

East & South East England Specialist Pharmacy Services East of England, London, South Central & South East Coast

Vitamin D deficiency and insufficiency in adults and paediatrics: a guideline collation document for London and East & South-East England

Background

Awareness of Vitamin D deficiency in the UK population has increased substantially in recent years and there have been numerous articles published on the subject. Developing guidance in this area has, however, been hampered for a number of reasons:

- Opinions on the ideal level of vitamin D and optimal serum concentrations vary (although there is suggestion that normal vitamin D status is represented by 25-hydroxyvitamin D (25-OHD) of 75nmol/L or more, insufficiency by 25-OHD of 25-50nmol/L, and deficiency by 25-OHD levels <25nmol/L¹).
- The evidence-base is not completely defined in relation to best management of different vitamin D deficiency states and the monitoring required following treatment.
- The availability of licensed vitamin D products is limited and unlicensed products have variable (and often substantial) costs.

Purpose of this document

This document outlines prescribing guidance in use in London and East and South-East England for the management of vitamin D deficiency in adults and children. The document outlines commonalities and differences in guidance both for the treatment of deficiency, and for maintenance following insufficiency. The document covers only those prescribing guidelines of which the London Medicines Information where aware of as at March 2011 following contact with hospital pharmacy departments and PCTs.

The document does not offer a consensus view on the use of vitamin D products, nor does it make regional recommendations. It is provided merely as an aid to enable comparison between work already undertaken and to assist local and sector based guideline development.

The document is presented as two tables: the first comparing adult guidelines, the second paediatric. Each table summarises pharmacological recommendations (i.e. not those related to diet and sunshine) from the various guidelines. The following should be noted:

- Vitamin D preparations are specified as colecalciferol or ergocalciferol, or where guidance did not specify the form "vitamin D" is stated. Many of the guidelines reviewed indicated that colecalciferol is preferred despite the BNF stating that the forms should be considered bioequivalent and interchangeable (with 10 micrograms of ergocalciferol or colecalciferol giving 400 IU of vitamin D²).
- Where the route of administration is not stated in the tables the oral route should be assumed.
- The doses and main monitoring recommendations in each guideline for the various deficiency states have been re-reproduced; other detail has not.
- The guidelines reviewed do not generally cover vitamin D use in more complex patients such as those with secondary deficiency due to renal disease, primary hyperthyroidism, hypercalcaemia, or hypocalcaemia.

• This document does not provide any element of cost comparision. The document <u>Using</u> <u>appropriate available products</u> on NeLM should be referred to for information on currently available vitamin D preparations and to aid recommendations and prescribing.

The update process for the document and your comments

This document was produced with information available on prescribing guidance in use across London as at March 2011. A process of review with primary care QIPP and other colleagues precluded publication until August 2011.

The document will be updated every 6 months initially and then annually thereafter. We welcome comment both on its specific content and overall usefulness. We would also welcome receipt of any local guidance in place that we will add to the document at each review.

Please send any individual guidance from your organisation or any other comments to Ben Rehman, Director, London Medicines Information Service at <u>b.rehman@nhs.net</u>; or Varinder Rai, Principal Medicines Information Pharmacist at <u>varinder.rai@nhs.net</u>.

References

2. British National Formulary 61st Edition. London: BMJ Group and Pharmaceutical Press, 2011

^{1.} Pearce S, Cheetham D. Diagnosis and management of vitamin D deficiency. BMJ 2010; 340: b5664

