

# National policy and strategy for preventing vitamin D deficiency

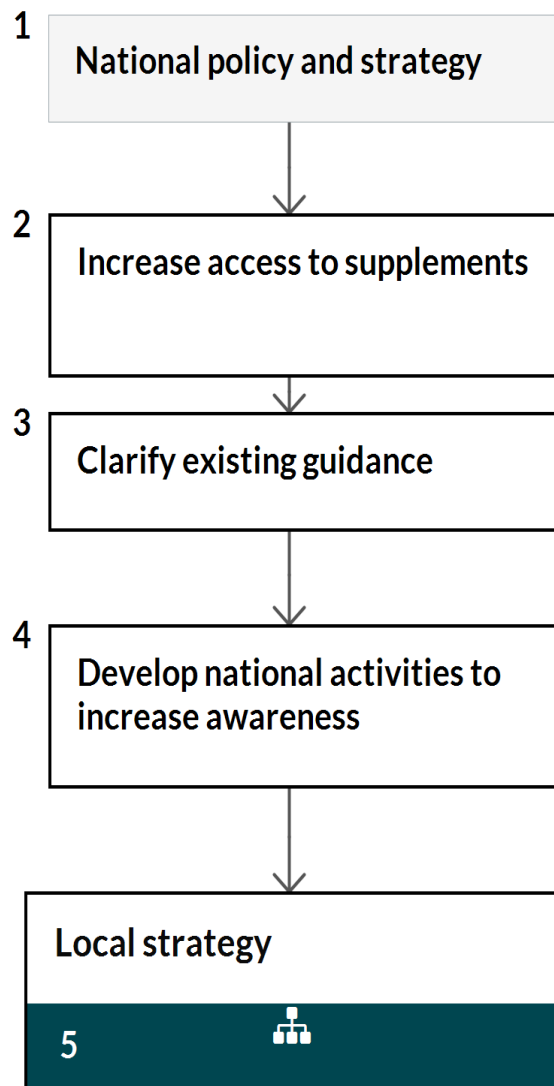
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/vitamin-d-supplement-use-in-specific-population-groups>

NICE Pathway last updated: 17 December 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 National policy and strategy

No additional information

## 2 Increase access to supplements

The Department of Health should:

- Work with manufacturers to ensure vitamin D supplements providing the reference nutrient intake [See page 5] as recommended by the Scientific Advisory Committee on Nutrition are widely available for the following specific population groups:
  - infants and children aged under 4
  - pregnant and breastfeeding women, particularly teenagers and young women
  - people over 65
  - people who have low or no exposure to the sun, for example, those who cover their skin for cultural reasons, who are housebound or confined indoors for long periods
  - people with dark skin, for example, people of African, African-Caribbean or South Asian family origin.

Suitable supplements should also be available for people with particular dietary needs (for example, people who avoid nuts, are vegan or have a halal or kosher diet). Supplements should undergo quality control checks to ensure they contain the correct dose of vitamin D.

- Work with manufacturers to ensure licensed products containing the recommended reference nutrient intake for specific population groups are available on prescription and are listed in the British National Formulary.
- Amend existing legislation to allow Healthy Start vitamins to be more widely distributed and sold. This includes encouraging manufacturers to sell them direct to pharmacies.
- Encourage manufacturers of multivitamin food supplements to include the recommended reference nutrient intake for vitamin D in their preparations.

See also the NICE Pathway on maternal and child nutrition.

## 3 Clarify existing guidance

Public Health England and the Department of Health should:

- Consider whether there are any risks to infants from taking a supplement containing the reference nutrient intake [See page 5] when they are consuming more than 500 ml of infant

- formula per day. Be aware that the complexity of existing advice (based on feeding type and maternal supplementation) may hinder uptake.
- Make it clear which type of supplement most people would benefit from. Be aware that people may be more likely to take a vitamin D-only supplement than one that is combined with calcium. Supplements containing vitamin D and calcium may be harder to swallow and cause side effects such as constipation.

## 4 Develop national activities to increase awareness

Public Health England should:

- Lead development of national action to raise the population's awareness of the importance of vitamin D. This should start as soon as existing recommendations on vitamin D have been clarified and made consistent (see [clarify existing guidance](#) [See page 3]). Awareness-raising activities should:
  - Emphasise the importance of vitamin D for good health.
  - Emphasise the limitations of other UK sources of vitamin D (it is only contained in a few foods and safe exposure to sunlight is only effective from the beginning of April to October).
  - Emphasise the importance of a daily supplement providing the [reference nutrient intake](#) [See page 5].
  - Explain existing advice as clearly as possible, particularly if it may be misinterpreted. This includes making clear: what a term such as 'low sun exposure' means; who is covered by 'dark skin'; which women and children are at risk (note that children aged 4 to 5 years are not usually eligible for Healthy Start supplements).
- Let people know where they can get vitamin D supplements free or as cheaply as possible.
- Develop resources that are accessible and easy to adapt for local use by a range of agencies, to ensure a consistent message and to minimise duplication of effort.

## 5 Local strategy

[See Vitamin D: supplement use in specific population groups / Local strategy for preventing vitamin D deficiency](#)

Reference nutrient intake is the amount of a nutrient needed to meet the needs of 97.5% of individuals in a group. Reference nutrient intake for a given nutrient may vary by gender, age and physiological status (for example during pregnancy and lactation). The reference nutrient intake is not a minimum target that all people need to achieve, but the risk of deficiency is minimised if the average population intake exceeds it.

The current reference nutrient intakes ( $\mu\text{g}/\text{day}$ ) for vitamin D are:

- 10 micrograms of vitamin D per day, throughout the year, for everyone in the general population aged 4 years and older
- 10 micrograms of vitamin D per day for pregnant and lactating women and population groups at increased risk of vitamin D deficiency.

## Glossary

### Halal

(foods or non-food items such as cosmetics or pharmaceuticals permitted by and prepared according to Islamic law)

### Healthy Start

(a UK-wide government scheme that provides a 'nutritional safety net' for pregnant women and families on benefits and tax credits: every 8 weeks, beneficiaries get vitamin coupons to swap for Healthy Start vitamins; the vitamin tablets for mothers contain folic acid and vitamins C and D; Healthy Start vitamin drops for children contain vitamins A, C and D)

### Kosher

(food (or premises where food is sold, cooked or eaten), cosmetics and pharmaceuticals that comply with Jewish law)

### Vegan

(people who follow a vegan diet consume only plant products; they avoid all food, drink and non-food items, such as pharmaceuticals that contain any animal products)

## Sources

[Vitamin D: supplement use in specific population groups](#) (2014 updated 2017) NICE guideline

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## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with

the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### **Medical technologies guidance, diagnostics guidance and interventional procedures guidance**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.