

## MID AND SOUTH ESSEX MEDICINES OPTIMISATION COMMITTEE (MSEMOC)

### VITAMIN D FOR SUPPLEMENTATION, INSUFFICIENCY AND MAINTENANCE DOSES **BLACK: NOT FOR PRESCRIBING IN PRIMARY, COMMUNITY OR SECONDARY CARE**

Mid and South Essex CCGs do not support the prescribing of vitamin D/colecalciferol products for the management of vitamin D insufficiency, as maintenance therapy or as supplementation and patients should be advised to purchase these products. This position statement does not apply to diagnosed deficiency states. This position is supported by NHS England *Conditions for which over the counter items should not routinely be prescribed in primary care.*

Following the review by the Scientific Advisory Committee on Nutrition (SACN) on the evidence of vitamin D and health, Public Health England advise the following:

- To protect bone and muscle health, everyone needs vitamin D equivalent to an average daily intake of 10 micrograms.
- In spring and summer, the majority of the population get enough vitamin D through sunlight on the skin and a healthy balanced diet.
- During autumn and winter, everyone will need to rely on dietary sources of vitamin D. Since it is difficult for people to meet the 10 microgram recommendation from consuming foods naturally containing or fortified with vitamin D, people should consider taking a daily supplement containing 10 micrograms of vitamin D in autumn and winter.

Higher risk patients for vitamin D deficiency:

- People whose skin has little or no exposure to the sun, e.g. care home residents, or those who always cover their skin when outside, should take 10 micrograms daily throughout the year.
- Ethnic minority groups with dark skin, from African, Afro-Caribbean and South Asian backgrounds may not get enough vitamin D from sunlight in the summer.

Children and infants:

- Children aged 1 to 4 years should have a daily 10 microgram vitamin D supplement.
- All babies under 1 year should have a daily 8.5 microgram to 10 microgram vitamin D supplement.
- Children who have more than 500ml of infant formula a day do not need any additional vitamin D as formula is already fortified with Vitamin D.

Funding of vitamin D supplements to protect and maintain bone, teeth and muscle health is a personal responsibility. Vitamin D products in various strengths can be purchased from pharmacies, health food shops, supermarkets and on the internet. Patients should be advised to purchase these products.

Prescriptions for vitamin D should be reserved for the treatment of patients with symptoms of deficiency and confirmed deficient vitamin D levels (<30 nmol/l).

Vitamin D (25-OHD) level or status	Recommendation
Insufficient: 30-50 nmol/L <b>OR</b> ongoing maintenance therapy following high dose vitamin D deficiency treatment	<ul style="list-style-type: none"> <li>• Prescribing not recommended</li> <li>• Offer lifestyle advice</li> <li>• Provide advice to purchase vitamin D supplements</li> <li>• <b>Adult dose:</b> 1,000 units to 2,000 units daily (25 mcg to 50 mcg)</li> </ul>
Adequate: >50nmol/L	<ul style="list-style-type: none"> <li>• Prescribing not recommended</li> <li>• Offer lifestyle advice</li> <li>• Provide advice to purchase vitamin D supplements</li> <li>• <b>Adult dose:</b> 400 units daily (10 mcg)</li> </ul>
Patients considered "at risk" as per the Department of Health Guidance	<ul style="list-style-type: none"> <li>• Prescribing not recommended</li> <li>• Offer lifestyle advice</li> <li>• Provide advice to purchase vitamin D supplements</li> <li>• <b>Adult dose:</b> 400 units daily (10 mcg)</li> </ul>



Vitamin D is found naturally in a small number of foods including oily fish, red meat, liver and egg yolks and in fortified food like breakfast cereals and fat spreads which patients should be encouraged to consume as part of a healthy balanced diet.

Some patients may be eligible for free vitamins via the government’s Healthy Start scheme. Further information is available at: [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)

There may be individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected if reliant on self-care.

Providers commissioned to provide services on behalf of Mid and South Essex CCGs are reminded that they are required to follow the local joint formulary and prescribing guidance, as detailed in the medicines management service specification of their contract.

<b>References</b>	<ul style="list-style-type: none"> <li>▪ Public Health England Advice on Vitamin D, July 2016: <a href="https://www.gov.uk/government/news/phe-publishes-new-advice-on-vitamin-d">https://www.gov.uk/government/news/phe-publishes-new-advice-on-vitamin-d</a></li> <li>▪ Vitamin D – advice on supplements for at risk groups – letter from UK Chief Medical Officers Department of Health, 2012: <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213703/dh_132508.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213703/dh_132508.pdf</a></li> <li>▪ NHS England Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs. March 2018 <a href="https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf">https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf</a></li> </ul>
<b>Acknowledgements</b>	Mid and South Essex CCGs Medicines Management Teams
<b>Version</b>	1.0
<b>Author</b>	HCPMSEMOC working group
<b>Approved by</b>	MSEMOC; MSE Joint Committee
<b>Date Approved</b>	October 2020; November 2020
<b>Review Date</b>	October 2025 or sooner if subject to any new updates nationally