

WISE D – Reminder Emails

1.

TITLE: Vitamin D deficiency: always supplement?

E-MAIL CONTENT: NO! Only in situations that can be improved by supplementation: osteoporosis, hyperparathyroidism, long-term oral corticosteroid use (due to osteoporosis risk), osteomalacia, rickets, fractures suspected of osteoporosis..

2.

TITLE: Which foods are rich in vitamin D?

E-MAIL CONTENT:

Legumes?



NO!

Dairies?



YES!

Fatty fish?



YES!

Red meat?



NO!

3.

TITLE: Should vitamin D deficiency and insufficiency be treated the same way?

E-MAIL CONTENT: NO! Vitamin D deficiency (<25 nmol/L): 6000 IU/d for 6 weeks, then 800-1000 IU/d. Vitamin D insufficiency (25-49 nmol/L): 800-1000 IU/d.

Link to the e-learning algorithm

4.

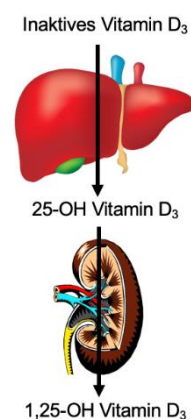
TITLE: Does vitamin D supplementation lead to hypercalcemia?

E-MAIL CONTENT: NO! There is no evidence that vitamin D supplementation at recommended doses leads to hypercalcemia.

5.

TITLE: Vitamin D activation?

E-MAIL CONTENT: Vitamin D (=Vitamin D₃) is inactive. It requires 2 hydroxylations to become active. The first hydroxylation occurs in the liver, producing 25-OH vitamin D₃. The second hydroxylation occurs in the kidney, producing 1,25-OH vitamin D₃.



6.

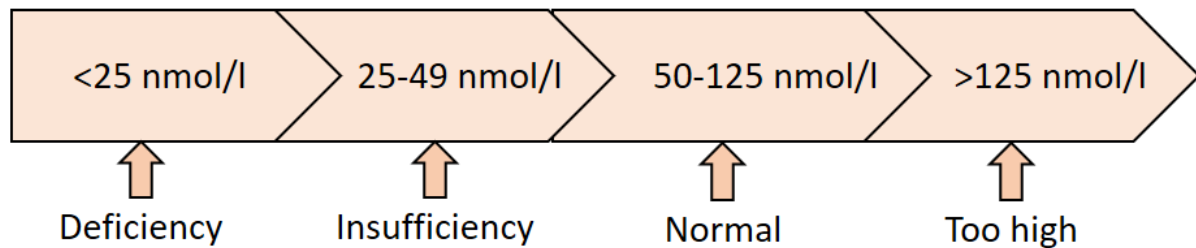
TITLE: Vitamin D supplementation for everyone?

E-MAIL CONTENT: NO! There is no benefit to vitamin D supplementation in the general population.

7.

TITLE: Interpretation of vitamin D levels?

E-MAIL CONTENT:



8.

TITLE: Should vitamin D be measured to investigate cognitive impairment?

E-MAIL CONTENT: NO! Because vitamin D supplementation has shown no benefit for the prevention or progression of cognitive impairment.

9.

TITLE: Should you measure 25-OH or 1,25-OH vitamin D?

E-MAIL CONTENT: 25-OH vitamin D (vitamin D storage).

10.

TITLE: Vitamin D supplementation for secondary hyperparathyroidism: which form?

