

# THE LEBANESE

# VITAMIN D

# GUIDELINES

**LAUNCH AND DISSEMINATION SESSION**

Organized by the Calcium Metabolism and  
Osteoporosis Program



Our lives are dedicated to yours

# GUIDELINE RECOMMENDATIONS

## **Vitamin D alone**

There was consistent evidence for the lack of a beneficial effect of vitamin D alone in reducing fractures, for both community dwelling and institutionalized individuals.

## **Vitamin D with calcium**

### Question 1:

**Should testing for vitamin D deficiency vs. no testing be implemented in adults in Lebanon?**

- **Community dwelling individuals:** The panel suggests no screening for Vitamin D deficiency, over screening for Vitamin D deficiency, in community-dwelling Lebanese adult population\* (conditional recommendation, based on very low certainty evidence).
- **Institutionalized individuals:** The panel suggests no screening for Vitamin D deficiency, over screening for Vitamin D deficiency, in institutionalized Lebanese adult population\* (conditional recommendation, based on very low certainty evidence).

### Question 2:

**Should vitamin D supplementation (with or without calcium) vs. no supplementation be used in adults in Lebanon?**

- **Community dwelling individuals:** The panel suggests no supplementation with Calcium and vitamin D (Ca/D), over supplementation with Ca/D, in community-dwelling Lebanese adult population\* (conditional recommendation, based on moderate certainty evidence).
- **Institutionalized individuals:** The panel suggests supplementation with Ca/D, over no supplementation with Ca/D, in institutionalized Lebanese adult population (conditional recommendation, based on moderate certainty evidence).

### Question 3:

**What is the optimal vitamin D supplementation dose, if recommended, to specific adult sub-populations?**

- **In community-dwelling Lebanese adult population** for whom there is a decision to supplement with Ca/D, the panel suggests supplementation with the vitamin D daily equivalent of 600-2000 IU, as compared to higher doses > 2000 IU\* (conditional recommendation, based on very low certainty evidence).
- **In institutionalized Lebanese adult population** for whom there is a decision to supplement with Ca/D, the panel suggests supplementation with the vitamin D daily equivalent of 600-2000 IU as compared to higher doses > 2000 IU (conditional recommendation, based on very low certainty evidence).

\* Subgroups more/most likely to benefit: a) individuals at high risk of low vitamin D level (obesity, bariatric surgery, malabsorption, malnutrition, biliary disease, concealed clothing style, dark skin pigmentation, pollution, lactose intolerance, gluten enteropathy, biliary disease, oldest old age); b) individuals with osteoporosis or osteomalacia, c) individuals on drugs that affect vitamin D metabolism (such as glucocorticoids, anti-epileptics).



# THE LEBANESE VITAMIN D GUIDELINES

## PANEL QUESTIONS

Lebanese individuals who would benefit from **testing for vitamin D deficiency**

- Institutionalized adults
- Community dwelling adults
- Institutionalized and community dwelling adults at high risk\* for vitamin D deficiency



Lebanese individuals who would benefit from **supplementation with Calcium and Vitamin D**

- Institutionalized adults
- Community dwelling adults
- Community dwelling adults at high risk\* for vitamin D deficiency

**The daily equivalent dose of vitamin D 600-2,000 IU (with calcium)** is suggested for

- Institutionalized adults
- Community dwelling adults
- Community dwelling adults at high risk\* for vitamin D deficiency