Can Diabetes be Prevented with Vitamin D?

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Presenter Disclosure

Dr. Frank Garland

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

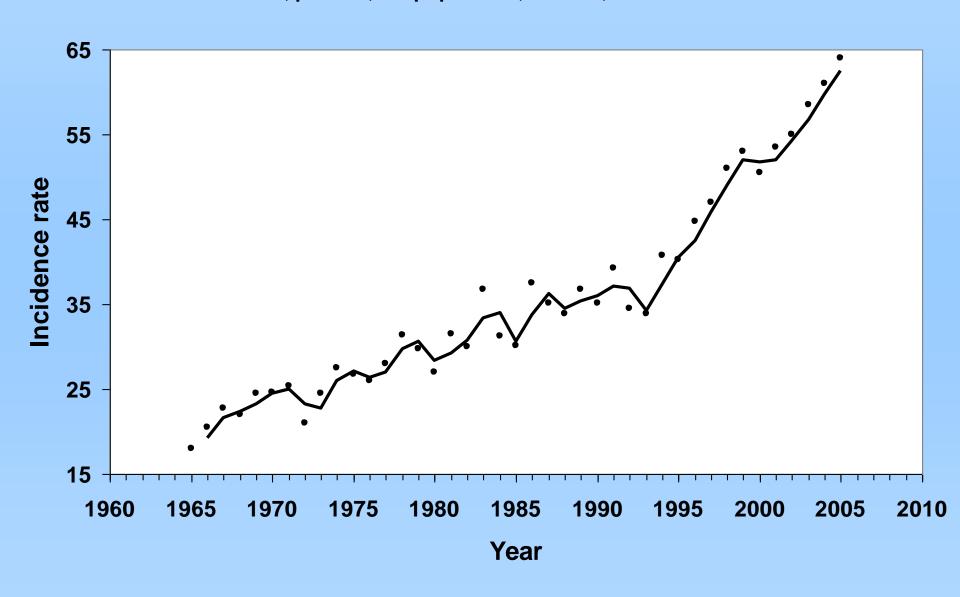
No relationships to disclose.

Can Diabetes be Prevented by Vitamin D

Learning Objectives

- 1. Add a disease to the list of ten vitamin D sensitive diseases
- 2. Quantify potential benefits of solving the vitamin D deficiency
- 3. Identify and quantify any risk categories for vitamin D treatment

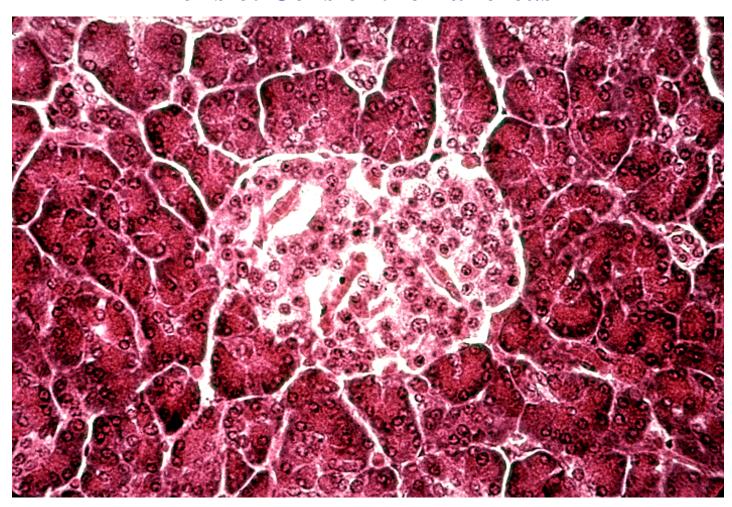
Annual age-adjusted incidence rates of type 1 diabetes, children ≤ 14 years old, per 100,000 population, Finland, 1965-2005





The Scene of the Crime

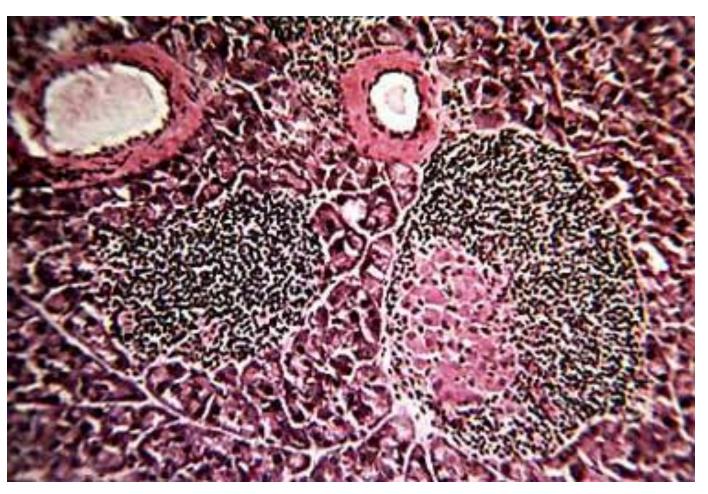
The Islet Cells of the Pancreas





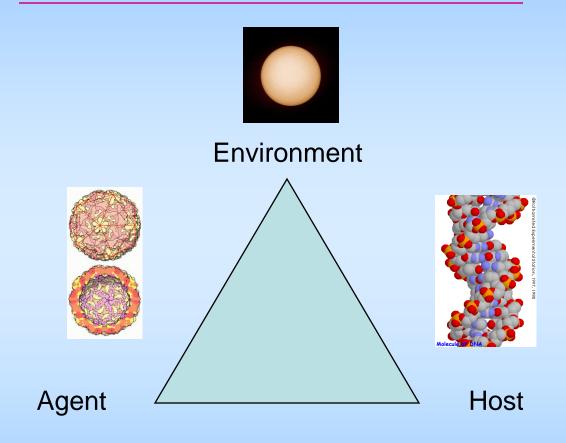
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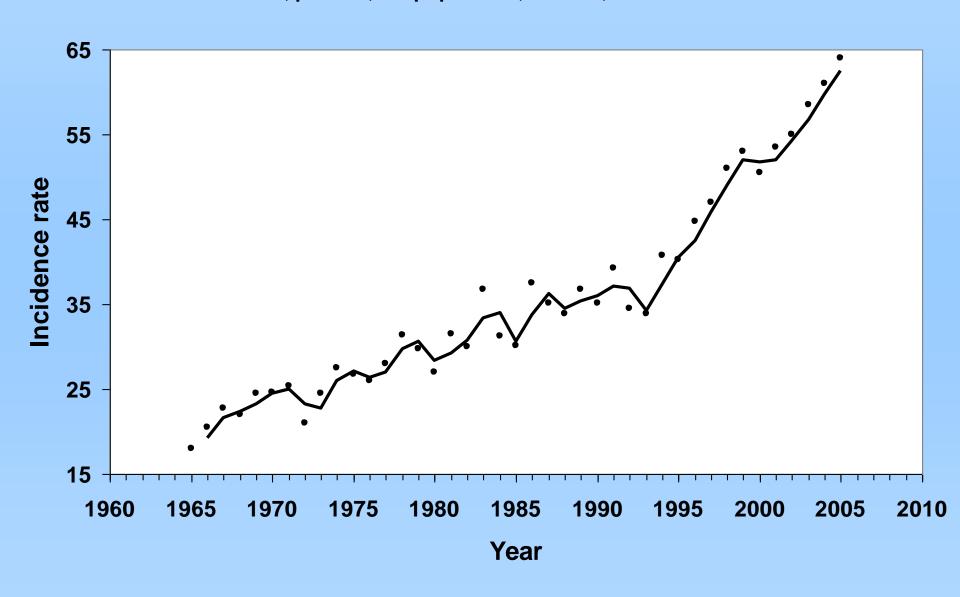


