Introduction

Vitamin D is essential for musculoskeletal health, independent of age, menopause and PTH level.

Objectives

Our study aims to find the threshold of 25(OH)D suggestive for low bone mineral density (BMD).

Methods

Study Group: 341 postmenopausal women, aged 30 to 84 years, that came in our Endocrine Unit for a DXA evaluation. Inclusion criteria: naive postmenopausal women, regardless DXA results

Exclusion criteria: hormonal replacement therapy, antiosteoporotic therapy, metabolic bone disease, know malignancies, chemotherapy, radiotherapy, medication that impair bone turnover, chronic renal disease, renal phosphate leak, Paget’s disease.

Evaluation: DXA (DEXXUM T bencil beam, anteroposterior technique, Osteosys Company, South Korea) 25(OH)D measurement: morning fasting probe, CLIA method, minimum detection limit = 4 ng/mL, variation coefficient

Vitamin D distribution in the study group

Results

Bone mineral density and vitamin D in Romanian postmenopausal women

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Conclusions

The prevalence of suboptimal vitamin D levels is very high in the western part of our country, higher than in the southern part. 25(OH)D level is an independent predictor of femoral neck BMD value. The impact of 25(OH)D level on lumbar spine is less important. In cases with 25(OH)D values lower than 20 ng/mL urgent DXA evaluation is needed. 25(OH)D is an independent predictor of femoral neck BMD>

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