

# **ORIGINAL ARTICLE** Prevalence of Vitamin D deficiency among patients visiting outpatients department.

Muzamul Shahzad<sup>1</sup>, Altaf Ahmad Yar<sup>2</sup>, Munaza Javed<sup>3</sup>, Zafar Ahmad Khan<sup>4</sup>, Javed Iqbal<sup>5</sup>, Muhammad Imran Aslam<sup>6</sup>

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ABSTRACT... Objective: To determine the prevalence of vitamin D deficiency among patients visited out-patients department. Study Design: Cross Sectional study. Setting: Department of Medicine, Avicenna Medical & Dental College, Lahore. Period: January 2020 to June 2020. Material & Methods: One hundred and fifty patients were enrolled in this study. Patients visited the outpatient department with ages above 18 years were enrolled. Patient detailed demographics were recorded. Patients with any chronic disease or risk factor, diagnosed with rickets, osteoporosis, and patients without documented serum vitamin D levels were excluded. Results: The mean age was 22.46±3.68 with body mass index 21.38±2.52. The ratios of female patients were greater than that of males. Vitamin D varies in different ranges, the median of vitamin D in males were 24ng/ml while in females it was noted 18ng/ml. Vitamin D deficiency was presented in three stages i.e. mild deficiency, moderate and severe. Conclusion: The prevalence of vitamin D deficiency was excessive in females and young age groups. Commonest problem in our region is vitamin D deficiency and it can be controlled by early treatment.

Key words: Mild, Moderate, Severity, Vitamin D Deficiency.

#### INTRODUCTION

Vitamin D is an essential nutrient that plays a major role in human health from birth to death. Two major forms of vitamin D important for humans are vitamin D3, so called cholecalciferol and vitamin D2, also known as ergocalciferol.<sup>1</sup> The major role of vitamin D in the body is maintaining calcium, iron, magnesium, phosphate and zinc levels by regulating intestinal absorption, and its deficiency results in rickets, osteomalacia and osteoporosis and it is thought that the risk of developing cardiovascular, auto-immune and endocrine diseases and cancer increase in case of deficiency.2-4 The most accurate method of evaluating a person's vitamin D status is to measure the level of serum 25-hydroxyvitamin D [25(OH)D].

Vitamin D levels below normal levels were also related to developing tuberculosis and could develop a more severe form of this infection due to VDD. Vitamin D has an important role as an antimicrobial: studies showed that vitamin D inhibits the growth of mycobacteria in vivo. That explained why vitamin D supplementation was considered for treatment and prevention of Mycobacterium Tuberculosis.5,6 Vitamin D mediates its actions through a nuclear receptor in cells. Recent studies show that most cells in the human body express vitamin D receptors, with some expressing the enzyme D-1-a-hydroxylase. Allegedly, 1,25(OH)D controls more than 200 genes. Thereby, it seems to be involved in cellular proliferation, differentiation, apoptosis, angiogenesis, insulin and renin production, and in stimulating macrophage cathelicidin production.7-11

Due to illiteracy and poor quality of food, people in Pakistan are suffering from poor nutrition, one of the main reasons of vitamin D deficiency in our country. We conducted this study to find out the deficiency of vitamin D among men and women in urban conditions. This study was done in a tertiary care hospital of a central city of Punjab, Lahore.

<ol> <li>MBBS, FCPS, Professor Medicine, Avicenna Medical &amp; Dental College, Lahore.</li> <li>MBBS, FCPS, Assistant Professor Medicine, Avicenna Medical &amp; Dental College, Lahore.</li> <li>MBBS, FCPS, Associate Professor Medicine, Azhra Naheed Medical College, Lahore.</li> <li>MBBS, FCPS, Associate Professor Medicine, Bolan University of Medical and Health Sciences, Quetta.</li> <li>MBBS, FCPS, Associate Professor Medicine, CMH Lahore.</li> <li>MBBS, FCPS, Assistant Professor Medicine, CMH Lahore.</li> </ol>	<b>Correspondence Address:</b> Dr. Muzamul Shahzad Department of Medicine Avicenna Medical & Dental College, Lahore. muzamilshahzad29@yahoo.com	
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### **MATERIAL & METHODS**

This cross-sectional study was carried out in the Department of Medicine at Avicenna Medical & Dental College, Lahore from 1<sup>st</sup> January 2020 to 30th June 2020 with Ethical approval letter No.432/Adn-II dated 28-9-2021 and comprised of total 150 patients of both genders were enrolled. Patient's detailed demographics were recorded after taking written informed consent and patients with any risk factor included any chronic disease, diagnosed with rickets, osteoporosis, patients without documented serum vitamin D levels, metastatic cancers, prolonged immobilization due to any reasons, parathyroid diseases, and those whom were not willing to participate in this study were excluded from this study. 25-hydroxy vitamin D levels were measured in all patients. Normal level; were considered above 28 to 78ng/ dl. Mild vitamin D deficiency was from 21-28ng/ dl, moderate from 12-20 ng/dl and <12 ng/dl was considered severity of deficiency. The data was entered and analyzed through SPSS 22.

