



# VITAMIN D & HEALTH IN EUROPE: CURRENT AND FUTURE PERSPECTIVES

## Instructions to Authors for Submission of Abstracts

- The deadline for submission of abstracts is **Friday 16<sup>th</sup> June 2017**.
- There is no fee for submission of abstracts.
- When formatting your abstract please follow carefully the guidelines outlined below.
- Submit your abstract via the online registration and submission tool [here \[hyperlink\]](#).
- If you are submitting more than one abstract, please submit each abstract separately.
- Accepted abstracts will automatically be included as poster presentations. A limited number of abstracts will be promoted to short oral presentations as determined by a Review Committee. Preference will be given to abstracts most closely related to the themes of the conference's plenary sessions.
- Authors will be notified of acceptance of abstracts on or before Friday 21<sup>st</sup> July 2017.
- Instructions for oral and poster presentations will be sent with notification of acceptance email.

## Formatting Guidelines

1. Abstracts must be submitted via the online tool [here \[hyperlink\]](#).
2. Abstracts must contain text only - figures and tables are not permitted.
3. In the text fields, enter your abstract content under the following headings: Title, Author(s), Address(es), Introduction, Aim, Methods, Results, Conclusion, and References.
4. Address(es): limit each address to 85 characters (excluding spaces).
5. Word limit: from introduction to conclusion, your abstract should be no longer than **300 words**.
6. References: abstract should only contain a **maximum of 3** references. Use of references is optional, not a requirement.

References should be presented in the Vancouver style. Citations within the text should be numbered consecutively in the order in which they first appear using Arabic numerals.

*A sample abstract using the required formatting is shown below for your convenience.*

**Note: We may produce an online book of abstracts which would be based on the submitted abstracts without further editing. We will contact the authors of all accepted abstracts to confirm the wish for these to be included in due course.**

For questions regarding submission of abstracts, please email Sinead at [s.lordan@ucc.ie](mailto:s.lordan@ucc.ie).



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## SAMPLE ABSTRACT

**Title:**

An Integrated Predictive Model of Population Serum 25-Hydroxyvitamin D for Application in Strategy Development for Vitamin D Deficiency Prevention

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**Introduction:**

To enable food-based strategies for prevention of vitamin D deficiency to be evidence-based, there is a need to develop integrated predictive models of population serum 25-hydroxyvitamin D [25(OH)D] that are responsive to both solar and dietary inputs of vitamin D.

**Aim:**

The objectives of this work were to develop and validate an integrated mathematical model with the use of data on UVB availability, exposure, and dietary intake to predict serum 25(OH)D concentrations in a nationally representative sample of adults, and then test the model's performance with the use of 3 hypothetical fortification scenarios.

**Methods:**

Data on UVB availability and hours of sunlight in Ireland were used in a model to predict serum 25(OH)D in Irish adults aged 18-64 y. An equation from dose-related vitamin D supplementation trial in adults was developed and integrated into the model, which allowed us to predict the impact of changes in dietary vitamin D on the contribution to annual serum 25(OH)D concentrations, accounting for seasonality of UVB availability. Recently published estimates of the impact of 3 vitamin D food fortification scenarios on vitamin D intake in a representative sample of Irish adults were used in the model as a test (1).

**Results:**

The UVB- and vitamin D intake-serum 25(OH)D components of the integrated model were both validated with the use of independent data. The model predicted that the percentage of vitamin D deficiency in the population during an extended winter period was 18.1%, which could be reduced in a stepwise manner with the incorporation of an increased number of vitamin D-fortified foods, down to 6.6% with the inclusion of enhanced fortified dairy-related products, fat spreads, fruit juice and drinks, and cereal products.

**Conclusion:**

Mathematical models have the ability to inform how vitamin D fortification in various constructs may affect serum 25(OH)D concentrations and the prevalence of vitamin D deficiency.

(1) Black LJ, Walton J, Flynn A, Cashman KD, Kiely M. Small increments in vitamin D intake by Irish adults over a decade show that strategic initiatives to fortify the food supply are needed. *J Nutr.* 2015 May; 145(5): 969-76.