26 patients were included. 50% had their vitamin D checked on admission. Five patients were not tested during their admission at all.

Six patients were already on treatment for vitamin D deficiency.

Deficient (3) < 25nmol/L
Of those that were deficient, two were prescribed Cholecalciferol 40,000 units weekly, both had end dates. One patient was on normal dose of 800 units.

Insufficient (12) 25 - 50nmol/L
3 Not on treatment
6 already on treatment (AdCalD3)
2 prescribed Cholecalciferol 800u
1 prescribed 3200u as patient was considered high risk

Adequate levels (6) > 50nmol/L
Five not on treatment.
One on 2000 units Cholecalciferol/day

Background
Vitamin D deficiency is the most common nutritional deficiency in the world. It affects people of all ages, however as we age the ability of the skin to produce vitamin D decreases putting the older population at risk. Further risk factors include inadequate dietary and supplemental vitamin D intake, medications such as antiepileptic medication and CKD. Additionally, due to the Covid-19 pandemic people are possibly spending more time indoors. In addition, patients with mental health issues are often found to be deficient in Vitamin D. Therefore, considering the above risks, patients on an older persons psychiatric inpatient unit are likely to be at risk of vitamin D deficiency.

Aims
- Assess whether vitamin D was measured on admission
- Assess what treatment patients are prescribed on the ward or already on when they arrive.
- Does the prescription follow the trust guidelines, is there a clear start and end date?

Methods and standard setting
Methods: Data was collected for patients admitted over a three month period. Bloods were checked on ICE, medical records were checked on System1. This was compared to the regional standards set by SABP.

Results
Not all patients were tested or given adequate treatment for their deficiency or insufficiency.
Treatment was sporadic and guidelines were not always followed

Conclusion & Recommendations
Vitamin D tested during admission

Vitamin D levels of patients (highlighted if already on treatment)

Prevention measures:
- Sun Exposure - arms and face, 20 minutes, 3x/week, no sunscreen
- Dietary sources - oily fish, red meat, egg yolks, mushrooms, fortified foods e.g. cereals, yoghurts

Clinical features of deficiency:
- Widespread or localised bone pain
- Muscle weakness or muscle aches
- Insufficiency fractures/fracture fragility

Recommendation: A poster (above) was created so the SABP guidelines could be displayed clearly. This is on display on Spenser ward and the doctor’s workspace. It was also distributed to all the trainees who work in ACU. This can now be re-audited.

References