Round up the usual suspects



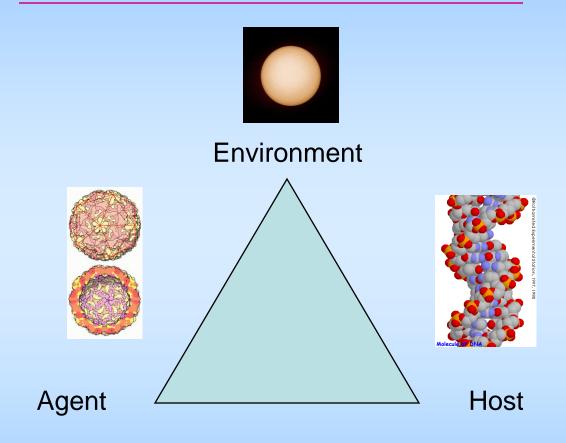
Disease Causation Triad

Annual age-adjusted incidence rates of type 1 diabetes, children ≤ 14 years old, per 100,000 population, Finland, 1965-2005





Round up the usual suspects

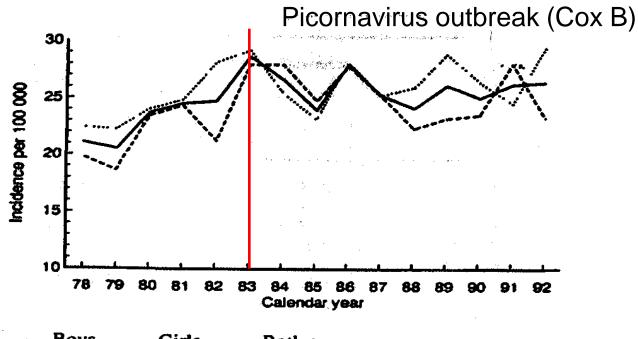


Disease Causation Triad



Virus theory

Increase in incidence rate of type I diabetes during picornavirus outbreak

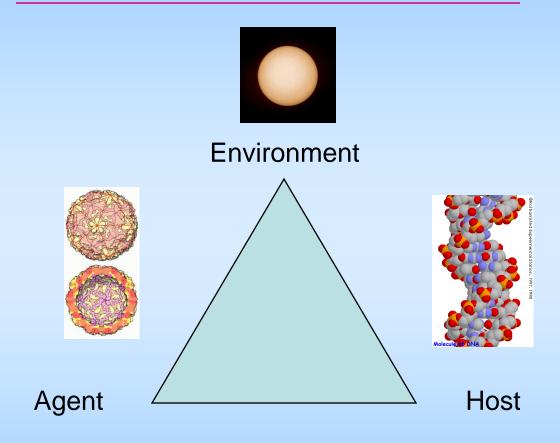


..... Boys --- Girls --- Both sexes

FIGURE 1 Mean annual incidence rate of type 1 (insulin-dependent) diabetes mellitus in Swedish children 0-14 years

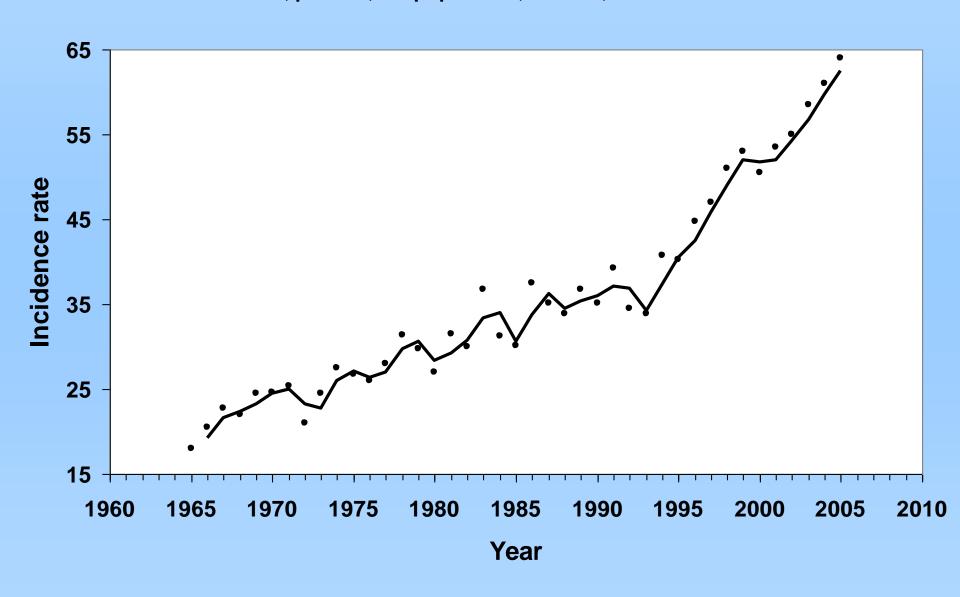


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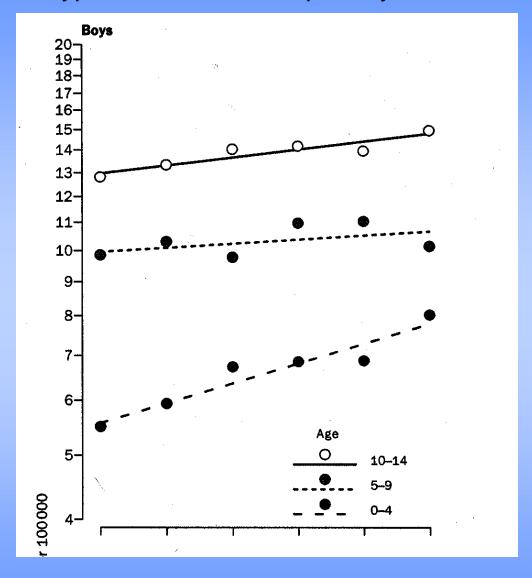




