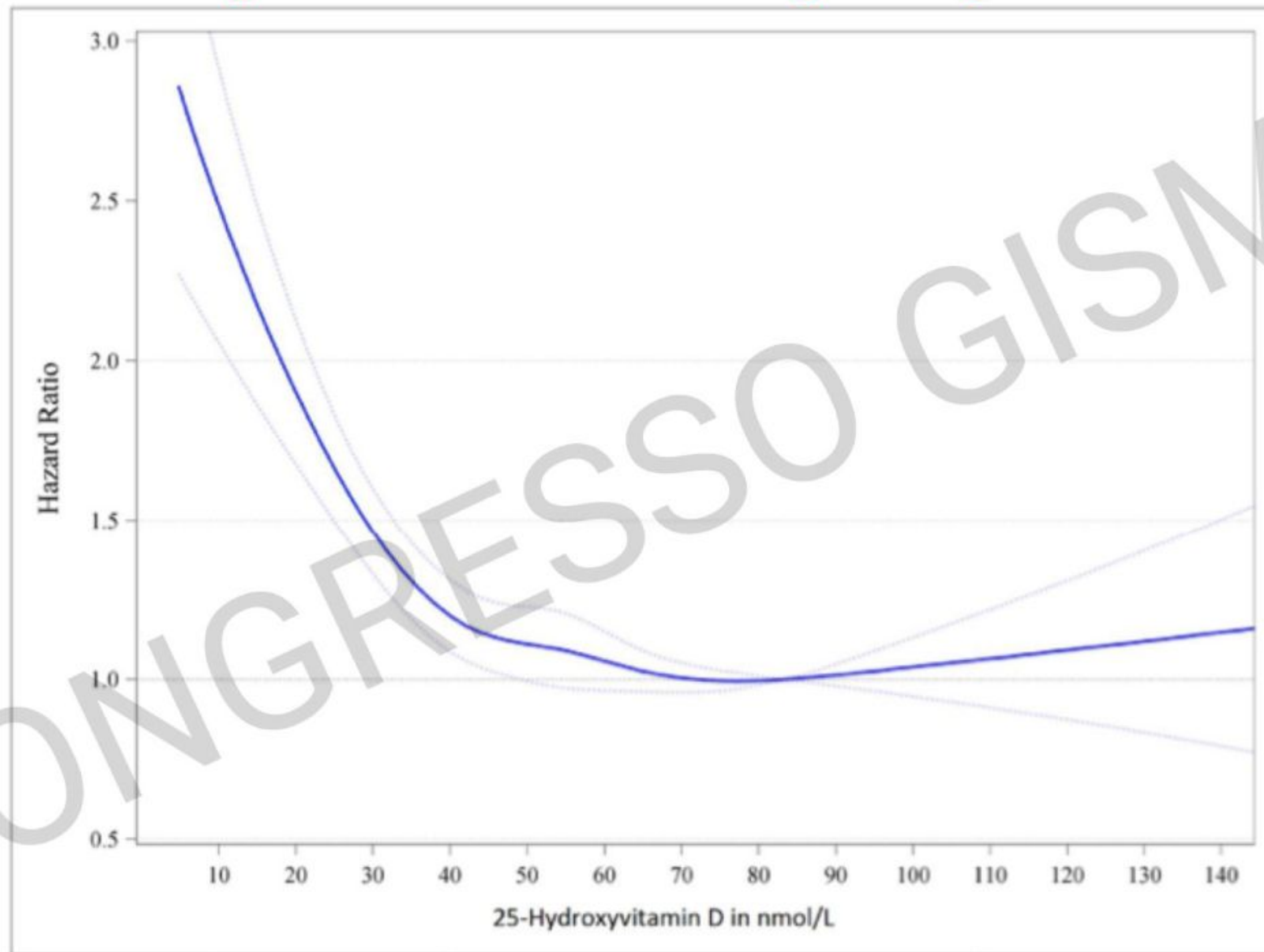


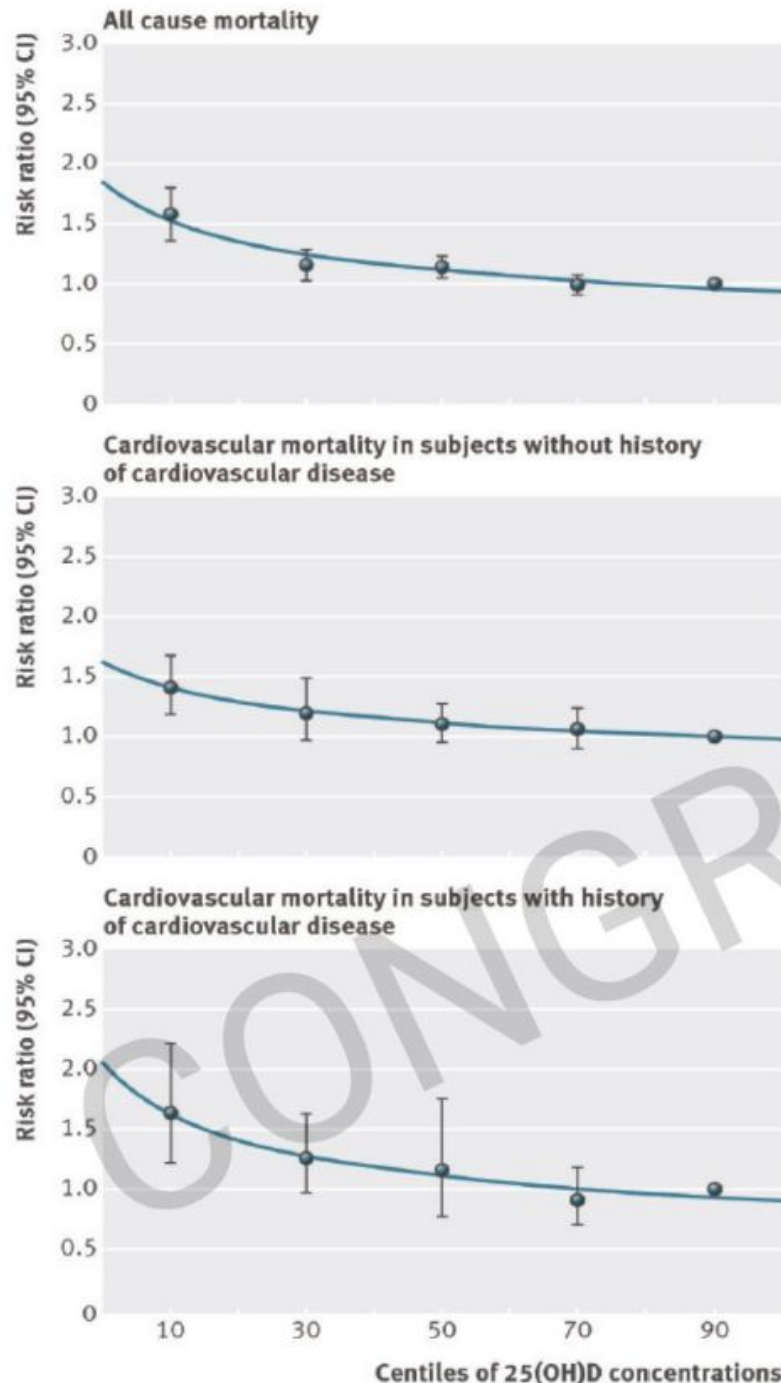
Dose-response trend of hazard ratios of death from all causes by standardized 25-hydroxyvitamin D



In meta-analysis using standardized measurements of 25(OH)D, an association between low 25(OH)D and increased risk of all-cause mortality was observed

Gaksch, M. et al. 2017

Vitamin D and mortality: meta-analysis of individual participant data from a large consortium of cohort studies from Europe and the US