Guidelines for the treatment of vitamin D deficiency and insufficiency in adults

Author (Published/review date – if known)	Drug and dose recommendation for the treatment of vitamin D deficiency - Adults	Drug and dose recommendation for the treatment of insufficiency or for maintenance therapy following deficiency of vitamin D - Adults	Monitoring recommendations following treatment
NHS Barking and Dagenham (published February 2011/review February 2012)	 Deficiency (<25nmol/L) Options: Colecalciferol 60,000 IU weekly for 12 weeks Colecalciferol 300,000 IU IM injection, two doses three months apart Colecalciferol 150,000 IU daily for two days 	 Insufficiency (25-50nmol/L) Colecalciferol 1000-2000 IU daily for 12 weeks Maintenance Calcium 1.5g + colecalciferol 400 IU twice daily 	Routine monitoring of vitamin D is not recommended Vitamin D monitoring only required in patients with both clinical symptoms and risk factors
Barking, Havering and Redbridge University Hospitals NHS Trust	 Deficiency (0-25nmol/L) Options: Colecalciferol 50,000 IU daily for 6 days Patients with extensive small bowel resection: vitamin D 300,000 IU IM injection every 6 months Followed by maintenance therapy recommendations. 	 Insufficiency (25-50nmol/L) Colecalciferol 50,000 IU daily for 3 days Followed by maintenance therapy recommendations. Maintenance Colecalciferol 50,000 IU monthly 	No recommendations on routine monitoring
Barnet and Chase Farm Hospital NHS Trust (published November 2010/ review November 2012)	 Deficiency (<50nmol/L) <p>Options: Ergocalciferol 300,000-600,00 IU IM injection every 3-4 months Colecalciferol 50,000 IU weekly for 6-8 weeks Colecalciferol 300,000 IU IM injection every 6-12 months. </p> Followed by maintenance therapy recommendations. 	 Insufficiency (50-75nmol/L) Options: Adcal D3 tablet twice daily Ergocalciferol 300,000 IU IM injection every three months Colecalciferol 20,000 IU monthly Colecalciferol 50,000 IU every two months Colecalciferol 150,000 IU every two months Colecalciferol 150,000 IU IM injection every 6-12 months. Maintenance Colecalciferol 800 IU daily Vitamin BPC capsules two daily (vitamin D 300IU, Vitamin A 2500 IU per capsule) 	Check calcium and vitamin D levels every 3 months while receiving treatment dose

Author (Published/review date – if known)	Drug and dose recommendation for the treatment of vitamin D deficiency - Adults	Drug and dose recommendation for the treatment of insufficiency or for maintenance therapy following deficiency of vitamin D - Adults	Monitoring recommendations following treatment
Barts and The London Clinical Effectiveness Group (published January 2011)	 Deficiency (<30nmol/L) Options: Symptomatic patients Colecalciferol 100,000 IU daily for 2 days Oral therapy not tolerated or poor concordance - ergocalciferol 300,00 IU IM injection Monitor vitamin D level in 12 weeks and if level <80nmol/L repeat loading dose Asymptomatic patients Vitamin D 800-2000 IU daily (or given once weekly e.g. 2000 IU daily given as 14,000 IU weekly Limited evidence for loading dose of colecalciferol 100,000 IU daily for 2 days. Followed by maintenance therapy recommendations. 	 Insufficiency (31-80nmol/L) or maintenance Vitamin D 800-2000 IU daily 	Monitor vitamin D and calcium levels at 12 weeks after loading dose No routine monitoring required for patients on maintenance doses
NHS Ealing (published December 2010 / review December 2012)	 Deficiency (<25nmol/L) <p>Options: Colecalciferol or ergocalciferol 6000-10,000 IU daily Patients with intestinal absorption or chronic liver disease: colecalciferol or ergocalciferol up to 40,000 IU daily Ergocalciferol 300,00 IU IM injection and repeat in 3 months if necessary Colecalciferol 60,000 IU weekly for 8-12 weeks </p> 	 Insufficiency (25-50nmol/L) or maintenance Vitamin D 800-2000 IU daily 	Check calcium, phosphate, alkaline phosphate, vitamin D levels at 3 months after high dose treatment

