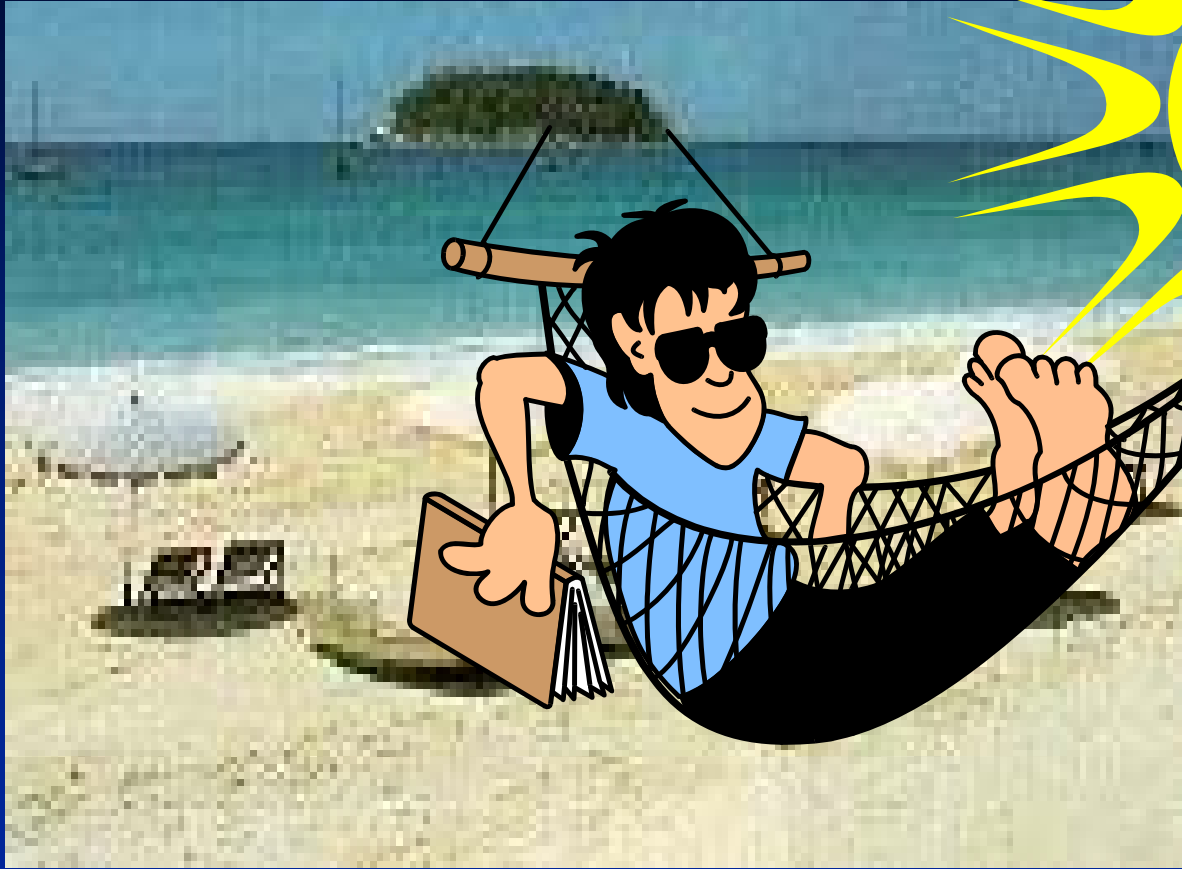
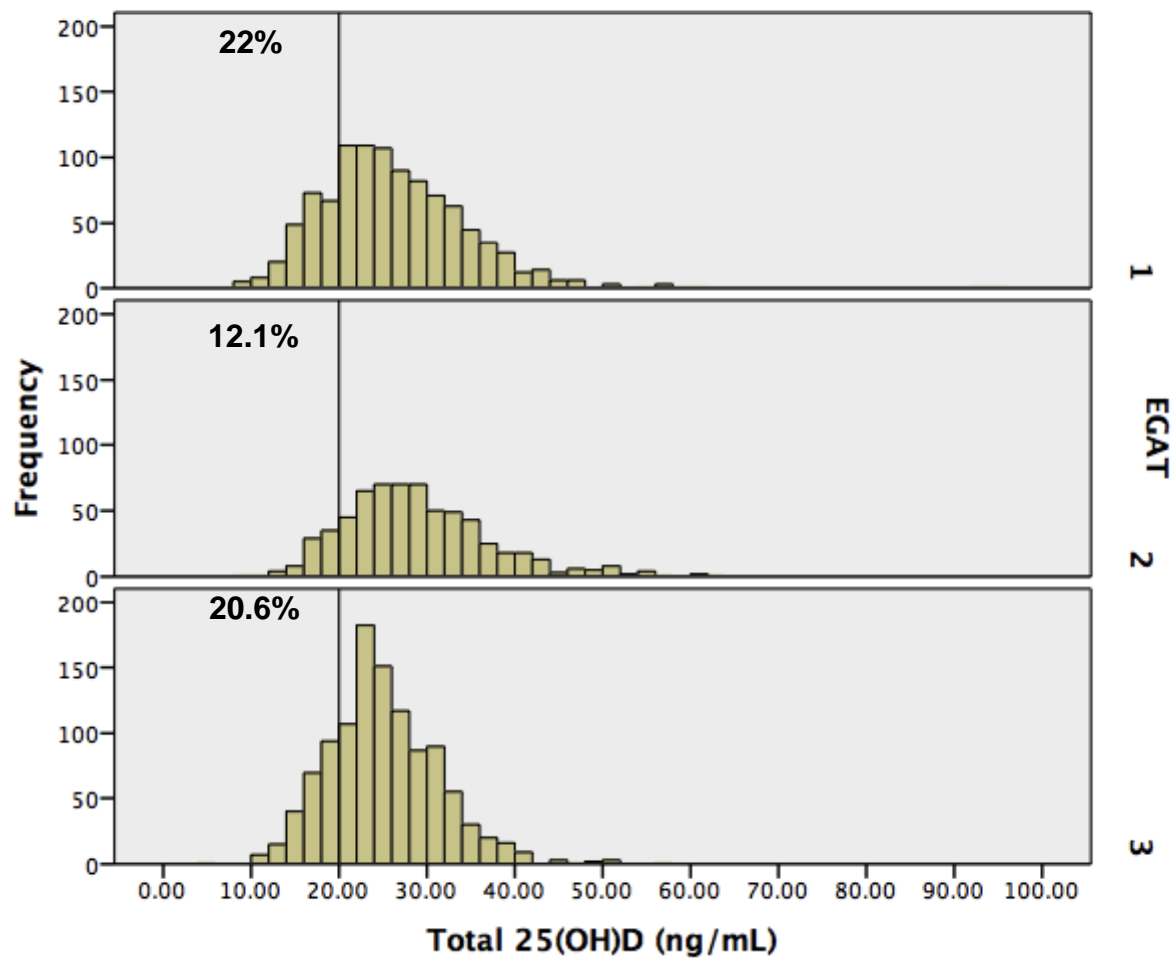