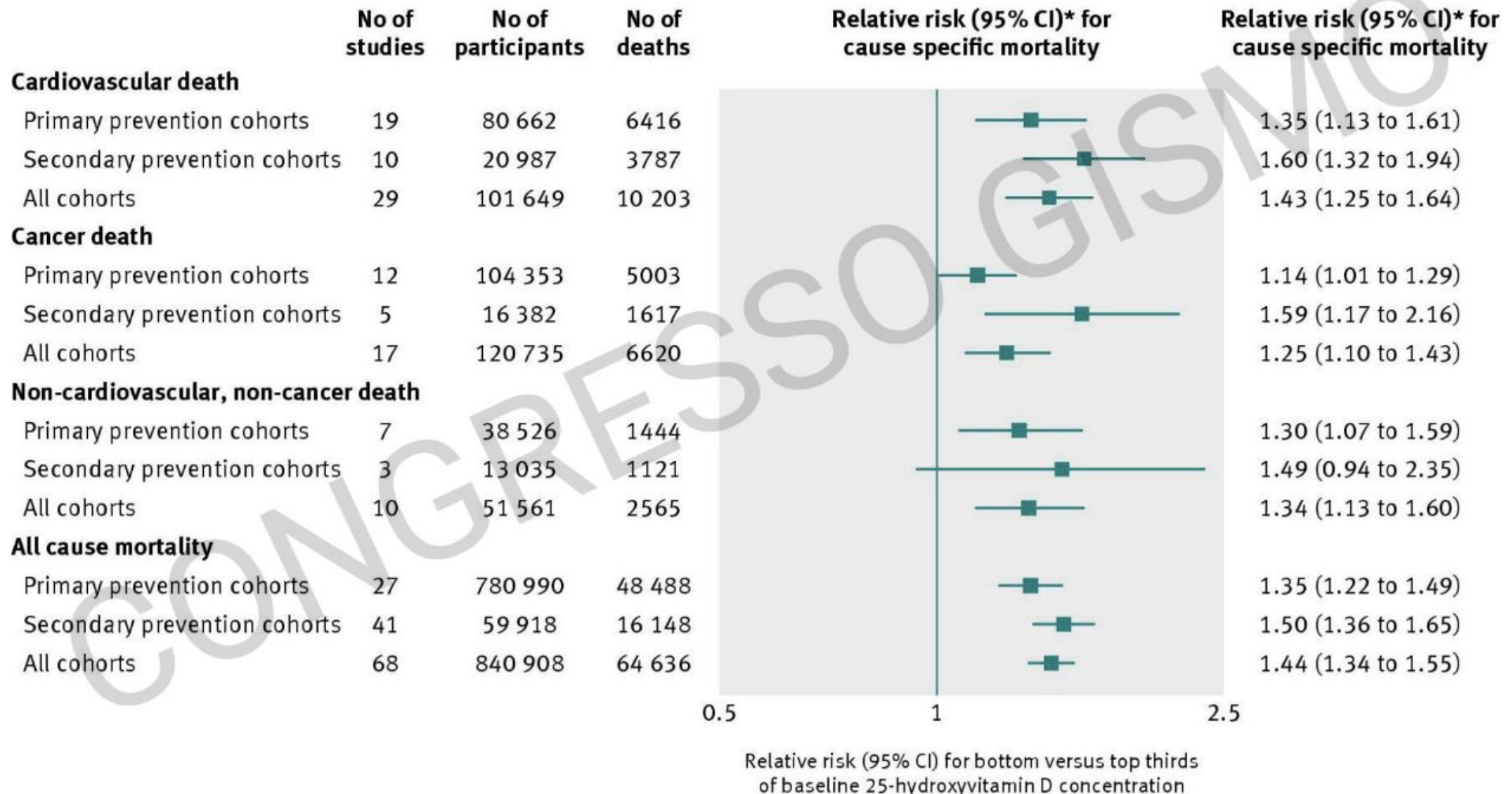
Study	Sample size		Follow-up period (years)	Risk ratio (95% CI)	Risk ratio (95% CI)
	Total	Cases			
ESTHER	9083	1338	11.0		1.51 (1.26 to 1.80)
Tromsø	4406	1141	14.2		1.21 (1.00 to 1.46)
MONICA-KORA	939	366	15.9		1.35 (0.96 to 1.90)
SENECA	661	270	8.3		2.13 (1.39 to 3.26)
HAPIEE CZ	2029	453	7.9		2.08 (1.46 to 2.96)
HAPIEE Pol	1700	411	7.0		1.56 (1.09 to 2.24)
HAPIEE Lit	1574	368	4.2		2.32 (1.59 to 3.38)
NHANES	5626	2348	12.3		1.42 (1.24 to 1.63)
Summary	26 018	6695	—		1.57 (1.36 to 1.81)