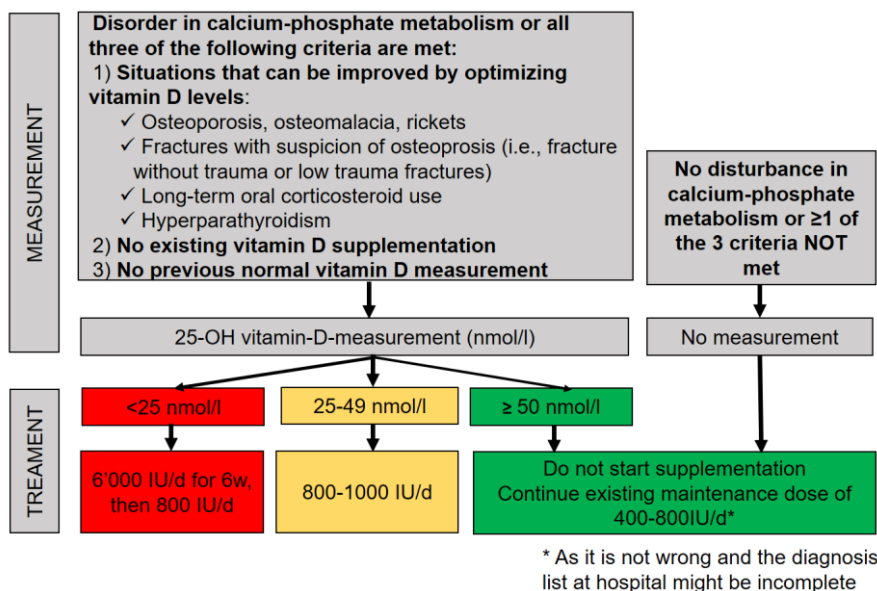
E-MAIL CONTENT: First, supplementation with 25-OH vitamin D (cholecalciferol) should be done. If hyperparathyroidism persists despite adequate 25-OH vitamin D levels (50-125 nmol/L), continue with 1,25-OH vitamin D (calcitriol).

11.

TITLE: When do you measure vitamin D levels in the hospital?

E-MAIL CONTENT:

Algorithm: Vitamin D in the Inpatient Setting



12.

TITLE: A patient is hospitalized due to a fall. Do you measure vitamin D?

E-MAIL CONTENT: NO! There is no evidence that vitamin D supplementation reduces the risk of falls in the general population. There is limited evidence for this in nursing home patients. Supplementation can be done without measurement.

13.

TITLE: When are 500 IU/drop vitamin D drops particularly useful?

E-MAIL CONTENT: During the first 6 weeks of treatment for vitamin D deficiency (6000 IU/d = 12 drops of 500 IU/drop).

14.

TITLE: Vitamin D-rich foods?

E-MAIL CONTENT: Eggs, salmon, cheese, mushrooms



15.

TITLE: Is vitamin D supplementation useful for cancer prevention?

E-MAIL CONTENT: NO! There is no evidence for vitamin D supplementation for cancer prevention.

16.

TITLE: Should vitamin D always be measured in hospitalized patients with osteoporosis?

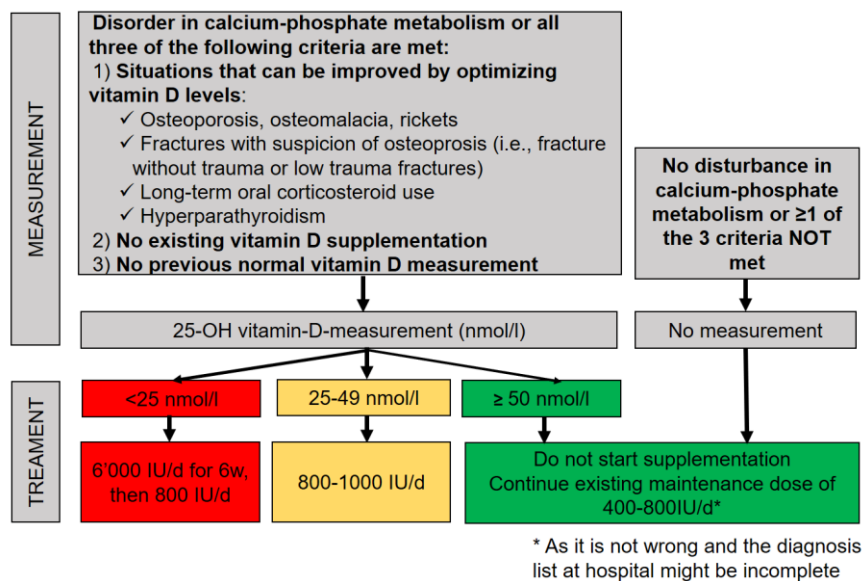
E-MAIL CONTENT: NO! If a vitamin D measurement has recently been performed and the level was normal, or if supplementation is already in place, no inpatient measurement is needed.

