



Surveillance report – Vitamin D: increasing supplement use in at-risk groups (2014) NICE guideline PH56

Surveillance report

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Contents

Surveillance decision	3
Reason for the decision	3
How we made the decision.....	4
New evidence	4
Consideration of the evidence.....	4
Overall decision	7
Date of next surveillance	7
NICE Centre for Guidelines Surveillance project team.....	7

Surveillance decision

Immediate refresh and transfer to [static list](#).

Reason for the decision

The NICE guideline on vitamin D aims to safely implement existing evidence-based recommendations on the prevention of vitamin D deficiency in at risk groups. These evidence-based recommendations were updated in 2016 by the [Vitamin D and Health SACN](#) report and there are no further plans to incorporate further updates.

No evidence has been identified that indicates that this guideline requires updating.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 2 years after the publication of [vitamin D: increasing supplement use in at-risk groups \(2014\) NICE guideline PH56](#).

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

New evidence

No evidence has been identified that indicates that this guideline requires updating, however the newly published [Vitamin D and Health SACN report 2016](#) gives evidence that suggests our guideline needs a refresh.

One literature search was undertaken on vitamin D plus implementation terminology from May 2013 to February 2017 and little new evidence was found that would impact on the recommendations.

We also checked for ongoing and newly published research from NIHR and Cochrane as well as new policy developments. No ongoing research was identified that would impact on the recommendations.

See [appendix A](#): evidence summary for references and assessment of the abstracts for all new evidence considered.

Consideration of the evidence

The publication of the new 2016 SACN report gave new evidence that has an impact on the following areas of the guideline:

- Title
- Overview
- What is the guideline about (Introduction and SACN review)
- Recommendation 1 Increase access to vitamin D supplements
- Recommendation 2 Clarify existing guidance

- Recommendation 3 Develop national activities to increase awareness about vitamin D
- Recommendation 4 Ensure a consistent multiagency approach
- Recommendation 5 Increase local availability of vitamin D supplements for at-risk groups
- Recommendation 6 Improve access to Healthy Start supplements
- Recommendation 8 Ensure health professionals recommend vitamin D supplements
- Recommendation 9 Raise awareness among health, social care and other relevant practitioners of the importance of vitamin D
- Recommendation 10 Raise awareness of the importance of vitamin D supplements among the local population
- Recommendation 11 Monitor and evaluate the provision and uptake of vitamin D supplements
- Context (Background)
- Considerations
- Recommendations for research
- Glossary (At risk groups; Existing recommendations on vitamin D; reference nutrient intake)

See [appendix A](#) for details of the evidence reviewed.

No new evidence was identified for the following guideline recommendation:

- Recommendation 7 Only test vitamin D status if someone has symptoms of deficiency or is at very high risk

Implementation

The Medicine's Evidence and Advice Team highlighted information for the following recommendations:

- Recommendation 1 – *Work with manufacturers to ensure vitamin D supplements providing the reference nutrient intake (RNI) as recommended by the Scientific Advisory Committee on Nutrition, are widely available for the following at-risk groups.* The BNF currently states that there are a number of licensed products containing vitamin D(3) 10mcg (400IU). There are also a large number of oral solutions and oral drops that would meet the RNIs.

- Recommendation 1 – *Amend existing legislation to allow Healthy Start vitamins to be more widely distributed and sold. This includes encouraging manufacturers to sell them direct to pharmacies.* Healthy Start vitamins may now be sold.
- Recommendation 1 – *Encourage manufacturers of multivitamin food supplements to include the recommended reference nutrient intake for vitamin D in their preparations.* After doing a random search of current vitamin D supplement suppliers it was noted that very few contain the recommended reference nutrient intake. Most contain less than is needed but some contain more.

Equalities

No evidence has been found to indicate that the guideline does not comply with anti-discrimination and equalities legislation.

Implications for other NICE programmes

Recommendation 6 of this guideline relates to NICE's quality standard on [maternal and child nutrition](#). The current surveillance review recommendation will not impact this quality standard.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. Three experts responded to the email request for feedback and the main theme throughout their responses was that NICE should ensure that its guideline was in line with the SACN recommendations.

Views of stakeholders

Stakeholders commented on the decision to place the guideline on the static list. See [appendix B](#) for stakeholder's comments and our responses.

Seven of the respondents were explicitly supportive of NICE's proposal to place the guideline on the static list. These included Public Health England.

Queen Mary University of London, Newcastle University and the Lactation Consultants of Great Britain disagreed with the proposal to place the guideline on the static list and suggested the following amendments:

- One stakeholder stated that as the SACN report recommends that the whole population from 4 years old onwards should have the same vitamin D intake, the scope should be changed to consider increasing supplement use across all population groups and a new guideline developed. No evidence was provided to indicate that new recommendations would be developed in order to address supplementation across the whole population. As the SACN report still notes that there are some population groups that remain at risk of low vitamin D levels the principle of having a guideline that provides recommendations on increasing supplement use in specific populations still holds. As such, we propose that the title of the guideline is amended to "Vitamin D: supplement use in specific population groups". There would also be a comment within the guideline to state that "Suitable supplements should be available for the entire population (1 year and above) throughout the year". Please see [reference nutrient intake](#) for further information.
- One stakeholder noted that there is evidence due to publish in 2018 from the VITAL study, however this is out of the scope of the current guideline as it refers to the association between vitamin D status and health outcomes.
- One stakeholder suggested that the scope should be amended to incorporate recommendations on how to increase consumption of foods which are naturally high in vitamin D or fortified with vitamin D. However it is noted in the guideline that dietary sources of vitamin D are limited and the SACN report notes that it is difficult to achieve the RNI/Safe Intake from natural food sources alone.

Overall decision

Vitamin D: increasing supplement use in at-risk groups (PH56) does not need an update at this time, however it would benefit from a refresh, taking into account new recommendations from SACN. The guideline should be placed on the static list.

Date of next surveillance

The timing of the next check to decide whether the guideline should be transferred off the static list is to be confirmed.

NICE Centre for Guidelines Surveillance project team

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The NICE project team would like to thank the topic experts who participated in the surveillance process.

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