

· 流行病学 ·

上海市绝经后妇女冬季维生素 D 状况

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摘要: 目的 调查上海市绝经后妇女在冬季(12月份)维生素 D 的状况。方法 在社区 101 例年龄 63.7 ± 7.0 岁健康绝经后妇女中, 检测血清 25 羟维生素 D [25(OH)D]、甲状旁腺激素(PTH), 同时检测血钙、磷、碱性磷酸酶、肝肾功能及空腹血糖。所有研究对象均用双能 X 线吸收仪检测腰椎和股骨近端骨密度(BMD), 同时用问卷调查生活方式。结果 本研究 101 例绝经后女性血清 25(OH)D 平均值为 17.09 ng/ml, PTH 平均值 51.0 pg/ml, 维生素 D 缺乏者占 (<20 ng/ml) 68%, 维生素 D 不足者 (20~29 ng/ml) 占了 30%, 只有 2 例维生素 D 充足 (>30 ng/ml) 占 2%。PTH 均值在维生素 D 缺乏组中 (53.7 pg/ml) 高于维生素 D 不足组 (44.8 pg/ml), 有统计学差异 ($P < 0.05$); 但未发现血清 25(OH)D 与 PTH 有线性回归关系。同时未发现血清 25(OH)D 与血钙、BMD 或 BMI 相关。结论 上海市健康绝经后妇女在冬季维生素 D 普遍不足, 维生素 D 缺乏组的 PTH 显著高于维生素 D 不足组, 不良的生活方式及低维生素 D 和钙的摄入应引起重视。

关键词: 维生素 D; 25(OH)D; 甲状旁腺激素; 绝经后妇女

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Abstract: Objective We aimed to describe the vitamin D status of Shanghai postmenopausal women in winter (December). Methods Serum 25-hydroxyvitamin D and parathyroid hormone (PTH), as well as serum calcium, phosphorus, alkaline phosphatase, hepatic and renal function, and fasting blood-glucose, were examined in 101 healthy postmenopausal women aged 63.7 ± 7.0 years in average. Bone mineral densities (BMDs) of the lumbar spine and the proximal femur were measured using dual-energy X-ray absorptiometry in all the women. All subjects were asked for life style with a questionnaire. Results The mean values of serum 25-hydroxyvitamin D and PTH were 17.09 ng/ml and 51.0 pg/ml, respectively. Among our subjects, the incidence of vitamin D deficiency (< 20 ng/ml) was 68%. The incidence of vitamin D insufficiency (20~30 ng/ml) was 30%. Sufficient vitamin D status (> 30 ng/ml) was only account for 2% (in 2 women). Mean values of PTH were higher (53.7 pg/ml) in vitamin D deficiency group than those in vitamin D insufficiency group (44.8 pg/ml), with statistical difference ($P < 0.05$). However, there was no linear correlation between 25-hydroxyvitamin D and PTH. No correlations were found between 25-hydroxyvitamin D and calcium, and between BMI and BMD. Conclusion Vitamin D deficiency is very common in postmenopausal women living in Shanghai in winter. PTH in vitamin D deficiency group was significantly higher than that in vitamin D insufficiency group. Unhealthy lifestyle and low calcium and vitamin D intakes should be taken into account.

Key words: Vitamin D; 25-hydroxyvitamin D; Parathyroid hormone; Postmenopausal women

近 10 年中, 维生素 D 及其广泛的生理功能引

起了医学界广泛的关注。维生素 D 在调节钙平衡和骨代谢中起了重要作用, 有研究表明, 在维生素 D 缺乏时钙吸收减少^[1], 从而引起继发性甲状旁腺激素增加, 加速了破骨细胞的成熟, 导致骨量减少^[2,3]。尤其对于老年人, 维生素 D 水平的降低导