Author (Published/review date – if known)	Drug and dose recommendation for the treatment of vitamin D deficiency - Adults	Drug and dose recommendation for the treatment of insufficiency or for maintenance therapy following deficiency of vitamin D - Adults	Monitoring recommendations following treatment
Guys and St Thomas NHS Foundation Trust / King's College Hospital NHS Foundation Trust (review March 2012)	 Deficiency (0-35nmol/L) Colecalciferol 40,000 IU daily for 7 days Followed by maintenance therapy recommendations. 	 Insufficiency (>35nmol/L) or maintenance Options: Calcium 600mg + vitamin D 400 IU twice daily Patients with high dietary calcium intake: vitamin D 40,000 IU monthly Patients with poor oral compliance: colecalciferol 40,000 IU monthly or ergocalciferol 300,000 IU IM injection or soluble calcium/vitamin D preparations Patients with extensive bowel resection: ergocalciferol 300,000 IU IM injection 6-monthly 	Monitor calcium levels 6-8 weeks after loading dose Monitor vitamin D in autumn if considered necessary
Harrow NHS PCT (published January 2010)	 Deficiency (<20nmol/L) Ergocalciferol 300,000 IU IM injections every 4 months for two doses Followed by maintenance therapy recommendations. 	 Insufficiency (25-50nmol/L) Ergocalciferol 300,00 IU IM injection single dose Followed by maintenance therapy recommendations. Maintenance Options: Vitamin Capsules, 2-3 capsules daily If vitamin capsules contra-indicated or calcium replacement required: Adcal D3/Calcichew D3 Forte twice daily or Calfovit D3 once daily Non complaint to oral medication: ergocalciferol 300,000 IU IM injection 4 monthly injections as required 	Check vitamin D levels after 4-6 months of treatment
Hounslow NHS Trust (published September 2010)	 Deficiency (<30ng/mL) Options: Ergocalciferol 300,000 IM injection, repeat after 8 weeks if necessary Ergocalciferol 50,000 IU monthly for 8 weeks then review Concurrent treatment of calcichew D3 Forte/Adcal D3 twice daily recommended with the above 	 Insufficiency (31-50ng/mL) or maintenance Options: Calcichew D3 forte twice daily (or equivalent) Treat as per deficiency if obvious proximal muscle weakness or sustained fragility fractures 	Check calcium levels at week 4 and 8 or if symptomatic of hypercalcaemia Check vitamin D and PTH levels at week 8, then every 4-6 months

Author	Drug and dose recommendation for the	Drug and dose recommendation for the	Monitoring
(Published/review	treatment of vitamin D deficiency - Adults	treatment of insufficiency or for maintenance	recommendations
date – if known)		therapy following deficiency of vitamin D -	following treatment
		Adults	
Imperial College Healthcare NHS Trust	 Deficiency (<25nmol/L) Options: Colecalciferol 20,000 IU once weekly for 12 weeks Patients with malabsorption problems: ergocalciferol 300,000 IU IM injection three monthly for two doses Followed by maintenance therapy recommendations. 	 Insufficiency (25-50nmol/L) or maintenance Options: Colecalciferol 800-2000 IU daily (dose depending on weight) Colecalciferol 20,000 IU capsule every 2 weeks 	Monitor vitamin D, PTH, calcium after 3 months of treatment and then 6 monthly thereafter
Kensington and Chelsea NHS Trust	 Deficiency (<25nmol/L) <p>Options: Colecalciferol 60,000 IU capsules weekly for 12 weeks Patients with malabsorption or compliance problems: ergocalciferol 300,000 IU IM injection three monthly Capsules or injection not suitable: liquid colecalciferol 150,000 IU daily for two days </p> Followed by maintenance therapy recommendations. 	 Insufficiency (25-50nmol/L) Colecalciferol 1000-2000 IU daily for 12 weeks Maintenance Options: Calcium 1.5g + colecalciferol D 400 IU twice daily Patients with adequate dietary calcium intake or at risk of hypercalcaemia: colecalciferol 1000 IU daily 	Check vitamin D levels 12 weeks after loading dose No routine monitoring required for patients on maintenance doses Once deficiency corrected monitor every 12 months for those considered at risk
Kingston Hospital NHS Trust (published December 2010)	 Deficiency (<25nmol/L) Options: Colecalciferol 60,000 IU weekly for 8-12 weeks Malabsorption or compliance problems: Colecalciferol 300,000 IU IM injection three months apart; once or twice a year Followed by maintenance therapy recommendations. 	Insufficiency (25-50nmol/L) or maintenance • Colecalciferol 1000-2000 IU daily	Monitor calcium, phosphate and ALP prior to treatment Monitor vitamin D levels 3 months after starting treatment Check calcium if patient showing signs and symptoms of hypercalcaemia
Lewisham Healthcare NHS Trust (review January 2013)	Deficiency (0-35nmol/L) Colecalciferol 40,000 IU capsules daily for 7 days Followed by maintenance therapy recommendations.	Insufficiency (>35 nmol/L) or maintenance Options: • Calcium 600mg + Vitamin D 400 IU twice daily • Patients with high dietary calcium intake or poor compliance: vitamin D 40,000 IU monthly • Poor responders: consider ergocalciferol 300,000 IU IM injection	Monitor calcium levels 6-8 weeks after loading dose Monitor vitamin D in autumn if considered necessary

