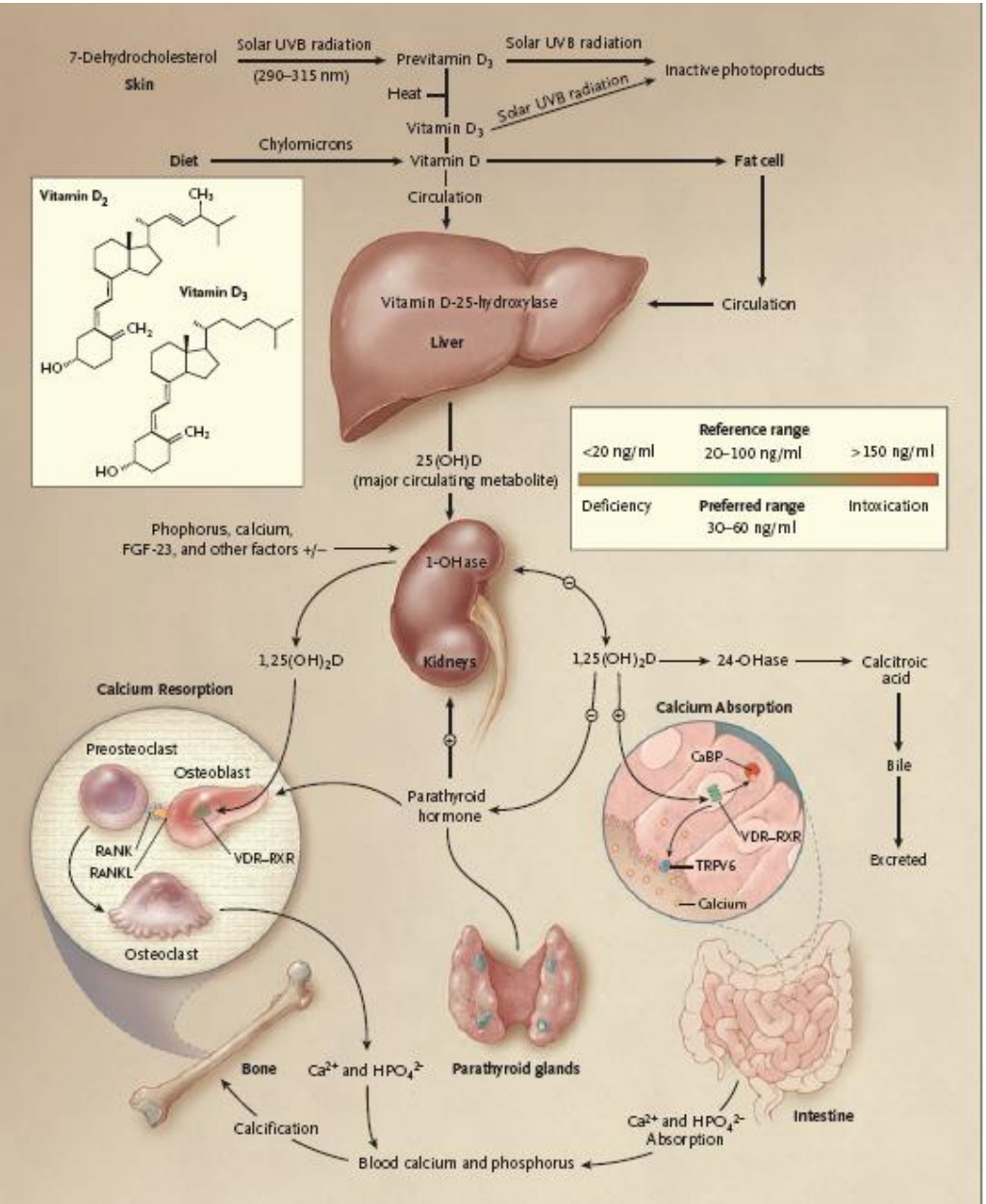
Può il pediatra aiutare a prevenire le malattie cardiovascolari dell'adulto ?

MEDICAL PROGRESS

Vitamin D Deficiency

N Engl J Med 2007;357:266-81



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Michael F. Holick, M.D., Ph.D.