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致骨骼肌的功能下降^[4],从而增加了跌倒和骨折的风险。维生素D不仅在骨代谢中起了重要作用,而且在许多骨外系统,例如心血管的健康、神经发育、自身免疫调节以及在肿瘤细胞增殖和分化的调节中起了重要作用^[5,6]。最近的专家共识表明,血清25羟维生素D[25(OH)D]水平是机体维生素D营养状况的最好指标,并根据血清25(OH)D水平定义维生素D缺乏为25(OH)D<20 ng/ml;维生素D不足为25(OH)D在20~29 ng/ml间;维生素D充足为25(OH)D>30 ng/ml^[7,8]。目前全球约有10亿人维生素D不足或缺乏,约有超过50%的绝经后妇女血清25(OH)D的水平低于30 ng/ml^[5,9]。而在北京和香港的育龄妇女中,血清25(OH)D<20 ng/ml的发生率均超过了90%^[10]。一些研究指出维生素D合成取决于很多因素,包括所处地域的纬度、海拔高度、季节、年龄、衣着及皮肤色素类型等^[11,12]。本研究的目的是调查生活在上海市区的绝经后妇女在冬季(12月份)维生素D的状况,同时观察血清25(OH)D水平和甲状旁腺激素(PTH)以及骨密度和体重指数(BMI)的关系。

1 材料和方法

1.1 研究对象

2009年12月,在社区招募120例年龄在51~79岁能独立行动的绝经后妇女志愿者,检测血清25(OH)D、PTH,同时检测血钙、磷、碱性磷酸酶、肝肾功能及空腹血糖以排除有影响维生素D的其他因素者,排除了一些具有肿瘤病史、肝肾功能检测异常及服用影响维生素D代谢药物的志愿者,最后筛选出101例年龄63.7±7.0岁健康能独立行动的绝经后妇女志愿者。对所有研究对象问卷调查生活方式,包括奶制品及钙与维生素D的摄入及户外活动的频率。所有妇女均为居住在上海30年以上的汉族人。研究方案经上海交通大学附属第六人民医院伦理委员会批准。

1.2 研究方法

1.2.1 使用双能X线吸收仪(Lunar Prodigy, GE Lunar Corp., Madison, WI)检测腰椎1~4后前位(L_{1~4})和左股骨股骨颈的骨密度(BMD, g/cm²)。Lunar仪器每日校正,BMD在L_{1~4}、股骨颈的变异系数(CV)(10个人每人测5次所得数据)分别为1.39%、2.22%。DXA仪器在试验期间每周重复体模测试的重复性为0.45%。我们按照中国妇女骨峰值在34~44岁的参考数据^[13]来计算BMD在

L_{1~4}、股骨颈的T值。并依据1994年世界卫生组织(WHO)规定的诊断标准来诊断骨量减少和骨质疏松(以低于正常峰值BMD的1和2.5个标准差)^[14]。

1.2.2 血标本统一收集清晨7点至8点空腹血,所有标本放置-80摄氏度冰箱直至检测。同时检测血清25(OH)D、PTH(Cobase 6000型电化学发光仪,瑞士罗氏诊断),同时检测血钙、磷、碱性磷酸酶、肝肾功能和空腹血糖(HITACHI7600-020型自动生化分析仪)。

1.3 统计学处理

采用SPSS11.0软件(SPSS Inc., Chicago, IL, USA)进行统计处理。所有参数以均数±标准差($\bar{x} \pm s$)表示。设定检验的显著性水准为0.05。对象根据血清25(OH)D水平分为维生素D缺乏组和维生素D不足组,组间基线特征及PTH水平比较采用非配对t检验。直线回归分析血清25(OH)D水平和PTH的相关性,以及PTH和腰椎及股骨颈BMD的相关性,同时多元回归检测血清25(OH)D水平和血钙、PTH、腰椎BMD、股骨颈BMD及体重指数(BMI)之间的相关性。

2 结果

2.1 研究对象的基本特征

在101位绝经后妇女中的基本特征(表1)显示所有研究对象血清25(OH)D水平的均值为17.09 ng/ml,其中维生素D水平缺乏者(<20 ng/ml)占68%(69例),维生素D水平严重缺乏者(<10 ng/ml)占14%(14例),维生素D水平不足者(20~29 ng/ml)占30%(30例),只有2例维生素D水平充足(>30 ng/ml)占2%。血清PTH水平的均值为51.0 pg/ml,其中16%的研究对象PTH超过正常值65 pg/ml,这些研究对象都排除原发性甲状腺功能

