

Department of Clinical Laboratory Medicine

Royal Blackburn Hospital Haslingden Road Blackburn BB2 3HH
Burnley General Hospital Casterton Avenue Burnley BB10 2PQ

Dr K Brownbill: Clinical Director – Clinical Laboratory Medicine
Direct Tel: 01254 734153
Email: kathryn.brownbill@elht.nhs.uk

Our Ref: KB/KL

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Dear Colleague,

Re: Changes to the Vitamin D (25 hydroxyvitamin D, 25OHD) method and reporting at East Lancashire Hospitals NHS Trust

I am writing to inform you of several changes to the procedure for analysing and reporting vitamin D (25 OHD) scheduled to occur on **Thursday 23rd January 2014**.

Procedural changes to Vitamin D (25 OHD) method and reporting:

- The immunoassay method for measuring vitamin D (25 OHD) will change on 23rd January 2014.
This method has recently been calibrated in accordance with the Vitamin D standardisation programme (VDSP), an initiative from the National Institute of Health, Office of Dietary Supplements to standardise the measurement of Vitamin D worldwide.
- Also on this date **the units of measurement of Vitamin D (25 OHD) will change from ng/ml to nmol/L** in accordance with the national Pathology Harmony project to standardise units of measurement. (1ng/ml =2.5nmol/L)
- Updated guidance on the Diagnosis and Management of Vitamin D deficiency for non-specialists in primary care has recently been updated on the East Lancashire Medicines Management website with reference to National Osteoporosis society guidelines- Vitamin D and Bone Health: A Practical Guideline for Patient Management.

In accordance with the guidance above, reports will be issued with **the following updated vitamin D thresholds in respect to bone health in adults:**

Serum 25 OHD vitamin D <30nmol/L is deficient (<12ng/ml)
30-50nmol/L maybe inadequate in some people (12-20ng/ml)
>50nmol/L is sufficient for almost the whole population (>20ng/ml)

Advice on appropriate testing for Vitamin D (25 OHD) levels

In order to appropriately test for Vitamin D a summary flowchart for adults in primary care is appended (taken from the East Lancashire Medicines management website). As a guide to aid requesting a series of simple prompts will appear on the Pathology request test ordering screen.
Of particular note:

- Although vitamin D deficiency is highly prevalent, universal screening of the asymptomatic population is not recommended.
- Asymptomatic individuals in high risks groups do not usually require vitamin D testing but should be given appropriate lifestyle advice (+OTC supplements/prescription as necessary, see guidelines).
- Adjusted serum calcium should be checked 1 month after completing a loading regimen or after starting vitamin D supplementation. However, routine monitoring of 25OHD vitamin D is generally unnecessary, but maybe appropriate in patients with symptomatic vitamin D deficiency or malabsorption and where poor compliance with medication is suspected. In such instances please state treatment regimen under clinical details when electronically ordering a vitamin D test.

In addition, it should be noted that Colecalciferol (oral vitamin D3) is the preferred form of vitamin D for treatment in adults, raising 25 OHD levels more effectively than ergocalciferol (injected). For further guidance refer to East Lancashire Medicines Management website.

In case of query please do not hesitate to contact me,

Yours faithfully,

Dr Kathryn Brownbill FRCPATH
Consultant Biochemist
Clinical Director Clinical Laboratory Medicine
East Lancashire Hospitals NHS Trust

References

1. Vitamin D and Bone Health: A Practical Clinical Guideline for Patient Management. National Osteoporosis Society Practical Guides version 1.1. April 2013
2. Guideline on Diagnosis and Management of Vitamin D Deficiency for Non-Specialists in Primary Care.