WRITTEN QUESTION E-3202/10
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to the Commission

Subject: Vitamin D deficiency

The European population's exposure to sunlight, which is the main source for Vitamin D intake, has been decreasing due to the evolution of modern lifestyles and change of habits. Vitamin D is essential for bone and muscle health as well as for the general health of the human body. The deficiency of this vitamin is related to serious diseases, including osteoporosis, cardiovascular disease, some types of cancer, diabetes mellitus, increased susceptibility to infections and, consequently, increased mortality[1]. It is reported that at least 50% of the European population is presenting a Vitamin D deficiency[2]. It is also reported that the treatment of Vitamin D deficiency in the European population by receiving 1000 IU of Vitamin D daily could lead to a reduction in mortality caused by cancer[3].

Increasing the intake of foods enriched with sufficient vitamin amounts can contribute to tackling the problem. However, the production of such foods is not possible, due to the fact that the existing limit for Vitamin D is 5μg (200 IU - International Units, Directive 2008/100/EC[4]), a percentage that is also reported not to correspond to current scientific data that suggest a minimum of 20μg (800 IU).

Vitamin D is not covered by any patent and its production is comparatively low-cost, therefore there is a lack of significant economic interest encouraging its widespread consumption.

In light of the above, the Commission is asked to answer the following questions:

1. How does it intend to use the data available on the benefits of Vitamin D, and what measures are planned by the Commission and the Member States in order to deal with Vitamin D deficiency and insufficiency in the European population?

2. Does the Commission intend to proceed to a review of the current limits so that the production of foods enriched with sufficient quantities of Vitamin D is enabled?

3. Does the Commission possess data on the estimated decrease of the costs to European health systems which would arise from the intake of adequate amounts of Vitamin D by the population?

4. Does the Commission intend to take steps to inform health professionals and consumers on the effects of Vitamin D deficiency, and encourage Member States to do the same?

5. How does the Commission intend to reinforce research on the status of the European population concerning Vitamin D, its effects on its health and the possible negative side-effects resulting from an increased intake of this vitamin? Which relevant research actions are funded by the EC?

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1 Robert P. Heaney, The case for improving vitamin D status, The Journal of Steroid Biochemistry and Molecular Biology, Volume 103, Issues 3-5, 13th Workshop on Vitamin D (Victoria, British Columbia, Canada, April 2006), March 2007, Pages 635-641, ISSN 0960-0760

2 P. Lips, Vitamin D status and nutrition in Europe and Asia, The Journal of Steroid Biochemistry and Molecular Biology, Volume 103, Issues 3-5, 13th Workshop on Vitamin D (Victoria, British Columbia, Canada, April 2006), March 2007, Pages 620-625, ISSN 0960-0760

3 Grant, W. B., Garland, C. F. and Gorham, E. D., An estimate of cancer mortality rate reductions in Europe and the U.S. with 1000 I.U. of oral vitamin D per day, Recent Results in Cancer Research, Volume 174, February 2007, Pages 225–234, ISSN: 0080-0015

4 OJ L 285, 29.10.2008, p. 9.