Author (Published/review date – if known)	Drug and dose recommendation for the treatment of vitamin D deficiency - Adults	Drug and dose recommendation for the treatment of insufficiency or for maintenance therapy following deficiency of vitamin D - Adults	Monitoring recommendations following treatment
NHS North Central London (published May 2011 / review May 2013)	 Deficiency (<25nmol/L) Options: Symptomatic: Colecalciferol 300,000 IU single dose Colecalciferol 40,000 IU daily for 7 days Colecalciferol/ergocalciferol 300,00 IU IM injection every 3-4 months Asymptomatic: Vitamin D 1000-2000 IU daily Patients at high risk/ very low vitamin D levels: colecalciferol 50,000-60,000 IU weekly for 6-8 weeks or colecalciferol/ergocalciferol 300,000 IU IM injection every 3-4 months Followed by maintenance therapy recommendations if necessary. 	 Insufficiency (25-49nmol/L) or maintenance Options: Vitamin D 1000-2000 IU daily Diet and sunshine advice Colecalciferol 40,000-50,000 IU monthly for 2 months Colecalciferol/ergocalciferol 300,000 IU IM injection 6-12 monthly Combination calcium and vitamin D preparations providing vitamin D 800 IU daily 	Monitor calcium levels monthly Monitor vitamin D, calcium, ALP, PO₄ and PTH at 3 months
North Middlesex University Hospital NHS Trust (published February 2011 / review February 2013)	 Deficiency <25nmol/L Options: Vitamin D 10,000 IU daily for 8-12 weeks Vitamin D 60,000 IU weekly for 8-12 weeks Non-compliance or patients with malabsorption: stoss therapy, total vitamin D dose 300,00-500,000 IU in 2-4 divided doses Followed by maintenance therapy recommendations or continue for a further 3 months if vitamin D levels below target. 	 Insufficiency (25-50nmol/L) or maintenance Options: Vitamin D 400-800 IU daily Vitamin D 10,000 IU weekly 	Check calcium levels 4 weeks after loading dose Check vitamin D levels 3 months after loading dose

Author	Drug and dose recommendation for the	Drug and dose recommendation for the	Monitoring
(Published/review	treatment of vitamin D deficiency - Adults	treatment of insufficiency or for maintenance	recommendations
date – if known)		therapy following deficiency of vitamin D -	following treatment
		Adults	
Oxfordshire (published 25 th	Severe deficiency (0- 25nmol/L)	Insufficiency (>50 nmol/L) or maintenance	Patients receiving treatment
July 2009 / review January	 Colecalciferol 50,000 IU daily for 6 days 	Dose according to estimated dietary calcium intake as below:	therapy - monitor calcium
2010)		 Very low calcium intake (<500mg/day): 	levels two weeks after
	Deficiency (25-50nmol/L)	Calcium 1-1.2g twice daily + vitamin D 800-1000 IU twice daily	treatment started
	Colecalciterol 50,000 IU daily for 3 days	• Low calcium intake (500-1000mg/day):	Detiente ne et de mediateres
		Calcium 500-600mg daily + vitamin D 400 IU daily + vitamin D	therapy manitor vitamin D in
	Followed by maintenance therapy recommendations.	50,000 IO monthly	late spring if considered
		Adequate calcium intake (>1000mg/daily): witamin D E0 000 III monthly	necessary
			necessary
St George's Healthcare NHS	Deficiency <25nmol/L	Insufficiency (25-50nmol/L) or maintenance	Monitor calcium levels 12
Trust / NHS Wandsworth	Options:	Colecalciferol 1000-2000 IU daily for 12 weeks	weeks after loading dose.
(published August 2010)	 Colecalciferol 60,000 IU capsules weekly for 12 weeks 		
	Patients with malabsorption or compliance problems:	Maintenance	No routine monitoring required
	ergocalciferol 300,000 IU IM injection 3 monthly	Options:	for patients on maintenance
	Capsules or injection not suitable: liquid colecalciferol	• Calcium 1.5g + colecalciferol D 400 IU twice daily	doses
	150,000 IU daily for 2 days	Patients with adequate calcium intake or at risk of	On an deficiency competed
	Followed by maintenance therapy recommendations in severely	nyeprcalcaemia: colecalciterol 1000 IU	monitor every 12 months for
	deficient nations		those considered at risk

