Dear Editor,

We read the article of Hocaoğlu-Emre FS et al. entitled ‘Vitamin D Deficiency and Insufficiency According to the Current Criteria for Children: Vitamin D Status of Elementary School Children in Turkey’ in Journal of Clinical Research in Pediatric Endocrinology with great interest (1). In this study, the researchers investigated serum vitamin D levels in 640 healthy children between the ages of 6-9. It was stated that serum vitamin D levels of the subjects were obtained from the hospital records. They explained further that vitamin D levels were checked in healthy children by an “annual check-up for Vitamin D status” at the hospital. The authors conclude that close follow-up of vitamin D status especially in the winter and post-winter period is required and supplementation of vitamin D should be given for a stronger bone structure and healthy growth (1).

Vitamin D deficiency screening should aim to identify people with low vitamin D levels who theoretically could benefit from vitamin D supplementation. Only after this theoretical screening program, we would expect improvement in particular health outcomes e.g improved bone mineral density, reduced risk of falls etc. Furthermore in any screening programme, there should be no harm as a consequence of the intervention and subsequent treatment (2). However, there is no firm evidence showing benefits of vitamin D deficiency screening for healthy children (3, 4). Recent global consensus recommendations caution strongly against population-based screening for vitamin D deficiency in healthy children (3). According to this consensus, serum 25(OH)D measurement would be reasonable for patients with high risk of vitamin D deficiency, such as patients having rickets, chronic kidney disease, hepatic failure, malabsorption, hyperparathyroidism or granuloma-forming disorders (3). Similarly, American Academy of Pediatrics advises screening only in patients who have disorders associated with low bone mass such as rickets and/or a history of recurrent, low-trauma fractures (4). In addition, there has been a significant increase in health costs related to vitamin D tests and prescriptions for children in primary care over the past decade (5).

In conclusion, current evidence is not sufficient to suggest that screening for vitamin D deficiency in healthy population produces health benefits, is necessary, safe or cost-effective.

References