

## **Position statement: Vitamin D for the treatment, maintenance and prophylaxis of Vitamin D insufficiency or deficiency**

### **Summary**

In line with NHS England's guidance on conditions for which over-the-counter items should not be routinely prescribed, NHS South West London does not support the routine prescribing of vitamin D (colecalciferol, ergocalciferol) for maintenance or prophylaxis of vitamin D insufficiency.

Clinicians should only prescribe vitamin D supplements for the treatment of deficiency (vitamin D level less than 25 nmol/L) or insufficiency (vitamin D level 25 to 50 nmol/L) in high-risk patients as per local guidelines.

The prescribing of vitamin D is not recommended in the following circumstances:

- For prophylaxis or maintenance following treatment of deficiency or insufficiency in symptomatic individuals
- For asymptomatic patients that are at high or normal/low risk of vitamin D deficiency
- For prophylaxis in babies and children up to 4 years, regardless of whether they are breastfed or formula-fed or receiving less than 500ml of formula milk as it is recommended that vitamin D is purchased. In addition, infants receiving more than 500ml of infant formula a day should not be given additional vitamin D as infant formula is fortified with vitamin D.

### **Rationale**

- Vitamins are used for the prevention and treatment of specific deficiency states or where the diet is known to be inadequate; they may be prescribed in the NHS to prevent or treat deficiency but not as dietary supplements.
- Vitamin D deficiency is defined as a serum 25 OHD level of less than or equal to 25 nmol/L, and insufficiency as a level between 25 and 50 nmol/L
- Public Health England (PHE) states that during winter months (October to March), there is insufficient sunlight for the skin to synthesise vitamin D, leaving the diet as the only source. It is therefore recommended that the whole population consider taking 10 micrograms (400 units) daily dose of vitamin D for prophylaxis during this period. Supplements for this indication should not be prescribed, as they are being used as dietary supplements rather than a treatment for actual or potential deficiency.
- PHE specifies which groups of patients are deemed at a higher risk of developing vitamin D deficiency. This includes:
  - Adults who have no or very little exposure to sunlight (e.g., those in care homes or who are housebound and those who habitually wear clothes to cover the skin).

- Individuals from ethnic groups with darker skin pigmentation.
- Children from birth to four years of age (unless receiving more than 500ml of formula milk) should also receive daily vitamin D.

In these groups, adults should be advised to take a daily 10 micrograms (400 units) supplement of vitamin D all year round. Parents and guardians of children from birth to 4 years should be advised to give a daily supplement containing vitamin D (unless the child is receiving more than 500mL of formula milk). It is recommended that supplements in these groups are not routinely prescribed.

## Recommendations

### Guidance for clinicians

- Vitamin D (colecalciferol, ergocalciferol) should not be prescribed on the NHS unless clinically indicated for the treatment of deficiency or patients in the high-risk category presenting with symptomatic insufficiency. High risk categories are:
  - Fragility fracture, confirmed osteoporosis or a high fracture risk
  - Treatment with antiresorptive medication for bone disease
  - Symptoms of vitamin D deficiency
  - Increased risk of developing vitamin D deficiency
  - Raised parathyroid hormone
  - Prescribed an antiepileptic or an oral corticosteroid, or is on long-term treatment with other drugs known to cause vitamin D deficiency e.g., colestyramine
  - Gastrointestinal or Malabsorption disorder.
- Review all patients currently prescribed maintenance doses of vitamin D on the NHS and consider discontinuing the prescription unless clinical assessment indicates that continuous treatment on prescription is justified.
- Advise patients to purchase vitamin D supplements for prophylaxis or maintenance.
- Provide patients with lifestyle advice on sun exposure, dietary intake of vitamin D and calcium, and seasonal variations in vitamin D exposure which may warrant over-the-counter supplementation in line with [PHE guidance](#).
- Some patients may be eligible for free vitamins containing the appropriate recommended amounts of vitamin D via the Healthy Start scheme. Healthy Start provides multivitamins for women who are pregnant, women who have a child under the age of one (until the child reaches their first birthday) and for children under 4 years of age. These vitamins are available at local distribution points. Information can be found on the [Healthy Start website](#).

Further information is available from:

- [NHS England. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs.](#)

## Guidance for patients, carers, and guardians

- If you have been receiving vitamin D supplements on prescription, your GP may stop prescribing them for you. This is because they have assessed your condition and you no longer require vitamin D on prescription. They may advise you to purchase further supplements.
- Vitamin D helps to control the amount of calcium and phosphate in our bodies. Both are needed for healthy bones, teeth and muscles.
- The main source of vitamin D is from the action of sunlight on our skin. Vitamin D is also found naturally in a small number of foods. However, it is difficult to get the recommended amount of vitamin D from food alone.
- During the winter months in the United Kingdom there is not enough sunlight for our skin to make enough vitamin D. The Department of Health and Social Care therefore recommends that all people consider taking a supplement containing 10micrograms (400 units) of vitamin D between October and March. Your community pharmacist will be able to advise you on suitable supplements available over-the-counter if you wish to use them. It is no longer recommended that this is provided on prescription.
- The Department of Health and Social Care recommends that certain groups of people take a daily supplement containing 10micrograms (400 units) of vitamin D throughout the year. This includes those people who are not often outdoors (e.g., frail or housebound), are in a care home, usually wear clothes that cover up most of their skin when outdoors, or minority ethnic groups with dark skin. Your community pharmacist will be able to advise a suitable supplement available over-the-counter. It is no longer recommended that this is provided on prescription.
- If you are pregnant or a mother of a child under the age of one year you may be eligible to receive vitamins containing the recommended amount of vitamin D free of charge via the Healthy Start scheme. If you have a child under 4 years of age, they may be eligible for free vitamins via the Healthy Start scheme. Information about Healthy Start can be found on the [Healthy Start website](#).
- Many people choose to take vitamin D supplements but taking too much for too long could be harmful. Speak to your community pharmacist for advice.
- Further information on vitamin D can be found on the [NHS website](#).
- The NHS belongs to you, use it responsibly.

## References

- [BNF](#): BNF 83. March 2022 – September 2022
- [NICE CKS: Vitamin D deficiency in adults: Treatment and Prevention](#): Last revised January 2022.
- [SACN Vitamin D and Health Report](#); Public Health England, July 2016
- [NHS England. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs.](#)
- [NHS: Vitamin D](#) accessed 29/04/2022
- [NHS: Vitamins for children](#)

## **Document History**

**Version: V 1.1**

Author: **SWL Vitamin D Working Group**

Approved by: Integrated medicines committee (IMOC)

Approval date: January 2023

Review Date: 2 years from approval date or sooner where appropriate.