

USPSTF says evidence doesn't support vitamin D screening

24 June 2014

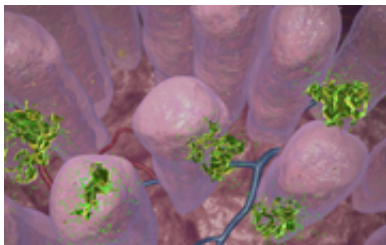


Image courtesy of Blausen Medical

RR, 0.66; 95 percent CI, 0.50 to 0.88). There was no association between vitamin D treatment and decreased fracture risk (five studies; pooled RR, 0.98; 95 percent CI 0.82 to 1.16).

"More research is needed to determine vitamin D treatment's effects in younger, non-institutionalized adults and to clarify the subpopulations that are most likely to benefit from treatment," the authors write.

More information: [Draft Recommendation Statement](#)
[Draft Evidence Report](#)

(HealthDay)—Current evidence is insufficient to weigh the benefits and harms of screening for vitamin D deficiency to improve health outcomes in asymptomatic adults, according to a draft evidence report from the U.S. Preventative Service Task Force.

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Erin LeBlanc, M.D., from Oregon Health & Science University, and colleagues on behalf of the U.S. Agency for Healthcare Research and Quality conducted a literature search to develop evidence regarding the benefits of vitamin D [treatment](#) (with or without [calcium](#)) compared with placebo, calcium alone, or no treatment. Included studies evaluated asymptomatic populations from the United States, Canada, and Europe with serum 25(OH)D concentrations of \geq 30 ng/mL.

The researchers found that in treatment studies, mortality was decreased in those randomized to vitamin D treatment (with or without calcium; 11 studies; pooled RR, 0.83; 95 percent confidence interval [CI], 0.70 to 0.99). However, the risk reduction was limited to studies of older, institutionalized persons (three trials; pooled RR, 0.72; 95 percent CI, 0.56 to 0.94). Vitamin D treatment was not associated with a decreased risk for falling (five studies; pooled RR, 0.84; 95 percent CI, 0.69 to 1.02), but it was associated with fewer falls per person (five studies; pooled

APA citation: USPSTF says evidence doesn't support vitamin D screening (2014, June 24) retrieved 30 April 2021 from <https://medicalxpress.com/news/2014-06-uspstf-evidence-doesnt-vitamin-d.html>

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