

# Preventing bone disease with Vitamin D

**This leaflet is for the parents / carers of children and young people who have been advised to use Vitamin D to prevent bone disease.**

## What is Vitamin D?

Vitamin D is an essential nutrient needed for healthy bone development and to control the amount of calcium in our blood.

Most people get little Vitamin D from their diet – it is found in oily fish, liver, eggs and dairy food. Sunshine is the main source of Vitamin D for most people; however, we know that many adults and children are low in Vitamin D, particularly in the winter months.

## Why do people sometimes have low Vitamin D levels?

Certain things can make you more at risk of having low Vitamin D levels, such as having low exposure to sunlight, use of sun cream or clothing, obesity, dark skin colour, or by having renal or liver disease.

Additionally, some medications, including many of the anticonvulsant (epilepsy) medications stop you from absorbing Vitamin D.

## What happens if Vitamin D is too low?

If your child's Vitamin D is too low, then their bones may become weak, which may make it easier for bones to fracture in the longer term.

## Why is my child at risk?

Your child / young person is at risk from poor bone strength for one or more of the following reasons:

- They are using anticonvulsant (epilepsy) medications.
- They find it hard to move about due to a muscle or neurological condition.
- They have low Vitamin D levels.
- Other \_\_\_\_\_

## Recommended treatments:

Your doctor will advise you to either have maintenance treatment or replenishment treatment:

- Maintenance treatment is usually purchased by yourself at your local pharmacy without prescription.
  - Vitamin D dosage is discussed in clinic in International Units. This usually ranges from 400 units to 1000 units depending on your child's condition. It will also be included in your child's clinic report.
- Replenishment treatment is usually requested to be prescribed by your GP
  - Cholecalciferol 6000 units once daily for 3 months.

**Three months after treatment, your child will need to have their blood levels rechecked – you will need to call Kempton Ward to book this.**

### **Ways to give Vitamin D:**

- Vitamin D is available as a tablets, syrup or spray as various brands (including own label brands).
- Multivitamins, such as DaliVit® and Abidec®, contain Vitamin D as well as other vitamins and minerals. Please do not give multivitamins and as well as extra Vitamin D supplements as the dose may be too high for your child. If in doubt, check with your dietitian.
- You can buy Vitamin D tablets, syrup or spray over the counter in your local pharmacy without a prescription or in supermarkets or health food stores, as well as online. Whichever preparation you choose is up to you and which you think your child will take best.
- **Tablets** come in strengths of 200, 400, 600, 800 or 1000 units. They are usually smaller in size than paracetamol or ibuprofen tablets.
- Vitamin D **syrups** come in small volumes and are oil based, often with fruit flavouring. It comes in 200, 400, 600, 800 or 1000 units strengths.
- **Sprays** are given once per day and most bottles contain 100 sprays. They can be lemon flavoured and in different strengths such as 1000 or 3000 units.

Some, but not all, Vitamin D brands are derived from animal products such as sheep's wool fat. If you have any specific dietary requirements, please ask your local pharmacist or check with your dietitian.

### **Contact details**

**Dingley Admin team (CAT 7):** 0118 322 7531 (option 1 for Dingley Team; option 2 for Acute Paediatric Team) or email: [rbb-tr.cat7@nhs.net](mailto:rbb-tr.cat7@nhs.net)

**Kempton Ward for blood tests:** 0118 322 7512

### **References:**

- GOSH Vitamin D executive summary for those with Neuromuscular disorders in UK
- <https://bnfc.nice.org.uk/drug/colecalciferol.html>

**Additional advice for my child:** \_\_\_\_\_  
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**Please ask if you need this information in another language or format.**

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