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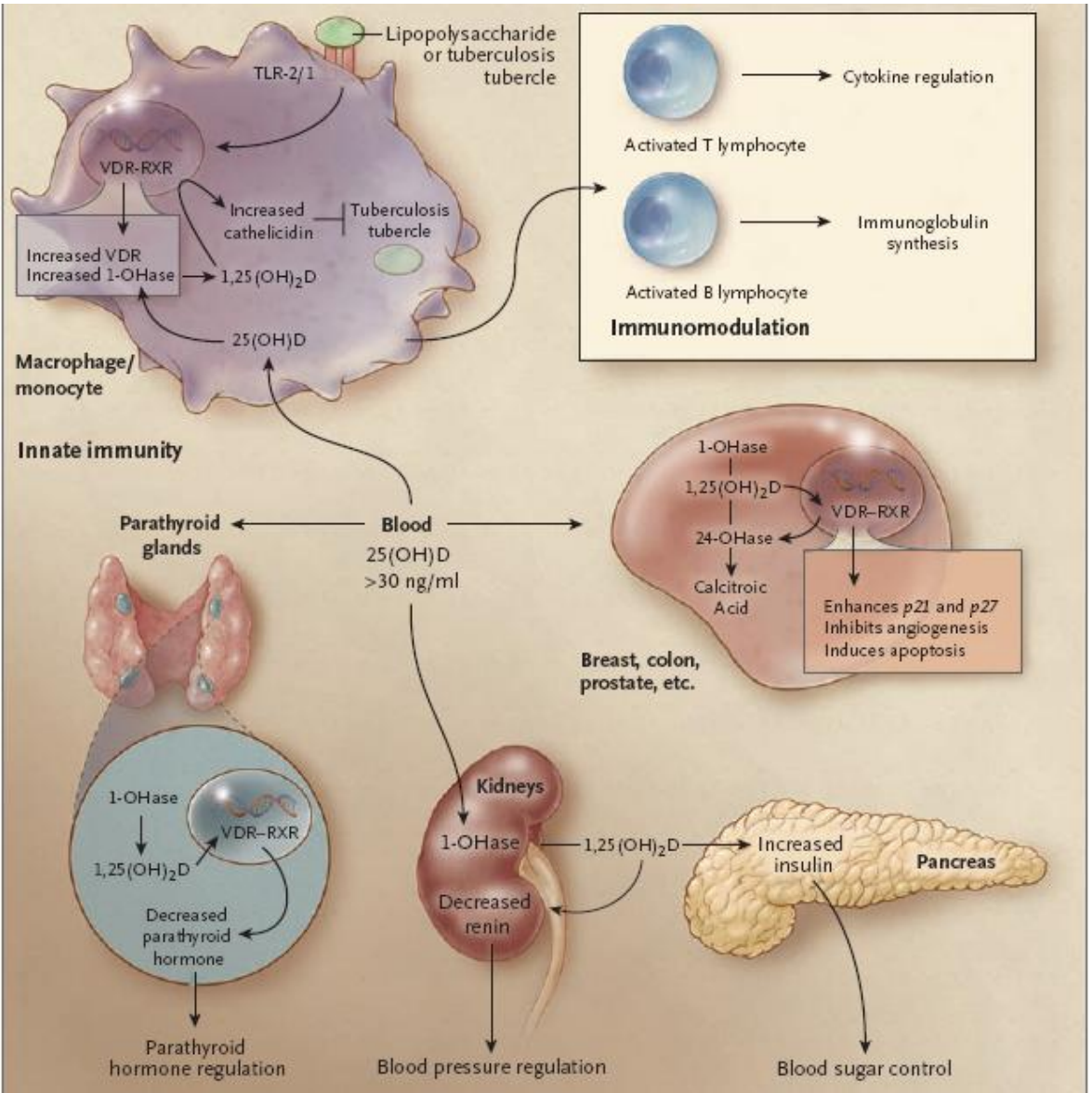