表1 研究对象基本情况

	均数	范围
年龄(岁)	63.7	51.0~80.0
BMI(kg/m ²)	24.2	15.6~33.3
L _{1~4} BMD值(g/cm ²)	1.0	0.7~1.5
股骨颈 BMD值(g/cm ²)	0.8	0.5~1.1
25(OH)D(ng/ml)	17.1	5.3~32.0
PTH(pg/ml)	51.0	20.4~97
Ca(mmol/l)	2.3	2.1~2.6
饮食 Ca 摄入(mg/d)	486	300~1150
饮食 VitD 摄入(IU/d)	60	0~400
阳光暴露时间(min/d)	39	0~180

注: BMI: 体重指数

亢进。所有研究对象中只有 37% 的研究对象肥胖 ($BMI \geq 25$)。

如果按照 BMD 在 L_{1-4} 的 T 值, 有 17% 的骨质疏松症患者; 如按股骨颈的 T 值, 则有 6% 的骨质疏松症患者; 如按以上任一部位的 T 值, 则有 20% 的骨质疏松症患者(表 2)。

表 2 研究对象骨量分布情况

BMD 部位	骨量正常		骨量减少		骨质疏松	
	n	(%)	n	(%)	n	(%)
L_{1-4}	48	48	36	36	17	17
股骨颈	55	54	405	40	6	6
任一部位	38	37	43	43	20	20

2.2 比较维生素 D 缺乏组和维生素 D 不足组的各参数

由于维生素 D 充足组只有 2 例研究对象, 因此本研究比较了维生素 D 缺乏组 ($< 20 \text{ ng/ml}$) 和维生素 D 不足组 ($20 \sim 29 \text{ ng/ml}$) 的各参数, 只有 PTH 在维生素 D 缺乏组显著高于维生素 D 不足组 ($P < 0.05$), 其它各参数无统计学意义(表 3)。

表 3 维生素 D 缺乏组和维生素 D 不足组的各参数比较 ($\bar{x} \pm s$)

	VitD 缺乏组 (n = 69)	VitD 不足组 (n = 30)	P 值
年龄(岁)	63.8 ± 7.0	63.9 ± 7.0	> 0.05
BMI (kg/m^2)	24.3 ± 3.5	24.0 ± 3.5	> 0.05
L_{1-4} BMD 值 (g/cm^2)	1.0 ± 0.1	1.0 ± 0.2	> 0.05
股骨颈 BMD 值 (g/cm^2)	0.8 ± 0.1	0.8 ± 0.2	> 0.05
Ca (mmol/l)	2.4 ± 0.1	2.4 ± 0.1	> 0.05
AKP (mmol/l)	66.1 ± 19.7	66.7 ± 20.4	> 0.05
PTH (pg/ml)	53.7 ± 16.9	44.8 ± 13.5	< 0.05

2.3 血清 25(OH)D 与 PTH、Ca、BMI 和 BMD 关系

血清 25(OH)D 与 PTH 两者间无线性相关, 斜率为 -0.47 ($P > 0.05$), 而整个模型的 R 值为 0.166 (图 1)。血清 25(OH)D 与腰椎和股骨颈 BMD 也均无线性相关, 斜率分别为 9.75×10^{-4} 和 9.56×10^{-4} (P 均 > 0.05), 而整个模型的 R 值分别为 0.036 和 0.042 (图 2、图 3)。以年龄、BMI、腰椎及股骨颈 BMD、血 PTH、Ca 为自变量, 血清 25(OH)D 为应变量, 做多元直线回归, 发现这些自变量与血清 25(OH)D 均无显著性相关, 方程 R 值为 0.238。

3 讨论

维生素 D 缺乏在全世界都普遍存在, 欧洲有 40% ~ 80% 不同年龄成人血清 25(OH)D 低于 $20 \text{ ng}/\text{ml}$ ^[13]。北京成年女性运动者平均血清 25(OH)D 14.4 ng/ml , 不运动者 12 ng/ml ^[14], 日本 30 岁以下女性平均血清 25(OH)D 13.6 ng/ml ^[15]。而老年