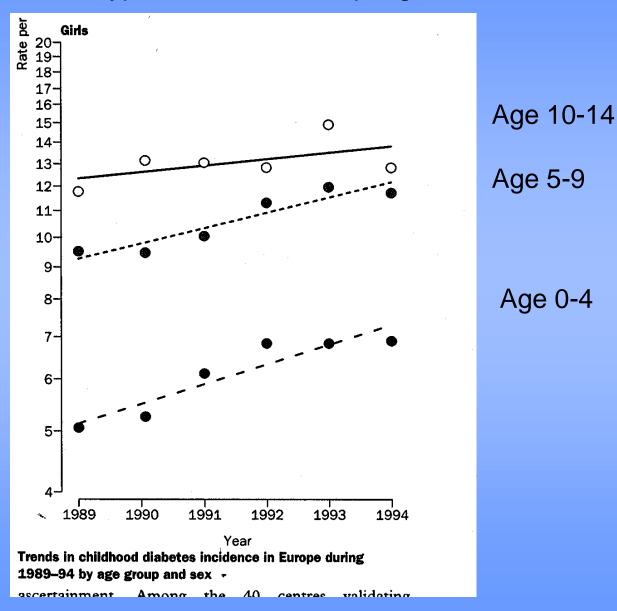
The EURODIAB Study

- Goal was to study the epidemiology of type 1 diabetes in Europe (43 registries in most countries and Israel)
- Started in 1988
- Prospective establishment of registries
- 16,330 cases in children under 15 years of age
- Rates of increase per year: 6.2% children 0-4;
 3.1% children 4-9; and 2.4% children 10-14 years
- Important sub-studies in Norway and Finland

Trends in Type 1 diabetes, Europe, boys, 1989-1994, Lancet 2000



Trends in Type 1 diabetes, Europe, girls, 1989-1994

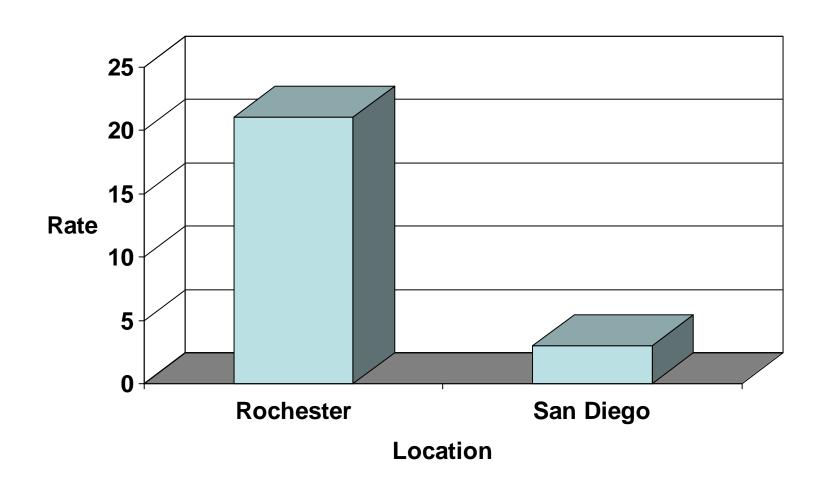


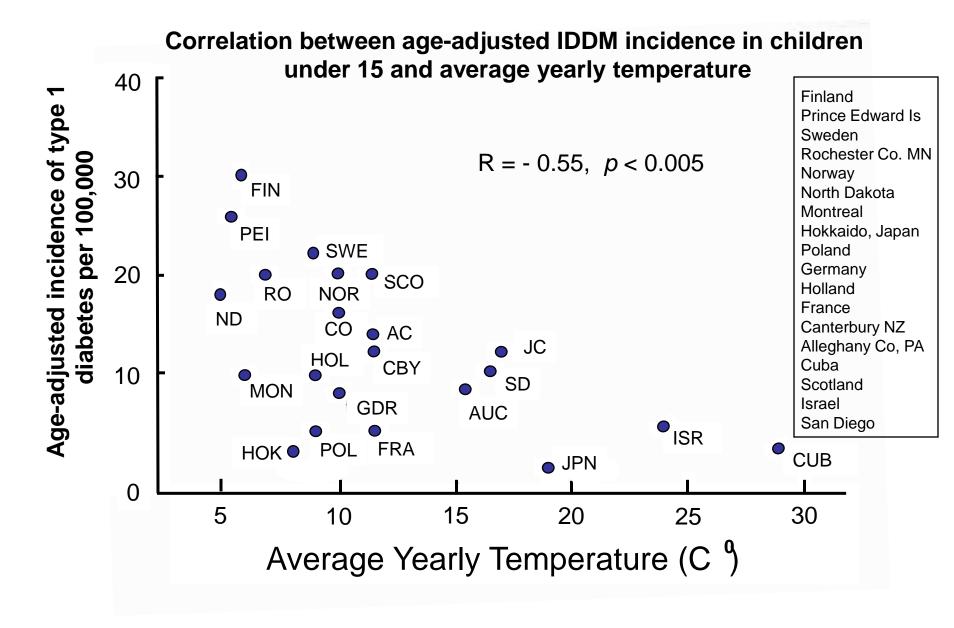
When you should consider that you may be dealing with a Vitamin D-Sensitive Disease.