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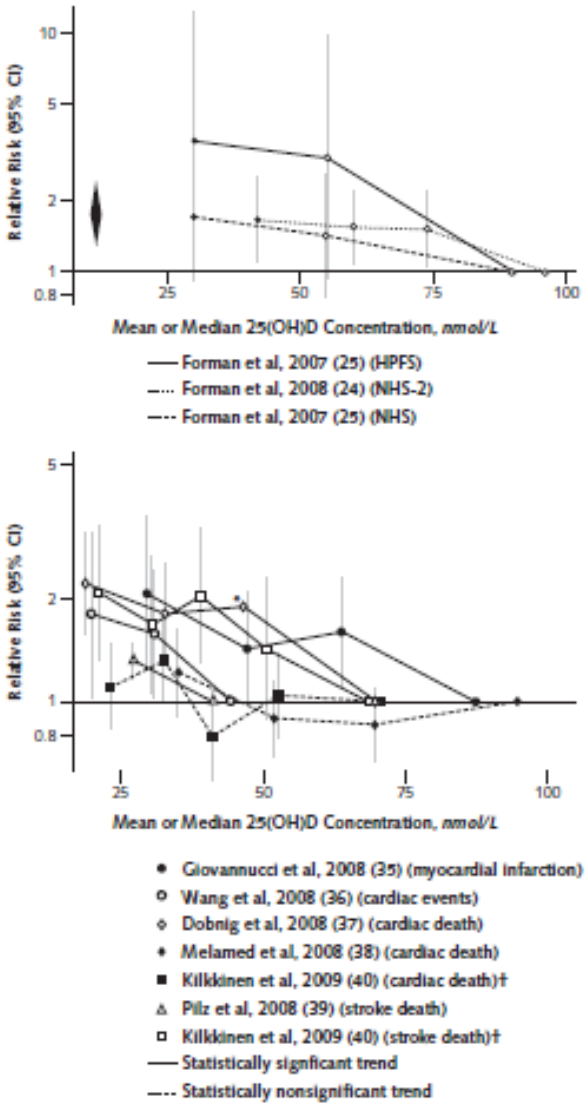
Systematic Review: Vitamin D and Cardiometabolic Outcomes

Anastassios G. Pittas, MD, MS; Mei Chung, MPH; Thomas Trikalinos, MD; Joanna Mitri, MD; Michael Brendel, BA; Kamal Patel, MPH; Alice H. Lichtenstein, DSc; Joseph Lau, MD; and Ethan M. Balk, MD, MPH

Ann Intern Med. 2010;152:307-314.

Figure 1. Association between vitamin D status and incident hypertension or cardiovascular disease in longitudinal observational cohorts.



REVIEW

Vitamin D deficiency and myocardial diseases

Stefan Pilz[1], Andreas Tomaschitz[1], Christiane Drechsler[2], Jacqueline M. Dekker[3] and Winfried März[4]

Mol. Nutr. Food Res. 2010, *54*, 1–11

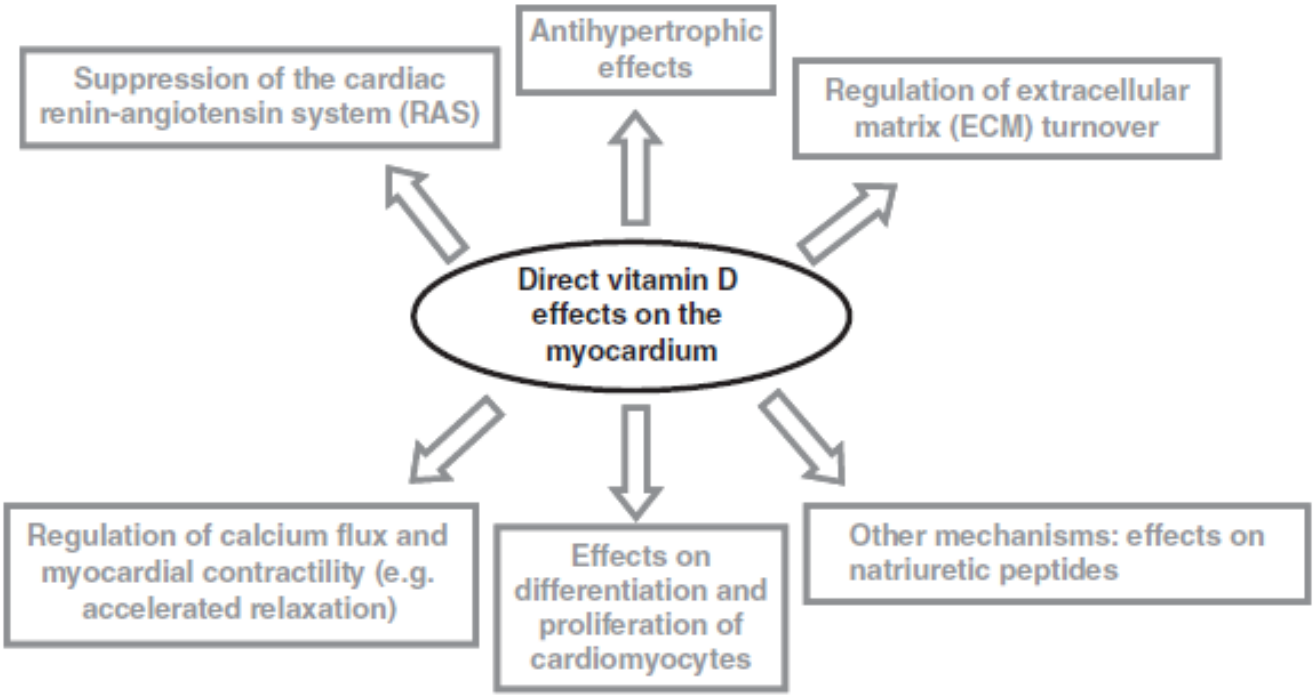


Figure 1. Direct effects of vitamin D on the myocardium.

