# Vitamin D in At-Risk Populations

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# Outline

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## Introduction

### Vitamin D is made in the skin upon exposure to UVB radiation.



Season and latitude both influence the formation of photoproducts (previtamin D3, lumisterol & tachysterol) after exposure of 7dehydrocholesterol in an *in vitro* human skin model.



Vitamin D is made in the skin upon exposure to UVB radiation.



Image from: http://www.wardelab.com/10-2.html

- *In vivo* studies show that a single exposure to UVB (280-450 nm) increases serum vitamin D concentrations .
- Each participant received a single 1.5 MED determined for white subjects.



In vivo studies in Asians (N=6; Indian & Pakistani) show similar vitamin D response to a single exposure to UVB (280-450 nm) as Caucasians (N=3), but at higher doses.

See reference below for graphs of vitamin D3 for Asians and Caucasians over 8 days following UVB exposure.

Mean dose to achieve MED:

76 mJ/cm<sup>2</sup>

41 mJ/cm<sup>2</sup>

Lo et al., 1986

**Repeated** biweekly exposures to UVB radiation over 6 weeks.



- Sunscreen blocks UVB in the range that is necessary for synthesis of previtamin D<sub>3</sub>.
- Controlled studies have found lower amounts of previtamin D<sub>3</sub> with sunscreen use.

*Question*: Does typical use of sunscreen (SPF-17) lead to decreased serum 25-OHD concentrations?

- Typical application may not cover all exposed areas of skin.
- Sunscreen may wear off throughout the day.

#### Answer:

- Double blind randomized controlled trial (n=113, aged >40 y)
- Sunscreen (SPF-17) vs. placebo cream over a summer in Australia
- No difference in the change in 25OHD among treatment groups



- Caucasian human skin samples (ages 8-92)
- Different skin layers were isolated and irradiated with 295 nm
- The capacity to photosynthesize previtamin D3 decreases significantly with age.

# Vitamin D & UVB Exposure - Summary -

- Potential UVB exposure varies by season, latitude, and time spent outdoors.
- Varying levels of skin pigmentation have similar capacities to synthesize vitamin D, but at low and infrequent levels of sun exposure, vitamin D synthesis is less efficient among darker pigmented individuals.
- Sunscreen inhibits vitamin D synthesis, but change in 25-OHD concentrations with "normal" use was similar to placebo.
- Older individuals have decreased capacity to synthesize vitamin D in the skin.

Numerous epidemiological studies have shown that obese individuals have lower 25-OHD concentrations.

See reference below for graph of sunlight hours/day and serum 25-OHD concentrations by month of year for women with BMIs above and below the median BMI. 433 Women with BMIs above (n=218) and below (n=215) the median (25.4) followed longitudinally.

- Decreased time outdoors?
- Decreased ability to synthesize vitamin D in the skin?
- Decreased absorption or increased clearance?

### Decreased time outdoors?

- 381 adults aged 65+ years
- Baseline data from a randomized Ca & vitamin D supplementation trial



Serum 25-OHD decreased with increasing % body fat even controlling for covariates.

No difference in % skin exposed, hours outside/week, or sunscreen use with increasing % body fat.



• Decreased ability to synthesize vitamin D in the skin?

In vitro studies to look at synthetic capacity of skin from obese (N=2) & non-obese (N=2) individuals:

No difference in % conversion of provitamin  $D_3$ (7-DHC) to vitamin  $D_3$ . Normal: 9.4% Obese: 9.6%

- Decreased absorption or increased clearance?
  - 38 healthy whites: 19 normal weight (BMI<25 kg/m<sup>2</sup>) & 19 obese (BMI>30 kg/m<sup>2</sup>)
  - Avoid dairy products 1 week prior to test
  - After overnight fast oral dose of 50,000IU vitamin D<sub>2</sub> was given
  - Blood taken at baseline and 6, 10, and 24 hours after dosing

See reference below for graphs of vitamin D2 over 24 hours in normalweight and obese individuals.

Serum vitamin D<sub>2</sub> concentrations at 24 hours were lower in obese (open squares) compared to normal weight individuals (black circles)

Is this due to decreased absorption or increased clearance?

#### • Decreased absorption or increased clearance?

- 38 healthy whites: 19 normal weight (BMI<25 kg/m<sup>2</sup>) & 19 obese (BMI>30 kg/m<sup>2</sup>) were irradiated with 1 single suberthymic dose of UVB
- Blood taken 1 hour before and 24 hour after UVB exposure

See reference below for graphs of vitamin D3 at baseline and 24 hours in normal-weight and obese individuals and peak serum vitamin D3 by body weight.

Serum vitamin D<sub>3</sub> before weight subjects hours after (white) and weight subjects group interest & normal weight subjects group interest & normal weight adifference skin from obese & normal weight add single single capacity to produce vitamin D<sub>3</sub> skin from obese & normal weight add single had similar capacity to produce vitamin for single capacity to produce vitamin D<sub>3</sub> in clearance. In clearance in clearance correlated with weight and was lower in heavier than lighter individuals (black circles=obese, white squares=normal weight).

## Vitamin D & Obesity - Summary -

Numerous epidemiological studies have shown that obese individuals have lower 25-OHD concentrations.

Decreased time outdoors?

Decreased time outdoors does not explain the lower 25-OHD in obese vs. non-obese individuals.

•Decreased ability to synthesize vitamin D in the skin?

Conversion of previtamin  $D_3$  to vitamin  $D_3$  in skin is not different between obese & non-obese individuals.

Decreased absorption or decreased clearance?

Vitamin D from both UVB exposure and oral dosing are reduced in blood after 24-hours. These results indicate that the lower vitamin D levels in obese individuals are probably due to increased clearance (sequestration into fat?).

## Vitamin D & Obesity - Summary -

In summary, obese individuals need more sunlight exposure or higher doses of vitamin D to maintain similar levels of 25-OHD as nonobese individuals.

### References

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