Guidelines for the treatment of vitamin D deficiency and insufficiency in paediatrics

Author	Drug and dose recommendation for the	Drug and dose recommendation for the	Monitoring
(Date written/review	treatment of vitamin D deficiency - Paediatrics	treatment of insufficiency or for maintenance	recommendations
date – if known)		therapy following deficiency of vitamin D -	following treatment
		Paediatrics	
Barts and The London Clinical Effectiveness Group (published January 2011)	 Deficiency (<30nmol/L) Options: Child 1-6 months: colecalciferol 3000 IU daily for 8-12 weeks Child 6 months-12 years: colecalciferol 6000 IU daily for 8-12 weeks Child 12-18 years: colecalciferol 10,000 IU daily for 8-12 weeks Child 1-12 years: patients with poor compliance, stoss therapy of colecalciferol 300,000 IU in two divided doses after discussion with paediatrician Followed by maintenance therapy recommendations or continue for a further 8-12 weeks if levels below 80nmol/L. 	 Insufficiency (31-80nmol/L) or maintenance Neonate: colecalciferol 400 IU daily Child 1 month-12 years: colecalciferol 400-600 IU daily 	Check vitamin D, calcium levels and ALP three months after loading dose. No routine monitoring required for patients on maintenance doses.
NHS North Central London (published May 2011 / review May 2013)	 Deficiency (<25nmol/L) <p>Options: Child 1-6 months: colecalciferol 3000 IU daily for 8-12 weeks Child 6 months-12 years: colecalciferol 6000 IU daily for 8-12 weeks Child 12-18 years: colecalciferol 10,000 IU daily for 8-12 weeks Followed by maintenance therapy recommendations.</p>	 Insufficiency (25-49nmol/L) or maintenance Options: All children up to 5 years – offer Healthy Start vitamins (colecalciferol 300 IU per 5 drops) Child <1 year: Abidec drops 0.3mL (ergocalciferol 200 IU) daily Child >1 year: Abidec drops 0.6mL daily (ergocalciferol 400 IU) daily 	Check calcium levels monthly. Check vitamin D levels, calcium levels, ALP, PO₄ and PTH three months after loading dose.

Author (Date written/review date – if known) North Middlesex University Hospital NHS Trust (Published February 2011/Review February 2013)	 Drug and dose recommendation for the treatment of vitamin D deficiency - Paediatrics Deficiency (<25nmol/L) <p>Options: Child 1-6 months: colecalciferol or ergocalciferol 3000 IU daily for 8-12 weeks Child 6 months-12 years: colecalciferol or ergocalciferol 6000 IU daily for 8-12 weeks Child 12-18 years: colecalciferol or ergocalciferol 6000-10,000 IU daily for 8-12 weeks Followed by maintenance therapy recommendations or continue for a further three months if levels below target.</p>	 Drug and dose recommendation for the treatment of insufficiency or for maintenance therapy following deficiency of vitamin D - Paediatrics Insufficiency (25-50nmol/L) or maintenance Options: Child 1-6months, breastfed: colecalciferol or ergocalciferol 400 IU daily Child 6-12months, breastfed: colecalciferol or ergocalciferol 400-800 IU daily Child 1-18 years: colecalciferol or ergocalciferol 400-800 IU daily 	Monitoring recommendations following treatment Check calcium levels four weeks after treatment initiated. Check vitamin D levels three months after treatment initiated.
NHS Ealing (published December 2010 / review December 2012)	 Deficiency (<25nmol/L) Options: Child 1-6 months: colecalciferol or ergocalciferol 3000 IU daily Child 6 months-12 years: colecalciferol or ergocalciferol 6000 IU daily 12 years - adult: colecalciferol or ergocalciferol 6000-10,000 IU daily Intestinal malabsorption or chronic liver disease: Child 1-12 years: colecalciferol or ergocalciferol 10,000-25,000 IU daily adjusted as necessary Child 12-18 years: colecalciferol or ergocalciferol 10,000-40,000 IU daily adjusted as necessary. Followed by maintenance therapy recommendations or continue for a further 8-12 weeks if levels below 80nmol/L. 	 Insufficiency (25-50nmol/L) or maintenance Neonates-18 years: vitamin D 400 IU daily 	Check calcium levels at regular intervals (initially once or twice weekly) and if nausea/vomiting in patients receiving pharmacological doses of vitamin D. Check calcium levels, ALP, vitamin D levels three months after loading dose. PTH may be checked if patient does not respond or relapses. No routine monitoring required for patients taking maintenance doses.

