

Letters to the editor

OVERVIEW

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Vitamin D testing: the British Society for Rheumatology's Choosing Wisely recommendations

Editor – We welcome the paper on vitamin D testing by Woodford *et al.*¹ This pragmatic work highlights the limited utility of testing vitamin D in a high proportion of those currently tested, and supports alternatives such as over-the-counter supplementation, or even fortification of food. The British Society for Rheumatology's Choosing Wisely UK recommendations² reinforce the message that we need to act to reduce clinically unjustified testing of vitamin D. It proposes that

*Everyone should consider vitamin D supplementation during winter. People who have restricted access to sunlight (eg those living in institutions or who cover their skin), or have dark skin, should consider supplementation all year round. Vitamin D testing should be reserved for people at high risk from deficiency and avoided as part of routine investigation of widespread pain alone. Repeat testing is not normally indicated in those taking supplements.*²

Our recommendations apply to all patients (not just those cared for by the rheumatology team) and we hope will be taken up by all specialties and those working in primary care. By paying attention to the need to ensure that patients receive the right tests and treatments, decided upon through genuine shared decision-making processes, we can save patients unnecessary tests, reduce administration for clinicians, and make the best use of available resources. ■

Disclaimer

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References

- 1 Woodford HJ, Barrett S, Pattman S. Vitamin D: too much testing and treating? *Clin Med* 2018;18:196–200.
- 2 Choosing Wisely UK, British Society for Rheumatology Clinicians' recommendations, www.choosingwisely.co.uk/i-am-a-clinician/recommendations/ [Accessed 18 June 2018].

Vitamin E – a cause for concern?

Editor – The excellent article *Non-alcoholic fatty liver disease*, by authors James Maurice and Pinelopi Manousou and published in *Clin Med* recently, has reference number 26 attributed to Hepatology rather than Journal of Hepatology. Unfortunately, the reference is to a poster and while it mentions vitamin E and improvement in histological findings it does not mention prostate cancer as referred to in the present article.¹

The literature of vitamin E and prostate cancer is interesting with varying reports. In the Physicians Health Study 11, there was no increase in the incidence of prostate cancer.²

The 1998 study in Finland of 29,133 male smokers who took vitamin E had 32% fewer cases of prostate cancer and 40% fewer prostate cancer-related deaths.³

The SELECT study began in 2001, with enrolments from 400 sites, with enrolments ending in 2004 with 35,000 men divided into different arms. In 2008, the study was prematurely stopped; more cases of prostate in the men taking vitamin E were found but the number was not statistically significant. However, after an additional 18 months of follow-up, subjects had been on vitamin E for 5.5 years and the difference in the incidence of prostate cancer was statistically significant with a 17% increase, in the placebo group 65 prostate cancer cases per 1,000 men versus 76 in the vitamin E group.⁴

Vitamin E is reported as promoting tumorigenesis in the early stages of cancer evolution;⁵ hence the concern regarding vitamin E supplementation. ■

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References

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- 2 Wang L, Sesso HD, Glynn RJ *et al.* Vitamin E and C supplementation and risk of cancer in men: post-trial follow-up in the Physicians' Health Study 11 randomised trial. *Am J Clin Nutr* 2014;100:915–23.