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## UNEXPECTEDLY HIGH RATES OF VITAMIN D DEFICIENCY IN AN INNER-CITY LONDON HIV CLINIC

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**DISCUSSION:** Vitamin D deficiency, (including rickets and osteomalacia) is resurgent in the UK and increases susceptibility to TB and other systemic illnesses including insulin resistance.

**AIM:** To assess the prevalence of Vitamin D deficiency in our HIV clinic and factors associated with it.

**METHODS:** A retrospective, case-controlled study of consecutive patients attending our HIV clinic from November 2007. All patients had routine 25-hydroxycholecalciferol (25(OH)D) and parathyroid hormone (PTH) levels taken and basic demographics, medical history and routine blood results recorded. Patients with 25(OH)D deficiency (<50nmol/l) were compared with those with optimum levels (>75 nmol/l).

**RESULTS:** 76/132 (58%) were 25(OH)D deficient, including 11 (8%) who were severely deficient (<25nmol/l). 21 (16%) had optimum levels and 35 (27%) were borderline (50–75 nmol/l). 40/131 (31%) had high PTH. On multivariate analysis 25(OH)D deficiency was associated with “black” ethnicity (odds ratio (OR) 0.14, 95% CI 0.02-0.88 for white vs black), younger age (OR 0.87, CI 0.78-0.97, for every increase in age by 1 year) and higher random blood glucose (OR 3.21, CI 1.32 -7.8 for every increase in 1 mmol/L). Female sex was associated with 25(OH)D deficiency on univariate analysis only. No association was found for diagnosis date, CDC stage, use/duration of HAART/Tenofovir, weight, liver/kidney/bone profile or PTH.

**CONCLUSIONS:** There is an alarmingly high rate of vitamin D deficiency among our HIV cohort,

associated with black ethnicity, younger age and higher random blood glucose. Importantly detection and treatment may improve clinical outcomes including insulin resistance, bone disease and susceptibility to TB.

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