## On the Possible Link Between Vitamin D Deficiency and Cardiovascular Disease: Should We D-Lighten Our Lives?

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1) All humans migrated out from the equator, and all had black skin.

2) As humans migrated, "a progressive depigmentation took place." "Strong evolutionary forces in favor of less pigmentation must have been present in regions with low solar exposure."

3) "In regions with low sun ultraviolet (UV) radiation, less pigmented individuals would need less time in the sun to avoid vitamin D deficiency."

4) Higher levels of vitamin D probably helped avoid respiratory tract infections, tuberculosis, and influenza.

5) Women with less pigmented skin and more vitamin D may have had an evolutionary advantage of improved fertility, fewer miscarriages, or fewer pregnancy complications.

6) "Individuals with heart failure, hypertension, stroke, and other cardiovascular diseases (CVD) tend to have lower vitamin D levels."

7) Type-2 diabetes is more prevalent among people with low vitamin D levels.

8) Newborns who receive vitamin D supplementation have an 80% lower long-term risk of childhood or adolescent diabetes.

9) Swedish people who go on sunbathing vacations at least once a year for 3 decades have lower CVD and lower all-cause mortality.

10) Food, especially vegetarian and vegan food, is low in vitamin D content.

11) "The body produces the greatest amount of its vitamin D in the skin after exposure to UVB radiation from sunlight."

12) Short daily exposure to the sun is the best way to obtain robust levels of vitamin D, "but one must be careful to avoid sunburn."

13) Darker (pigmented) skin acts as a sun shield. Darker skinned individuals need more time in the sun to produce adequate levels of vitamin D.

14) Overweight individuals need more time in the sun to produce adequate levels of vitamin D than do lean people.

15) Sun protection cream hinders vitamin D production.

16) "A common misinterpretation of the current sun exposure guidelines is that, as long as you apply sun block, you can be out in the sun for a long time. This is probably the reason why using sun protection cream is an established risk factor for melanoma, because it results in people staying in the sun too long."

17) There is no scientific evidence that sun protection creams lower the risk of melanoma.

18) "Thromboembolic events occur more frequently among those who avoid sun exposure and that the risk is almost doubled during the winter season."

19) "Both sun avoidance and excessive sun exposure are extreme behaviors that threaten our health."

20) People should either adopt active sun exposure habits or supplement with 2000–4000 IU of vitamin D daily.

COMMENTS FROM DAN MURPHY:

I agree with *Article Review #38-11* in vitamin D supplement dosing:

The loading dose of supplemental vitamin D3 should be about 20,000 IU/day for 3 – 6 months with a maintenance dose of 5,000 IU/day.

Sarcoidosis patients (and other granulomatous diseases) should not supplement with vitamin D because it increases granuloma production increasing the risk of hypercalcemia.