17.

TITLE: When should vitamin D levels be measured in the hospital?

E-MAIL CONTENT:

Algorithm: Vitamin D in the Inpatient Setting



18.

TITLE: Should vitamin D supplementation be started in patients with infection?

E-MAIL CONTENT: NO! There is no evidence that vitamin D supplementation affects the incidence or course of infections.

19.

TITLE: Patient with osteoporosis, vitamin D 30 nmol/L 5 years ago, no therapy: Should vitamin D be measured?

E-MAIL CONTENT: YES! The 3 criteria are met.

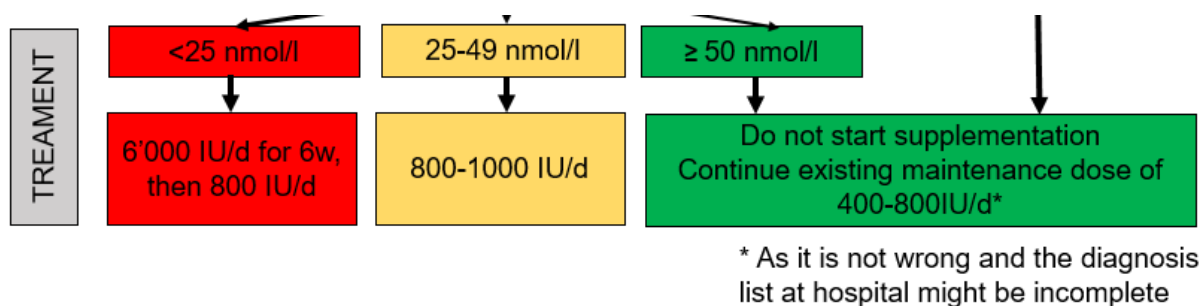
Disorder in calcium-phosphate metabolism or all three of the following criteria are met:

- 1) **Situations that can be improved by optimizing vitamin D levels:**
 - ✓ Osteoporosis, osteomalacia, rickets
 - ✓ Fractures with suspicion of osteoporosis (i.e., fracture without trauma or low trauma fractures)
 - ✓ Long-term oral corticosteroid use
 - ✓ Hyperparathyroidism
- 2) **No existing vitamin D supplementation**
- 3) **No previous normal vitamin D measurement**

20.

TITLE: Vitamin D insufficiency (25-49 nmol/L): how to treat?

E-MAIL CONTENT:



21.

TITLE: Vitamin D supplementation for diabetes prevention?

E-MAIL CONTENT: NO! There is no evidence that vitamin D supplementation reduces the incidence of diabetes mellitus.

22.

TITLE: Vitamin D supplementation with inhaled corticosteroid use?

E-MAIL CONTENT: NO! Only with long-term oral corticosteroid use.

23.

TITLE: Main source of vitamin D?

E-MAIL CONTENT: 90% produced in the skin thanks to the ultraviolet produced by the sunlight.

24.

TITLE: Healthy patient, vitamin D 14 nmol/L: start supplementation?

E-MAIL CONTENT: NO! There is no benefit to vitamin D supplementation in the general population.

25.

