

# Vitamin D Deficiency

**This leaflet offers more information about vitamin D deficiency in children and young people. If you have any further questions or concerns, please speak to the staff member in charge of your child's care.**

## What is vitamin D deficiency and why has my child got it?

Vitamin D controls the amount of calcium in the body and is important for good health, growth and strong bones.

The following groups of children are more at risk of getting low in vitamin D:

- Children with darker skin, whose bodies are not able to make so much vitamin D.
- Children born to mothers with low vitamin D.
- Children with reduced direct sunlight exposure, either seasonal (low vitamin D levels are common in winter and spring) or due to wearing clothing that covers most of the body.
- Vegetarians or vegans and children on wide food exclusion diets.
- Children with medical conditions such as Crohn's disease, coeliac disease, cystic fibrosis, and some liver and kidney diseases.
- Children on certain medications, such as anticonvulsants and anti-TB drugs.

## What are the signs and symptoms?

Many children will not have any symptoms of vitamin D deficiency and you might not know your child has low levels.

Some children will develop problems such as:

- late teething and poor tooth enamel
- common infections and leg pains
- poor growth and development
- rickets - soft skull or leg bones, bowing of bones, bone pains and muscle weakness
- muscle spasms or cramps, fits and breathing difficulties. These problems are related to the low levels of calcium and need urgent hospital treatment.

## Does my child need any tests to confirm the diagnosis?

Your child will have a blood test to show if they have low vitamin D. In most children, no other tests are needed.

## What treatments are available?

Your child will be treated with high dose vitamin D, prescribed by a doctor and given either as a one-off medicine by mouth or as an injection.

After your child has had this, they should also take a supplement every day.

The Department of Health recommends children between six months and five years should be given supplements containing vitamins A, C and D, unless they are drinking 500ml or more of infant formula a day.

Most children over five years do not need vitamin D supplements if they are getting enough in their diets and through sunlight. Children in the higher risk groups already mentioned would benefit from a supplement every day.

Older children can have one of a selection of chewy tablets from the chemist or supermarket. Younger children will need drops, which can be prescribed or bought in the chemist.

If you are claiming benefits you may be entitled to get free vitamins through the Healthy Start scheme – ask your health visitor or midwife about this. Some boroughs offer free vitamins to all children, so again, ask your health visitor.

## **What happens if I do not get treatment?**

It can be possible to build up vitamin D levels through diet and sunshine, but if vitamin D deficiency is not treated it may get worse and lead to worse symptoms.

## **Is there anything I can do to help my child?**

Most vitamin D is made in the skin by exposure to sunlight in the hottest part of the day.

Most children need fifteen minutes sunlight between 11am and 3pm from April to September to the lower arms and face, without high factor sunscreen on. This will make enough vitamin D without damaging the skin for low risk children.

Only a small amount of vitamin D is found in food. Vitamin D rich food includes oily fish (sardines, pilchards, herring, trout, tuna, salmon and mackerel), cod liver oil, eggs, fortified margarine and cereals.

If you are a woman planning to have more children make sure you take pregnancy vitamins throughout pregnancy and breastfeeding. Your GP or midwife can give you more advice on this.

## **Useful sources of information**

<http://www.nhs.uk/Conditions/vitamins-minerals/Pages/Vitamin-D.aspx>

<http://www.healthystart.nhs.uk/>

## **Contact us**

If you have any questions or concerns about vitamin D deficiency in children and young people, please contact the paediatric medicine secretaries on 020 8725 3648 (Monday to Friday, 9am to 4.30pm), giving the name of the doctor you saw, if possible. Out of hours, please leave a voice message.

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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