

## APPENDIX THREE

### MANAGEMENT OF VITAMIN D DEFICIENCY IN ADULTS

Population Group	Acute	Maintenance	Monitoring
<b>Initial Treatment to Normalise Levels in Vitamin D Deficiency</b>			
<b>Non-Pregnant Adults: Severe Deficiency</b> (Vitamin D level = <12.5nmol/L)	100,000 IU (2500 µg) (1mL in olive oil)	Repeat treatment in 2 - 4 weeks	<b>1 month:</b> Serum calcium and alkaline phosphatase.  <b>3 months:</b> Serum calcium, magnesium, phosphate, alkaline phosphatase, calcidiol, parathyroid hormone. Wrist x-ray to assess healing of rickets.  <b>Annual:</b> Calcidiol  Levels for vitamin D normalise slowly, and shouldn't be rechecked within 3 months of dosing.
<b>Non-Pregnant Adults: Moderate Deficiency</b> (Vitamin D level = 12.5 – 50 nmol/L)	100,000 IU (2500 µg) (1mL in olive oil)	Repeat dose not required	
<b>Pregnant Women: Moderate to Severe Deficiency</b>	3000 - 5000 IU (75 – 125 µg) daily	See maintenance treatment protocol below	Stop treatment when serum 25-OHD concentration is over 50 nmol/L
<b>Pregnant Women: Mild Deficiency</b>	1000 IU (25 µg) daily		Ensure regular vitamin supplementation mother is taking (ie. <i>Elevit</i> ) doesn't contain Vitamin D, which may lead to foetal toxicity
<b>Maintenance Treatment for Patients with Normalised Vitamin D Levels in High Risk Groups</b>			
<b>Hijabi Women with Normalised Levels</b>	Little sun exposure: 1000 IU (25 µg) daily  Normal sun exposure: 400 IU daily		Levels for vitamin D normalise slowly, and shouldn't be rechecked within 3 months of dosing
<b>Patients with Dark Skin</b>	Winter Supplementation: 1000 (25 µg) IU daily  PLUS  Single Autumnal dose if required: 50 000 IU (1250 µg) (0.5mL in olive oil)		