Author (Date written/review	Drug and dose recommendation for the treatment of vitamin D deficiency - Paediatrics	Drug and dose recommendation for the treatment of insufficiency or for maintenance	Monitoring recommendations
date – if known)	······, · ·····	therapy following deficiency of vitamin D -	following treatment
		Paediatrics	
Imperial College Healthcare NHS Trust (published June 2010)	 Deficiency (<25nmol/L) Options: Child 1-6 months: colecalciferol or ergocalciferol 3000 IU daily Child 6 months-12 years: colecalciferol or ergocalciferol 6000 IU daily Child 12 years-adult: colecalciferol or ergocalciferol 6000-10,000 IU daily Followed by maintenance therapy recommendations if levels above 80nmol/L and ALP normal or continue for a further 2-3 months if levels below 80nmol/L. Compliance problems: Child 6 months-12 years: ergocalciferol 150,000 IU IM injection every 3 months Child >12 years: ergocalciferol 300,000 IU IM injection every 3 months 	 Insufficiency (25-50nmol/L) or maintenance colecalciferol or ergocalciferol 400 IU daily 	Check urea, electrolytes, calcium levels, phosphate, LFTs, PTH and vitamin D levels three months after treatment doses initiated Check vitamin D levels and ALP three monthly if receiving treatment doses
Royal National Orthopaedic Hospital – The North West London NHS Trust (published January 2009)	Deficiency Options: • Child <6 months: colecalciferol 3000 IU daily	 Insufficiency or maintenance Options: All children from birth-6 months: vitamin D 200 IU daily Child 6 months-Adolescents: vitamin D 400 IU daily 	No recommendations on routine monitoring

Author (Date written/review date – if known)	Drug and dose recommendation for the treatment of vitamin D deficiency - Paediatrics	Drug and dose recommendation for the treatment of insufficiency or for maintenance therapy following deficiency of vitamin D - Paediatrics	Monitoring recommendations following treatment
Barts and The London NHS Trust (published February 2011/review February 2013)	 Deficiency Options: Child <12 months: colecalciferol or ergocalciferol 1500-2000 IU daily adjusted as necessary for a minimum of three months Child 1-12 years: colecalciferol or ergocalciferol 3000 IU daily adjusted as necessary for a minimum of three months Child 12-18years: colecalciferol or ergocalciferol 5000 IU daily adjusted as necessary for a minimum of three months Child 12-18years: colecalciferol or ergocalciferol 5000 IU daily adjusted as necessary for a minimum of three months Intestinal absorption or in chronic liver disease: Child 1-12 years: colecalciferol or ergocalciferol 10,000-25,000 IU daily, orally or IM Child 12-18 years: colecalciferol or ergocalciferol 10,000-40,000 IU daily, orally or IM The total monthly dose can be administered as a single dose Followed by maintenance therapy recommendations if levels >80nmol/L. If levels <50nmol/mL increase dose or consider stoss therapy if non-compliance suspected. Stoss therapy-suitable for patients with compliance issues: Child 1-12 years: colecalciferol or ergocalciferol 150,000 IU in two divided doses twelve hours apart, orally or single IM dose. Repeat every three months if necessary Child 12-18 years: colecalciferol or ergocalciferol 300,000 IU in two divided doses twelve hours apart, orally or single IM dose. Repeat every three months if necessary Child 12-18 years: colecalciferol or ergocalciferol 300,000 IU in two divided doses twelve hours apart, orally or single IM dose. Repeat every three months if necessary Child 12-18 years: colecalciferol or ergocalciferol 300,000 IU in two divided doses twelve hours apart, orally or single IM dose. Repeat every three months if necessary Child 12-18 years: colecalciferol or ergocalciferol 300,000 IU in two divided doses twelve hours apart, orally or single IM dose. Repeat every three months if necessary 	Colecalciferol or ergocalciferol 400 IU daily	No routine monitoring required for patients taking maintenance doses and those receiving treatment doses and symptoms have resolved following treatment. Patients being treated for rickets - check vitamin D levels, U+Es and bone profile at 2-4 weeks and end of three month treatment. X-rays at 3 months.