VITAMIN D DECODED

How can we best address vitamin D deficiency in Australia?

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Disclosure Statement

- Olive Wellness Institute Advisory Panel
- Consultant to Nutrigenomix Inc.
- Founding board member of the Australasian Society of Lifestyle Medicine
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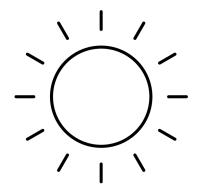
15 years ago...





Outline

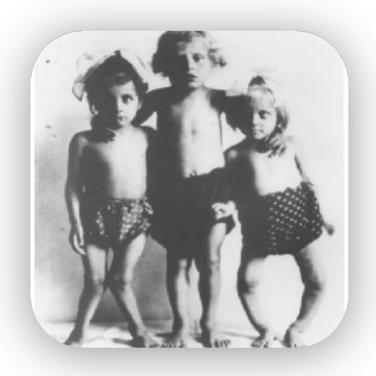
- 1. Vitamin D: importance, deficiency and risk factors
- 2. Current guidelines and strategies
- 3. The role of lifestyle medicine



Vitamin D importance, deficiency and risk factors



Importance of vitamin D



THREE GIRLS WITH RICKETS

Foley J. Fossil Homids: the evidence for human evolution. Talk of Origins, 1996

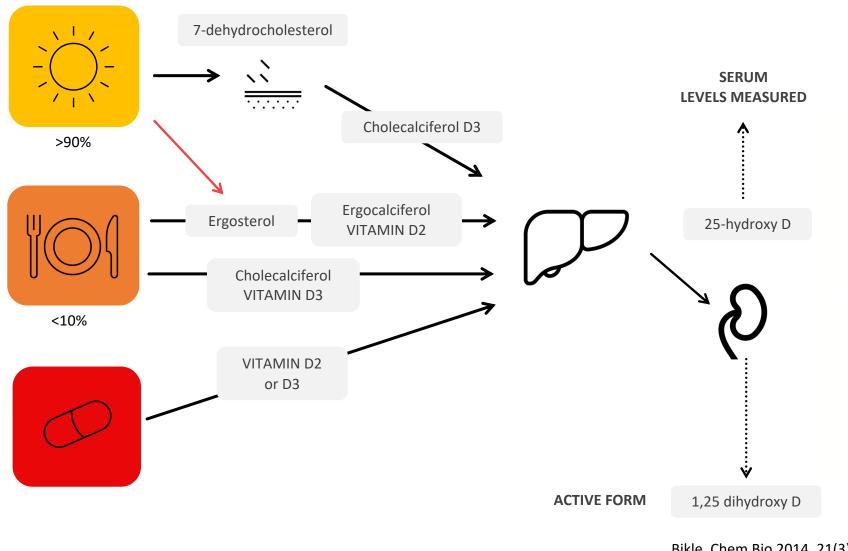


DOG WITH RICKETS

Funk C. The Vitamines. Second ed. Baltimore: Williams & Wilkins Company; 1922



Vitamin D metabolism



Bikle, Chem Bio 2014, 21(3)

Virtually every human cell has a vitamin D receptor

Vitamin D

Ca & P absorption



- Cell differentiation
- Cell growth
- Immune system
- Cell death



>200 genes



Evidence for Vitamin D

Established guidelines

Musculoskeletal health

Winzenberg, Aus Fam Phys. 2012;41(3)

Recent evidence

Autoimmune disease

Dankers, Front Immunol. 2017;7

Cardiovascular disease Mental health

Kheiri, Clin Hypertens. 2018;24

Cognition

Cancer

Anastasiou, J Alzheimers Dis. 2014;42(Suppl3)

Fertility

Pilz, Int J Environ Res Public Health. 2018;15(10)

Gastrointestinal health

Tabatabaeizadeh, J Res Med Sci. 2018;23

Immune function

Young, Trends in Cancer Res. 2018;13 Hewison, Proc Nutr Soc. 2012;71(1)

Lerner, Clin Nutr ESPEN. 2018;23

Metabolic health

Palaniswamy, Nutr Metab Insights. 2016;8(Suppl1)

