

Vitamin D deficiency in a Portuguese epilepsy cohort: who is at risk and how to treat*

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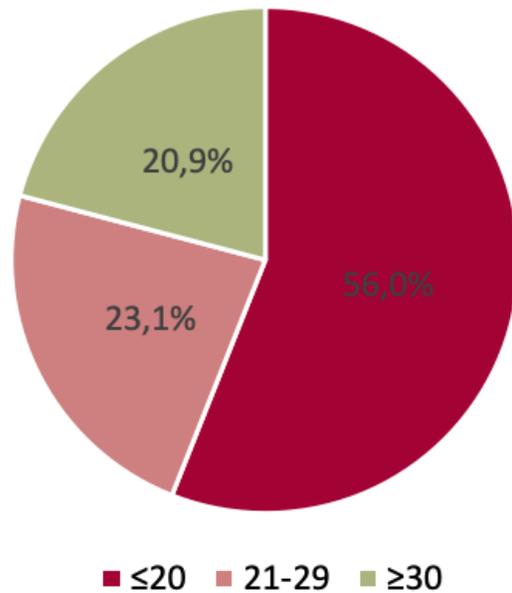
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More prevalent in epileptic patients treated with antiepileptic drugs (AEDs)

+++ those related to the cytochrome P450 induction (EIAEDs)¹

In our study

A. 25(OH)D at baseline (%)



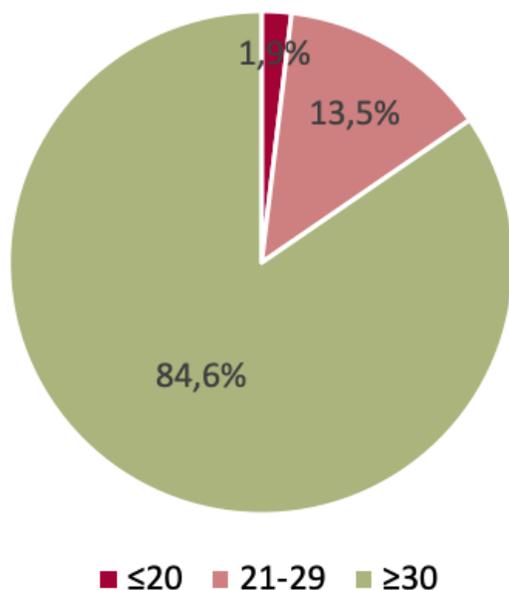
79.1% showed vitamin D deficiency and insufficiency

Figure 1 - Percentages (%) of epileptic patients with: vitamin D deficiency (25(OH)D ≤ 20 ng/mL), vitamin D insufficiency (25(OH)D 21–29 ng/mL) and normal values (25(OH)D ≥ 30 ng/mL). A- Before supplementation n=92.

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B. 25(OH)D after treatment (%)



The correction of vitamin D deficiency or insufficiency in epileptic patients is possible by taking of **6670 IU/day** of oral vitamin D3 for eight weeks, even in obese patients or patients treated with EIAEDs.

Figure 1 - Percentages (%) of epileptic patients with: vitamin D deficiency (25(OH)D ≤20 ng/mL), vitamin D insufficiency (25(OH)D 21–29 ng/mL) and normal values (25(OH)D ≥30 ng/mL). B- After supplementation n=52.

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Risk factors for vitamin D deficiency

- Treatment with EIAEDs
 - Number of AEDs
 - Low sun exposure
 - High BMI
- High frequency of epileptic seizures



Highlights

- **Promotion of a healthy lifestyle**
Appropriate sunlight exposure + Balanced diet + Practice physical exercise
- **Monitoring vitamin D levels** as part of the routine management of epileptic patients.