# ***Vitamin D, DM and Obesity***

Boonsong Ongphiphadhanakul, M.D.  
Professor of Medicine  
Ramathibodi Hospital  
Mahidol University



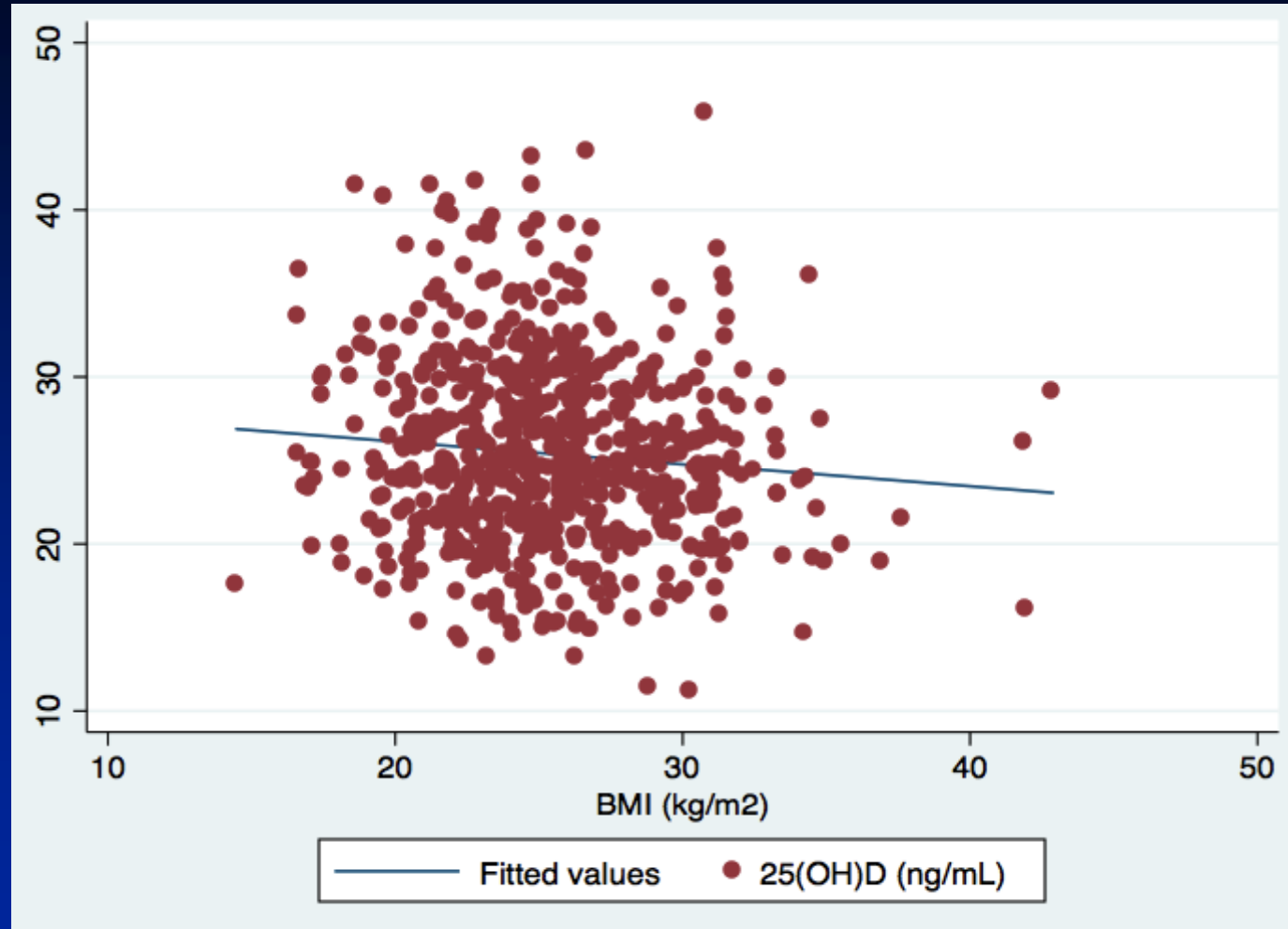
# Prevalence of Vitamin D Deficiency in EGAT 1-3



