

# Vitamin D and Bone Health: A Practical Clinical Guideline for Patient Management

The quick guide (for use in conjunction with full guideline)

TEST

- Patients with diseases with outcomes that may be improved with vitamin D treatment e.g. confirmed osteomalacia, osteoporosis
- Patients with symptoms that could be attributed to vitamin D deficiency e.g. suspected osteomalacia, chronic widespread pain with other features of osteomalacia
- Before starting patients on a potent antiresorptive agent (zoledronate or denosumab or teriparatide)

## 25(OH) vitamin D (nmol/L) <25 25-50 >50 If one or more of following applies: Fragility fracture/osteoporosis/ high fracture risk · Drug treatment for bone disease Symptoms suggestive of vitamin D deficiency · Increased risk of developing vitamin D deficiency e.g. · Reduced UV exposure · Raised PTH Treatment with anticonvulsants or glucocorticoids **Treat** exposure and diet Malabsorption **Treat**

REAT

HOW TO TREAT VITAMIN D DEFICIENCY

#### Rapid correction if:

- Symptoms of vitamin D deficiency
- About to start treatment with potent antiresorptive agent (zoledronate or denosumab or teriparatide)
- \*Elective correction in all other instances
- When co-prescribing vitamin D supplements with an oral antiresorptive agent, maintenance therapy may be started without the use of loading doses.

- Approximately 300,000 IU vitamin D<sub>3</sub> (or D<sub>2</sub>) orally in divided doses over 6-10 weeks
- Commence maintenance vitamin D 4 weeks after loading as per elective correction\*
- 800-2,000 IU vitamin D<sub>3</sub> daily or intermittently at higher equivalent dose

FOLLOW UP

### **CAUTION**

- Check serum adjusted calcium one month after treating with loading doses of vitamin D. Vitamin D repletion may unmask primary hyperparathyroidism
- · Routine repeat vitamin D testing is generally unnecessary

Example regimens are given in Appendix 1 of the full guideline



#### **About us**

The National Osteoporosis Society is the only UK-wide charity dedicated to ending the pain and suffering caused by osteoporosis. The Charity works tirelessly to help and support people with the condition as well as promoting good bone health to prevent osteoporosis. We do this by:

- Providing a range of information resources covering all aspects of osteoporosis for health professionals and the public.
- Providing a free helpline staffed by nurses with specialist knowledge of osteoporosis and bone health.
- Investing in research to ensure future generations are freed from the burden of osteoporosis.
- Influencing government and campaigning to improve and maintain essential services.
- Educating Health Professionals to ensure they are kept up to date about osteoporosis - through events, accredited training courses and our leading conference on osteoporosis and bone health.
- · Working in partnership with the NHS to set up and improve Fracture Liaison Services which can reduce the number of fractures caused by osteoporosis.

To find out more about our information, support and services, visit our website: www.nos.org.uk

#### **Professional Membership**

Professional membership of the National Osteoporosis Society will ensure you become better informed and able to deliver the best care possible to people with osteoporosis or fractures.

As a professional member, you'll have all the information you need at your fingertips and will stay up to date on best practice, care, delivery, new treatments and the latest news on osteoporosis research findings.

You'll also feel proud to be part of an organisation working hard to help those affected by osteoporosis.

To join a growing network of professional members like you, call our membership team on 01761 473287 or visit www.nos.org.uk/professionals