## RESULTS

There were 110 (73.3%) females and rest of 40 (26.67%) were males. The mean age of patients were 22.46±3.68 years above then 18 years with body mass index BMI 21.38±2.52kg/m<sup>2</sup>. Levels of vitamin D were distributed among both males and females. Median and the range of vitamin D levels in females was 18ng/ml with range of 2.2-105 ng/ml while for males median was 24ng/ml ranges from 6.5-97ng/ml. We concluded in our study 43(28.67) patients had normal vitamin D levels but in prevalence of vitamin D (22-28ng/ml) in mild state it was 31 (20.67%), deficiency (12-20 ng/ml) in moderate it was noted as 35 (23.33%) and it was severe 41(27.33%) in deficiency (<12ngml) (Tables-I & II).

Gender	No.	Median	Range	Total
Males	110 (73.3%)	24ng/ml	6.5-97ng/ml	110
Females	les 40 (26.67%) 18ng/ml		2.2-105ng/ml	40

Table-I. Levels of Vitamin D according to gender.

Stage	Value			
Normal	43(28.67)			
Mild deficiency (22-28ng/ml)	31(20.67),			
Moderate deficiency (12-20ng/ml)	35(23.33%)			
Severe deficiency (<12 ng/ml)	41(27.33%)			
Table-II Levels of Vitamin D according to stages				

### DISCUSSION

Now-a-days vitamin D deficiency is common in our society. It results in deficiency of calcium. The same results showed by previous studies by Yao et al<sup>12</sup> and Larsen et al.<sup>13</sup> In our study we concluded that vitamin D deficiency is severe in patients attending outpatients department. In this study presented that 27.33% patients had severe vitamin D deficiency with value less than 12ng/ dl of vitamin D out of 150 patients. Similar results has been presented by Bossé et al.14

In this study, we assessed the different levels of vitamin D depending on many variables and these were similar to the previous study in Middle East counties by Bassil et al.<sup>15</sup> All these factors collectively are resulting in an ever increasing problem of vitamin D deficiency. Median and the range of vitamin D levels in females was 18ng/ ml with range of 2.2-105ng/ml while for males median was 24ng/ml ranges from 6.5-97 ng/ ml. In the present study 43 (28.67) patients had normal vitamin D levels but in prevalence of vitamin D (22-28 ng/ml) in mild state it was 31 (20.67), deficiency (12-20 ng/ml) in moderate it was noted as 35 (23.33%) and it was severe 41 (27.33%) in deficiency (<12 ngml). These results showed resemblance to the results of Ning et al<sup>16</sup> found the prevalence of 75% (<20 ng/mL) found in the present retrospective study was similar to the prevalence.

A study performed by Meyer et al<sup>17</sup> reported that age was not related with vitamin D levels in Sri Lankans and native of Norway while Laktasic-Zerjavic et al<sup>18</sup> in their study in Croatia and Alfawaz et al<sup>19</sup> in their study in Saudi Arabia reported that the rate of vitamin D deficiency increase with increasing age; however Heidari et al<sup>20</sup> in their study performed in North Iran reported that serum vitamin D levels increase with increasing age.

Our study results showed that prevalence is high among the younger population as compared to older population. This can be due to over protection of sun exposed body parts and due to poor quality of food and less fortification of food with vitamin D and calcium.

### CONCLUSION

Prevalence of vitamin D deficiency was excessive in females and young age groups. Commonest problem in our region is vitamin D deficiency and it can be controlled by early treatment. **Copyright© 02 Oct. 2021.** 