- Varies by latitude
- Varies more by ultraviolet irradiance
- Varies by season
- Varies by race, BMI, physical activity

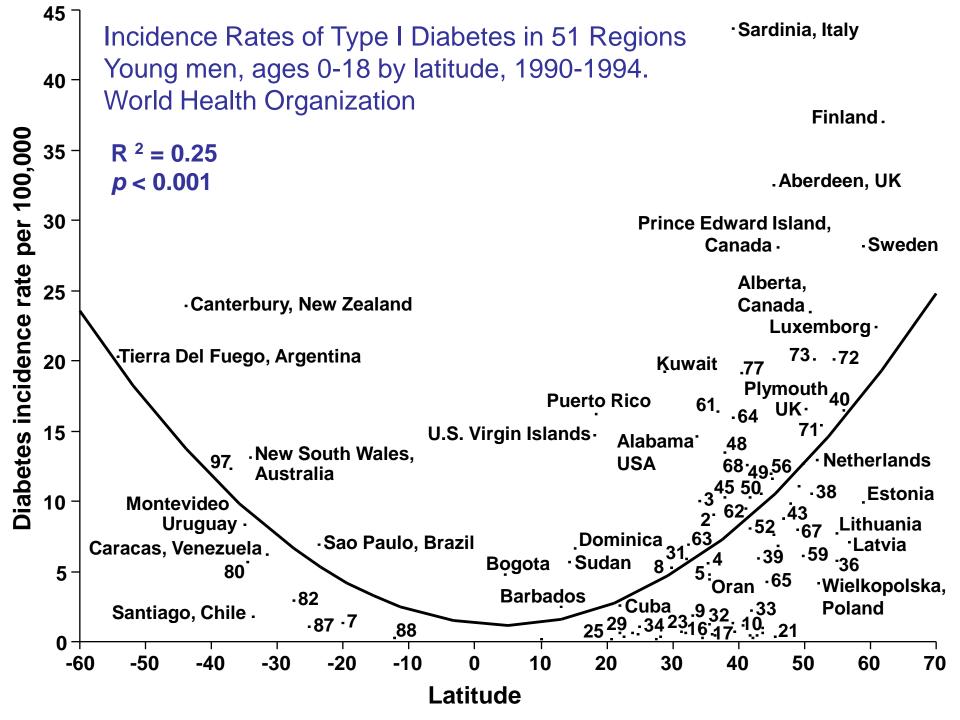


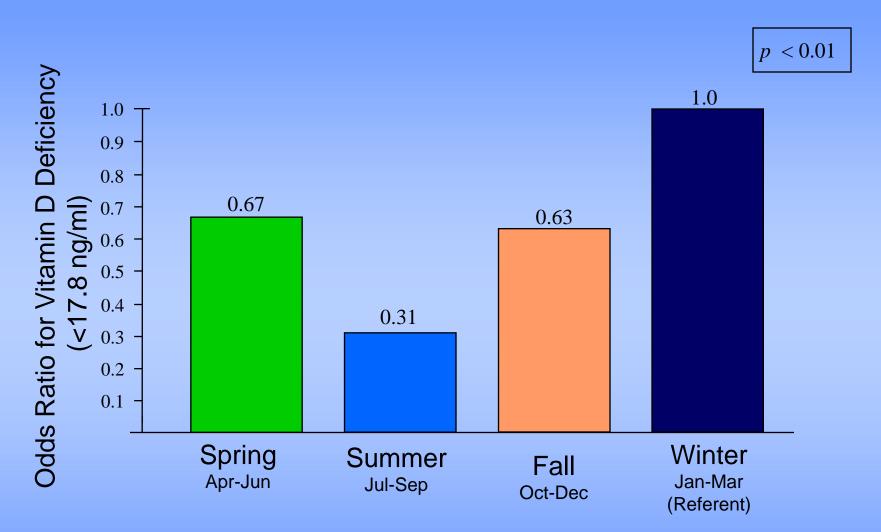
Type I diabetes, San Diego and Rochester MN, annual incidence rates per 100,000 children





EURODIAB. Diabetes. 1988 Aug;37(8):1113-9.

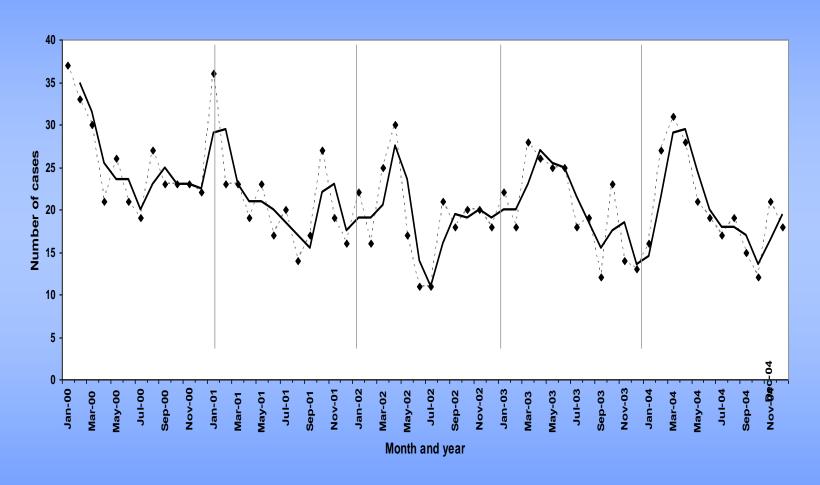


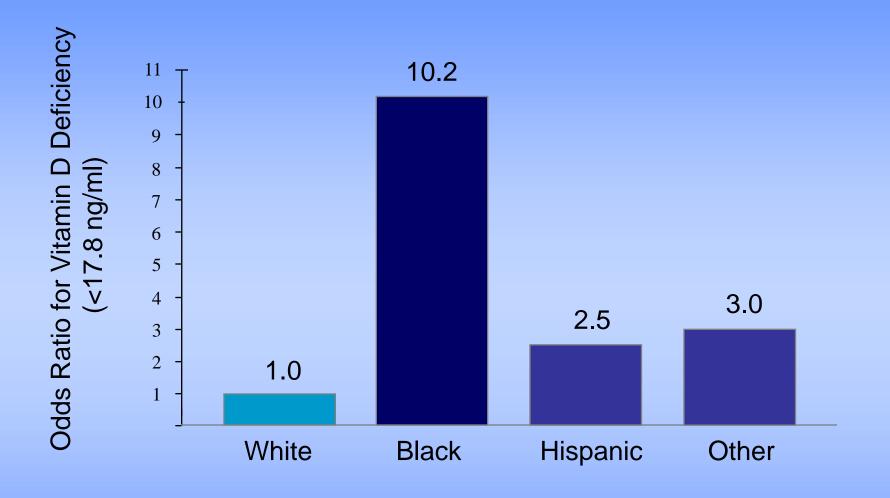


Odds Ratios of 25-hydroxyvitamin D deficiency below 17.8 ng/ml (lowest quartile) by Season of blood draw, National Health and Nutrition Examination Survey III, N=13,331 Participants

