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Original Article

A Cross Sectional Study on Prevalence of Vitamin D 3 Deficiencies in Female of Higher Socioeconomic Class of Churu

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ABSTRACT

Background: Vitamin D is a chief player in calcium homeostasis and bone metabolism. In humans, the key compounds of vitamin D are vitamin D2 (ergocalciferol) and vitamin D3 (cholecalciferol). Vitamin D is a group of fat-soluble secosteroids liable for intestinal absorption of calcium & phosphate. Most of the vitamin D3 is synthesized in skin when it is exposed to ultraviolet B rays from sunlight. Vitamin D deficiency causes osteomalacia in adults and rickets in children. Paucity of vitamin D results in impaired bone mineralization and bone damage, which leads to bone-softening diseases. **Materials and Methods:** This is a cross-sectional study, carried out among the higher socioeconomic female population in Churu India. In our study, all the 300 subjects integrated were tested for serum 25(OH)D level. **Results:** In our study, common (45%) of the subjects were severely deficient, while 39.67% were moderately deficient. therefore, more than 80% of the subjects were moderate to severely deficient. **Conclusion:** Serum 25(OH) D is the most excellent measure of vitamin D exposure representing both the effects of diet and sunlight. Serum vitamin D level assessment must be done in health-care management of skeletal disorders and nutritional- review grade. The Severity of vitamin D deficiency also increases with the age.

Key words: vitamin D₃, Cholecalciferol, 25(OH)D.

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INTRODUCTION:

In human, significant related compounds of vitamin D are vitamin D2 (ergocalciferol) and vitamin D3 (cholecalciferol).¹ Vitamin D2 is synthesized by plants (mainly mushrooms and yeast), whereas vitamin D3 is synthesized in skin when it is exposed to ultraviolet B rays from sunlight or from artificial food source such as fatty fish, eggs, beef liver, and mushrooms. So, it is also called "sunshine vitamin."²

Vitamins are organic compounds that are necessary in minute quantities to sustain life. Vitamin D comprises a group of fat-soluble secosteroids liable for intestinal absorption of calcium and phosphate. Vitamin D was identified to be a major player in calcium homeostasis and bone metabolism. Vitamin D was discovered at the beginning of the 20th century as a missing nutrient in children with severe bone demineralization, a disease called rickets.³

Deficit of vitamin D results in impaired bone mineralization and bone damage, which leads to bone-softening diseases.⁴ Individuals obtain vitamin D either through consuming vitamin D-rich foods (oily fish and dairy products) or through the skin's exposure to ultraviolet B radiation from sunlight. Vitamin D deficiency is common in females especially Muslim population in pregnancy. Vitamin D has been postulated to have a role not only calcium/phosphate homeostasis but in the prevention of cancer, autoimmune conditions, and cardiovascular disease.

Kidneys convert some amount of calcidiol to calcitriol, which is the biologically active form of vitamin D and known as 1,25-dihydroxy vitamin D [1,25(OH)₂D]. Calcitriol, circulating in the blood as a hormone, regulates the concentrations of calcium and phosphate in the bloodstream and promotes the healthy growth and remodeling of bone. The 25(OH)D also stimulates the vitamin D receptors. Apart from its bone health-specific use, vitamin D is also used in patients with cardiovascular disease,^{5,6} multiple

sclerosis, pregnancy to prevent gestational diabetes, preeclampsia, and small infants,⁷ tuberculosis, HIV, and deadly form of breast cancer.⁸ Reduced levels of vitamin D in blood are related to increased mortality,⁹ and providing vitamin D3 as supplementary to elderly women in institutional care has been found to decrease the risk of death. An excess of vitamin D causes abnormally high blood concentrations of calcium (hypercalcemia), which can cause over calcification of the bones, soft tissues, heart, and kidneys. It can also damage the kidney and produce kidney stones. In addition, hypertension can result.¹⁵ The symptoms of hypervitaminosis D appear several months after administration of overdoses of vitamin D, which are dehydration, vomiting, decreased appetite, irritability, constipation, fatigue, and muscle weakness. If the sunlight exposure is not adequate, then the commonly recommended daily intake of vitamin D will not be suffice.¹⁰ According to the United States Institute of Medicine,¹¹ the recommended daily dietary allowances of vitamin D are: up to 1 year, 400 IU; from 1 year to 70 years, 600 IU; and after 70 years, 800 IU (conversion: 1 µg = 40 IU and 0.025 µg = 1 IU)