# ***Adverse Outcomes Related to a Low 25D Level***

- Bone mass
- Fractures
- Walking speed
- TB
- URI
- Admission to ICU
- CVD
- Type 1 DM
- Type 2 DM
- Multiple sclerosis
- Preeclampsia
- Cancer

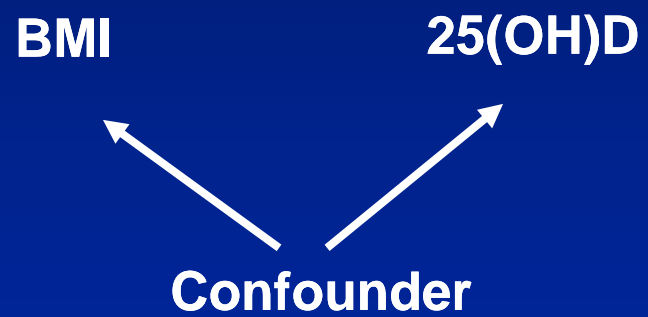
# Relationship between Vitamin D Status and BMI



- N = 646
- Beta = -0.14, P < 0.05

BMI → 25(OH)D

25(OH)D → BMI



# Causal Model Based upon Mendelian Randomization

Genotype  $\longrightarrow$  Phenotype  $\xrightarrow{\text{green}}$  Disease



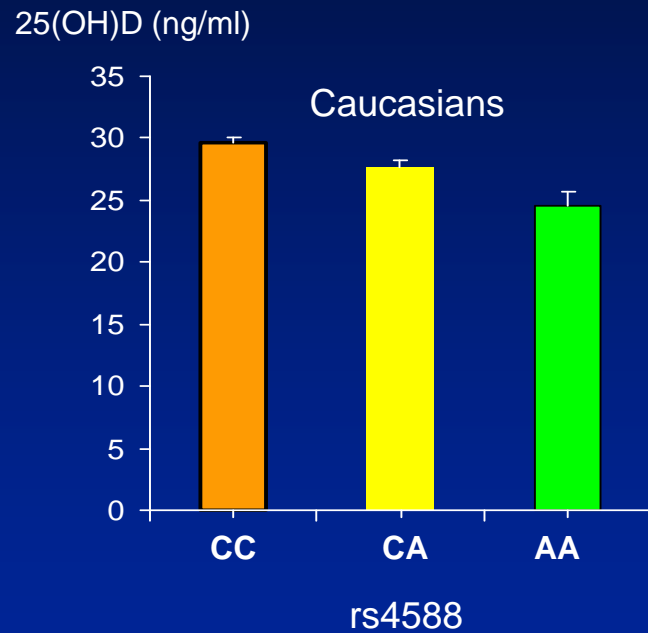
Genotype  $\longrightarrow$  Phenotype  $\xleftarrow{\text{yellow}}$  Disease



