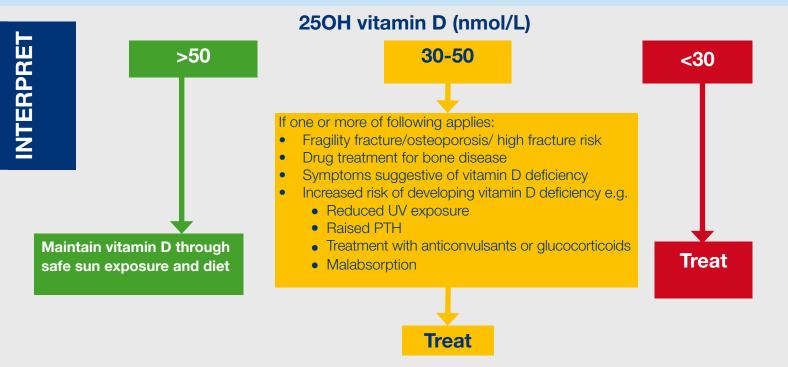
## Vitamin D and Bone Health: A Practical **Clinical Guideline for Patient Management**



The quick quide (for use in conjunction with full guideline www.nos.org.uk/professionals/publications)

- Patients with diseases with outcomes that may be improved with vitamin D treatment e.g. confirmed osteomalacia, osteoporosis
- Patients with symptoms that could be attributed to vitamin D deficiency e.g. suspected osteomalacia, chronic widespread pain
- Before starting patients on a potent antiresorptive agent



## **HOW TO TREAT**

## Rapid correction if:

- Symptoms of vitamin D deficiency
- About to start treatment with potent antiresorptive agent (zoledronate or denosumab)
- Approximately 300,000 IU vitamin D3 (or D2) by mouth in divided doses over 6-10 weeks
- Commence maintenance vitamin D 4 weeks after loading as per elective correction\*

VITAMIN D DEFICIENCY

- \*Elective correction in all other instances
- When co-prescribing vitamin D supplements with an oral antiresorptive agent, maintenance therapy may be started without the use of loading doses.
- 800-2000 IU vitamin D3 daily or intermittently at higher equivalent dose

**CAUTION** 

- Check serum adjusted calcium 4 weeks after treating with loading doses of vitamin D. Vitamin D repletion may unmask primary hyperparathyroidism
- Routine repeat vitamin D testing is not required