

Correspondence

Re: A Predictive Equation to Guide Vitamin D Replacement Dose in Patients

To the Editor: Singh and Bonham's¹ study concluded that a majority of patients require higher vitamin D treatment and maintenance doses than are currently recommended. Their statement regarding the need for higher vitamin D doses and serum concentrations is important, especially considering the morbidity and mortality that adequate vitamin D intake can prevent. Their statement claiming that sunscreen prevents the absorption of vitamin D from ultraviolet radiation, however, contradicts previously published studies.

Multiple studies found that typical sunscreen use does not limit the absorption of vitamin D to a clinically significant extent. Farrerons et al² found that although vitamin D concentrations were lower in users of sun protection factor 15 versus placebo, concentrations were still sufficient to prevent a decrease in bone density or result in secondary hyperparathyroidism. Young³ found that adequate vitamin D concentrations were still obtained with appropriate sunscreen application despite higher vitamin D concentrations in nonsunscreen users. In addition, although sunscreen users' vitamin D concentrations did not increase during the study by Marks et al,⁴ they did remain within the therapeutic range and did not decrease.⁴

Pharmacists and physicians should be aware that vitamin D supplementation beyond 800 IU is often necessary. Despite sunscreen use, patients can absorb vitamin D; therefore, supplementation and lifestyle modifications may work together to increase, or at least maintain, therapeutic concentrations of vitamin D. It is essential that pharmacists and physicians counsel patients on lifestyle opportunities, either in place of or in addition to supplementation with medication for patients who prefer nonmedication regimens, and for patients who need an additional boost in their vitamin D concentration despite recommended supplementation.

Janee B. Whitner, PharmD, RPh
ProMedica Toledo Hospital/W.W. Knight Family
Medicine Residency Toledo, OH
janee.whitner@promedica.org

References

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The above letter was referred to the author of the article in question, who declined to comment.

Re: Promotion of Family-Centered Birth With Gentle Cesarean Delivery

Because we promote “gentle” cesarean delivery,¹ I trust it is in the larger context^{2,3} of avoiding cesarean delivery,^{4,5} whenever feasible, by “active conservative” management of labor (eg, partographs and decision making that considers alternatives to cesarean delivery). Through the American Academy of Family Physicians Advanced Life Support in Obstetrics⁶ course, family doctors are already leaders in this effort in the United States and abroad.⁷ This is likely already being done at Brown and other places where this advance in mother/child-centered birthing is working so well. If Magee et al¹ could include the proportion of deliveries by cesarean delivery within their cohorts, this would frame that context.

Ronald E. Pust, MD
Department of Family Medicine and Public Health
University of Arizona College of Medicine
Tucson, AZ
rpust@email.arizona.edu

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