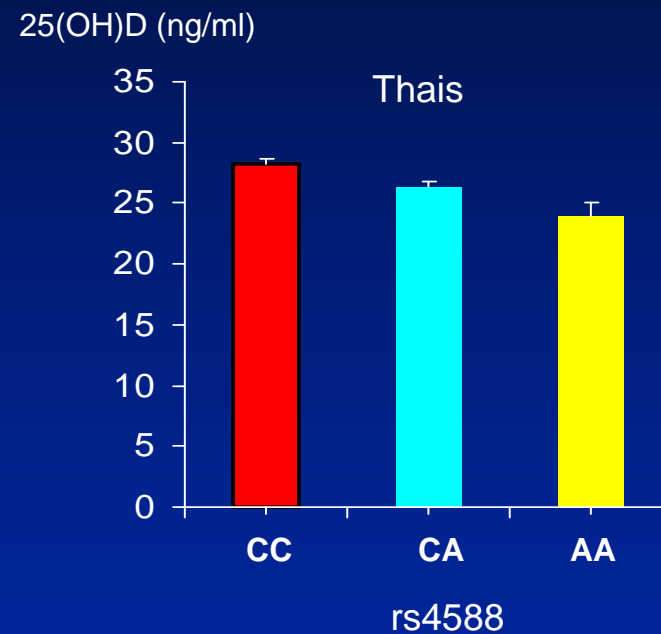
Genotype  $\longrightarrow$  Phenotype      Disease



# 25(OH)D Levels vs. Vitamin D Binding Protein Genotype



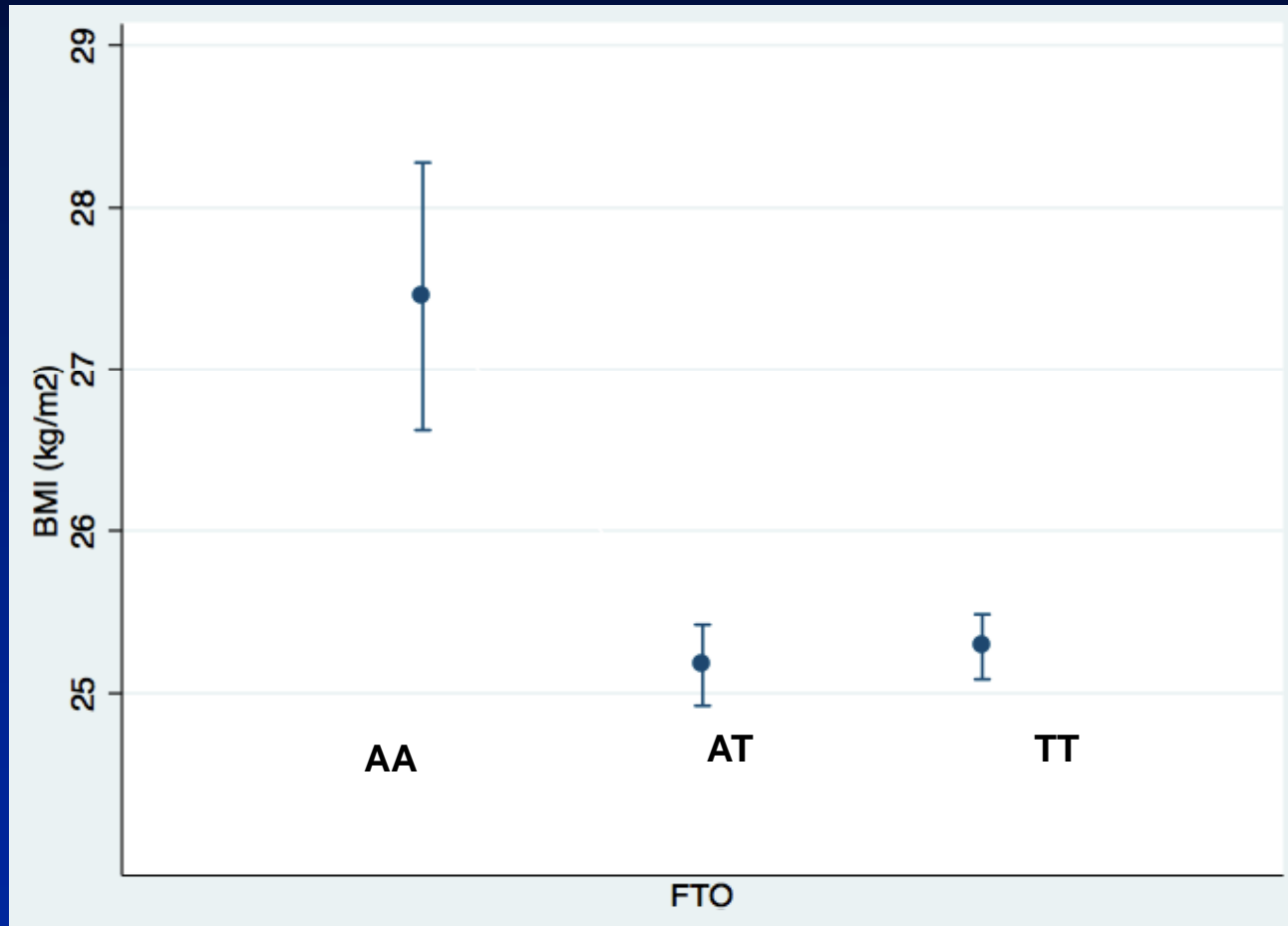
Sinott M, et al. Am J Clin Nutr 2009;89:634-40