Risk ratios of all-cause mortality for bottom versus top quintiles of 25OHD

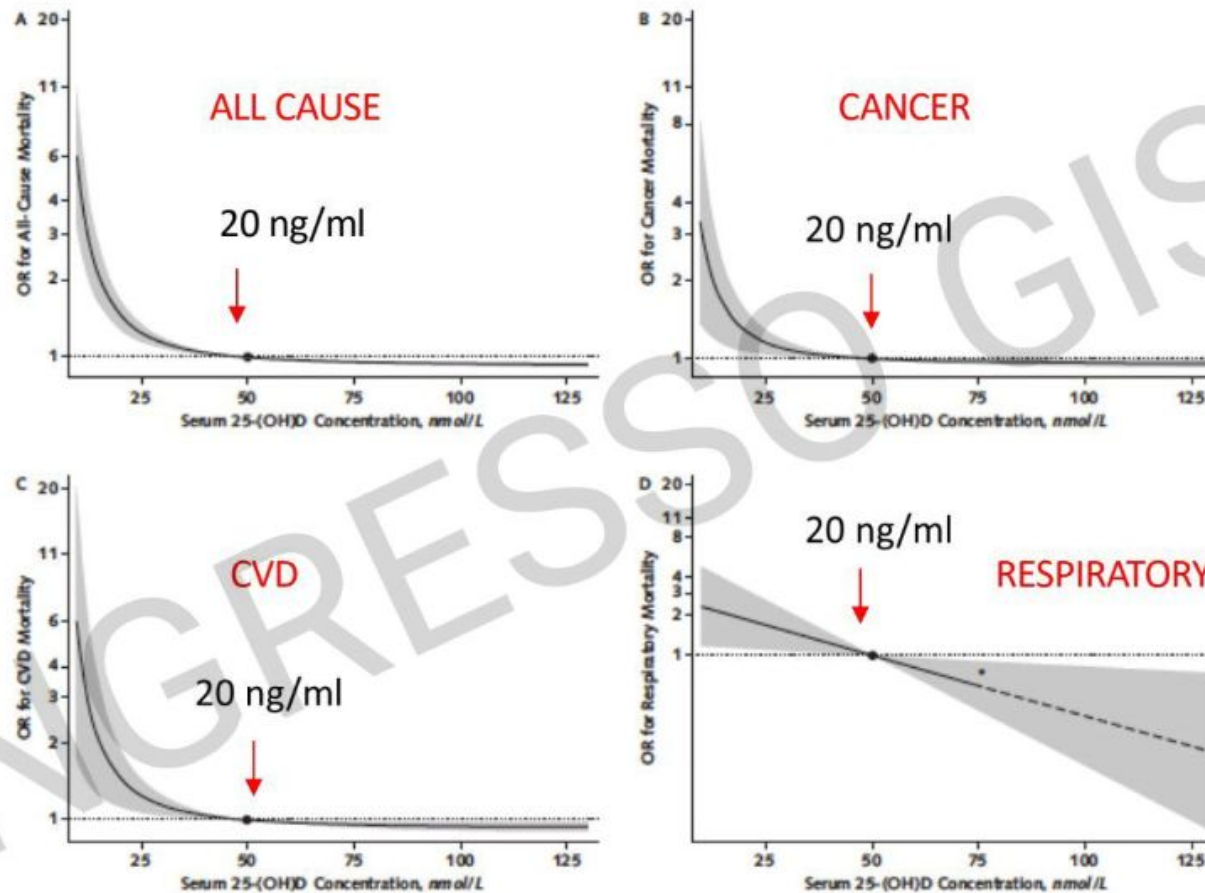
The association between 25(OH)D level and all-cause and cause-specific mortality was **remarkably consistent**

Association of circulating 25-hydroxyvitamin D concentrations with cause specific mortality in observational cohort studies.

Pooled estimates are based on random effects meta-analysis



Nonlinear (A, B, and C) and linear (D) Mendelian randomization analyses for the association of genetically predicted 25-(OH)D with all-cause (A), cancer (B), CVD (C), and respiratory (D) mortality in the UK Biobank, projected on the measured 25-(OH)D scale.



