

Oxfordshire Osteoporosis Service guidelines on the management of Vitamin D deficiency

INDICATIONS

1. Before osteoporosis bone therapy or suspected osteomalacia
2. Patients on enzyme inducing anti-epileptic drugs (NICE CG20)

25OHD (yellow top routine transport)

< 50 nmol/L

Hypercalcaemia
eGFR < 30 ml/min
Sarcoidosis
Lymphoma
Kidney stones in last 12m
Active tuberculosis
on Teriparatide

if YES

Refer to Metabolic Bone Clinic

Assess daily dietary calcium intake

1 pint Milk (or equivalent) = 600mg
 1 serving Cheese = 200 mg/oz
 1 small pot of Yoghurt = 150mg
 2 slices white bread = 150mg
 125g can of sardines = 500mg
 for more information see:
<https://www.nos.org.uk/about-osteoporosis/your-bones?>

if <700 mg/day
 give calcium supplements
 so >700 mg/d

Indication 1

if NO

Indication 2

25,000 IU D3 weekly
 for 12 weeks or 3200 IU D3
 daily for 12 weeks*

Licensed 800 iu per day or
 equivalent
 dose monthly

Check Calcium
 4 weeks after loading

Hypercalcaemia

Normal Calcium

800 IU od licensed
 cholecalciferol

**Stop calcium
 supplements &
 vitamin D &
 Measure PTH (EDTA
 routine transport)**

*Can administer zo/ dmab after 4 weeks
 of adherent therapy