Muscle strength

Gunton, Bone Rep. 2018;8



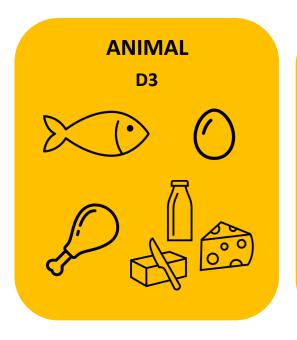
Dietary targets



Adequate intake

1 μg cholecalciferol = 0.2 μg 25(OH)D 1 IU = 0.025 μg cholecalciferol or 0.005 μg 25(OH)D

There are few good dietary sources of vitamin D





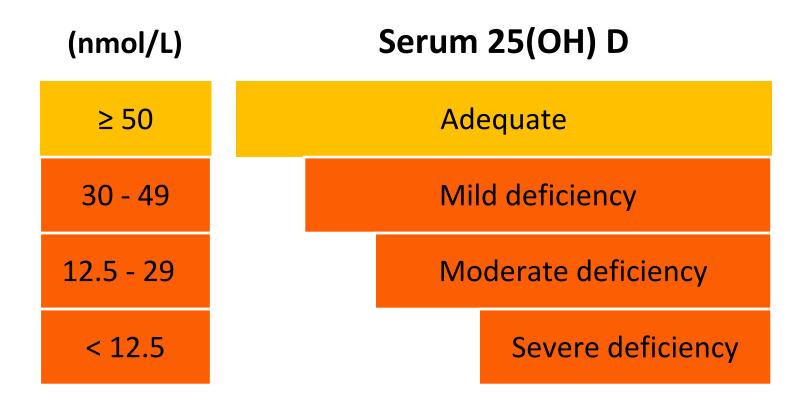


$$1 \mu g = 40 IU$$





How is deficiency defined?

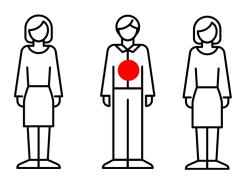


End of summer: + 10-20 nmol/L

Vitamin D deficiency in Australia

23%

2011-12 Australian Health Survey



29-42%

Office workers

Fayet-Moore, J Steroid Biochem Mol Biol. 2019;189 36%

African immigrants

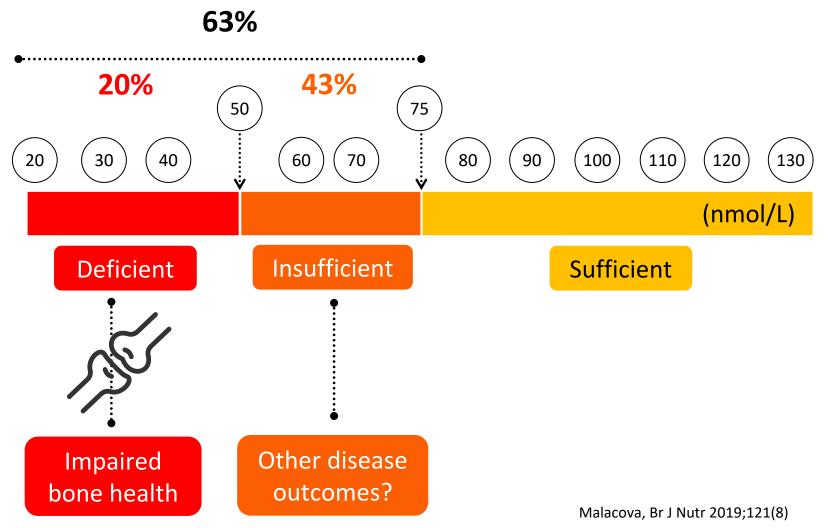
Horton-French, Int J Environ Res Public Health. 2019;16(16) 51%

Chemotherapy patients

Isenring, Asia Pac J Clin Nutr. 2018;27(5)

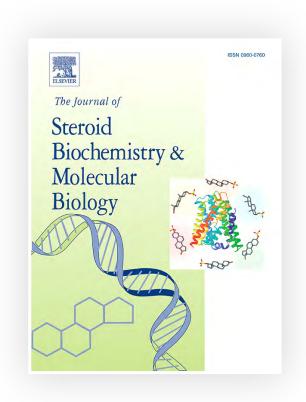


Those without deficiency can still be at risk



Roth, Ann N Y Acad Sci, 2018;1430

Determinants of vitamin D status in office workers



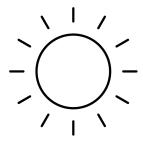
Determinants of vitamin D status of healthy office workers in Sydney, Australia

