Sri Lanka has been experiencing rapid urbanization, with approximately 30% of the population residing in urban areas.

We report the age and sex-specific prevalence of dysglycaemia and Vitamin D status, along with the association between the two in an urban community in Sri Lanka.

**METHODOLOGY**

- Stratified random sampling method – 03 age strata
- 369 subjects (116 men; 253 women) aged 18 years and above, representative of all socio-economic strata
- All subjects were tested for 25-OH Vitamin D, 75g OGTT and HbA1c.
- Demographic, anthropometric, educational and social details were recorded using a standard proforma.

**RESULTS**

**VITAMIN D**

The age and sex adjusted prevalence of,

- Vitamin D deficiency 57.2% (<20 ng/ml)
- Vitamin D insufficiency 31% (20-30 ng/ml)

- The cumulative prevalence of deficiency & insufficiency 88.2%.
- Highest prevalence in young adults (18-40 years) 64.2%
- Significant prevalence in females (males 43%) 63.7%(p<0.000)

**ASSOCIATIONS**

- Statistically significant association with female sex and Vitamin D deficiency. (p<0.01)
- Age and income status - no statistical correlation with the Vitamin D status.
- Vitamin D status did not show a statistically significant correlation to type-2 diabetes mellitus or pre-Diabetes. (p=0.977, p=0.972)

**CONCLUSION**

- High prevalence of dysglycaemia, Vitamin D deficiency/insufficiency in urban Sri Lanka.
- Dysglycaemia was seen in half the population, with a large pool of subjects with pre-diabetes.
- Only 11.8% of the population was Vitamin D replete.
- Females had a significantly higher prevalence of Vitamin D deficiency.
- We could not detect a statistically significant correlation between Vitamin D deficiency and dysglycaemia.