifediolo (25OH-D)</td><td>Didrogyl</td></tr> </tbody> </table>		<b>Principio attivo (simbolo)</b>	<b>Specialità</b>	Colecalciferolo (vit.D3)	Annister, Dibase, Xarenel	Ergocalciferolo (vit.D2)	Ostelin	Calcifediolo (25OH-D)	Didrogyl
<b>Principio attivo (simbolo)</b>	<b>Specialità</b>									
Colecalciferolo (vit.D3)	Annister, Dibase, Xarenel									
Ergocalciferolo (vit.D2)	Ostelin									
Calcifediolo (25OH-D)	Didrogyl									
Concomitanza di 3 o più fattori fra quelli sovra-elencati Malassorbimento Cirrosi biliare Farmaci anti-retrovirali per HIV	Colecalciferolo 1500-2000 IU/die o 50.000 IU/mese Calcifediolo 25-50 µg/die									
Insufficienza renale cronica Ipoparatiroidismo primario	Calcitriolo 0.25-0.5 µg/die Alfa-calcidolo 1 µg/die									

Calcitriolo [1,25-(OH) <sub>2</sub> -D]	Calcitriolo, Difix, Rocaltrol, Silkis
Alfa-calcidolo (1α-OH-D)	Alfacalcidolo, Dediol, Deril, Diseon, Diserinal, Geniad, Ostidil, Sefal
Didro-tachisterolo (DHT)	Atiten

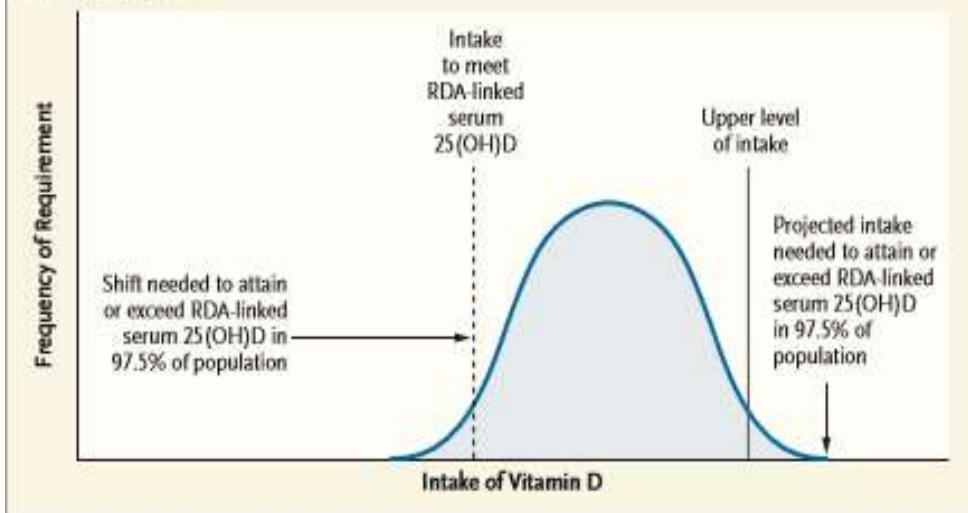
## Vitamin D Deficiency — Is There Really a Pandemic?

JoAnn E. Manson, M.D., Dr.P.H., Patsy M. Brannon, Ph.D., R.D., Clifford J. Rosen, M.D., and Christine L. Taylor, Ph.D.

A RDA Correctly Applied



B RDA Misapplied



# OPEN QUESTIONS

- E' corretto eseguire lo screening di «massa» per il dosaggio della vit D?

*No andrebbe valutata solo in determinati soggetti a rischio*

- Quali dovrebbero essere i valori minimi di vitamina D da adottare?

*A nostro avviso il cut-off adottato dalla IOM (20 ng/dl) è il più corretto. Probabilmente il cut-off più elevato andrebbe adottato o in soggetti già osteoporotici in prevenzione primaria o già in terapia con antiriaassorbitivi ossei.*

- Dovrebbe esistere un cut-off in merito a valori più alti di vit D?

*Non ci sono evidenze certe ma ulteriori studi dovrebbero essere svolti in merito*

- Quali preparati e dosaggi di vitamina D?

*Colecalciferolo e calcifediolo sono le molecole che hanno il miglior profilo di effectiveness e safety. Al momento andrebbero adottati i dosaggi standardizzati per le rispettive molecole*

- Effetti pleiotropici della vit D?

*Non ci sono dati di evidence based e pertanto non vanno «ricercati»*