



An update on results

It is hard to believe that it is approximately 3 years since you stopped taking tablets. We miss the interactions we had with you during the trial.

We have remained extremely busy analysing data and publishing our findings.

Below is a list of the outcomes for which we have published our findings. Those outcomes where we saw some evidence of benefit are highlighted in green, and we have provided a summary of these below.

You can access the published abstracts and see a full list of D-Health publications by visiting our website (dhealth.qimrberghofer.edu.au) and clicking on 'Publications' at the top of the page.

If you would like more information, or a copy of any full manuscript, please let us know.

Death during the trial

- + Colds and flu**
- + Prescription of antibiotics**
- + Hospitalisation for infection**
- Cataracts**
- + Depression**
- Pain**
- Falling**
- Nonmelanoma skin cancer**
(basal cell and squamous cell carcinoma)
- Cognition**
(memory)
- Microbiome**
(the composition of the bacteria in the gut)



Brief summary of outcomes where we saw some benefit

Colds and flu

Each year we asked you to report whether you had experienced a cold or the flu in the month before you completed an annual survey. About 3,000 people also completed symptom diaries during winter. We did not find any difference in the percentage of people that experienced a cold or the flu between the vitamin D and placebo groups. The severity and length of symptoms was a little lower in the vitamin D group.

Prescription of antibiotics

When your pharmacist dispenses a medication to you (based on a script from your doctor) this information is captured in a database. For people who consented, we were able to obtain information from this database about all antibiotic prescriptions. We found that the rate at which antibiotics were prescribed was slightly lower in the vitamin D group, particularly in people predicted to have low vitamin D when they entered the trial.

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Hospitalisation for infection

We obtained information from each state from databases related to hospitalisation. From this we could determine the percentage of people in each group hospitalised due to an infection, and how long they had to stay in hospital. There was no difference between the groups in whether people were hospitalised for an infection. However, the number of hospitalisations for infection that lasted more than 6 days was lower in the vitamin D group, suggesting that vitamin D may reduce the severity of infections.

Depression

Each year we asked you to complete questions about your mood. We were also able to use the pharmacy data to identify prescriptions for anti-depressant medications. We did not find an overall effect of vitamin D supplementation on the mood score or on anti-depressant use. However, taking vitamin D improved the mood score in people who were already taking anti-depressants, and reduced the rate of new anti-depressant use in people predicted to have low vitamin D when they entered the trial.

Future findings

We anticipate that our findings regarding fractures, major cardiovascular events (heart attacks and strokes), urinary incontinence, and erectile dysfunction will be published in the first half of this year. We are also analyzing the effect of vitamin D on hypothyroidism (under-active thyroid), diabetes, high cholesterol, and high blood pressure. We will let you know when these results are published.

What do these results mean for you?

Our results indicate that for some health conditions taking a vitamin D supplement may be beneficial, particularly for infectious diseases. However, the differences between the vitamin D and placebo groups were small, even though they were statistically significant. We do not believe that everybody should take a vitamin D supplement on the basis of these findings. Nevertheless, they do emphasise the importance of avoiding vitamin D deficiency.

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If you would like to receive a copy of previous newsletters in the mail please let us know.

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