REVIEW

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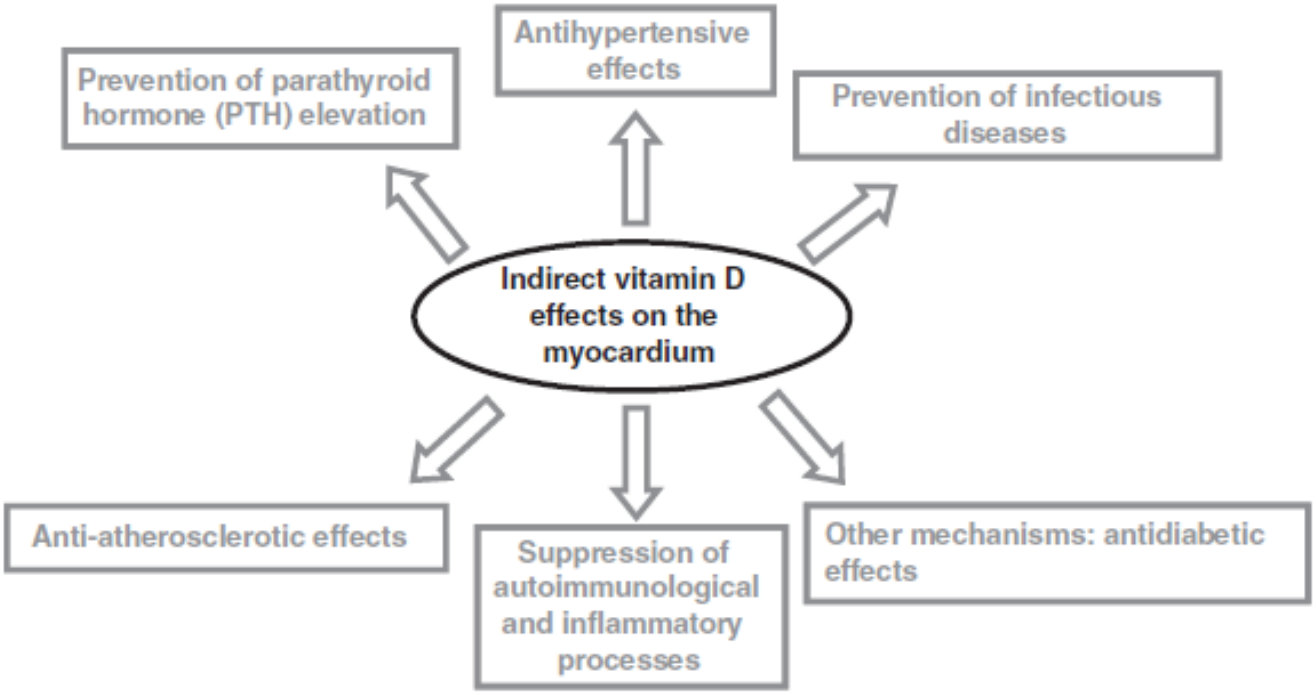

Figure 2. Indirect effects of vitamin D on the myocardium.

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Worldwide status of vitamin D nutrition☆

P. Lips*

Journal of Steroid Biochemistry & Molecular Biology 2010

…shows high prevalences of 15–25% of vitamin D deficiency (serum 25(OH)D < 25 nmol/l) in adolescents and young adults and again of 20 to more than 35% in those over 85 years and the institutionalized…..