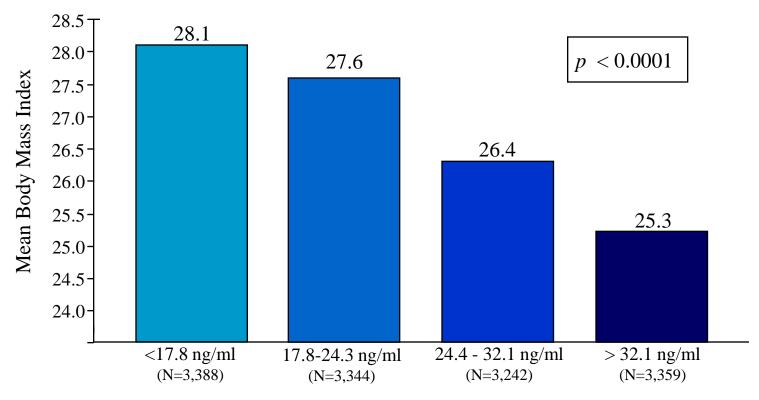
Diabetes in the DoD, Seasonality

Figure 2. Number of incident cases of Type 1 diabetes by month and year, active duty service members, Department of Defense, 2000-2004



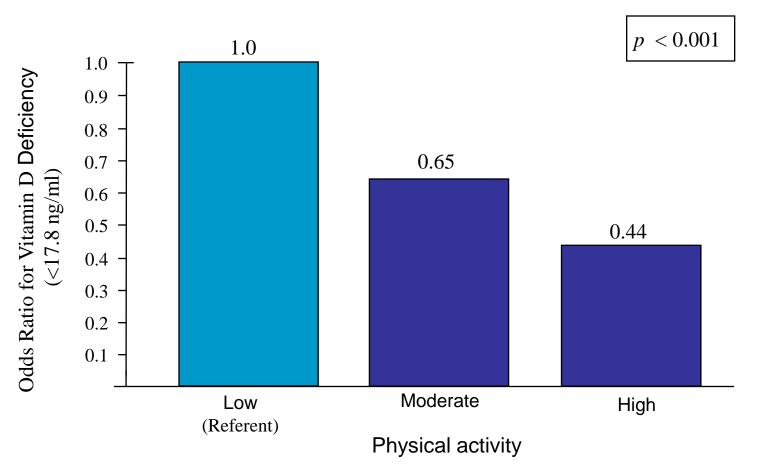


Odds Ratios of 25-hydroxyvitamin D deficiency below 17.8 ng/ml (lowest quartile) by Race, NHANES III, N=13,331



Plasma 25-hydroxyvitamin D quartiles ng/ml

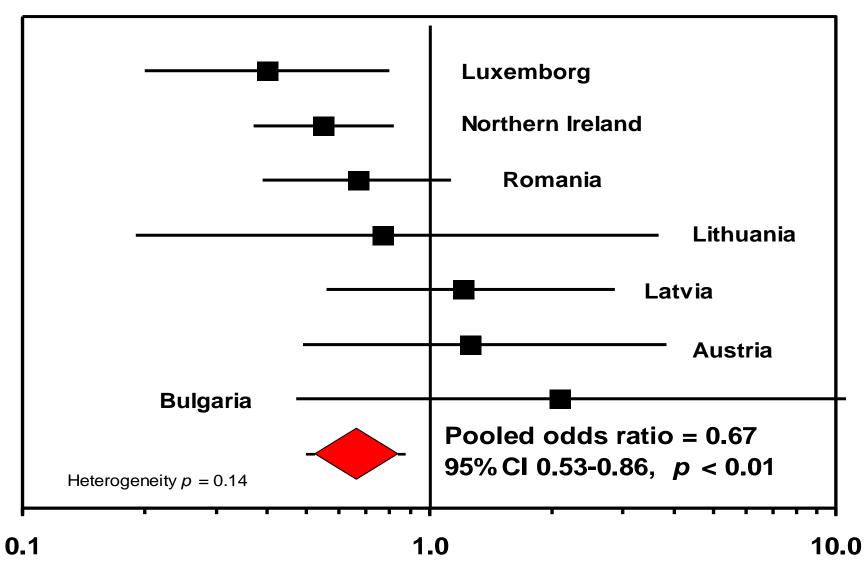
Mean Body Mass Index by Plasma 25-hydroxyvitamin D Concentration Quartiles, National Health and Nutrition Examination Survey III, N=13,331 Participants



Odds Ratios of 25-hydroxyvitamin D deficiency below 17.8 ng/ml (lowest quartile) by Physical Activity, National Health and Nutrition Examination Survey III, N=13,331 Participants



Person



Odds ratio and 95% confidence limits for developing diabetes before the age of 15 when exposed to vitamin D supplements in early infancy relative to children who were not

Graphic by S. B. Mohr, MPH



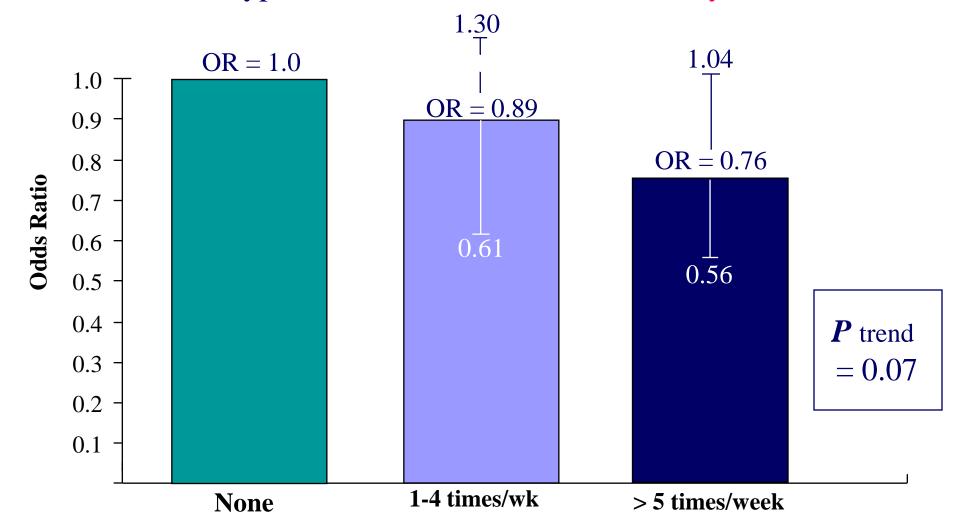
Table 2 Clinical characteristics and plasma 250HD at diagnosis in young adults with type 1 diabetes vs control subjects (mean±SEM)

