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## Estimation of vitamin D<sub>2</sub> intakes in diverse European populations based on serum 25-hydroxyvitamin D<sub>2</sub> data

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Unlike vitamin D<sub>3</sub>, which is made by the action of UVB sunlight on the skin and also obtained in the diet, vitamin D<sub>2</sub> only comes from dietary sources<sup>(1)</sup>. The few items in the human food chain that contain significant amounts of vitamin  $D_2$  are supplements, fortified foods, ultraviolet B (UVB) light exposed mushrooms, and food made with UVB exposed bakers' yeast. Despite the widely held assumption that dietary exposure to vitamin  $D_2$  is limited, we have recently reported that 78 % (n = 884) of participants in the National Adult Nutrition Survey (NANS) in Ireland had serum 25-hydroxyvitamin D<sub>2</sub> (25(OH)D<sub>2</sub>) concentrations above the limit of quantification<sup>(1)</sup>. Data on serum 25(OH)D<sub>2</sub> in other European populations is lacking. The objective of this study was to generate serum 25(OH)D<sub>2</sub> data and estimates of vitamin D<sub>2</sub> intakes using subsets of serum samples from 14 European population studies.

Bio-banked sera (each n = 100-170) from Ireland [adults, children], Germany [adults, children and adolescents], Norway [adolescents, adults], Netherlands [adults, older adults], Finland [ethnic minority adults], Iceland [older adults], Denmark [children] and multi-country [adolescents] were analysed as part of the European Commission-funded ODIN project (www.odin-vitd.eu/) using our liquid chromatography tandem mass spectrometry method which measures 25-hydroxyvitamin D<sub>3</sub> and 25(OH)D<sub>2</sub> simultaneous $ly^{(1)}$ . Data from 9 randomized controlled trials which tested the efficacy of UVB-exposed mushroom products or vitamin  $D_2$ -enhanced beverages in improving vitamin D status<sup>(2,3,4)</sup>, showed a mean response in serum 25(OH)D<sub>2</sub> (nmol/L) to ingested vitamin D<sub>2</sub> (µg) of 0.95 nmol/L per µg/day. This response factor was used to estimate median intakes in each of the 14 populations.

Country (no. of studies)	Serum 25(OH)D <sub>2</sub> (nmol/L) <sup>1</sup>		Estimated vitamin D <sub>2</sub> intake (μg/d) <sup>1</sup>	
	Median	SD	Median	SD
Ireland (2)	2.5	0.7	2.6	0.05
Germany (2)	1.5	0.1	1.6	0.1
Norway (2)	1.5	0.5	1.5	0.5
Multi-country (1)	1.4*	-	1.5	-
Greece (2)	1.3*	0.2	1.3	0.2
Netherlands (2)	1.2*	0.3	1.3	0.3
Denmark (1)	1.1*	-	1.2	-
Finland (1)	1.0*	-	1.1	-
Iceland (1)	0.8*	-	0.9	-

<sup>&</sup>lt;sup>1</sup>Estimates are presented as the average (SD) of medians from the individual population studies within a country where there were two studies.

Median concentrations of serum 25(OH)D<sub>2</sub> ranged from 0.8–2.5 nmol/L in these European populations, while median vitamin D<sub>2</sub> intakes were estimated to be in the range 0.9–2.6 µg/day (see table), with Ireland having the highest estimated median intake of 2.6 µg/day day. In conclusion, based on serum 25(OH)D<sub>2</sub> concentration data, European populations have exposure to vitamin D<sub>2</sub> in their diet. The exact dietary sources of vitamin D<sub>2</sub> in the European food chain needs to be investigated.

- Cashman KD, Kinsella M, McNulty BA et al. (2014) Br J Nutr 112, 193-202.
- Cashman KD, Kiely MK, Seamans KM, Urbain P (2016) *J Nutr* **146**, 565–575. Biancuzzo RM, Young A, Bibuld D *et al.* (2010) *Am J Clin Nutr* **91**, 1621–1626.
- Fisk CM, Theobald HE, Sanders TAB (2012) J Nutr 142, 1286–1290.

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<sup>\*</sup>Value above the limit of detection (0.44 nmol/L) but below limit of quantitation (1.43 nmol/L).