Volume 189, May 2019, Pages 127-134

Fayet-Moore F, Brock K, Wright J, Ridges L, Small P, Seibel MJ, Conigrave AD, Mason RS



Four factors influenced vitamin D status



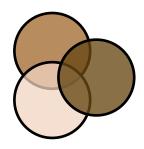
Time spent outdoors



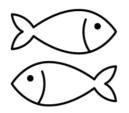
Season



Office worker

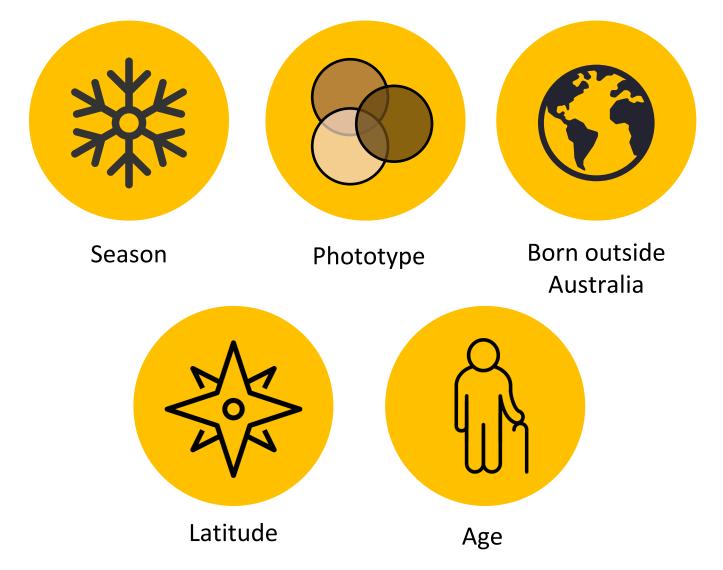


Skin phototype

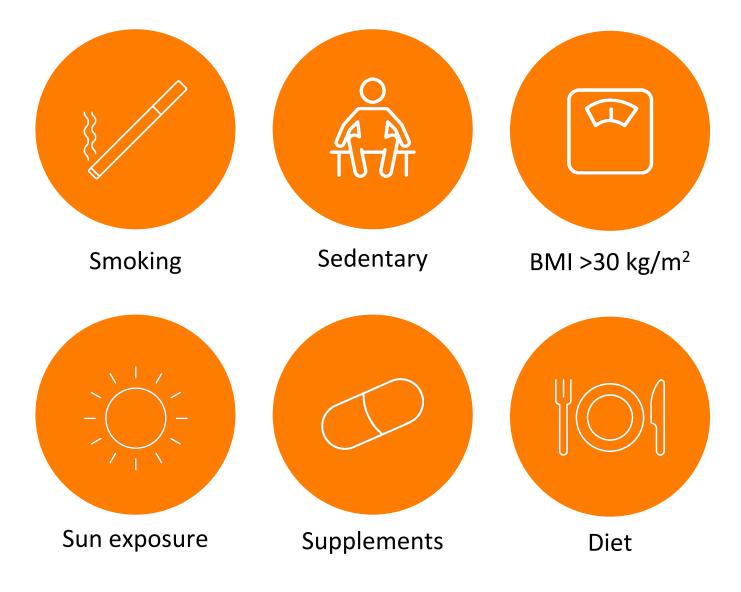


Fish intake

Deficiency: non-modifiable factors



Deficiency: modifiable factors





Current guidelines and strategies



RACPG guidelines

At risk

≥ 50 nmol/L



Screen at risk

Mild deficiency

30 - 49 nmol/L



Sun exposure

Moderate to severe deficiency

< 30 nmol/L



Supplement



Vitamin D position paper

CLINICAL FOCUS

VOLUME 196

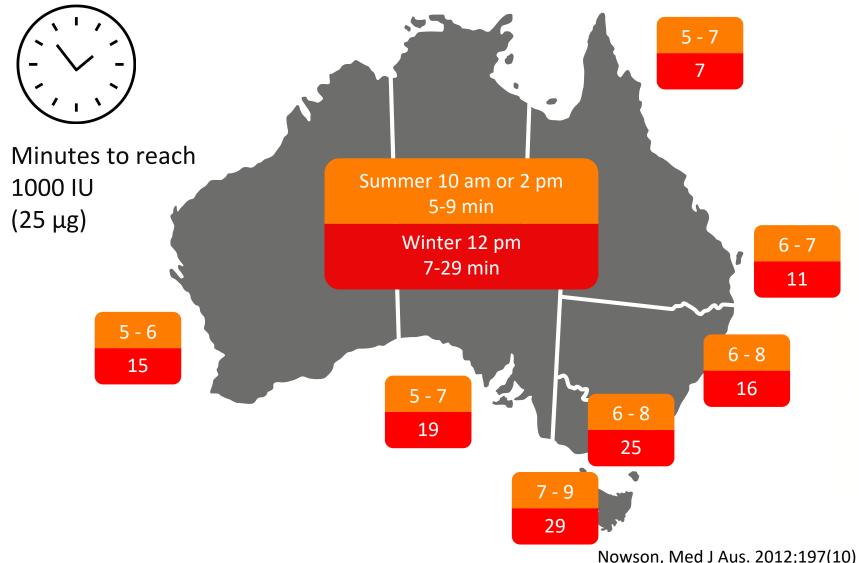
ISSUE !

Vitamin D and health in adults in Australia and New Zealand: a position statement

Caryl A Nowson, John J McGrath, Peter R Ebeling, Anjali Haikerwal, Robin M Daly, Kerrie M Sanders, Markus J Seibel and Rebecca S Mason Med J Aust 2012; 196 (11): 686-687. Il doi: 10.5694/mja11.10301

Published online: 18 June 2012

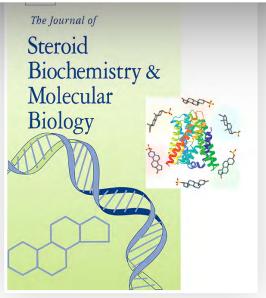