Characteristic	Patients (n=459)	Control subjects (n=208)	Test of difference between patients and controls (p value)
Age (years)	24.4±0.3	25.6±0.5	0.027
25OHD (nmol/l)			
All	82.5±1.3	96.7±2.0	< 0.0001
Males	77.9±1.4 ^a	93.9±2.7 ^b	< 0.0001
Females	90.1±2.4	99.7±2.9	0.014

Test of difference by sex: $^{a}p<0.0001$; $^{b}p=0.15$

Source: Swedish nationwide diabetes incidence study, 1987-2006. Littorin et al. Diabetologia 2006

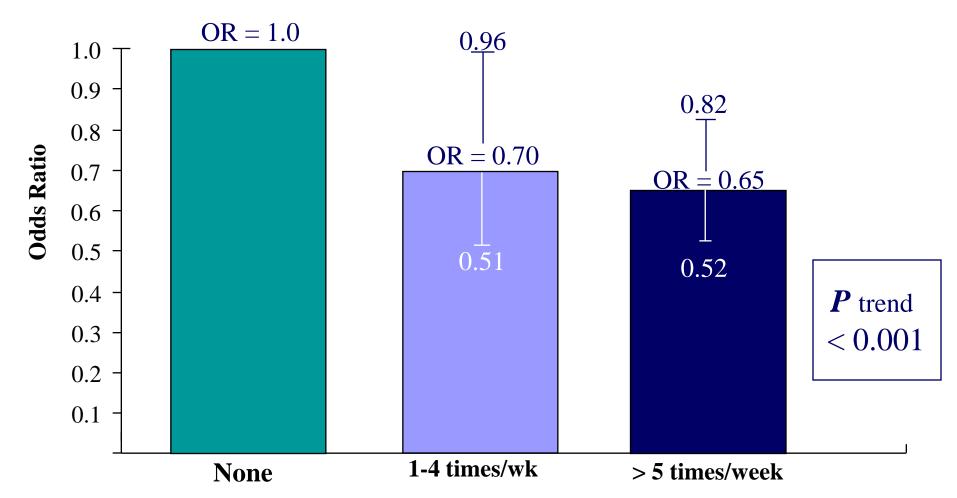
Mother's Use of Cod Liver Oil during Pregnancy and Type I Diabetes in Children in Norway



Odds Ratio and 95% confidence intervals for diabetes by mothers use of cod liver oil, Norway, N=545 cases and 1,668 controls, 1997-2000

Source: Stene LC, Joner G. Use of cod liver oil during the first year of life is associated with lower risk of childhood-onset type 1 diabetes: a large, population-based, case-control study. Am J Clin Nutr. 2003;78:1128-34.

Infants' Supplementation with Cod Liver Oil during First Year and Type I Diabetes in Children in Norway



Odds Ratio and 95% confidence intervals for diabetes by supplementation with cod liver oil, Norway, N=545 cases and 1,668 controls, 1997-2000

Source: Stene LC, Joner G. Use of cod liver oil during the first year of life is associated with lower risk of childhood-onset type 1 diabetes: a large, population-based, case-control study. Am J Clin Nutr. 2003;78:1128-34.

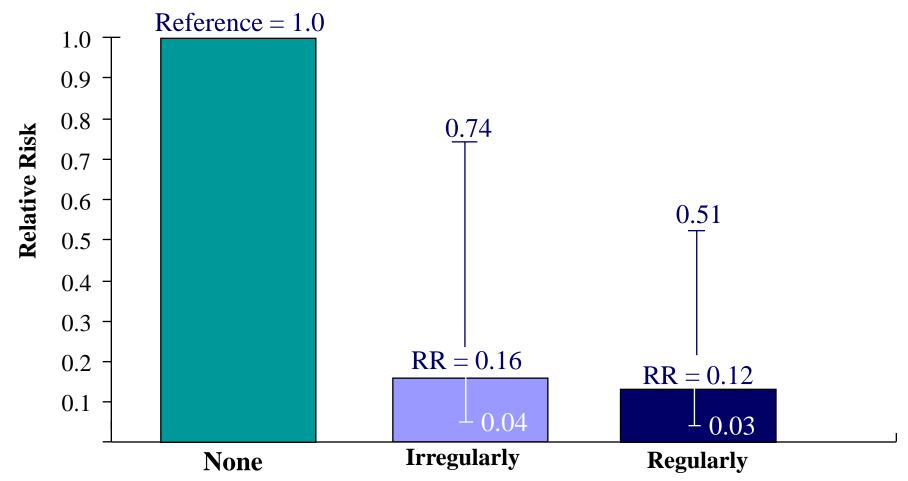
Finland study

Hypponen and colleagues

 Intake of vitamin D and risk of type 1 diabetes: a birth cohort Study (Lancet 2001)

 12,055 pregnant women who were to give birth in 1966 were followed for outcome until 1997.

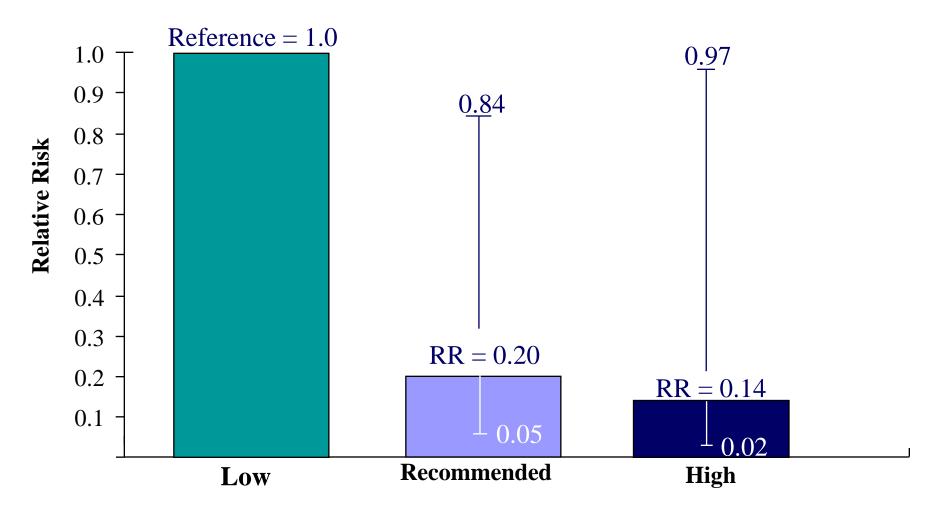
Infants' Supplementation with Vitamin D and Incidence of Type I Diabetes in Children in Northern Finland



Relative Risk* and 95% confidence intervals for diabetes by vitamin D supplementation, Birth Cohort study, N=12,055 pregnant women

^{*}adjusted for gender, gestational age, birth weight, growth rate; maternal parity, age, education, ses
Source: Hyppönen E, Läärä E, Reunanen A, Järvelin MR, Virtanen SM.Intake of vitamin D and risk of type 1 diabetes
birth-cohort study. Lancet. 2001;358:1500-3.