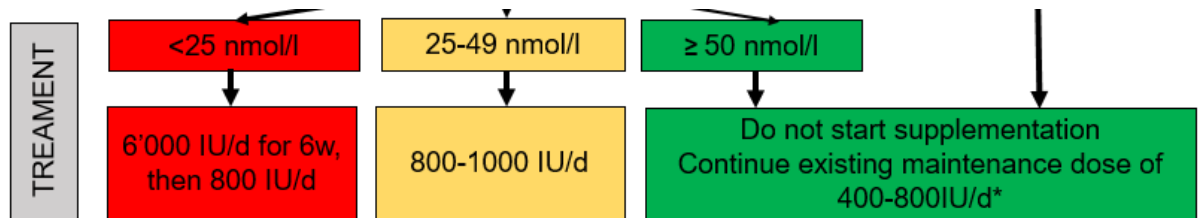
TITLE: Vitamin D supplementation for the immune system?

E-MAIL CONTENT: NO! There is no evidence that vitamin D supplementation can strengthen the immune system and reduce the incidence of infections/cancer.

26.

TITLE: Vitamin D deficiency (<25 nmol/L): how to treat?

E-MAIL CONTENT:



* As it is not wrong and the diagnosis list at hospital might be incomplete

27.

TITLE: Does vitamin D supplementation cause nephrolithiasis?

E-MAIL CONTENT: NO! Not when vitamin D is supplemented at recommended doses.

28.

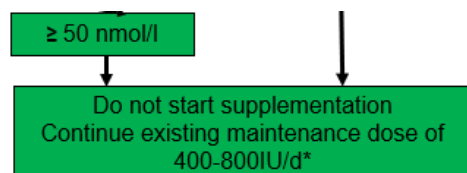
TITLE: Should vitamin D be supplemented for depression?

E-MAIL CONTENT: NO! There is no evidence that vitamin D supplementation improves depression.

29.

TITLE: Normal vitamin D level, healthy patient: start supplementation?

E-MAIL CONTENT: NO!



* As it is not wrong and may indicate an incomplete diagnosis list

30.

TITLE: Vitamin D supplementation for the prevention of cardiovascular diseases?

E-MAIL CONTENT: NO! There is no evidence for vitamin D supplementation to prevent cardiovascular diseases.

31.

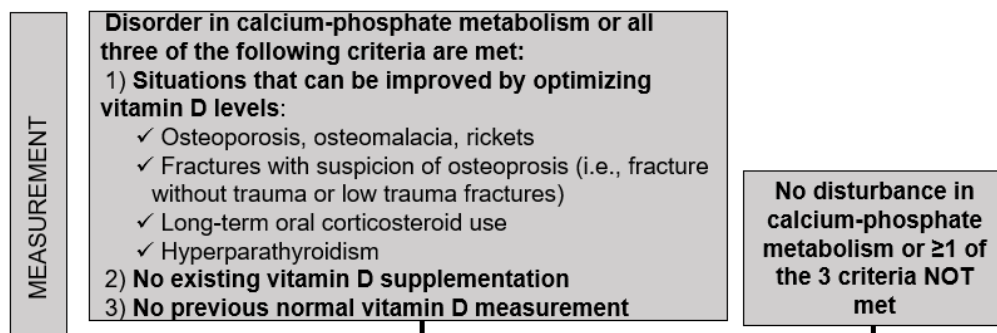
TITLE: Can vitamin D deficiency be corrected through diet alone?

E-MAIL CONTENT: NO! 10% of vitamin D comes from the diet. 90% is produced in the skin thanks to the ultraviolets of sunlight. A vitamin D-rich diet is usually not sufficient to correct vitamin D deficiency.

32.

TITLE: When should vitamin D be measured in the hospital?

E-MAIL CONTENT:



33.

TITLE: Vitamin D to reduce the incidence of fractures in the general population?

E-MAIL CONTENT: NO! The benefit of vitamin D supplementation in reducing the incidence of fractures exists only in high-risk populations (e.g., with osteoporosis).

34.

TITLE: Is a vitamin D level of 53 nmol/L high enough?