Sun exposure: guidelines



Difficult to achieve in winter through sun exposure alone

41.9 nmol/L in winter. At the end of the study, 69.3% of participants who complied with the summer sun exposure guidelines were 25(OH)D adequate, while only 27.6% of participants who complied with the winter sun exposure guidelines were 25(OH)D adequate at the end of the study. The results suggest that the current Australian guidelines for sun exposure for 25(OH)D adequacy are effective for most in summer and ineffective for most in winter.

This article is nort of a Special Issue entitled '17th Vitamin D Workshon'

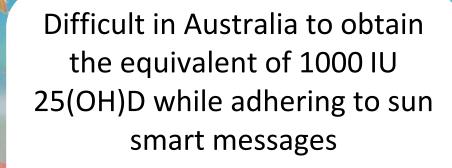


Are the current Australian sun exposure guidelines effective in maintaining adequate levels of 25-hydroxyvitamin D?

Volume 155, 2016, Pages 264-270

Michael Kimlin, Jiandong Sun, Craig Sinclair, Sue Heward, Jane Hill, Kimberley Dunstone, Alison Brodie

Balancing vitamin D needs vs. skin cancer risk



Stalgis-Bilinsk, Med J Aust. 2011;194(7)

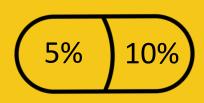
Cancer Council Australia, Position statement –
Sun exposure and Vitamin D – risks and benefits 2016

