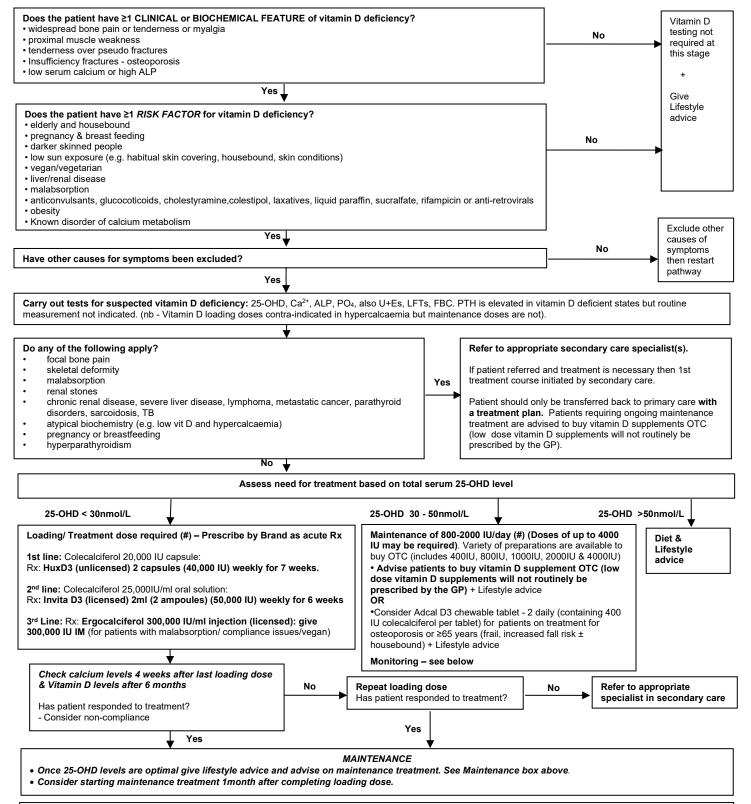
Investigation and treatment of Vitamin D deficiency / insufficiency in adults Flowchart



MONITORING

- Check adjusted serum calcium 4 weeks after loading regimen or after starting vitamin D supplementation (in case unmasks primary hyperparathyroidism)
- Check 25-OHD levels 6 months after treatment for patients on high (treatment) dose of vitamin D.
- Routine monitoring of 25-OHD not necessary: may be appropriate in patients with symptomatic vitamin D deficiency/malabsorption/poor compliance
- Specialist's advice: calcium levels may need to be checked 3-6 monthly in patients on maintenance doses higher than 1,000 IU/Day

Check for allergies (some products may contain peanut (arachis) oil, sunflower oil or soya oil) & special dietary requirements

- For further information on dietary / religious requirements see supporting document on treatment choices
- Unlicensed products: as with all unlicensed medicines, all clinical and legal responsibility lies with the prescriber rather than the manufacturer (unless it can be proven that the product was faulty). Informed consent should always be obtained from patients before prescribing in these circumstances.
- Alfacalcidol & calcitrol: should only be used in patients who cannot activate vitamin D and should therefore not be used for the routine treatment of primary vitamin D deficiency/insufficiency, as they carry a higher risk of toxicity and require long-term monitoring.
- Hypercalcaemia: Patients should be advised of the symptoms of hypercalcaemia (nausea, abdominal pain, thirst, polyuria etc) and advised to stop taking vitamin D supplements and seek medical advice if these occur.