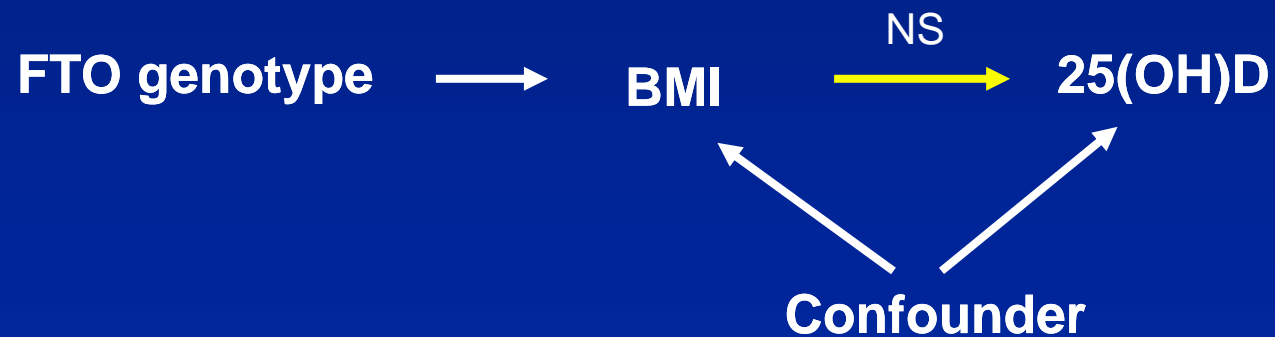
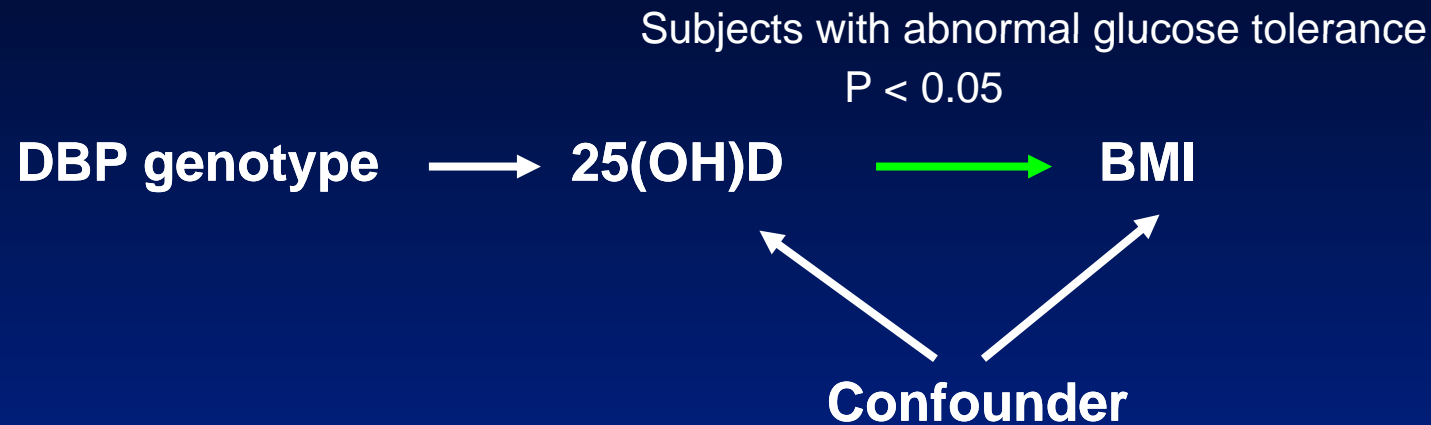
Chailurkit L, et al. 2009



