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Vitamin D, the Most Important Nutrient

Recent research shows that Vitamin D offers more protection against Covid-19 cases, severity of illness and deaths than any other nutrient or pharmaceutical. This paper reviews the evidence, and why seniors need extra attention.

Covid-19 Deaths in Aged Care Homes

As of June 19, 43% of COVID-19 deaths have been in nursing homes or care facilities. New Hampshire, North Dakota, Rhode Island and Minnesota each experienced 78-80% of their COVID deaths in those facilities.¹ As in other high risk groups, such as dark skinned people and the obese, the elderly are especially at risk for both severe illness and death due to Covid-19 and for low 25(OH)D levels.

Vitamin D & Covid-19 Protection The Research

 As of July 2020, studies had shown up to a 95% decrease, in critical outcomes and death when Covid-19 patients had 25(OH)D levels greater than 30 ng/ ml.^{2,3}

- Countries with lower average D levels experienced statistically more cases and deaths from Covid-19.^{4,5}
- Since July, further study has provided even more evidence of protection with sufficient vitamin D levels against SARS-CoV-2 infection and its severity.
- A study of 225 hospitalized Covid-19 patients found that levels of 25(OH)D over 30 ng/ml significantly reduced the severity of illness, hypoxia, and unconsciousness. Not only did higher levels reduce illness, but while the death rate among those with levels less than 30 ng/ml was 20%, 30 ng/ml reduced the death rate to 9.7% and for those over 40 ng/ml the death rate was 6.3%, showing that this higher D level reduced the death rate by more than two thirds.⁶
- Two large scale studies that included 191,799 patients from all 50 states and 556,000 patients and controls in Israel showed a highly significant correlation between Vitamin D levels and positive Covid cases.^{7,8}
- Knowing that it takes a few days for D3 to fully activate in the liver, high doses of Calcifediol, the active form of D3, were given to patients hospitalized for Covid-19. Out of 50 patients receiving Calcifediol, only 2 needed ICU admission and none died. Of 26 controls receiving only standard of care, 13 were admitted to the ICU and 2 died. Despite a small sample size, results were highly significant (p<0.001). These results suggest that dosing with Calcifediol, rather than D3, is more appropriate in emergency situations.⁹

What is Vitamin D?

- The main source of D3 is synthesis in the skin when exposed to the sun. Food supplies only a minor amount of D.
- With the same sun exposure, our old skin makes half as much as our young skin did.¹⁰
- Kidneys and liver convert D3 into hormones that regulate many bodily functions. Every cell in the body has Vitamin D receptors.
- D3 is vital for a functioning immune system.
- Vitamin D3 also protects against influenza¹¹, respiratory infections^{12,13}, certain cancers (colon¹⁴, prostate¹⁵ and breast¹⁶), Type 2 Diabetes¹⁷, and cardiovascular disease¹⁸.

Why Are the Elderly More at Risk?

- The elderly have less D3 precursor, 7dehydrocholesterol, in the skin.
- They spend less time outdoors in the sun.
- They absorb fewer nutrients from their digestive tract.
- Diseased liver and kidneys fail to change D3 into active hormones.

Vitamin D Supplements Work

- Using D supplements in nursing homes has been show to prevent deficiency.¹⁹
- Out of a concern for falls and bone fractures, New Zealand offers government sponsored Vitamin D supplements, 50,000 IU/month, to all residents of aged care facilities, thus raising serum 25(OH)D to sufficient

levels. Out of the 75% of the residents who took the supplement, 98.5% had sufficient serum 25(OH)D levels, compared to only 35% of those not on a supplement.²⁰

Doctors Should Measure and Correct D Levels

- The test is for serum 25(OH)D.
- The Endocrine Society has set the lower limit to 30 ng/ml, based on a review of the scientific evidence.
- CDC statistics show that most Americans have 25(OH)D levels below 30 ng/ml.²¹
- The Endocrine Society recommends these doses of vitamin D3 supplements:
 - 600-1000 IU/day for children 1-18
 - 1500-2000 IU/day in adults
 - 3000 6000 IU/day if obese.
 - If 25(OH)D levels are lower than 30 ng/ml, initial doses should be higher.²²

Work with Your Doctor

Pharmaceutical companies will not put money into marketing for vitamins. Patients usually have to ask for the test and recommendations for supplementation.

Note: This is not meant to replace sanitation and personal protection, nor the recommendations of your physician.

References

1Girvan G, Roy A. The Foundation for Research on Equal Opportunity, June 19, 2020. https://freopp.org/the-covid-19-nursing-home-crisis-by-the-numbers-3a47433c3f70

² Alipio M. Vitamin D supplementation could possibly improve clinical outcomes of patients infected with Coronavirus-2019. Preprint posted: 9 Apr 2020 Last revised: 7 May 2020. https://papers.ssrn.com/sol3/Papers.cfm? abstract_id=3571484

³ Raharusun P, Sadiah P, Cahni B, Erdie A, Cipta B. Patterns of COVID-19 Mortality and Vitamin D: An Indonesian Study (April 26, 2020). Available at SSRN: https://ssrn.com/abstract=3585561 or http://dx.doi.org/10.2139/ssrn.3585561

⁴ Ilie, PC, Stefanescu S. & Smith L. The role of vitamin D in the prevention of coronavirus disease 2019 infection and mortality. Aging Clin Exp Res (2020). https://doi.org/10.1007/s40520-020-01570-8

⁵ Laird E, Rhodes J, Kenny RA. Vitamin D and Inflammation: Potential Implications for Severity of Covid-19. Ir Med J; Vol 113; No. 5; P81. http://imj.ie/vitamin-d-and-inflammation-potential-implications-for-severity-of-covid-19/