Some individuals may be taking supplements unnecessarily



3-fold rise

Bilinski, J Nutr Metab. 2014



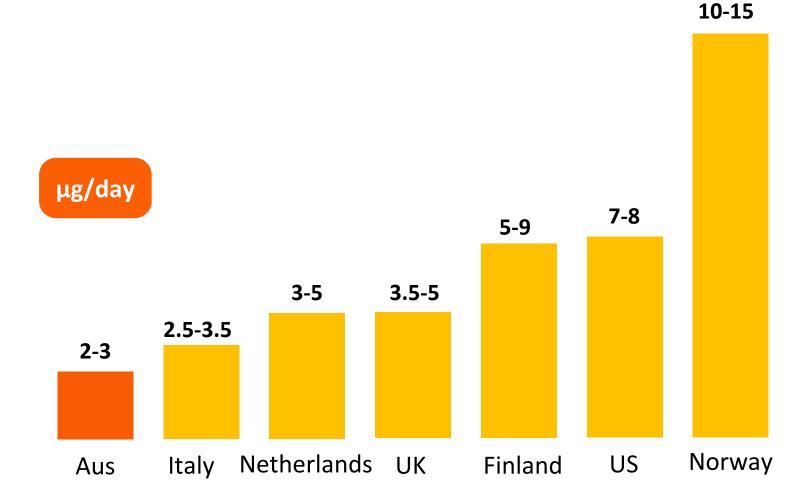
Double the rate

in those with serum 25(OH)D >100 nmol/L

2011/12 Australian Health Survey



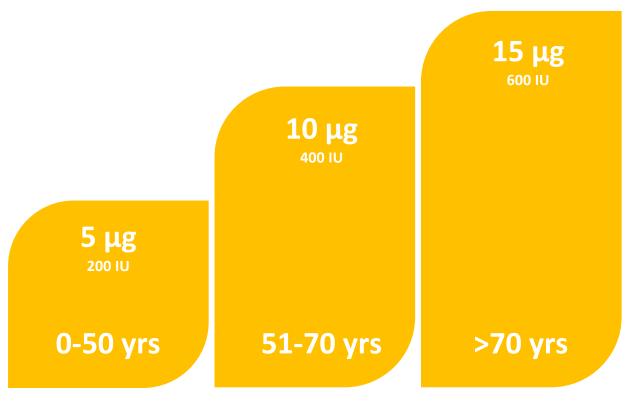
The Australian diet is low in vitamin D



Nowson, Med J Aus. 2012;197(10). Calvo, J Nutr, 2005;135(2). Spiro, Nutr Bull, 2014;39(4))



Dietary intakes are well below targets



Adequate intake

2-3 μg

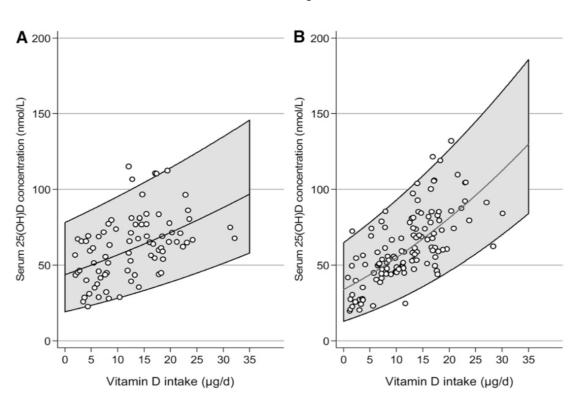
Average intake

Nowson, Med J Aus. 2012;197(10)