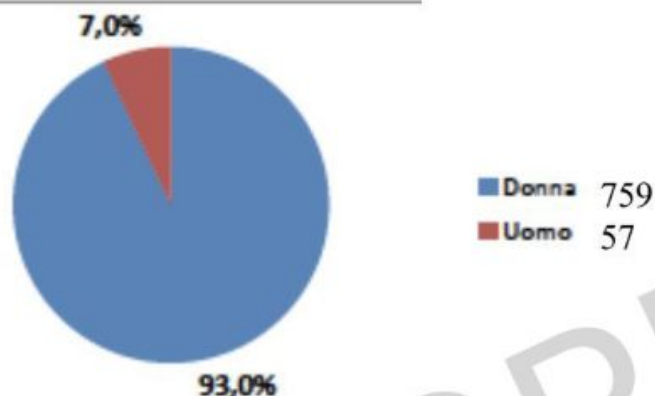
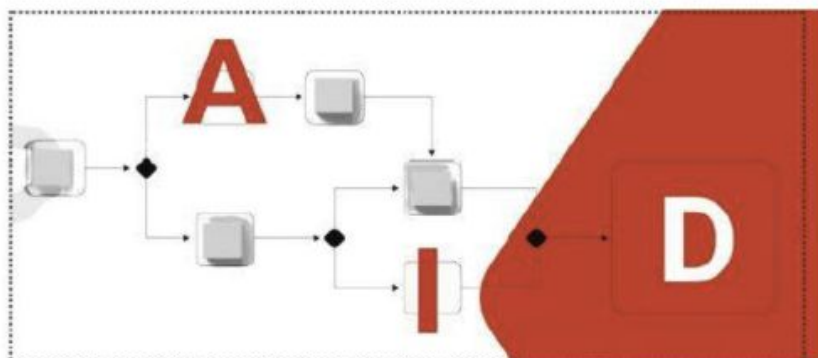
Sutherland JP et al., Ann Int Med 2022

If vitamin D supplementation exerts beneficial effects on extra-skeletal health outcomes and major diseases, then it is likely to have some effects on mortality, especially in **older adults with poor vitamin D status.**

Biochemical Assessment of Serum 25(OH)D Levels

	Evidence Level
It is recommended not to perform the 25(OH)D measurement in the general population.	⊕ ←
It is suggested not to indiscriminately measure the levels of 25(OH)D in patients with conditions/pathologies at risk of hypovitaminosis D	⊕⊕ ←
It is recommended the measurement of 25(OH)D levels only when it is deemed necessary for the clinical management of the patient (i.e., when osteomalacia is suspected)	⊕⊕
We suggest that baseline levels of 25(OH)D should not be routinely assessed in patient candidates for pharmacological treatment for osteoporosis or other metabolic bone disorders (that are mandatorily associated with vitamin D supplementation), unless osteomalacia is suspected.	⊕⊕

Analisi Identificazione ipovitaminosi D



QUESTIONARIO RACCOLTA DATI

CENTRO N. _____ SCHEDA N. _____ DATA COMPILAZIONE _____

RESPONSABILE CENTRO NOME _____ COGNOME _____

Codice anumerico paziente _____ SESSO: F ☐ M ☐

ETÀ (anni): 50-60 ☐ 61-70 ☐ 71-80 ☐

PESO (kg): 50-60 ☐ tra 61 e 70 ☐ tra 71 e 80 ☐ oltre 80 ☐

ALTEZZA (cm): meno di 150 ☐ tra 151 e 165 ☐ tra 166 e 175 ☐ oltre 175 ☐

• Area geografica di residenza: Nord ☐ Centro ☐ Sud e Isole ☐

• Fototipo:

	Fototipo I	Fototipo II	Fototipo III	Fototipo IV	Fototipo V	Fototipo VI
Colorazione della pelle	Lattes/rossastra ☐	Molto chiara ☐	Chiara Mediamente ☐	Legg. Scura/Olivast. ☐	Scura/mulatta ☐	Nera/Scurissima ☐
Colore degli occhi	Azzurri ☐	Azzurri/verde ☐	Verdi scuri ☐	Marroni ☐	Marroni ☐	Marroni scuri ☐
Colore dei capelli	Rossi o biondi chiari ☐	Biondi ☐	Biondi scuri/castani ☐	Castani ☐	Neri ☐	Neri ☐
Lentiggini sulla pelle	Moltissime ☐	Molte ☐	Alcune ☐	Pochissime ☐	Nessuna ☐	Nessuna ☐

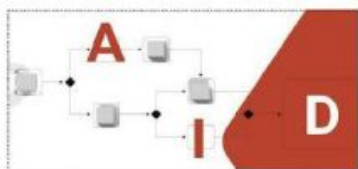
• Irraggiamento Solare (inteso come esposizione di FACCIA ed ARTI SUPERIORI dalle ore 10 alle ore 15 per 15-30 minuti)

	Quasi mai	1-2 volte/sett.	3 volte/sett.	Tutti i giorni
Periodo invernale (OTT-APR)	☐	☐	☐	☐
Periodo estivo (MAG-SET)	☐	☐	☐	☐

