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he latest volley in the vitamin D debate came via *The New England Journal of Medicine*,¹ but dermatologists may find the latest pro-D pronouncements more favorable than those of the past. While Michael F. Holick, MD, PhD, who has been at the center of the vitamin D firestorm, maintains that rates of vitamin D deficiency and insufficiency remain high in the US, his recommendations to address the problem may be more palatable.

Vitamin D is thought to play a role in decreasing the risk of "common cancers, autoimmune diseases, infectious diseases, and cardiovascular disease," Dr. Holick writes. In his discussion of vitamin D sources and treatment options, he addresses both supplements and dietary favored by most dermatologists—and provides specific dosing regimens for vitamin D2 and D3 supplements. Though he advocates unprotected UV exposure as *one* way to obtain vitamin D, he notes that patients may benefit from as little as five minutes of unprotected exposure of the arms and legs twice a week. (His recommended upper limit of exposure, unfortunately, is 30 minutes.) Perhaps the least appealing of Dr. Holick's suggestions is that patients utilize tanning beds, though he urges use "in moderation."

Of course most dermatologists take issue not with the pro-vitamin D argument but with certain UV-related recommendations and public perception of them. Popular reporting about vitamin D almost always emphasizes the "controversial" recommendation to soak up UV rays, often seeming to imply that the sun is the sole source of vitamin D and that benefits attributed to the vitamin surely outweighs the risks of skin cancer. And that may be all the rationale a patient needs to defy advice to practice sun protection strategies. A sun-worshipper at heart may use any shred of "scientific" or "medically-recognized" information to rationalize their habit.

Whether he meant to or not, Dr. Holick may have done dermatologists a favor with his most recent publication. Now when you believe a patient may benefit from vitamin D supplementation, you can offer him or her a supplement dosing regimen recommended by the man who literally "wrote the book" on deficiency. You can discuss diet and direct patients to a list of natural and fortified foods and their vitamin D content. (Just 3.5oz. of dried shitake mushrooms offer about 1600IU of vitamin D2.) And you can remind patients that measuring vitamin D synthesis from sun exposure can be difficult because, as Dr. Holick points out, it depends on "time of day, season, latitude, and skin pigmentation."

Patients who want an excuse to continue unhealthy habits will always find one. When it comes to vitamin D deficiency and UV exposure, you may do best not to simply shrug off of the issue of deficiency. Instead, offer patients reasonable, safer, and more reliable alternatives to extensive unprotected sun exposure and tanning bed use.

1. Holick MF. Vitamin D Deficiency. New Eng J Medicine. 2007 July 19;357(3):266-281.

Paul Winnington

Paul Winnington, Editor-in-Chief