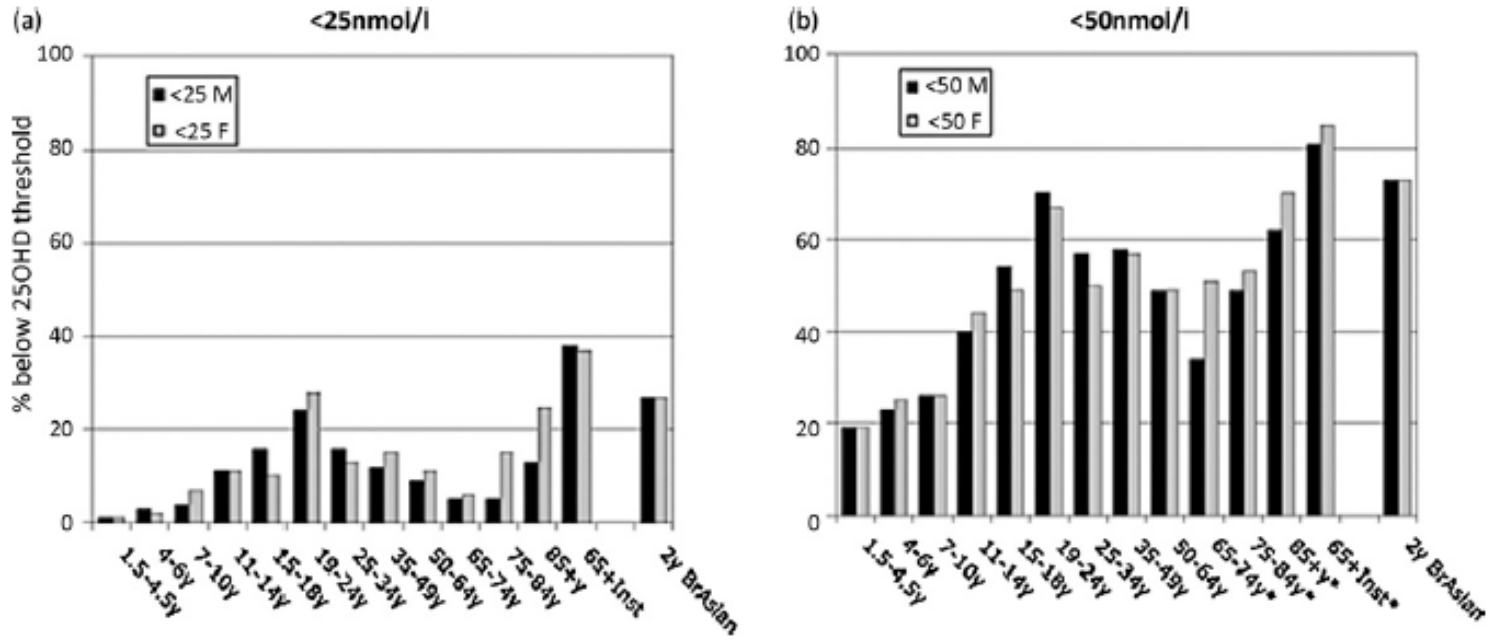

Fig. 1. Vitamin D status in the United Kingdom. Serum 25(OH)D according to sex and age groups showing the lowest levels in young adults, subjects older than 85 years, the institutionalized and British Asian children. Data from a national survey. Reproduced from Prentice A. et al., Nutr Rev 2008;66(Suppl. 2):S153–S164.

Am Fam Physician. 2010;81(6):745-748,

Vitamin D Supplementation in Infants, Children, and Adolescents

CATHERINE F. CASEY, MD; DAVID C. SLAWSON, MD; and LINDSEY R. NEAL, MD
University of Virginia Medical Center, Charlottesville, Virginia

SORT: KEY RECOMMENDATIONS FOR PRACTICE

Clinical recommendation	*Evidence rating*	*References*	*Comments*
Infants ingesting less than 1 L (33.8 fl oz) of formula per day, as well as all breastfed or partially breastfed infants, should receive 400 IU of supplemental vitamin D daily.	C	13, 19, 20	Based on disease-oriented evidence and expert opinion
Children and adolescents consuming less than 1 L of vitamin D–fortified milk per day should receive 400 IU of supplemental vitamin D daily.	C	21, 22	Based on disease-oriented evidence and case series
Limiting sunlight exposure may predispose children to vitamin D deficiency.	C	23, 25-27	Based on disease-oriented evidence and expert opinion
The best available biomarker of vitamin D status is serum 25-hydroxyvitamin D levels.	C	28, 29	Based on consensus and disease-oriented evidence
Children at increased risk of vitamin D deficiency may require higher dosages of supplemental vitamin D.	C	32-34	Based on disease-oriented evidence and expert opinion

A = consistent, good-quality patient-oriented evidence; B = inconsistent or limited-quality patient-oriented evidence; C = consensus, disease-oriented evidence, usual practice, expert opinion, or case series. For information about the SORT evidence rating system, go to http://www.aafp.org/afpsort.xml.