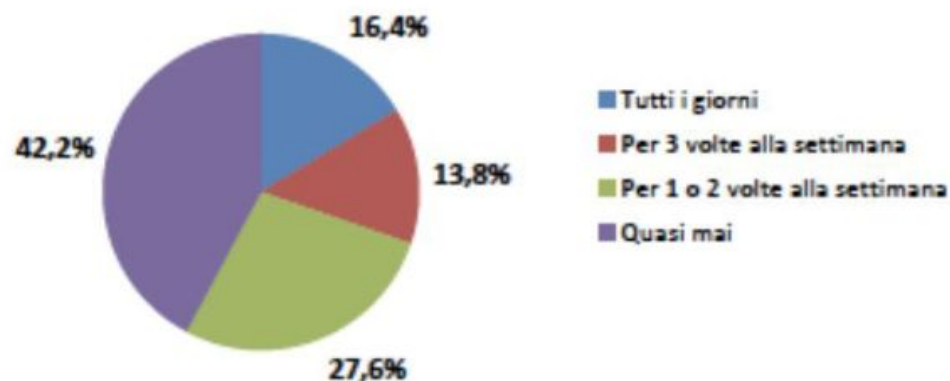
• Utilizzo di CREME SOLARI PROTETTIVE (contro i raggi solari nel PERIODO ESTIVO):

Sì ☐ No ☐ Saltuariamente ☐

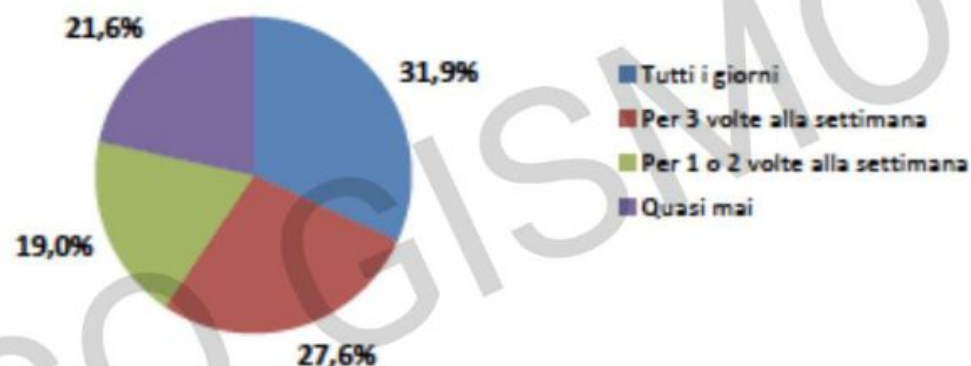
Il **questionario** prevede: -identificazione del centro, -numero della scheda, -data di compilazione, -sesso; -età, -indice di massa corporea, -area geografica di residenza, -fototipo, -irraggiamento solare, -uso di creme protettive, -assunzione giornaliera di cibi contenenti vitamina D, -presenza di malattie che possono indurre alterazioni nella produzione o assorbimento di vitamina D, -assunzione di farmaci che possono interferire con il metabolismo della vitamina D, -abitudini alimentari, -supplementazione con vitamina D, -dosaggio del 25OHD (effettuato nei due mesi precedenti).