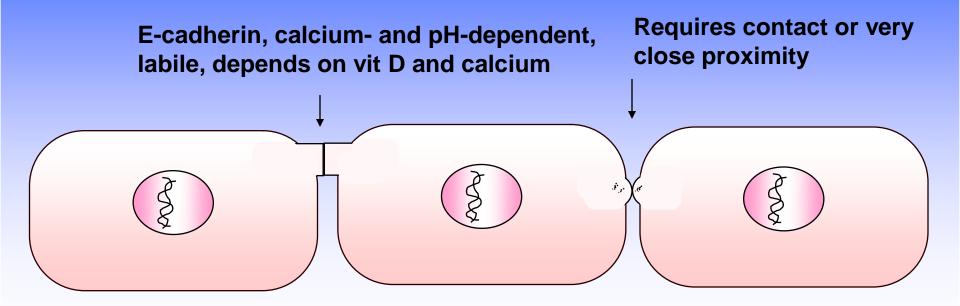
Infants' Vitamin D Supplementation Dose and Incidence of Type I Diabetes in Children in Northern Finland



Relative Risk and 95% confidence intervals for diabetes by vitamin D supplementation dose, Birth Cohort study, N=12,055 pregnant women

Source: Hyppönen E, Läärä E, Reunanen A, Järvelin MR, Virtanen SM.Intake of vitamin D and risk of type 1 diabetes: a birth-cohort study. Lancet. 2001;358:1500-3.

Proposed Mechanism

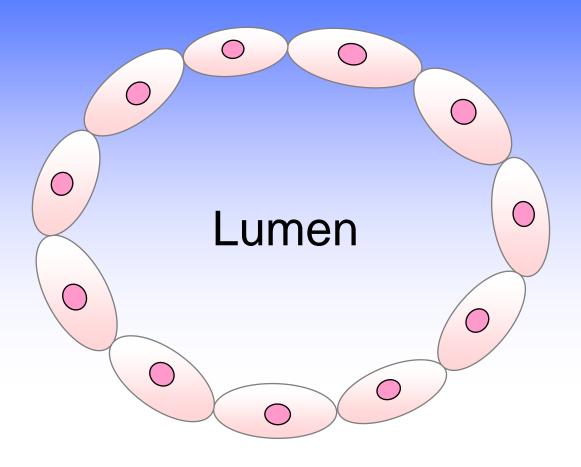


Tight junction

Desmosome

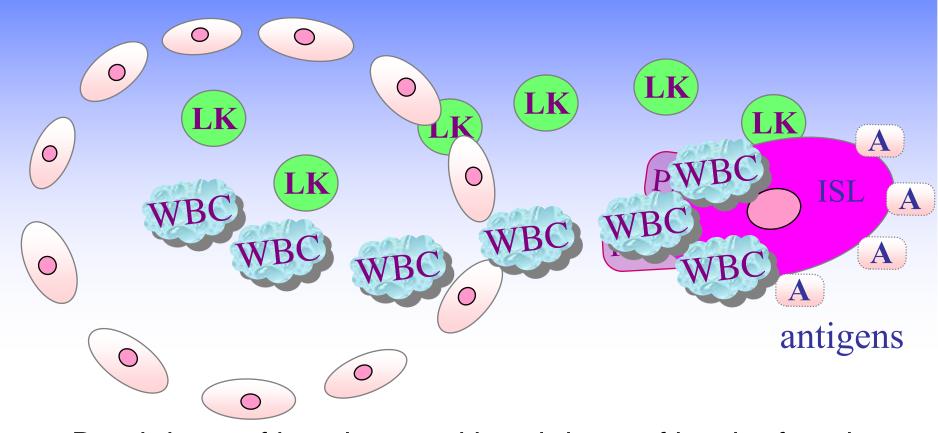
Types of Intercellular Junctions I

Capillary Endothelium



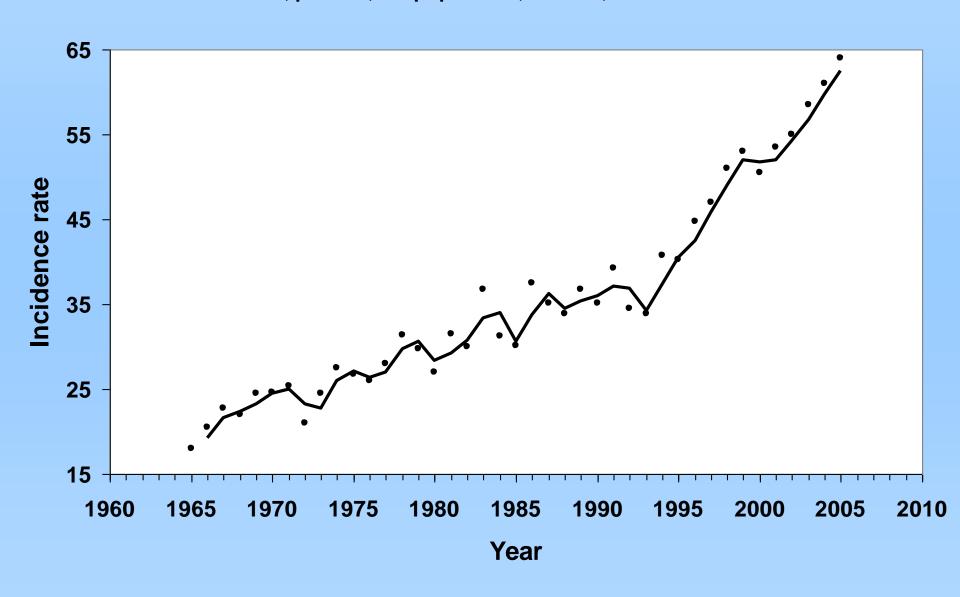
Normal situation with all types of junctions intact