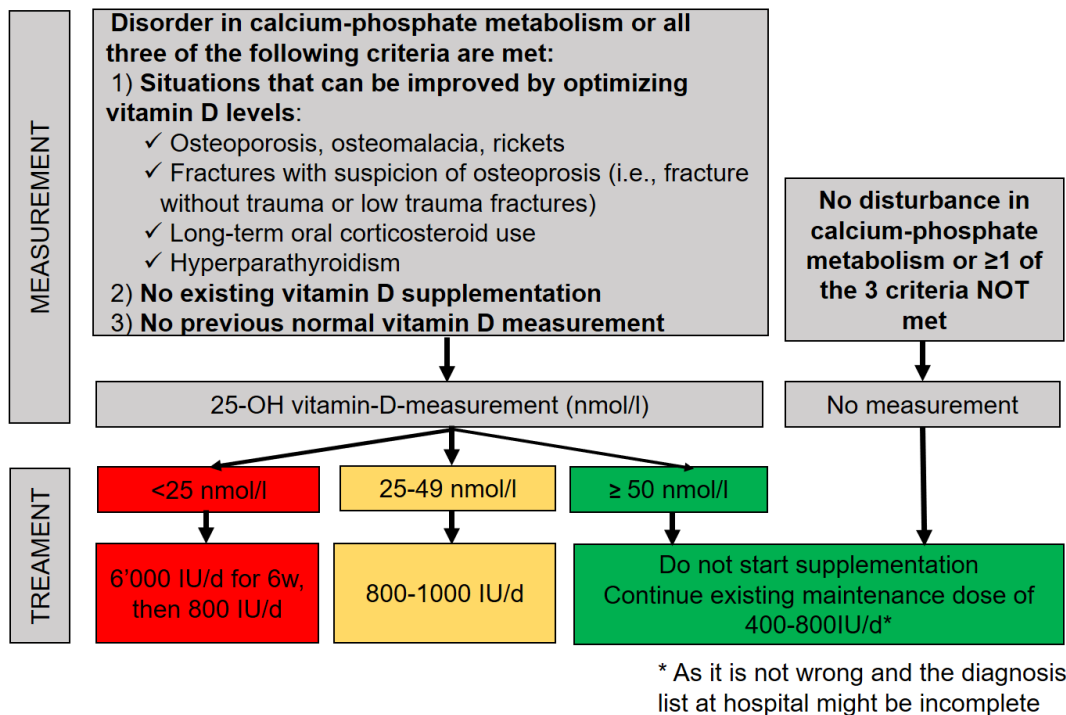
E-MAIL CONTENT: YES! 25-OH vitamin D levels between 50-125 nmol/L are high enough.

35.

TITLE: Vitamin D measurement and supplementation: when?

E-MAIL CONTENT:

Algorithm: Vitamin D in the Inpatient Setting



36.

TITLE: Vitamin D supplementation to reduce mortality?

E-MAIL CONTENT: NO! Low vitamin D levels have been associated with poor outcomes. However, there is no evidence that vitamin D supplementation reduces mortality.

37.

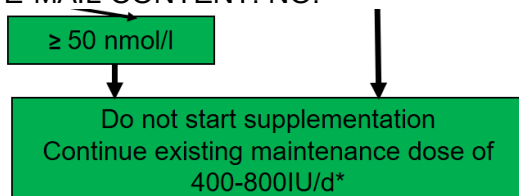
TITLE: BMI 17 kg/m²: Do you measure vitamin D?

E-MAIL CONTENT: NO! A low BMI by itself is not an indication for vitamin D measurement.

38.

TITLE: Hospitalized patient with vitamin D supplementation without a clear indication: stop?

E-MAIL CONTENT: NO!



* As it is not wrong and the diagnosis list at hospital might be incomplete

39.

TITLE: 500,000 IU of vitamin D as a single dose to correct a deficiency?

E-MAIL CONTENT: NO! High doses of vitamin D could lead to side effects.