MATERIALS AND METHOD

This is a cross-sectional study, carried out among the higher socioeconomic populations of females attended medicine opd of D.B.government hospital Churu during March1, 2018 to June 2019. In our study total 300 subjects who came for some joint pain or bone related problems have been included. Informed consent was obtained from all the subjects. The exclusion criteria include: (i) pregnant and lactating women and (ii) those who were taking vitamin supplements.

Reference range for the serum 25(OH)D level recommended by Mayo Medical Laboratory is 29–80 ng/mL. In our study, we considered the serum 25(OH)D level greater than 30 ng/dL as adequate, between 21 and 28 ng/dL as mildly deficient, between 10 and 20 ng/dL as moderately deficient, and between 0 and 9 ng/dL as severely deficient.

RESULTS

This cross-sectional study was carried out for period of 15 months, and a total of 300 patients were selected for serum 25(OH)D level evaluation. Among these 300 female patients, 21 (7%) were having adequate level, 25 (8.3%) mild deficiency, 119 (39.7%) moderate deficiency, and 135 (45%) severe deficiency of vitamin D.

For severely deficient cases, of the total 135 cases, 4 (2.96%) subjects were aged between 0 and 20 years, 33 (24.44%) 21 and 40 years, 49 (36.3%) 41 and 60 years, and 49 (36.3%) older than 60 years. From total 300 subjects, 28 (9.3%) were between 0 and 20 years, 76 (25.3%) 21 and 40 years, 107 (35.67%) 41 and 60 years, and 89 (29.6%) older than 60 years.

DISCUSSION

The greater parts of the deficient subjects (45%) were severely deficient, which is followed by moderately deficient subjects (39.6%). Thus, more than 85% of the subjects were moderate to severely deficient. Harshness of deficiency also increases with the age. In our study 7% were having sufficient level of vitamin D, 8.3% mild deficiency, 39.6% moderate deficiency, and 45% severe deficiency of vitamin D. In general, common of the deficient subjects (35.6%) were aged between 41 and 60 years, which is followed by older than 60 years (29.6%). So, two-third of the subjects was aged older than 40 years.

In the study by Vupputuri et al.¹² in 2006, of the total 105 subjects, 94.3% were having vitamin D deficiency. In the study by Zargar et al.¹³ in 2007, of the total 92 subjects, 83% were having vitamin D deficiency. In the study by Arya et al.¹⁴ in 2004, of the total 92 subjects, 78.3% were having vitamin D deficiency. In the study by Harinarayan et al.¹⁵ in 2004, of the total 316 subjects, 69.3% were having vitamin D deficiency. In the study by Agarwal et al.¹⁶ in 2013, of the total 200 subjects, 58% were having vitamin D deficiency. In this study, of the total 444 subjects, 93.3% were having vitamin D deficiency, which is closely similar to the study by Vupputuri et al. and higher than the studies by Zargar et al. and Arya et al. In one of the study of 18 cities spread all over India done by Beloyartseva et al.¹⁷ of the total 2,119 subjects, 79% were found deficient in vitamin D level.

CONCLUSION

Serum vitamin D level evaluation must be done in health-care management of skeletal disorders and nutritional review status of the population. Severity of vitamin D deficiency also increases with the age. Vitamin D plays a significant role in a wide range of physiologic functions. Serum 25(OH)D is the best measure of vitamin D exposure indicating both the effects of diet and sunlight. Persons with sun-avoidance behaviors were at higher risk for developing vitamin D deficiency. Vegetarian population has higher risk of vitamin D deficiency.

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