

**EXECUTIVE SUMMARY of VITAMIN D and CALCIUM GUIDANCE:**

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**PROPHYLAXIS AND TREATMENT FOR CALCIUM AND VITAMIN D FOR CHILDREN AND YOUNG PEOPLE WITH NEUROMUSCULAR DISORDERS IN UK**

**INFORMATION FOR GPs AND PAEDIATRICIANS**

**Indications: children at risk of vitamin D deficiency and long-term poor bone mineralisation:**

- Boys with Duchenne Muscular Dystrophy on corticosteroids
- Children with Neuromuscular Conditions non- weight bearing
- Children/ young people with mobility difficulties and reduced weight bearing
- Additional risk factors include obesity, reduced exposure to sunlight, dark skin colour

Recommendation to maintain Vitamin D level > 75 nmol/l

**Bioavailability of Vitamin D:**

- Colecalciferol has a better bioavailability than Ergocalciferol and so Colecalciferol is favoured for management of insufficiency and maintenance.

**Dosing:**

Insufficiency Vitamin D < 75nmols/l **Replenishment Dosage:**

- Colecalciferol 6000 units daily for 3 months
- Repeat Vitamin D level, if normalised convert to maintenance

Colecalciferol in the above dosage can only be prescribed as a 'special'

- Colecalciferol ( brand name Vigantoletten ) 1000 units dispersible tablets can be obtained from special Manufacturer UL Medicines Watford WD24 4YJ
- OR Colecalciferol 3000 units /ml can be obtained from: Martindale & Aurum Pharmaceuticals Brentwood Essex CM14 4LZ
- Other lower dose preparations as per Children's BNF

Sufficient Vitamin D >75nmols/l **Maintenance Dosage:**

- 2-8yrs Colecalciferol 400-800 units daily
- 8yrs – 12+ Colecalciferol 800-1000 units daily

**Calcium**

Calcium is less of a concern than vitamin D as it is present in many foods. However, children (particularly) boys will need more daily calcium as they enter puberty. If you suspect a child needs additional calcium and they are already overweight/obese then calcium in the form of a supplement (usually one containing 500 mg/day) is the preferred option.

**Dubowitz Neuromuscular Service**

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