# *BMI vs. FTO Gene Polymorphism in Thais*



# Causal Model Based upon Mendelian Randomization



# Prevalence of Vitamin D Insufficiency in Thais: National Health Examination Survey

**Table 4** Prevalence of vitamin D insufficiency by geographical region and gender

Regions	Age, yrs (range)	Serum 25(OH)D levels					
		< 75 nmol/L			< 50 nmol/L		
		Men	Women	Total	Men	Women	Total
Bangkok	15 - 93	66.7%	75.5%	64.6%	10.8%	24.2%	14.3%
Central	15 - 91	36.2%	59.2%	43.1%	2.1%	11.4%	6.5%
North	15 - 98	27.9%	50.8%	39.1%	0.9%	6.5%	4.3%
Northeast	15 - 91	25.1%	51.0%	34.2%	0.1%	3.7%	2.8%
South	15 - 92	29.4%	65.8%	43.8%	1.5%	12.9%	6.3%
Total	15 - 98	32.6%	57.3%	45.2%	1.9%	9.3%	5.7%

# Effect of Urbanization and Age on the Relationship between Vitamin D Status and Diabetes: National Health Examination Survey

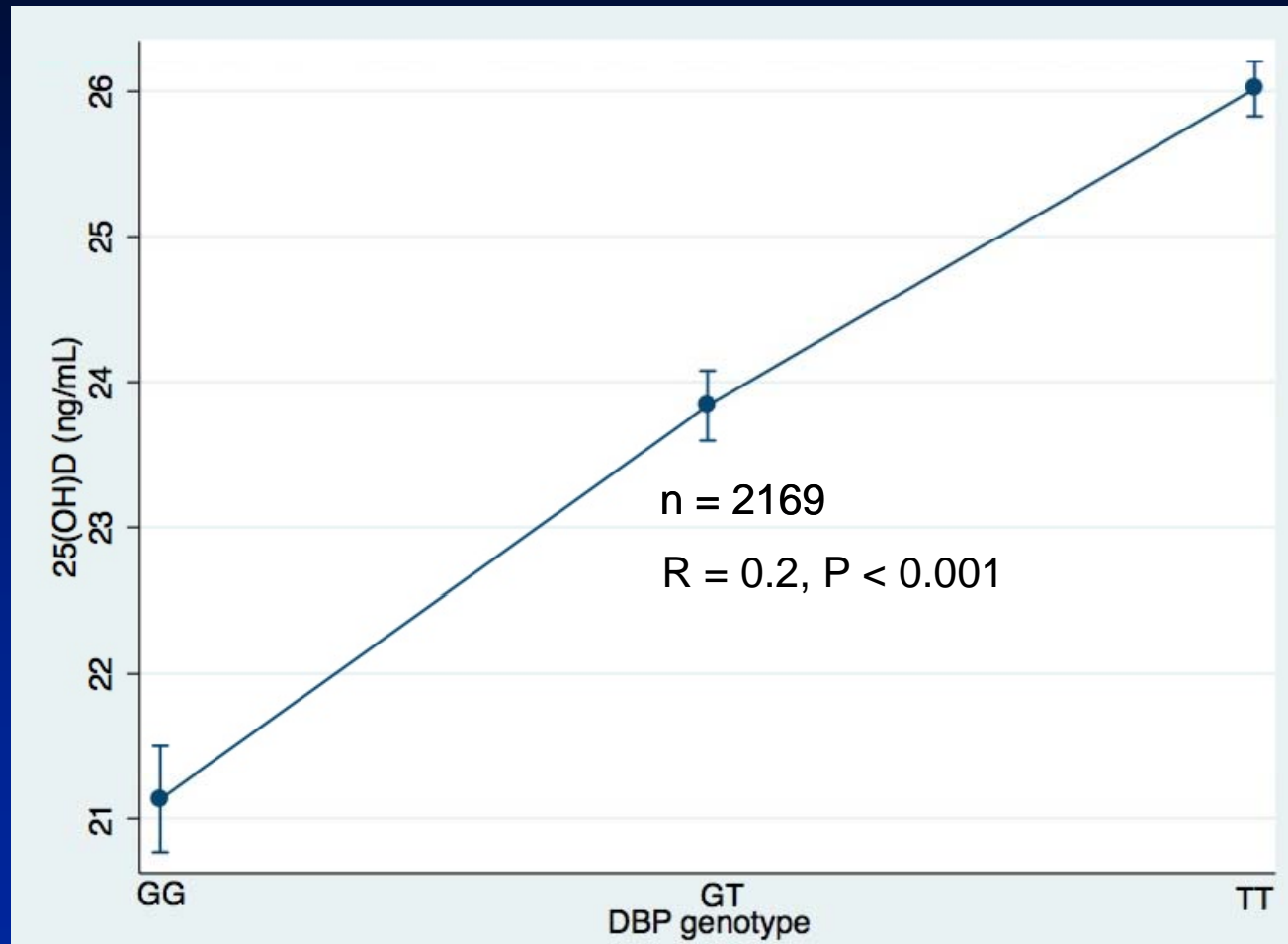
Age (years)	Adjusted OR (95%CI)		
	15–44 (n = 882)	45–69 (n = 879)	>=70 (n = 874)
<i>Urban</i>			
Age (years)	1.10 (1.04, 1.18)	1.08 (1.04, 1.11)	0.96 (0.93, 0.99)
Male gender	2.33 (0.90, 6.06)	1.09 (0.68, 1.77)	0.84 (0.60, 1.19)
BMI (kg/m <sup>2</sup> )	1.22 (1.10, 1.35)	1.19 (1.10, 1.28)	1.08 (1.03, 1.13)
25(OH)D2 (nmol/L)	1.0 (0.74, 1.29)	1.04 (0.93, 1.16)	1.04 (1.00, 1.07)
25(OH)D3 (nmol/L)	1.03 (1.0, 1.06)	1.0 (0.99, 1.01)	0.98 (0.97, 0.99)

