

### Scientists' Call to D\*action

The Vitamin D Deficiency Epidemic

40-75% of the world's population is vitamin D deficient.

The causal link between severe vitamin D deficiency and rickets or the bone disease of osteomalacia is overwhelming, while the link between vitamin D insuffiency and osteoporosis with associated decreased muscle strength and increased risk of falls in osteoporotic humans is well documented by evidence-based intervention studies.

There are newly appreciated associations between vitamin D insufficiency and many other diseases, including tuberculosis, psoriasis, multiple sclerosis, inflammatory bowel disease, type-1 diabetes, high blood pressure, increased heart failure, myopathy, breast and other cancers which are believed to be linked to the non-calcemic actions of the parent vitamin D and its daughter steroid hormone.

Based on the evidence we now have at hand, action is urgent.

It is projected that the incidence of many of these diseases could be reduced by 20%-50% or more, if the occurrence of vitamin D deficiency and insufficiency were eradicated by increasing vitamin D intakes through increased UVB exposure, fortified foods or supplements. The appropriate intake of vitamin D required to effect a significant disease reduction depends on the individual's age, race, lifestyle, and latitude of residence. The latest Institute of Medicine (IOM) report, 2010, indicates 10,000 IU/day is considered the NOAEL (no observed adverse effect level). 4000 IU/ day can be considered a safe upper intake level for adults aged 19 and older.

It is well documented that the darker the skin, the greater the probability of a vitamin D deficiency. Even in southern climates, 55% of African Americans and 22% of Caucasians are deficient.

More than 1 billion people worldwide are affected at a tremendous cost to society.

A Scientists' Call to Action has been issued to alert the public to the importance to have vitamin D serum levels between 40 and 60 nanograms/milliliter (100-150 nanomoles/liter) to prevent these diseases. Implementing this level is safe and inexpensive.

The benefit of an adequate vitamin D level to each individual will be better overall health and a reduction in illnesses and, ultimately, a significant reduction in health care costs. The benefit of adequate vitamin D levels to society/businesses is a more productive workforce and, lower health care costs.

The D\*action project has as its purpose to serve as a model for public health action on vitamin D. It is a test bed for techniques, and for providing outcome evaluation at a community level.

#### **International Scientists Panel**

#### Ahepa University Hospital Thessaloniki ,Greece

Kalliopi Kotsa, MD, Ph.D. Spyridon Karras , MD, Ph.D.

### Baxter International Mathew Mizwicki, Ph.D.

iviatilew iviizwicki, Pii.D.

# **Boston University School of Medicine** Michael F. Holick, Ph.D., M.D.

### Creighton University

Robert P. Heaney, M.D. † Joan M. Lappe, Ph.D., R.N.

#### **Emory University**

Vin Tangpricha, M.D., Ph.D.

#### **Harvard University**

Carlos A. Camargo, Jr., M.D., Dr. P.H. Edward Giovannucci, M.D., ScD. Walter C. Willett, Dr. P.H., M.D.

#### Inova Comprehensive Cancer and Research Institute Donald L. Trump, M.D.

Institute VitaminDelta Raimund von Helden, M.D.

McGill University
John H. White, Ph.D.

#### Medical University of Graz, Austria Stefan Pilz, M.D.

Medical University of South Carolina Bruce W. Hollis, Ph.D. Carol L. Wagner, M.D.

#### Mt. San Jacinto College Laura P. Schoepf, Ph.D.

National Center for Global Health and Medicine Tetsuya Mizoue, M.D., Ph.D.

#### Oregon State University, Linus Pauling Institute

Linus Pauling Institute
Adrian F. Gombart, Ph.D.

#### Roswell Park Cancer Institute Candace Johnson, Ph.D.

Royal National Orthopaedic Hospital, United Kingdom

### Benjamin Jacobs, M.D.

Society For Medical Information and Prevention Joerg Spitz, M.D.

#### Sunlight, Nutrition and Health Research Center William B. Grant, Ph.D.

## University of Albany - SUNY JoEllen Welsh, Ph.D.

# **University of Alberta**Gerry Schwalfenberg, M.D., CCFP

University of Angers, France Cedric Annweiler, M.D., Ph.D.

#### **University of Auckland** Robert Scragg, M.D., Ph.D.

**University of Birmingham** Martin Hewison, Ph.D.

## University of California Davis

Bruce D. Hammock, Ph.D. Hari A. Reddy, Ph.D. Ray Rodriguez, Ph.D.

### University of California Los Angeles

John Adams, M.D. Milan Fiala, M.D H. Phillip Koeffler, M.D. Keith C. Norris, M.D.

# **University of California Riverside** Anthony W. Norman, Ph.D.

#### University of California San Diego

Richard L. Gallo, M.D., Ph.D. Cedric F. Garland, Dr. P.H. Frank C. Garland, Ph.D. † Edward D. Gorham, Ph.D. Tissa Hata, M.D.

#### University of California San Francisco

David Gardner, M.S., M.D. Bernard P. Halloran, Ph.D.

## **University of Saskatchewan** Susan J. Whiting, Ph.D.

**University of Toronto, Mt Sinai Hospital** Reinhold Vieth, Ph.D.

#### Vienna Medical University Heidi S. Cross, Ph.D.

Vitamin D Council John J. Cannell, M.D.

#### Wismar University of Applied Sciences Alexander Wunsch, M.D