

COMMENTARY

Screening for vitamin D deficiency in adults

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Commentary on: LeFevre ML, on behalf of the U.S. Preventive Services Task Force. Screening for Vitamin D Deficiency in Adults: U.S. Preventive Services Task Force Recommendation Statement. *Ann Intern Med* 2015; **162**: 133–140. doi:10.7326/M14-2450.

The US Preventive Services Task Force reviewed the evidence on screening and treatment of vitamin-D deficiency among community-dwelling, non-pregnant adults, aged 18 years and older without symptoms of vitamin-D deficiency or conditions for which vitamin-D treatment is recommended. Among this population, the Task Force concluded that there is insufficient evidence to screen for vitamin-D deficiency. The authors explained the rationale of this statement by the lack of consensus on which cut-point for 25-hydroxyvitamin-D status is used (20 ng ml⁻¹ versus 30 ng ml⁻¹), the limited accuracy of commercial assays that measure 25-hydroxyvitamin-D status, and the lack of studies that evaluated the effectiveness of early detection and treatment. Their recommendation against universal screening for 25-hydroxyvitamin-D deficiency is in line with the 2011 US Endocrine Society Task Force Recommendation on vitamin-D, where screening for vitamin-D deficiency is supported only in individuals at high risk for vitamin-D deficiency including patients with osteoporosis or minimal trauma fracture and seniors with falls.¹

Earlier, the US Preventive Services Task Force also published recommendations on the use of vitamin-D supplementation for fall (2012)² and primary fracture (2013)³ prevention. They found that vitamin-D supplementation is effective in preventing falls in community-dwelling adults aged 65 years or older who are at an increased risk for falls.² For the primary prevention of fractures, the US Preventive Services Task Force concluded that current evidence is insufficient for daily supplementation with vitamin-D with or without calcium supplementation among non-institutionalized or community-dwelling asymptomatic adults without a history of fractures, excluding patients with osteoporosis or individuals with vitamin-D deficiency. Addressing the same

population, however, the Institute of Medicine (IOM) set in 2010 a recommended dietary allowance for vitamin-D largely based on bone health.⁴ Without prior 25-hydroxyvitamin-D measurement and assuming minimal sun exposure, the IOM intake recommendation is 600 IU per day for adults aged 19–70 years and 800 IU per day for adults older than 70 years, consistent with the US Endocrine Society Task Force Recommendations on vitamin-D.

In summary, the new recommendations of the US Preventive Services Task Force against universal screening of vitamin-D deficiency among healthy adults is in line with prior recommendations.

Conflict of Interest

Related to vitamin-D, HAB-F has been an invited speaker by MSD, Roche Diagnostics, Diasorin, WILD and DSM nutritional products. HAB-F has also received investigator initiated and independent funding from DSM nutritional products, MSD and WILD.

References

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3. Moyer VA, Force* USPST. Vitamin D and calcium supplementation to prevent fractures in adults: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med* 2013; **158**: 691–696.
4. IOM. Dietary Reference Ranges for Calcium and Vitamin D. <http://www.iom.edu/Reports/2010/Dietary-Reference-Intakes-for-Calcium-and-Vitamin-D.aspx> (accessed on 13 February 2012).