# 25(OH)D and Fasting Plasma Glucose: EGAT 3

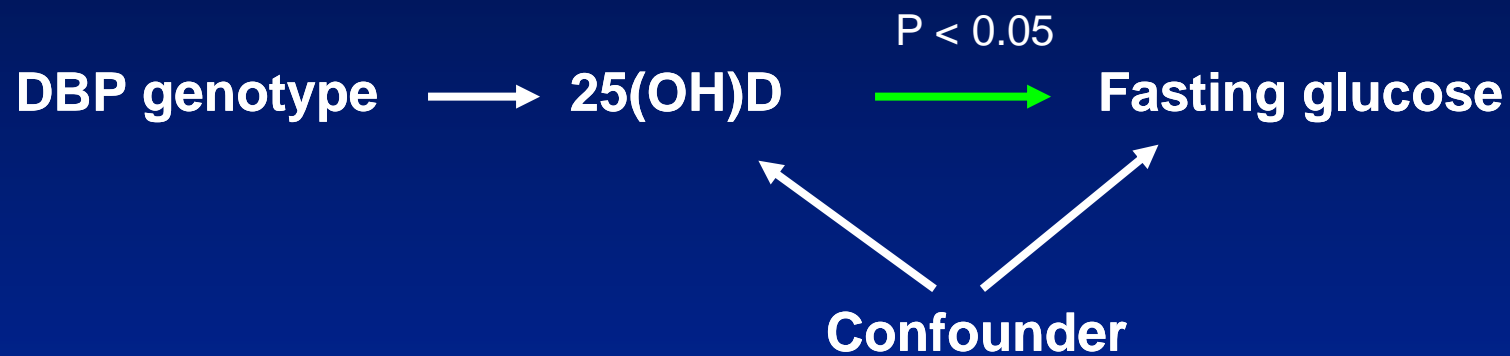
- Subjects with body fat mass in the lowest tertile (n = 674)
- Age 25-54