Some individuals need more than the Adequate Intake





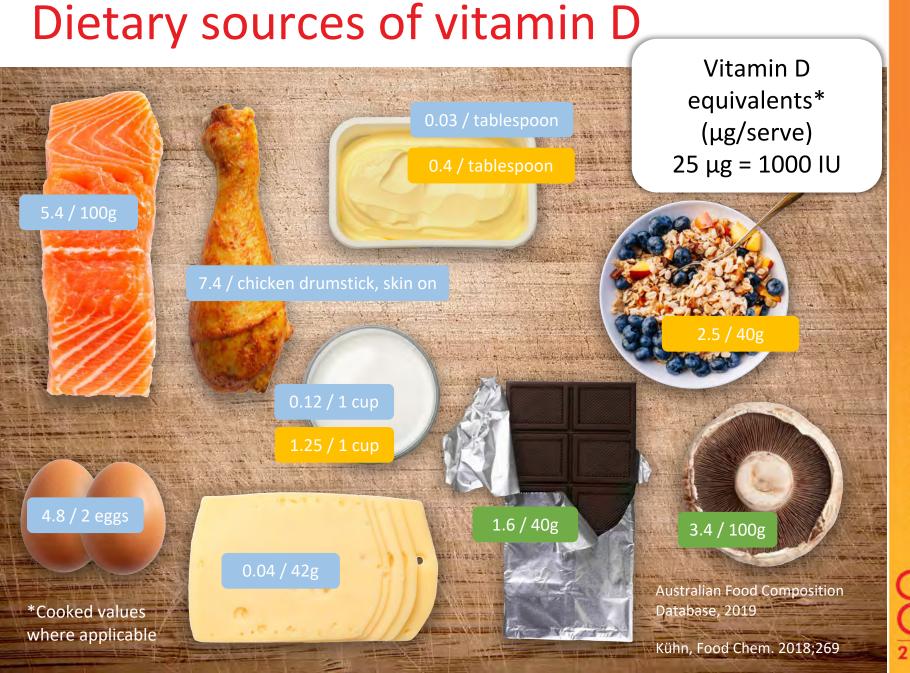
97.5% 25 μg

AI 10-15 μg

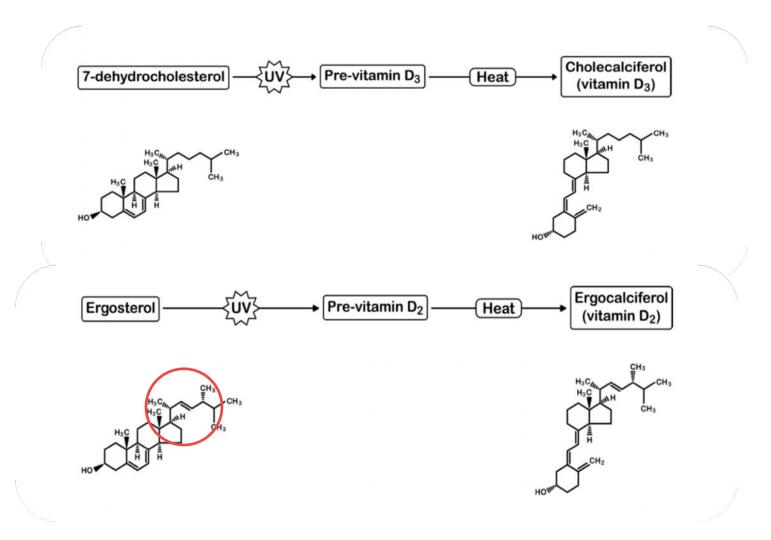
Men

Women

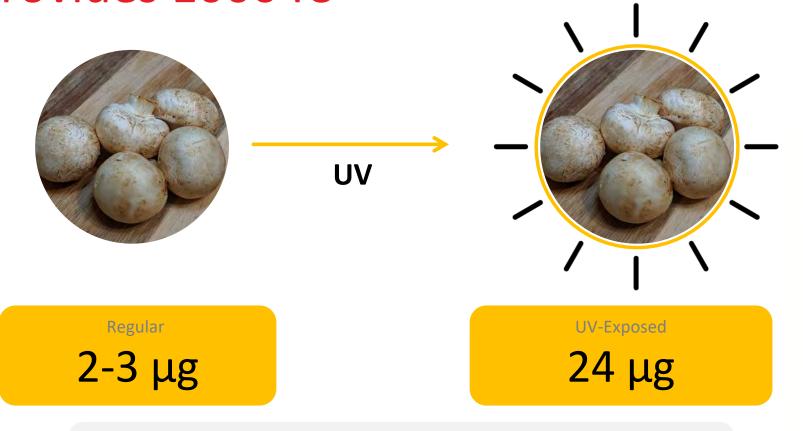




7-dehydrocholesterol vs. Ergosterol



5 button mushrooms exposed to UV provides 1000 IU



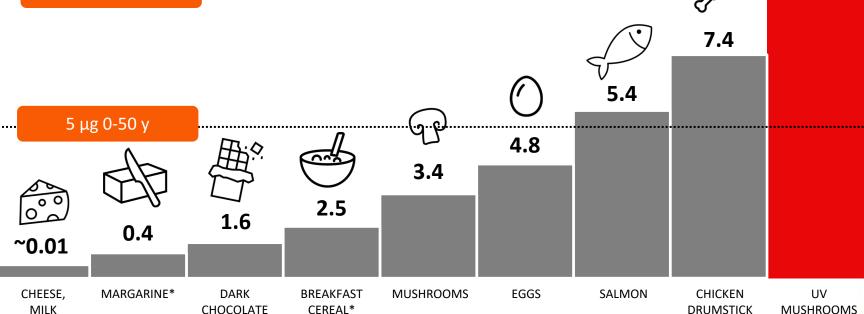
Agaricus bisporus mushrooms have the highest ergosterol content of all culinary mushrooms