⁶ Maghbooli Z, Sahraian MA,Ebrahimi M, Pazoki M, Kafan S, Tabriz HM, Hadadi A, Montazeri M, Nasiri M, Shirvani A, Holick MF. Vitamin D sufficiency, a serum 25-hydroxyvitamin D at least 30 ng/mL reduced risk for adverse clinical outcomes in patients with COVID-19 infection. Sept 25, 2020 PLoS ONE 15(9): e0239799. https://doi.org/10.1371/journal.pone.0239799

⁷ Kaufman HW, Niles JK, Kroll MH, Bi C, Holick MF (2020) SARS-CoV-2 positivity rates associated with circulating 25-hydroxyvitamin D levels. Sept 17, 2020. PLoS ONE 15(9): e0239252. https://doi.org/10.1371/journal.pone.0239252

⁸ Ariel Israel A, Cicurel A, Feldhamer I, Dror Y, Giveon SM, Gillis D, Strich D, Lavie G. The link between vitamin D deficiency and Covid-19 in a large population. Sept 7, 2020. doi: https://doi.org/10.1101/2020.09.04.2018826

⁹ Castillo ME, Costa LME, Barrios JMV, Díaz JFA, Miranda JL, Bouillon R, Gomez JMQ. Effect of calcifediol treatment and best available therapy versus best available therapy on intensive care unit admission and mortality among patients hospitalized for COVID-19: A pilot randomized clinical study. The Journal of Steroid Biochemistry and Molecular Biology, Vol 203, October 2020, 105751. https://doi.org/10.1016/j.jsbmb.2020.105751

¹⁰ J MacLaughlin and M F Holick, Aging decreases the capacity of human skin to produce vitamin D3. J Clin Invest (1985). https://www.jci.org/articles/view/112134

¹¹ Urashima M, Segawa T, Okazaki M, Kurihara M, Wada Y, Ida H. Randomized trial of vitamin D supplementation to prevent seasonal influenza A in schoolchildren. The American Journal of Clinical Nutrition, May 2010, 91(5): 1255–1260, https://doi.org/10.3945/ajcn.2009.29094

¹² Jolliffe DA, Greenberg L, Hooper RL, Mathyssen C, Rafiq R, de Jongh RT, Camargo CA, Griffiths CJ, Janssens W, Martineau AR. Vitamin D to prevent exacerbations of COPD: systematic review and meta-analysis of individual participant data from randomised controlled trials. Thorax April 2019; 74(4).

¹³ Martineau Adrian R, Jolliffe David A, Hooper Richard L, Greenberg Lauren, Aloia John F, Bergman Peter et al. Vitamin D supplementation to prevent acute respiratory tract infections: systematic review and meta-analysis of individual participant data BMJ 2017; 356 :i6583

¹⁴ McCullough ML, Zoltick ES, Weinstein SJ, Fedirko V, Wang M, Cook NR, Eliassen AH, et al. Circulating Vitamin D and Colorectal Cancer Risk: An International Pooling Project of 17 Cohorts, JNCI: Journal of the National Cancer Institute, Volume 111, Issue 2, February 2019, Pages 158–169. https://doi.org/10.1093/jnci/djy087

¹⁵ Nyame YA, Murphy AB, Bowen DK, et al. Associations Between Serum Vitamin D and Adverse Pathology in Men Undergoing Radical Prostatectomy. J Clin Oncol. 2016;34(12):1345–1349. doi:10.1200/JCO.2015.65.1463

¹⁶ Yao S, Kwan ML, Ergas IJ, Roh JM, Cheng TYD, Hong CC, McCann SE, Tang L, Davis W, Liu S, Quesenberry CP Jr, Lee MM, Ambrosone CB, Kushi LH, Association of Serum Level of Vitamin D at Diagnosis With Breast Cancer Survival: A Case-Cohort Analysis in the Pathways Study, March 2017, JAMA Oncol. 2017;3(3):351-357. doi:10.1001/jamaoncol.2016.4188

¹⁷ Rafiq S, Jeppese PB. Is Hypovitaminosis D Related to Incidence of Type 2 Diabetes and High Fasting Glucose Level in Healthy Subjects: A Systematic Review and Meta-Analysis of Observational Studies. Nutrients. 2018 Jan; 10(1): 59. doi: 10.3390/nu10010059

¹⁸ Saponaro F, Marcocci C, Zucchi R. Vitamin D status and cardiovascular outcome. J Endocrinol Invest 42, 1285–1290 (2019). https://doi.org/10.1007/s40618-019-01057-y

¹⁹ Wyskida M, Wieczorowska-Tobis K, Chudek J. Prevalence and factors promoting the occurrence of vitamin D deficiency in the elderly. *Postepy Higieny i Medycyny Doswiadczalnej* (Online). 2017 Mar;71(0):198-204. DOI: 10.5604/01.3001.0010.3804.

²⁰ MacDonell SO, Miller JC, Harper MJ, Wa DL. Vitamin D status and its predictors in New Zealand aged-care residents eligible for a government-funded universal vitamin D supplementation programme. *Public Health Nutrition*, Dec 2016, 19(18):3349-3360. DOI: https://doi.org/10.1017/S1368980016001683

²¹ National Report on Biochemical Indicators of Diet and Nutrition in the U.S. Population 1999-2002. https://www.cdc.gov/nutritionreport/99-02/pdf/nr ch2b.pdf

²² Holick MF, Binkley NC, Bischoff-Ferrari HA, Gordon CM, Hanley DA, Heaney RP, Murad MH, Weaver CM, Endocrine Society. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2011 Jul; 96(7):1911-30