	Beta	P
Total 25D	0.11	< 0.01
Age	0.20	< 0.001
Female	-0.10	< 0.05

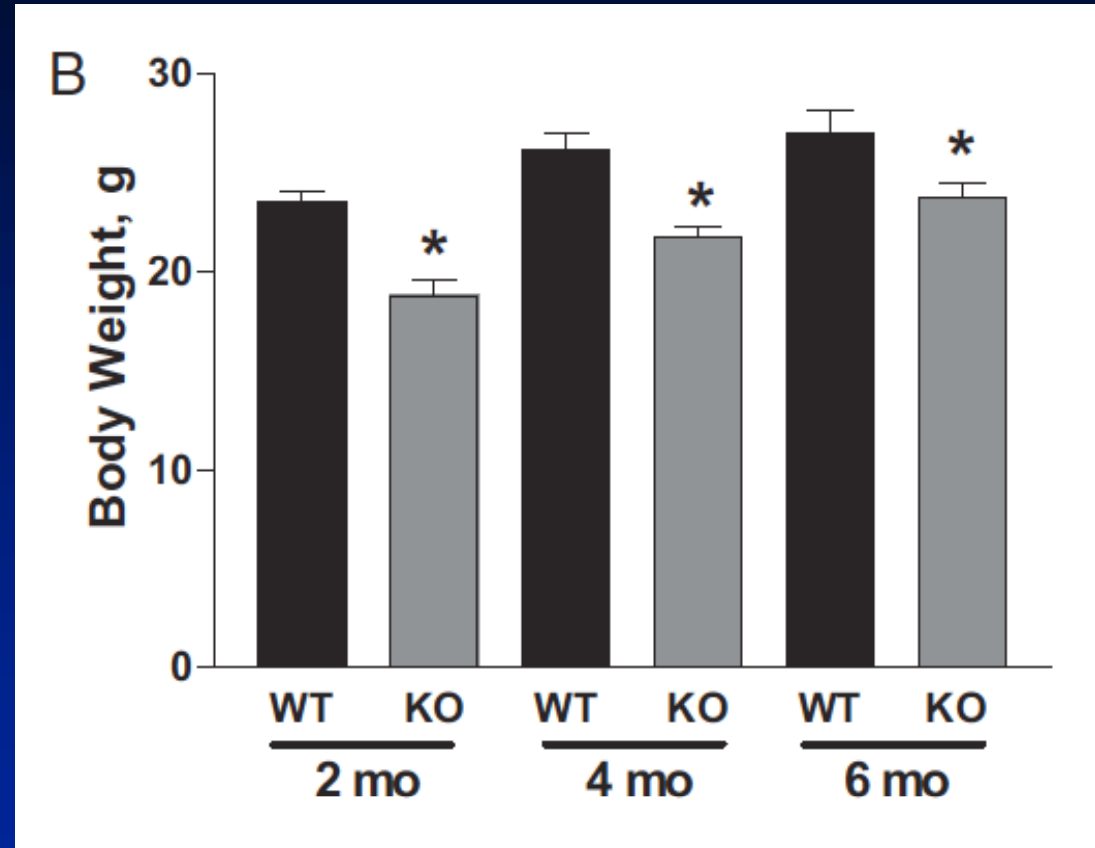
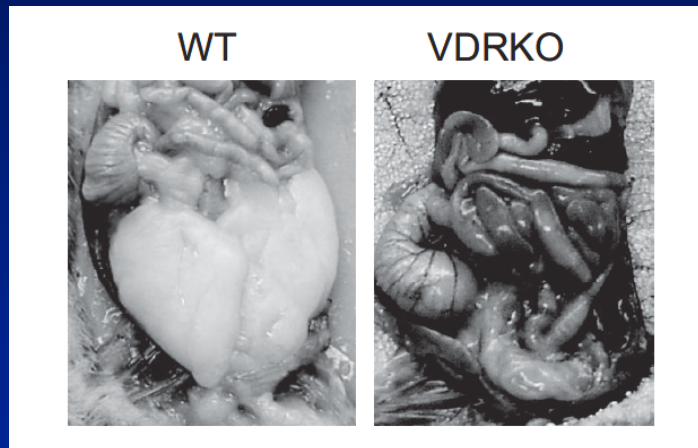
# Vitamin D Status in Relation to DBP Gene Polymorphism



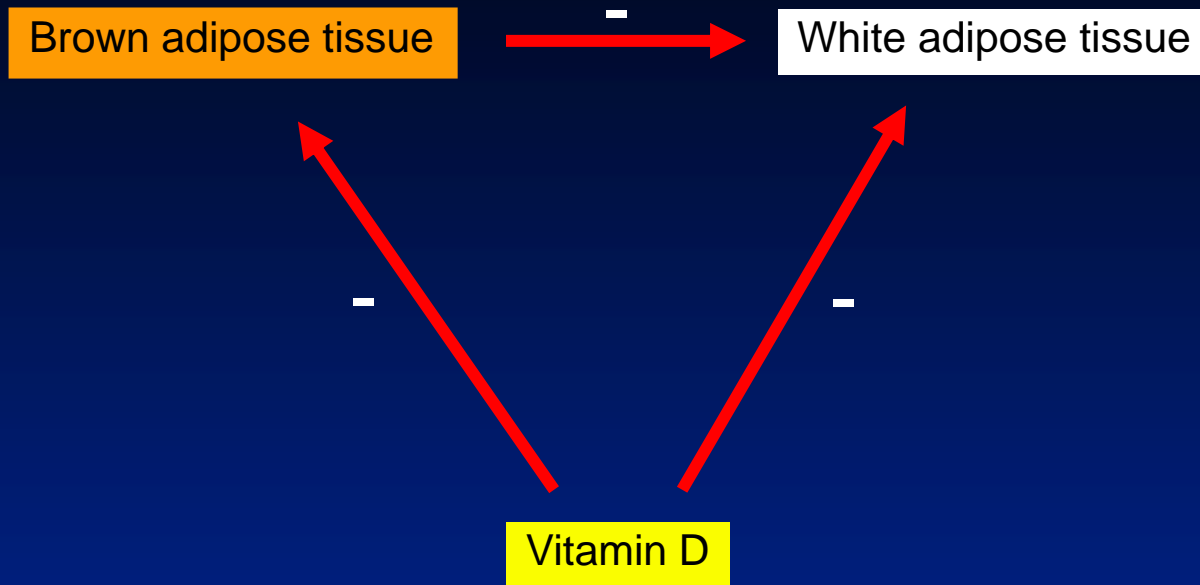
# *Causal Model Based upon Mendelian Randomization*



# VDR $-/-$ and CYP27b1 $-/-$ Mice are Thin







- Vitamin D reduces BMI in subjects with abnormal glucose tolerance
- Vitamin D reduces diabetes in urban elderly
- Vitamin D increases fasting plasma glucose in subjects with low body fat