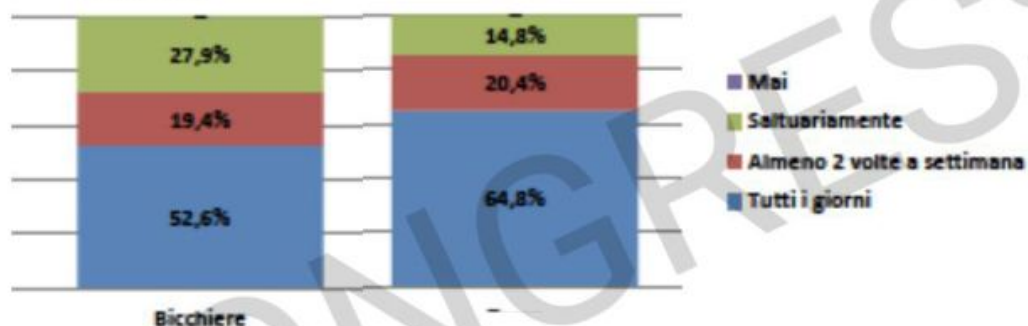
Irraggiamento solare Periodo invernale



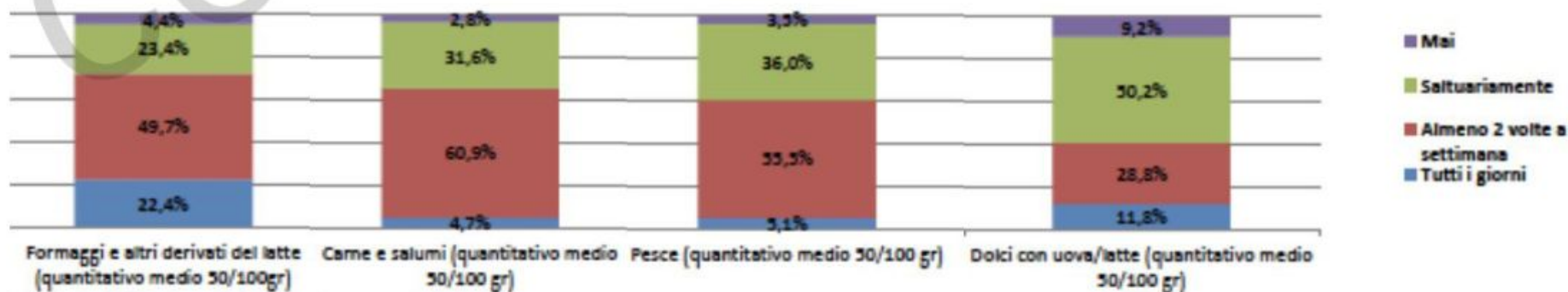
Irraggiamento solare Periodo estivo

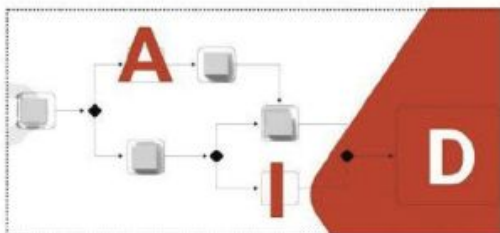


Latte

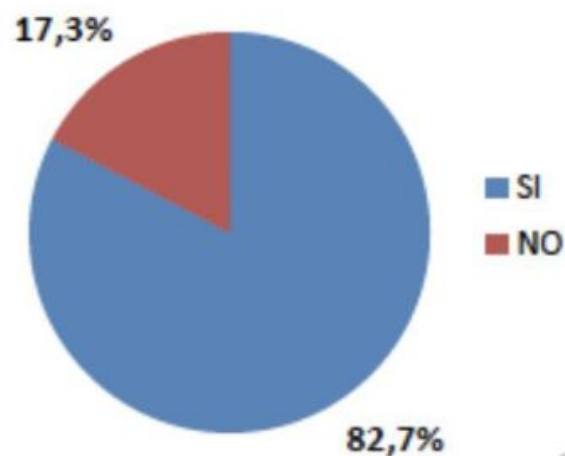


Formaggio/Carne/Pesce/Dolce

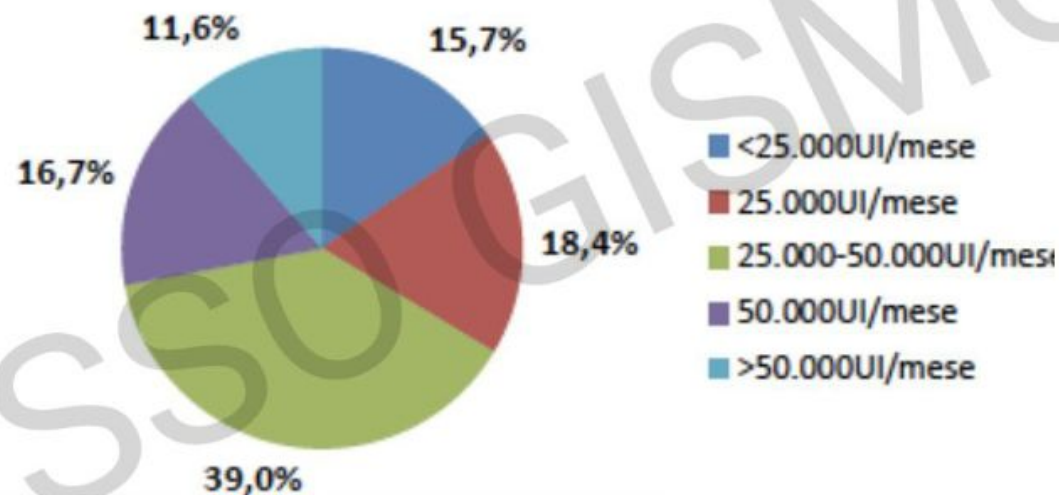