#### REFERENCES

- 1. Holick MF. The D-lightful vitamin D for health. J Med Biochem 2013; 32:1-10.
- Bendik I, Friedel A, Roos FF, Weber P, Eggersdorfer M. Vitamin D: A critical and essential micronutrient for human health. Front Physiol 2014; 5:248.
- Schottker B, Jorde R, Peasey A, Thorand B, Jansen EH, Groot L. et al. Vitamin D and mortality: Meta-analysis of individual participant data from a large consortium of cohort studies from Europe and the United States. BMJ 2014; 348:g3656.
- 4. Hilger J, Friedel A, Herr R, Rausch T, Roos F, Wahl DA. et al. A systematic review of vitamin D status in populations worldwide. Br J Nutr 2014; 111:23-45.
- Hejazi M E, Modarresi-Ghazani F, and EntezariMaleki T. A review of Vitamin D effects on common respiratory diseases: Asthma, chronic obstructive pulmonary disease, and tuberculosis. J Res Pharm Pract 2016; 5(1):7.
- Hansdottir S, and Monick MM. Vitamin D effects on lung immunity and respiratory diseases. Vitamins Hormones 2011; 86:217-37.
- Bouillon R, Bischoff-Ferrari H, Willett W. Vitamin D and health: Perspectives from mice and man. J Bone Min Res 2008; 23: 974-9.
- Dimitrov V, White JH. Species-specific regulation of innate immunity by vitamin D signaling. J Steroid Biochem Mol Biol 2016; 164:246-53.
- Nagpal S, Na S, Rathnachalam R. Noncalcemic actions of vitamin D receptor ligands. Endocr Rev 2005; 26:662-87.

- DeLuca HF. Overview of general physiologic features and functions of vitamin D. Am J Clin Nutr 2004; 80:1689S-96.
- Chiavaroli L, Viguiliouk E, Nishi SK, Blanco Mejia S, Rahelić D, Kahleová H, Salas-Salvadó J, Kendall CW, Sievenpiper JL. Dash dietary pattern and cardiometabolic outcomes: An umbrella review of systematic reviews and meta-analyses. Nutrients 2019; 11(2):338.
- Yao P, Bennett D, Mafham M, Lin X, Chen Z, Armitage J, Clarke R. Vitamin D and calcium for the prevention of fracture: A systematic review and meta-analysis. JAMA Netw Open 2019; 2(12):e1917789.
- Larsen ER, Mosekilde LF, Foldspang A. Vitamin D and calcium supplementation prevents osteoporotic fractures in elderly community dwelling residents: A pragmatic population-based 3-year intervention study. J Bone Miner Res J Bone Miner Res 2004; 19: 370-8.
- 14. Bossé Y, Maghni K, Hudson TJ. 1alpha, 25-dihydroxy-Vitamin D3 stimulation of bronchial smooth muscle cells induces autocrine, contractility, and remodeling processes. Physiol Genomics 2007; 29:161–8
- Bassil D, Rahme M, Hoteit M, Fuleihan GE. Hypovitaminosis D in the Middle East and North Africa: Prevalence, risk factors and impact on outcomes. Dermatoendocrinology 2013; 5(2): 274-98.
- Ning Z, Song S, Miao L, Zhang P, Wang X, Liu J, Hu Y, Xu Y, Zhao T, Liang Y, Wang Q, Liu L, Zhang J, Hu L, Huo M, Zhou Q. High prevalence of vitamin D deficiency in urban health check-up population. Clin Nutr 2016; 35(4):859-63.
- 17. Meyer HE, Holvik K, Lofthus CM, Tennakoon SU. Vitamin D status in Sri Lankans living in Sri Lanka and Norway. Br J Nutr 2008; 99(5):941–4.
- Laktasic-Zerjavic N, Korsic M, Crncevic-Orlic Z, Kovac Z, Polasek O, Soldo-Juresa D. Vitamin D status, dependence on age, and seasonal variations in the concentration of vitamin D in Croatian postmenopausal women initially screened for osteoporosis. Clin Rheumatol 2010; 29:861–7.
- Alfawaz H, Tamim H, Alharbi S, Aljaser S, Tamimi W. Vitamin D status among patients visiting a tertiary care center in Riyadh, Saudi Arabia: A retrospective review of 3475 cases. BMC Public Health 2014; 14:159.
- Heidari B, Haji Mirghassemi MB. Seasonal variations in serum vitamin D according to age and sex. Caspian J Intern Med 2012; 3:535–40.

# AUTHORSHIP AND CONTRIBUTION DECLARATION

No.	Author(s) Full Name	Contribution to the paper	Author(s) Signature
1	Muzamul Shahzad	Data collection.	migamment statices
2	Altaf Ahmad Yar	Writing of manuscript.	Θ
3	Munaza Javed	Statistical analysis.	Munaza I.
4	Zafar Ahmad Khan	Guidance in writing the manuscript.	Fafer 10 am
5	Javed Iqbal	Review of article.	JAVED IGEAL
6	Muhammad Imran Aslam	Collection of materials.	M Film