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Data Reveals No Relevant Relationship Between Serum 25(OH) Vitamin D Concentrations and Perceptions of Dietary Intake Adequacy

Vitamin D dietary intakes are below recommendations, but mean concentrations and risk of inadequacy did not differ by perceptions and knowledge of vitamin D

December 6, 2018, New York, New York – Data from a cross-sectional, two-country study examining the comparison between perceptions of dietary vitamin adequacy and the biomarker of vitamin D exposure [25(OH)D] was published in *Nutritional Influences on Bone Health*. The study, conducted by the Global Nutrition and Health Alliance (GNHA,) revealed that risk of vitamin D inadequacy did not differ by perceptions of dietary adequacy, ratings of a balanced diet, knowledge of vitamin D food sources, or by rankings of importance of vitamin D for health in U.S. and German adults who do not use dietary supplements.

“Vitamin D is important for bone health and has increasingly become a focus of medical research that links nutrition and preventative medicine,” said Regan Bailey, professor of nutrition science, Purdue University. “This is the only study to our knowledge that compares dietary perceptions and biomarker concentration together using serum 25(OH)D, which is the most accurate and reliable marker for vitamin D exposure.”

The purpose of the study was to find connections between the way non-supplemented adults perceive the sufficiency of their vitamin D intake and their mean dietary concentrations. Serum vitamin D concentrations were classified as “inadequate” at <20 ng/mL. Researchers have suggested <30 ng/mL as a marker for “suboptimal” vitamin D concentrations. Both cut points were examined in this analysis.

American adults had higher mean 25(OH)D concentrations and therefore lower prevalence of inadequate or suboptimal 25(OH)D than the German population. Researchers suggested the way foods are fortified with vitamin D in the U.S. may serve as an explanation for the higher 25(OH)D concentrations, as UV exposure and BMI did not differ among populations. While most participants acknowledged vitamin D is important for bone health, fewer Germans (22 percent) than U.S. adults (50 percent) perceived their diet to be adequate in vitamin D.

“Interestingly, when data from the two countries were integrated, mean 25(OH)D levels did not differ based on perceptions of a balanced diet, ratings of diet, adequacy of vitamin D in the diet or importance of vitamin D for health,” said Bailey. “Moreover, a higher proportion of adults who thought vitamin D was only ‘somewhat important’ were inadequate in 25(OH)D levels, compared to those who thought vitamin D was ‘important’ or ‘very important.’”

A minority (36 percent) thought they have adequate amounts of vitamin D in their diet; but, a higher proportion (78 percent) had “adequate” serum 25(OH)D concentrations based on the National Academics of Science, Engineering and Medicine (NASEM) guidelines. When an optimal cut point was applied, prevalence estimates based on serum increased for both countries, but especially for the U.S. Thus, according to Bailey, the choice of cut points for nutritional biomarkers is quite important and influences the prevalence estimates among both populations.

Global Nutrition & Health Alliance

The Global Nutrition and Health Alliance is a global, multi-disciplinary group of physicians, researchers and nutrition experts working together to help educate the public and healthcare professionals about optimal nutrition, including the contribution and interpretation of realistic and science-based recommendations on the appropriate use of vitamins, minerals and supplements, as part of a healthy lifestyle.

The GNHA is supported by an unrestricted grant from Reckitt Benckiser, the makers of nutrition products and dietary supplements. For more details on the GNHA, visit www.globalnutritionhealth.org.

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