

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



National Osteoporosis Society

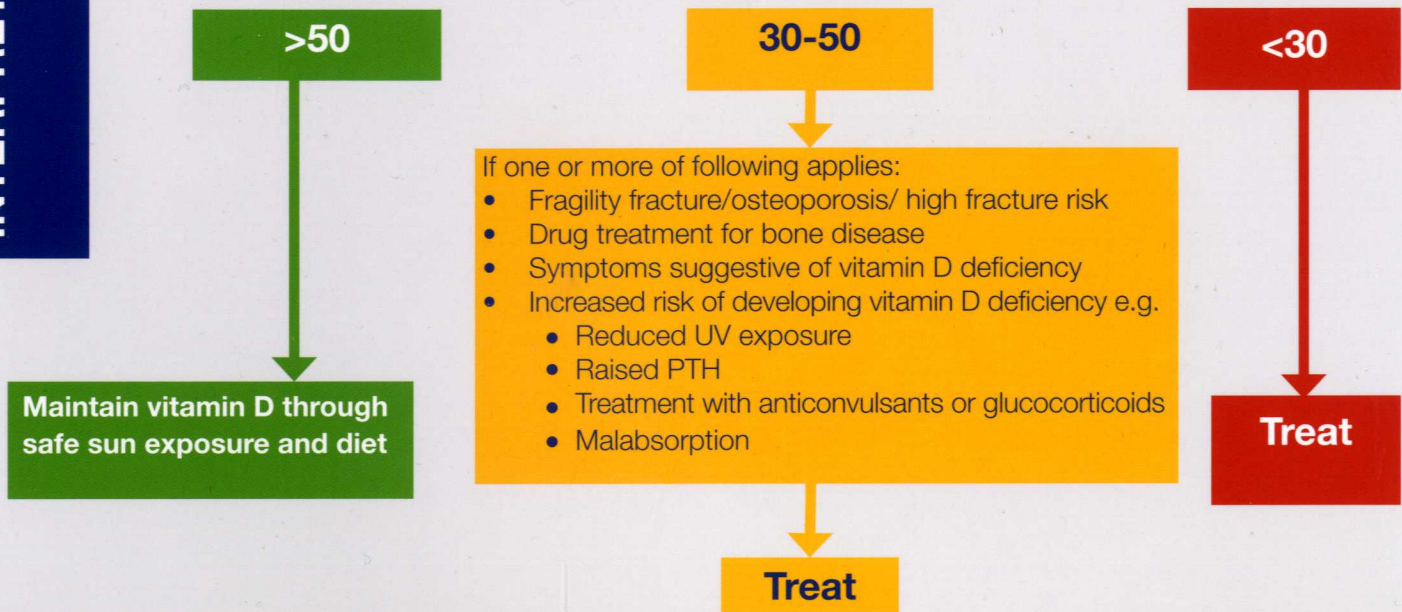
The quick guide (for use in conjunction with full guideline [www.nos.org.uk/professionals/publications](http://www.nos.org.uk/professionals/publications))

## 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
- Before starting patients on a potent antiresorptive agent

## INTERPRET

### 25OH vitamin D (nmol/L)



## TREAT

### 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)

- **Approximately** 300,000 IU vitamin D<sub>3</sub> (or D<sub>2</sub>) by mouth in divided doses over 6-10 weeks
- Commence maintenance vitamin D 4 weeks after loading as per elective correction\*

#### \*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.

- 800-2000 IU vitamin D<sub>3</sub> daily or intermittently at higher equivalent dose

## FOLLOW UP

### CAUTION

- Check serum adjusted calcium 4 weeks after treating with loading doses of vitamin D. Vitamin D repletion may unmask primary hyperparathyroidism
- Routine repeat vitamin D testing is not required