

Comment on: The current practice of using angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers in diabetic hypertensive and non-hypertensive patients. Is there a room for vitamin D?

To the Editor

Sukkariet et al,¹ answer to the question they raise in their recent article that there is a room for recommending vitamin D supplements in using angiotensin-converting enzyme inhibitors (ACEi) and angiotensin II receptor blockers (ARBs) in diabetic hypertensive and non-hypertensive patients.

The literature is full of data indicating a higher risk of many diseases such as immune mediated conditions, infections, diabetes mellitus, cardiovascular diseases, and cancer, if 25-hydroxyvitamin D (25[OH] D) levels are <20 ng/mL (50 nmol/L) and the risk decreases with higher level.²⁻⁵ There is little evidence for a linear causal association between vitamin D levels and risk of these diseases. There are no randomized controlled trials that show that adding vitamin D will lead to decreasing this risk or alter the outcome of these conditions. More research is needed to clarify the role of vitamin D in the prevention and management of extra skeletal diseases.

In conclusion, it is inappropriate to recommend vitamin D supplements in diabetic patients with or without hypertension using ACEi and ARBs medication. The Scientific Advisory Committee on Nutrition (SACN) has recommended a reference nutrient intake, the amount that is sufficient to meet the needs of 97.5% of the population, for vitamin D of 10µg (400 IU) a day to protect musculoskeletal health

in people aged 4 years or older.⁶ Lastly, vitamin D intoxication may cause hypercalcemia with confusion, polyuria, and polydipsia, muscle weakness and pain, nephrocalcinosis and bone demineralization.

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Reply from the Author

No reply received from the Author.

References

1. Sukkariet HH, Bustami RT, Abdu MN, Khokhar AA, Salih AA, Abdalla HK. The current practice of using angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers in diabetic hypertensive and non-hypertensive patients. Is there a room for vitamin D? *Saudi Med J* 2020; 41: 1083-1089.
2. World Health Organization. International Agency for Research on Cancer. Vitamin D and Cancer. IARC Working Group Reports Vol. 5. [Updated 2008 November. 2020 October 12]. Available from URL: http://www.iarc.fr/en/publications/pdfs-online/wrk/wrk5/Report_VitD.pdf
3. Rosen CJ, Adams JS, Bikle DD, Black DM, Demay MB, Manson JE, et al. The nonskeletal effects of vitamin D: an Endocrine Society scientific statement. *Endocr Rev* 2012; 33: 456-492.
4. Kupferschmidt K. Uncertain verdict as vitamin D goes on trial. *Science* 2012; 337: 1476-1478.
5. Bouillon R, Marcocci C, Carmeliet G, Bikle D, White JH, Dawson-Hughes B, et al. Skeletal and extraskeletal actions of vitamin d: current evidence and outstanding questions. *Endocr Rev* 2019; 40: 1109-1551.
6. Scientific Advisory Committee on Nutrition (SACN), 2016. Vitamin D and Health. [Updated 2016 July. Accessed 2020 October 16]. Available from URL: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/537616/SACN_Vitamin_D_and_Health_report.pdf