



## Letter to the Editor

## Vitamin D abnormalities and bone turn over analysis in children with Epilepsy in the Western Cape of South Africa



To the Editor,

We would like to respond to a letter entitled “*Bone turnover analysis and Vitamin D status in children with Epilepsy*” [1] which relates to our article recently published in *Seizure: European Journal of Epilepsy* entitled *Vitamin D abnormalities and bone turn over analysis in children with Epilepsy in the Western Cape of South Africa* [2]. We are delighted by the great interest shown by the authors in this area of significant public health importance which still has insufficient data particularly in sub Saharan Africa.

The Authors quoted a study by White et al. [3] undertaken in Pretoria which reported a prevalence of Vitamin D deficiency to be 66% and questioned how this compared with our healthy controls of 8.8% [3]. However, the 66% from the study in Pretoria is not Vitamin D deficiency but rather a combination of Vitamin D deficiency and insufficiency. The prevalence of Vitamin D deficiency (ie: less than 20 ng/ml) was found to be 7% in this study which is similar to our study. The environment of Pretoria is quite different compared to Cape Town. Further, although our sample size was small (n = 68 healthy controls), it was still larger than the sample size in the study by White et al (n = 59). In answer to their question relating to Vitamin D supplementation, it is not routinely given to children in South Africa.

We acknowledge the comment from the authors that the children in our control group were younger than the study group and that males predominated, however, we had addressed this in the limitations of our study. As stated in our paper this would not have affected our results since the median age of the study group was before puberty.

Our study, similarly to the study conducted in Pretoria, used the Endocrine Society Classification of 2011 [4]. However, we recognise that there is variation in Vitamin D assays between different laboratories and a prior lack of standardisation has led to different cut-off values [5–7].

We acknowledge the contribution and the potential research questions raised by the authors which calls for further research to extend our understanding in this area of significant global health importance.

### References

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