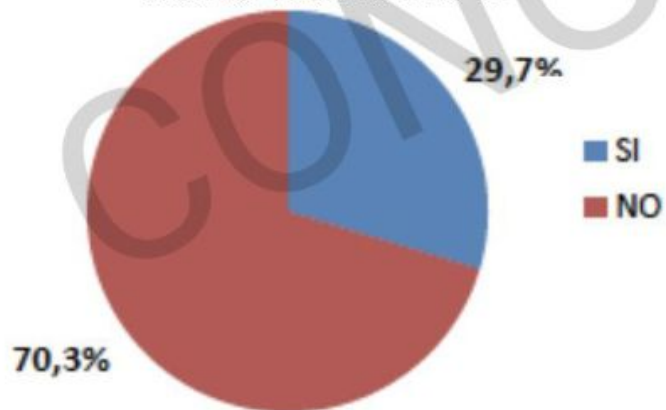
Supplementazione con colecalciferolo



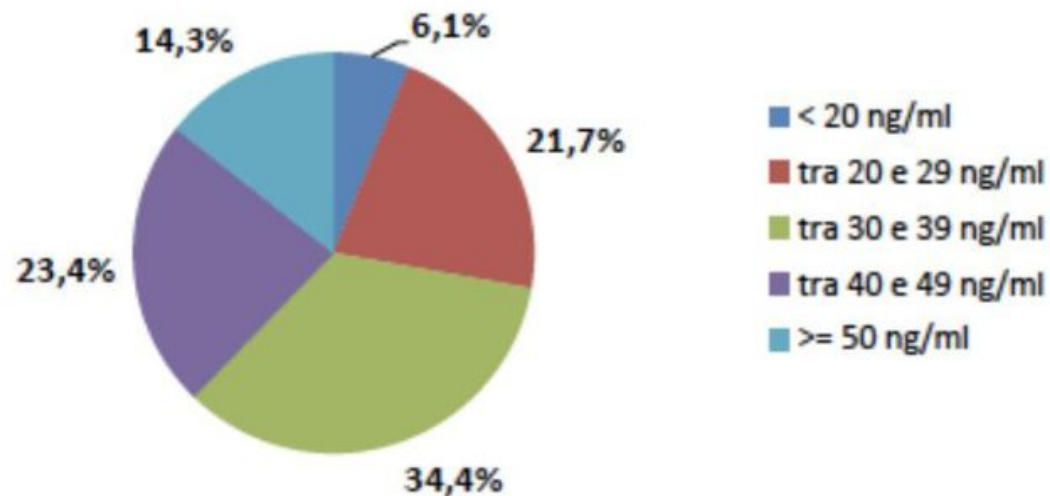
Dosaggio del colecalciferolo

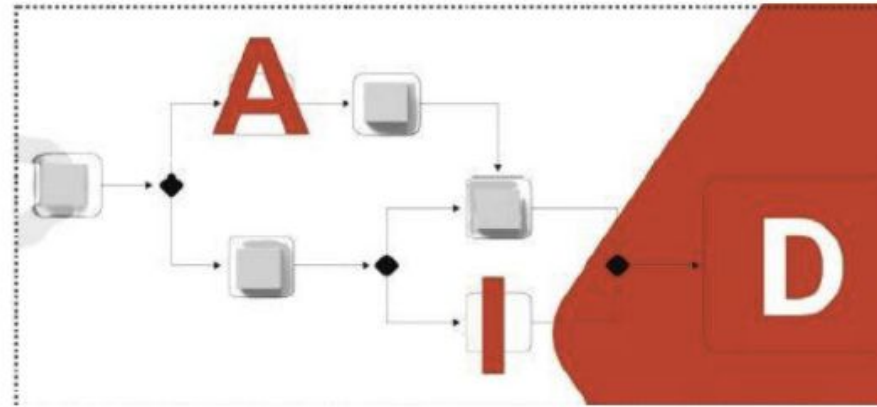


Uso di metaboliti attivi della vitamina D



Livello ematico del 25OHD





**Development of a predictive model of hypovitaminosis D
in general adult population**