



For use in South and West Hertfordshire and East and North Hertfordshire

Investigation and treatment of Vitamin D deficiency / insufficiency in adults Flowchart

Approved by Hertfordshire Medicines Management Committee December 2016 (minor update to support OTC purchase, Dec 2018)

Investigation and treatment of Vitamin D deficiency / insufficiency in adults Flowchart

Does the patient have ≥1 CLINICAL or BIOCHEMICAL FEATURE of vitamin D deficiency? • widespread bone pain or tenderness or myalgia • provimal muscle weakness					No	Vitamin D testing not
tenderness over pseudo fractures					required at this stage	
 Insufficiency fractures - osteoporosis Iow serum calcium or high ALP 						
Yes	1					+
	V					Give Lifestyle
Does the patient have ≥1 <i>RISK FACTOR</i> for vitamin D deficiency? elderly and housebound 						advice
pregnancy & breast feeding darker skinned people				No	.	
• low sun exposure (e.g. habitual skin covering, housebound, s	skin conditions)					1
vegan/vegetarian iver/renal disease						
malabsorption anticonvulsants, glucocoticoids, cholestyramine,colestipol, laxatives, liquid paraffin, sucralfate, rifampicin or anti-retrovirals						
• obesity	nam oo, nquia para	, odoranato, marrp				
Known disorder of calcium metabolism Yes						Exclude other causes of
•					No	symptoms
Have other causes for symptoms been excluded?						then restart pathway
Yes						
Carry out tests for suspected vitamin D deficiency: 25-OHI measurement not indicated. (nb - Vitamin D loading doses con					cient states but r	routine
measurement not indicated. (nb - Vitamin D loading doses con		percaicaemia but mair	tenance doses are	not).		
Do any of the following apply?	V		Refer to appr	opriate second	ary care specia	list(s)
focal bone pain				-		.,
skeletal deformitymalabsorption		Ye		red and treatmer		inen 1st
 renal stones chronic renal disease, severe liver disease, lymphoma, n 	netastatic cancer	parathyroid	Patient should	l only be transfer	red back to prim	harv care with
disorders, sarcoidosis, TB			a treatment p	lan. Patients re	quiring ongoing	maintenance
 atypical biochemistry (e.g. low vit D and hypercalcaemia) pregnancy or breastfeeding)			advised to buy v amin D suppleme		
hyperparathyroidism			prescribed by	the GP).		
No	★					
Assess n	eed for treatment	based on total seru	n 25-OHD level			
25-OHD < 30nmol/L		25-OHD 30 - 50nr	nol/L		25-OHD >50n	mol/L
Loading/Treatment does required (#) - Prescribe by Bran	nd as acuto Px	Maintenance of 8	0.2000 II I/day (#)	(Doses of up to	4000	
Loading/ Treatment dose required (#) – Prescribe by Bran	nd as acute Rx	IU may be require	00-2000 IU/day (#) d) . Variety of prepa	arations are avail	able to	Diet & Lifestyle
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