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OPINION

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Wallace Sales Gaspar[1], Ana Luíza Velten[1], Isabel Rey Madeira[2]

Artigo: Holick MF, Binkley NC, Bischoff-Ferrari, Gordon CM, Hanley DA, Heaney RP et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab 2011;96(7):1911-30.

Vitamin D is currently considered a hormone. It plays a key role in the metabolism of calcium and phosphorus, functions which have long been known. In recent decades, other biological actions have been studied, including the inhibition of cell proliferation, the induction of cell differentiation, the inhibition of angiogenesis, and the stimulation of insulin production.

Many studies have been performed to determine the non-calcium-based benefits of the vitamin, such as the prevention of cardiovascular disease, but all studies thus far have been inconclusive.

However, studies have reported strong evidence that support the good practices involved in the prevention and treatment of vitamin D deficiency in relation to bone metabolism. In light of this evidence, the Scientific Department of Nutrition of the Brazilian Society of Pediatrics recently started recommending prophylactic supplementation of vitamin D at a dose of 400 IU per day from the first week of life up to 12 months, and 600 IU per day from 12 to 24 months, even for children who are exclusive breastfeeding and regardless of the region of the country. This article is one of the references used by the Scientific Department of Nutrition of the SBP for this recommendation.

Given the fact that the deficiency of this vitamin is common in all age groups, that few foods contain vitamin D, and that this vitamin needs to be activated in the skin, doctors have often indiscriminately requested its dosage in routine tests.

Added to this the fact that many Brazilian children are not exposed to the sun, even in sunny regions of Brazil, whether for the prevention of skin cancer (for which many children begin using sunscreen at an early age) or because they do not spend substantial time outdoors, or even because of air pollution in urban centers where they live.

When indicated, vitamin D levels should be measured using the 25 (OH) D blood test. However, the clinical trials available are subject to variability, which makes it difficult to establish a cut-off point that most clearly reflects deficiency of the hormone.

In light of these factors, the Endocrine Society published an article in 2011 entitled "*Evaluation, Treatment, and Prevention of Vitamin D Deficiency: An Endocrine Society Clinical Practice Guideline*", which was based on scientific evidence.

The guideline emphasizes the recommendation to evaluate the deficiency only in at-risk groups, and it contraindicates population-wide screening or the screening of individuals who are not at risk.

The article is essential reading for pediatricians looking for a critical view, because, based on the evidence, the article also provides an extensive bibliography that can be consulted by those who wish to learn more about the subject. Therefore, it is mandatory reading for pediatric residents.

[1] Resident R3. Pediatric Endocrinology Programm. Universidade do Estado do Rio de Janeiro (HUPE-UERJ).
[2] Advisor. Pediatric Endocrinology Programm. UERJ. Adjunct Professor. Department of Pediatrics. Faculdade de Ciências Médicas da UERJ. Coordinator of Endocrinology Department. HUPE-UERJ.