



16 February 2017

VITAMIN D – NOT JUST FOR BONES AND MUSCLE

BANT welcomes the publication of the study by Martineau et al., which concluded that taking “Vitamin D supplementation was safe and it protected against acute respiratory tract infection overall. Patients who were very vitamin D deficient and those not receiving bolus doses experienced the most benefit”.

<http://www.bmj.com/content/356/bmj.i6583>

BANT was disappointed by the Scientific Advisory Committee on Nutrition’s (SACN) recommendation to Public Health England (PHE) that vitamin D supplementation could only be recommended for bone and muscle health, despite all the scientific evidence to the contrary.

Did SACN not find any correlations because of its own criteria? “Clinical advice to high risk women (obesity, darker skinned, reduced exposure to sunlight) is outside SACN’s remit”. BANT feels that ignoring thousands of studies, including genetic and epidemiological studies that have linked vitamin D deficiency with the development of autoimmune disease and other conditions, is a missed opportunity and questions how PHE plans to measure the damage done to those who are not benefiting from appropriate governmental advice.

BANT Chairman Miguel Toribio-Mateas said: "Vitamin D has traditionally been known for its role in bone metabolism, but emerging evidence suggests a much broader role for vitamin D in immune regulation. In fact, vitamin D deficiency has

been associated as a contributor to the pathogenesis and severity of diverse autoimmune disorders, from autoimmune bowel conditions like coeliac disease to rheumatoid arthritis, lupus, and multiple sclerosis; some of the main reasons individuals seek dietary advice from our members.

Despite the fact that it has been clear for 20 years that vitamin D is necessary for muscle and bone health, amended government advice has only just been released. If I were a muscle or bone condition sufferer, who has not been supplementing daily with the now recommended 10 micrograms of extra vitamin D and I am only now being told I must take it because PHE's nutritionists debated whether published evidence was robust enough to recommend supplements, I would be furious. I would, in fact, be tempted to sue PHE for damages to my health resulting from the inability of government scientists to spot the direction of travel in science, the outcome of which is damage to the health of millions of individuals who could have been enjoying better health for years. “

Personalisation

There is consistent scientific evidence that in some people with variants in vitamin D metabolism and vitamin D-receptor genes, their ability to convert vitamin D into a usable form is compromised, meaning that these individuals may remain deficient despite supplementation. Therefore, knowing about these genetic variants would allow an appropriately trained practitioner to recommend a vitamin D protocol that is tailored to these individuals' needs. As shown in clinical trials conducted in a variety of countries around the world, a simple blood test that measures serum 25-hydroxyvitamin D confirms that even when vitamin D is supplemented at modest levels, like the 10µg (400IU) proposed by Public Health England, some people will continue to have inadequate vitamin D levels.

Additionally, some of the foods that are traditionally fortified with vitamin D, like flour made from milled cereals, used for bread-making and in most commercially available breakfast cereals, are also associated with higher levels of diet-driven inflammation, known as Dietary Inflammatory Index, and may not be suitable for all, further contributing to lack of vitamin D intake from dietary sources.

Where can you find sources of vitamin D?

Vitamin D is a fat-soluble vitamin whose primary source is sunlight. Very few foods contain vitamin D, hence the recommendation for supplementation.

From foods

Food sources of vitamin D include sardines, cod liver (available as a pate that can be used as a savoury spread), tinned tuna, liver, eggs. However, please note that food sources are notoriously poor. With regards to fortified foods (the equivalent of taking a supplement that's been added to your food) like orange juice and breakfast cereals, BANT considers that these may be useful for those individuals who are not able to eat any other sources of vitamin D or to supplement, but strongly advises all to read the labels and check for sugar content, both natural sugars and added (sucrose and fructose in many cases) as well as other undesirable ingredients.

From supplements

Vitamin D comes in two forms: D₂ (ergocalciferol) and D₃ (cholecalciferol). Vitamin D₂ is manufactured by the UV irradiation of ergosterol in yeast, and vitamin D₃ is made by the irradiation of 7-dehydrocholesterol from lanolin and the chemical conversion of cholesterol.

Both forms have been regarded as equivalent, based on their ability to combat rickets and, indeed, most steps involved in the metabolism and actions of both forms are identical, and both forms effectively raise serum 25(OH)D levels. However, studies have shown that high doses of Vitamin D₂ are less potent and therefore BANT recommends supplementing with Vitamin D₃.

How much will I need?

RNT's are able to provide individualised recommendations. BANT registered practitioners are insured to recommend supplements where needed. This is after thorough assessment based on clinical practice framework, which takes into account test results. BANT Registered Nutritional Therapists are uniquely trained to prescribe

food supplements with caution, assess supplement quality, know supplement interactions with medications and appropriate dosing for the individual client.

BANT Registered Nutritional Therapists take into account individuality that enables personalisation of dietary advice based on the most up-to-date research available. They do not endorse or promote 'one-size-fits-all' advice following the health trend of the moment.

How to find your BANT Registered Nutritional Therapist

BANT, The British Association for Applied Nutrition and Nutritional Therapy, recommends that you choose a Registered Nutritional Therapist who has undertaken training at an [accredited course](#) thereby ensuring necessary training to understand the theory and practice of nutritional therapy. BANT-member Registered Nutritional Therapists are regulated by the Complementary and Natural Healthcare Council (CNHC). The CNHC holds an Accredited Voluntary Register (AVR) for the Professional Standards Authority for Health and Social Care (PSA). The PSA oversees statutory bodies and accredits organisations holding voluntary registers for health and social care occupations in the UK. By choosing Registered Nutritional Therapist, registered with the CNHC, you can be confident that they are properly trained, qualified and insured.

To find a BANT Registered Nutritional Therapist in your area click on the link:

<http://bant.org.uk/bant/jsp/practitionerSearch.faces>

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NOTES TO EDITORS:

The British Association for Applied Nutrition and Nutritional Therapy (BANT) is the professional body for Registered Nutritional Therapists. Its primary function is to assist its members in attaining the highest standards of integrity, knowledge, competence and professional practice, in order to protect the client's interests; nutritional therapy and the registered nutritional therapist. Registered Nutritional Therapists are recognised by the Professional Standards Authority (PSA) in their ability to make a difference by working together with healthcare providers as part of multidisciplinary teams under NHS commissioning.

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