



Memo

Date: 25/06/2018
To: Laboratory Service Users
From: Clinical Chemistry Department
Re: Vitamin D Service

Dear Colleagues,

From 25th June 2018 vitamin D testing will be performed in Clinical Chemistry at Tallaght University Hospital. To date this test has been referred to St. James's Hospital. This service is no longer available as the high volumes of screening samples referred had become unsustainable.

As a consequence you may have noticed significant delays in the return of reports for vitamin D in the past months. We aim to improve on this however we have limited capacity and to maintain service we need your assistance to implement a testing strategy **which prioritises patients with recognised clinical indications for testing.**

Please note that screening of healthy asymptomatic adults in primary care is not recommended and a valid clinical indication for vitamin D testing should be stated on request forms. Common indications are summarised in order of priority on the attached Quick Reference Card. Please refer to the 2018 [HSE Guidelines for Vitamin D Laboratory Testing](https://www.hse.ie/eng/about/who/clinical/natclinprog/pathology/resources/resources.html) for full information: <https://www.hse.ie/eng/about/who/clinical/natclinprog/pathology/resources/resources.html>. We don't have capacity to screen Low Priority Groups given the very large numbers involved.

The test methodology used will be immunoassay. Results will be lower by 7% on average when compared to the method used to date. There will be no change in decision thresholds.

If there are any questions in relation to this we will be very happy to discuss.

Yours sincerely,

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Vitamin D Laboratory Testing: Quick Reference Card

Priority for Testing	Description of Group	Examples
Group 1: Very High	Patients with metabolic bone disorders (see list) where outcomes may be improved with vitamin D treatment	<p>Metabolic Bone Disorders</p> <ul style="list-style-type: none"> • Osteoporosis, osteopaenia, low bone density • Patients about to commence anti-resorptive medications for osteoporosis <ul style="list-style-type: none"> ○ <i>Note: Denosumab- calcium levels (NOT vitamin D level) are required before each injection</i> • Rickets or osteomalacia • Hyperparathyroidism (any type) • Paget's disease or other metabolic bone diseases • Low trauma/ pathological fractures • Unexplained hypocalcaemia, hypophosphataemia, hyperphosphataemia
Group 2: High	Patients with other relevant clinical conditions (see list) that could be attributed to or lead to vitamin D deficiency	<p>Other Relevant Clinical Conditions</p> <ul style="list-style-type: none"> • Proximal Myopathy or clinically significant muscle weakness (i.e. difficulty climbing stairs, waddling gait, difficulty rising from chair) • History of Falls in older adults • Malabsorption due to any cause (e.g. coeliac disease, inflammatory bowel diseases, short bowel syndrome, chronic pancreatitis, bariatric surgery, cystic fibrosis) • Chronic Kidney Disease • Hepatic Failure • Chronic inflammatory or granulomatous disorders (e.g. rheumatoid arthritis, sarcoidosis, TB) • Relevant drugs <ul style="list-style-type: none"> ○ Glucocorticoids ○ Anticonvulsants ○ Antioestrogens ○ Antiretrovirals ○ Antifungals (e.g. ketoconazole) ○ Cholestyramine
Group 3: Low	Asymptomatic individuals at risk of Vitamin D deficiency	<p>Screening is not recommended.</p> <p>Dietary Advice with food fortification as required and combined with healthy daylight exposure advice is the preferred strategy for this large group (e.g. the entire Irish population in Winter)</p>
Group 4: Very Low	Asymptomatic healthy individuals	Screening is not recommended.