Capillary permeability

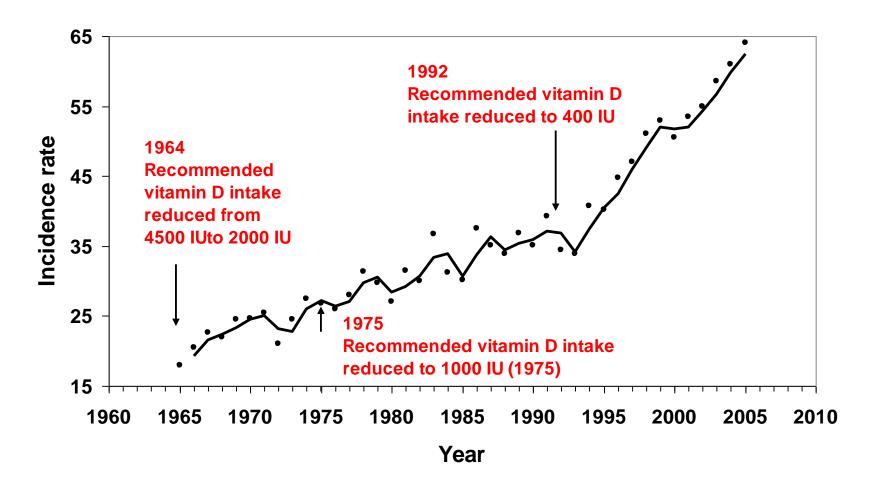


Breakdown of junctions and breakdown of barrier function due to inadequate vitamin D immune system attacks Islet Cells

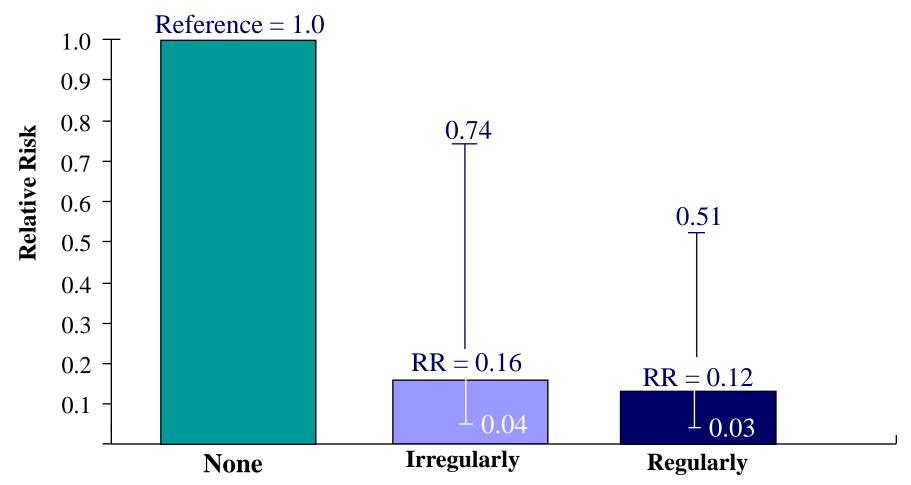
Annual age-adjusted incidence rates of type 1 diabetes, children ≤ 14 years old, per 100,000 population, Finland, 1965-2005



Annual age-adjusted incidence rates of type 1 diabetes, children ≤ 14 years old, per 100,000 population, and dates of changes in recommended daily intake of vitamin D in infants, Finland, 1965-2005



Infants' Supplementation with Vitamin D and Incidence of Type I Diabetes in Children in Northern Finland



Relative Risk* and 95% confidence intervals for diabetes by vitamin D supplementation, Birth Cohort study, N=12,055 pregnant women

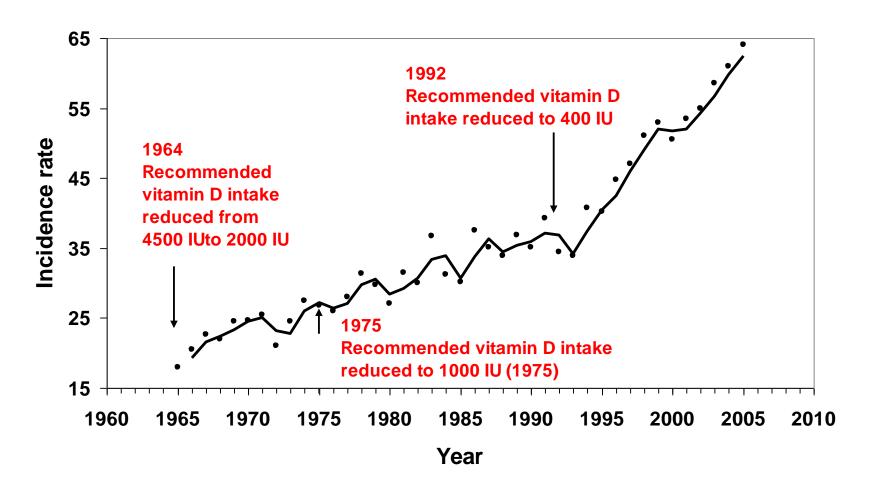
*adjusted for infant's gender, gestational age, birth weight, growth rate; maternal parity, age, education, social status Source: Hyppönen E, Läärä E, Reunanen A, Järvelin MR, Virtanen SM.Intake of vitamin D and risk of type 1 diabetes: a birth-cohort study. Lancet. 2001;358:1500-3.

Finland study Conclusion

- Hypponen et al 2001 Lancet
- The authors concluded:

We suggest that, before any changes are made, health workers ensure that all infants are receiving at least the amount of vitamin D indicated in the current recommendation." The current recommendation is 400 IU per day.

Annual age-adjusted incidence rates of type 1 diabetes, children ≤ 14 years old, per 100,000 population, and dates of changes in recommended daily intake of vitamin D in infants, Finland, 1965-2005



What to do to reduce burden of Type I Diabetes in the World

Minimum oral intake of vitamin D3 at 30 degrees or higher, in general:

Infants: NAS UL 1,000 IU-1,800 IU (NAS NOAEL)

Adults: 2,000 (NAS UL)- 2,400 IU (NAS NOAEL)

Children 1-12 years: 2,000 IU

Serum target, all ages: 40-60 ng/ml

Risk/Benefit ratio is infinite since these are within these are within established no adverse affects levels

