

D+Health

A Study of Vitamin D & Health



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The D-Health Trial Newsletter

It has been a huge year for the D-Health Trial. We launched the study in February and feel like we have not stopped running ever since. We have sent invitations to 376,949 people randomly selected from the electoral roll, answered 5780 telephone calls, made 7631 phone calls and answered 2702 emails. It is no wonder we are all ready for a break! Thank you for your patience when we have been busy.

TABLETS

We have mailed 14,061 packs of tablets from our mailing room at the QIMR Berghofer Medical Research Institute. This is a huge undertaking. In addition to all the labelling and packing, two people check that we are sending the right tablets to the right people. A couple of times a month we have a big packing day – the photo shows the team hard at work.



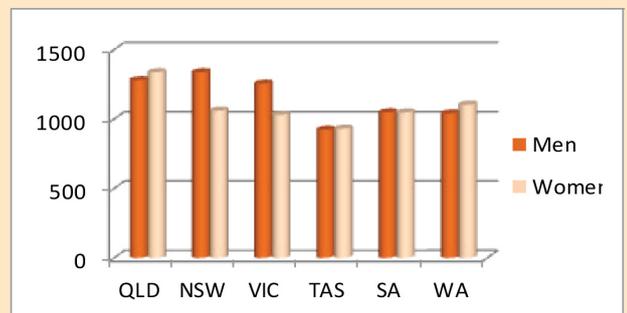
Some of you joined D-Health in early 2014. That means it won't be long now until you receive your new tablets. If it is getting towards the end of the month after you take your last tablet and your new tablets have not arrived, please let us know.



QIMR Berghofer
Medical Research Institute

RECRUITMENT UPDATE

We have now recruited 15,019 people. Although we are still recruiting it doesn't look as though we will reach our target of 25,000 people. While this is a bit disappointing, this will still be the largest trial of vitamin D in Australia and one of the largest in the world. **We are incredibly grateful to the thousands of committed Australians who have joined us.**



Just over half of all the people in the trial are men (52%). You can see from the illustration above that there are similar numbers of men and women from each state, except NSW and VIC.

WE WILL BE RECRUITING VOLUNTEERS UNTIL MARCH 2015.

Please spread the word about the study. Contact us if you need more refer-a-friend cards or some flyers to give to your friends.



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SOME FREQUENTLY ASKED QUESTIONS

Why aren't you measuring the level of vitamin D in my blood?

The D-Health trial aims to understand what would happen to the health of the Australian population if we were to increase vitamin D in the food supply (fortification). If food was fortified with vitamin D, it would be consumed by everyone, regardless of their vitamin D level. So, in this trial, we are testing the effect of providing safe levels of vitamin D to an untested population. We can achieve this aim without measuring the level of vitamin D in people's blood.

The main feature of the trial design is that we randomly assign people to take either vitamin D or placebo. By "randomising" we evenly distribute all the factors that could influence future health. For example, the proportion of people who are overweight in the group assigned to vitamin D will be the same as the proportion overweight in the placebo group. Similarly, the average vitamin D levels at the start will be the same in the two groups. This means that the only difference between the two groups will be that one is taking vitamin D (at the dose we give) and one is taking a placebo tablet. Therefore, if the future health of the two groups is different we know that this is most likely to be due to our tablets and not to any other factor that could influence health.

Measuring vitamin D levels would enable us to do some extra statistical analyses (that are not needed to achieve our primary aim) but would be very costly. Unfortunately we do not have funding to do this.

I have had a blood test and my vitamin D levels are low. What should I do?

There are a number of things to consider here.

1. **Defining a "low level" of vitamin D in the blood is very controversial, with suggestions ranging from 30 to 150 nmol/L.** The Institute of Medicine in the United States did a very thorough review of all the research about vitamin

D and concluded that a level of 50 nmol/L is sufficient. A level of 30-50 nmol/L is considered only mildly deficient. If your vitamin D level is in this range it may not be helpful to take a supplement.

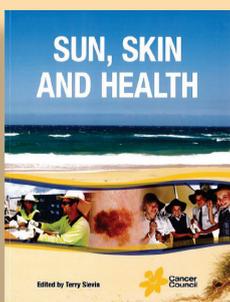
2. **Vitamin D testing is very difficult.** New testing methods have been developed, but the diagnostic laboratories are mostly not using these new methods. Your sample could be measured in two different laboratories and could give a very different result.
3. **If your vitamin D is low it does not mean that you are taking the placebo.** The way a person responds to a supplement depends on their genes, and you may also have started at an even lower level.
4. **If your vitamin D level was tested at the end of winter, there is a very good chance that it will increase through the summer.** Unless you were vitamin D deficient (less than 30 nmol/L) you probably do not need to take a supplement.
5. **If your doctor recommends that you take a supplement you should discuss this with us.** We can decide whether or not you should stay in the trial. You must not take more than 2000 IU per day while you are also taking our tablets.

Is it okay for me to donate blood?

Yes, it is fine for you to donate blood but the blood bank might ask you for a letter. Please contact us if you need this.

I have just been diagnosed with a health condition (e.g. cancer). Is it okay for me to continue in the D-Health Trial?

It is almost always appropriate for you to continue in the trial after you have been diagnosed with a new health condition, but please contact us if your doctor would prefer you to withdraw.



CHIEF INVESTIGATOR DR RACHEL NEALE HAS RECENTLY PUBLISHED A BOOK CHAPTER

Rachel was invited to author a chapter called 'Vitamin D, Health and the Sun: Finding the right balance'. It is in a book titled SUN, SKIN AND HEALTH that has been published by the CSIRO. There are lots of other interesting chapters about all aspects of skin cancer. The book is available in many bookshops. It can also be purchased directly from CSIRO (<http://www.publish.csiro.au/pid/7227.htm>) or from online sellers such as Booktopia. (Note: all royalties from the sale of the book go to the Cancer Council Western Australia)