Hypovitaminosis D in overweight/obese children, residents of a lowincome community, on the Southeast of Brazil.

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Abstract

The deficiency of micronutrients, including vitamin D, is frequent in several countries, regardless of the nutritional state, however, it's magnitude is higher in overweight children¹. There are many evidences that overweight children and teenagers represent a vulnerable group to vitamin D deficiency. Besides that, the deficiency of vitamin D appears to be the biggest contributory factor to complications associated to obesity, such as insulin resistance and type 2 diabetes.² Various studies have been demonstrating associations between deficiency of vitamin D and a variety of diseases, including diabetes mellitus, metabolic syndrome, cancer, cardiovascular diseases, multiple sclerosis and neuromuscular malfunction, causing nutritional rickets and osteomalacia, which have a major impact on health, growth, and development of infants, children, and adolescents⁴ (Figure 1). The main goal of this study is to evaluate the prevalence of hypovitaminosis D and intervene by providing adequate supplementation^{5.} Methodology & Theoretical Orientation: Serum dosages of 25-OHD3 and PTH (parathyroid hormone) were performed in 111 overweight/obese children, on the month of March (summer) of 2016. All of the children that were detected with insufficiency (<29ng/ml) received supplementation on the dosage of 50.000 UI of Cholecalciferol/ weekly, during six weeks. Findings: The prevalence of hypovitaminosis D in this group was of 60,36% (49,24% girls e 50,7% boys). Conclusion & Significance: Hypovitaminosis D is elevated on the presented group, meeting other studies performed in various locations in Brazil and foreign countries. The fact that dosages were performed in a period that coincided with the end of the summer calls our attention. Supplementation was performed in a critic period to elevation of taxes of hypovitaminosis D (beginning of winter).

Recent Publications

- Cunha, KA et al. Ingestão de Cálcio, níveis séricos de vitamina D e obesidade infantil. <u>Rev. Paul Pediatr</u>. 2015; 33(2): 222-229. http://dx.doi.org/10.1016/j.rpped.2015.03.001.
- Peterson, CA and Tosh, AK et al. Vitamin D insufficiency and insulin resistance in obese adolescents. Ther Adv in Endocrinol Metab 2014, Vol 5(6): 166-189. doi: 10.1177/2042018814547205.
- Mansour MM, Alhadidi KM. Vitamin D deficiency in children living in Jeddah Saudi Arabia. <u>Indian J Endocrinol Metab.</u> 2012 Mar;16(2):263-9. doi: 10.4103/2230-8210.93746.
- Munns FC et al. <u>Global Consensus Recommendations on Prevention</u> and <u>Management of Nutritional Rickets</u>. <u>The Journal of Clinical</u> <u>Endocrinology & Metabolism</u>. 2016. 101:2, 394-415.
- Hollick, MF et al. Evaluation, Treatment, and Prevention of Vitamin D Deficiency: an Endocrine Society Clinical Practice Guideline. <u>The Journal of Clinical Endocrinology & Metabolism</u>. 2011.Vol 96(7). doi: 10.1210/jc.2011-0385. Epub 2011 Jun 6.



Biography

Pollyanna Fernandes Patriota is a nutritionist and a professor of a Federal University on the area of Public Health, Phd student in Nutrition on the Federal University of São Paulo (Universidade Federal de São Paulo - UNIFESP). Holds experience on teaching, research and extension on the areas of Nutrition and Public Health, maternal and child health, child

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Image

Osteoid & Growth Plate Mineralization	Vitamin D - Calcium Intake
Normal	Normal - Normal Normal - Insufficient Insufficient - Normal
Normal Early Biochemical Abnormalities	Normal - Deficient Deficient - Normal Insufficient - Insufficient
Rickets Osteomalacia	Insufficient - Deficient Deficient - Insufficient Deficient - Deficient
Figure 1. Biochemical disturbances	in rickets pathogenesis based on a

three-stage classification of vitamin D status (symbolized by the sun) and calcium intake (symbolized by a glass of milk).⁵

Notes/Comments:

(2) Acts as researcher on postgraduate studies in Nutrition on UNIFESP. (3) Researcher and Titular Professor on postgraduates studies on UNIFESP.