

비타민 D 결핍증 환자 급증 ?

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논문

Vitamin D Research and Clinical Practice: At a Crossroads

Manson JE et al. JAMA. 2015;313(13):1311-1312.

Long recognized as important for bone health, vitamin D has attracted recent interest for its possible nonskeletal benefits. Many primary care clinicians now include blood tests to measure vitamin D concentrations as part of routine laboratory work and recommend vitamin D supplements, often at high doses, to their patients for the possible prevention of cancer, cardiovascular disease (CVD), diabetes, autoimmune disorders, cognitive decline, and other conditions. Thus, screening rates and sales of vitamin D supplements have increased substantially in recent years.

However, clinical enthusiasm for supplemental vitamin D has outpaced available evidence on its effectiveness and threatens to jeopardize the ability of researchers to conduct randomized trials in “usual-risk” populations. Based on its recent systematic reviews of the literature, the US Preventive Services Task Force (USPSTF) concluded that data are insufficient to recommend vitamin D screening in routine clinical practice or to assess the effectiveness and overall balance of benefits and risks of supplemental vitamin D taken for the primary prevention of cancer and CVD. In an earlier review, the Institute of Medicine (IOM) reached the same conclusion?namely, whether supplemental vitamin D lowers risk of nonskeletal health outcomes, and what dose might be required to do so, is uncertain.

----- Well-designed randomized clinical trials overcome biases inherent to observational studies and are necessary to establish the long-term consequences of taking high-dose supplemental vitamin D. Several large-scale, general-population vitamin D supplementation trials with cancer, CVD, or total mortality as primary prespecified end points have been launched in the past 5 years and are under way. When there is uncertainty about whether supplementation is warranted, the usual medical principle is to err on the side of caution and to avoid excess. Thus, while awaiting the results of the large trials now in

progress, physicians would be well advised to follow current USPSTF and IOM recommendations and avoid overscreening and overprescribing supplemental vitamin D. Doing so is not only in the best interest of current patients but will also help advance knowledge to benefit future patients and inform future public health recommendations.