

Vitamin D deficiency: It is time to act

Dear Editor,

We read with great interest the article by Pan T *et al.*^[1] in the recent issue of your journal. We would like to commend the authors for their endeavor to highlight the association of menopause, obesity, and vitamin D deficiency, but at the same time have the following comments to offer, the explanation of which will benefit the readership of the journal:

1. The diagnostic cut-offs of the levels of serum vitamin D used in the study are based on relatively old recommendations. A recently published review of guidelines^[2] has suggested that revised cut-off of >20 ng/mL as sufficient, 12–20 ng/mL as insufficient, and <12 ng/mL as deficient should be used. Adherence to a standard cut-off is very necessary for prevalence studies as the prevalence depends on the cut-off used and choosing a higher cut-off will lead to a false high prevalence rate of insufficiency/deficiency and will incur treatment cost too
2. In this study, individuals with body mass index (BMI) ≥ 25 kg/m² were reported as overweight/obese. Use of this definition is inappropriate. First, obesity and overweight are a different entity, and different BMI cut-offs have been defined for them. Hence, clubbing them together defeats the purpose, as the outcomes of the two are not similar. Second, the BMI cut-off used in the study does not hold true for Indians. Asians have a higher percentage of body fat than Caucasian people of the same age, sex, and BMI. Even the occurrence of type 2 diabetes in Asians is more in lower BMI than the World Health Organization cut-off limit of 25 kg/m². Therefore, for Asians (including Indians), the revised cut-offs (underweight <18.5, normal 18.5–22.9, overweight 23–24.9, and obese ≥ 25) should be used.^[3] Therefore, it will be worthwhile to reanalyze the data using newer cut-offs
3. In this study, the definition of a satisfactory diet is vague. Mere consumption of fish, egg yolk, milk, or dairy products for more than 3 days, without exact quantification, does not guarantee sufficient vitamin D intake. The authors must define the intake in an objective manner like the number of eggs or quantity of meat or milk per meal and the number of meals comprising intake of these items in a week.

By now there is enough evidence to show that vitamin D insufficiency/deficiency is pandemic and exists across all age groups. Therefore, doing an extra study will not do much. The major focus should be on prevention of this pandemic. It is time to act on the strategies for prevention/treatment of this pandemic.

In the current scenario, food fortification is the most convenient and cheapest method to combat the pandemic of vitamin D deficiency. The authorities (academic and administrative) should take steps to introduce fortification of staple foods, such as wheat flour, rice flour, and rice as a routine policy in the country. This journal can be a mouthpiece of academicians to infer this message to the administrators.

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Conflicts of interest

There are no conflicts of interest.

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