Comparison of sources per serve



15 μg 71+ y

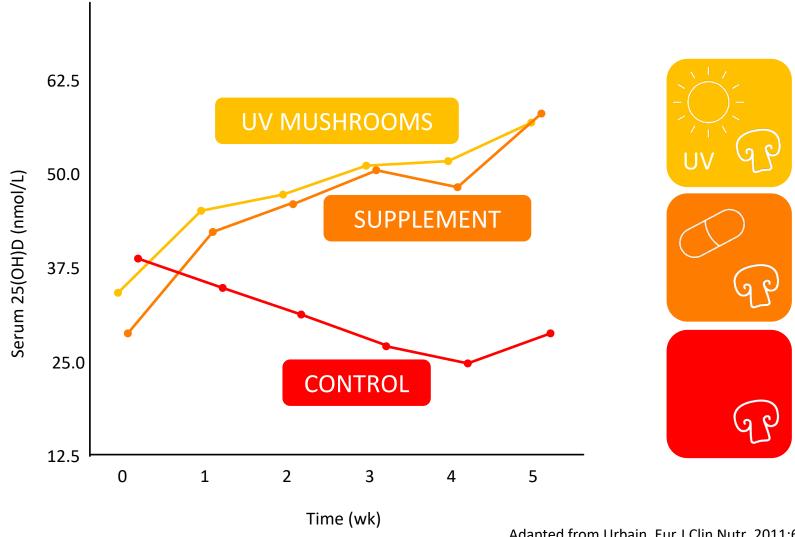
10 μg 51-70 y



* FORTIFIED

Australian Food Composition Database, Food Standards Australia and New Zealand, 2019 Kühn, Food Chem. 2018;269 GP CE

Bioavailability is equivalent to supplementation



Similar effects

1000 IU of vitamin D



1 UV exposed portobello mushroom



1 vitamin D pill





The role of lifestyle medicine for meeting vitamin D requirements



Why lifestyle medicine?



Lifestyle medicine approach

Coaching / Behaviour change

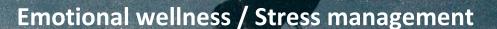
Physical activity

Nutrition

Sleep health

Lifestyle Medicine

Tobacco and alcohol cessation



CE

More than just vitamin D



Diet: Pros & Cons

Pros

- Whole food approach
- More than just vitamin D
- Lower risk of toxicity
- Compliance



Cons

- Few good sources
- Effects of cooking and storage
- Access
- Food preferences
- Cooking skills
- Compliance



Considerations for dietary recommendations



Cooking skills

Availability & access

Adherence to recommendations



Lifestyle Ax for vitamin D deficiency

	Decreased risk	Increased risk
Non-Modifiable		
Season	☐ Summer/Autumn	☐ Winter/Spring
Phototype	Olive (III, IV)	☐ Dark or pale (I, II, V, VI)
Office worker	□ No	☐ Yes
Modifiable		
Smoking	□ No	☐ Yes
Supplement	☐ Yes	□ No
Sun exposure (time outdoors)	☐ Some	☐ None
Diet		
Fish	☐ Some	☐ None
Mushrooms	☐ Some	☐ None
Eggs	☐ Some	☐ None

Target the modifiable factors that the patient is willing to change first



Pros and cons to each strategy





When it comes to vitamin D, two sources are best

At risk

≥ 50 nmol/L

Cooperation

Screen







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Summary



Need to consider lifestyle, the individual & their risk factors



Only sun exposure and supplements are recommended to address it



Vitamin D is available from diet but we have the lowest intakes



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Take Home Messages



Vitamin D deficiency an issue in sunny Australia



Diet can make an important contribution



Limits to each strategy



Need to consider more than one source

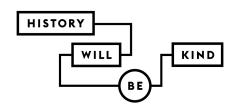


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Acknowledgements









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