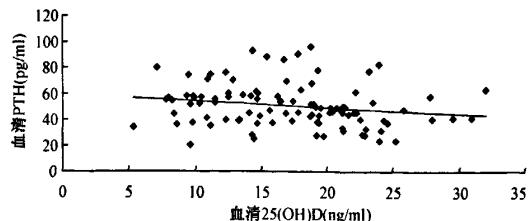


图 1 血清 25(OH)D 与 PTH 的关系 ($n = 101$)

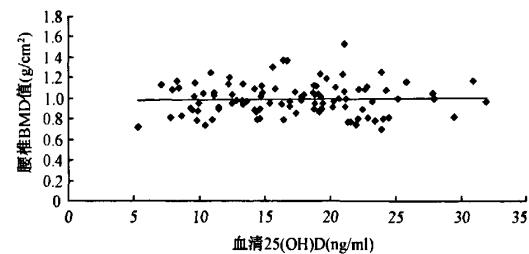


图 2 血清 25(OH)D 与腰椎 BMD 的关系 ($n = 101$)

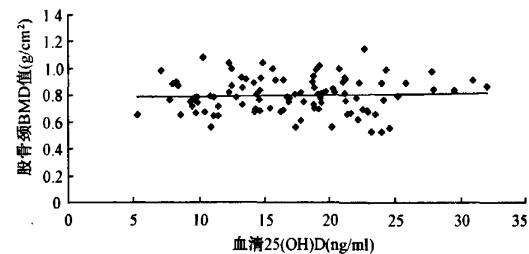


图 3 血清 25(OH)D 与股骨颈 BMD 的关系 ($n = 101$)

人, 由于皮肤萎缩和随年龄增加的肾功能减退都能导致体内维生素 D 合成和转化活性维生素 D 减少, 因而更易发生维生素 D 不足和缺乏^[16]。在妇女健康启动计划(WHI)项目中的钙加维生素 D 临床研究中观察到, 美国超过 57.1% 的绝经后妇女维生素 D 缺乏, 其中 13% 维生素 D 严重缺乏^[17]。本研究结果显示, 在冬季的上海市区绝经后妇女平均血清 25(OH)D 为 17.1 ng/ml , 存在较严重的维生素 D 不足占 30% 和缺乏占 68%。Yan 等^[18]报告在中国沈阳, 冬天老人平均血清 25(OH)D 只有 11.6 ng/ml , 明显低于本研究结果, 而 Wat 等^[19]的研究报告香港 50 岁以上老人平均血清 25(OH)D 达到 28.3 ng/ml , 明显高于本研究结果, 这可能与沈阳处于北纬 41 度, 高于上海的纬度(北纬 31 度), 而地处北纬 22 度的香港纬度低于上海有关。高纬度与冬季太阳光的入射角太小, 以至绝大多数紫外线被臭氧层吸收, 从而影响皮肤制造维生素 D3 的功能^[12]。

当维生素 D 缺乏时, 甲状腺受到高度刺激,

从而引起继发性甲状旁腺功能亢进^[3]。许多研究证实,血清25(OH)D水平与PTH浓度显著负相关。而且这种负相关随年龄增加而愈加明显,在老年人中,当血清25(OH)D达到32 ng/ml时,继发性甲状旁腺功能亢进会有所抑制^[10,18]。本研究也发现,PTH在维生素D缺乏组明显高于维生素D不足组。然而,与某些研究不同的是,我们未发现血清25(OH)D与PTH两者间有线性相关,Pepe等^[20]认为只有当血清25(OH)D低于12~16 ng/ml时才与PTH负相关,我们尚需扩大样本,进一步研究证实。

血清25(OH)D下降引起继发性甲状旁腺功能亢进,从而引起骨丢失,导致骨量减少,甚至髋部骨折^[3]。但我们未发现BMD与血清PTH或25(OH)D水平相关,这个结果与Yan等^[18]类似。在美国,非裔较白人有更低的血清25(OH)D水平和较高的血清PTH水平,却有更高的BMD^[21],因此BMD与血清PTH或25(OH)D水平的变化不完全一致。

肥胖被认为与较低的血清25(OH)D水平和较高的血清PTH水平有关^[22]。这可能与肥胖者活动受限,因而造成阳光暴露减少,同时有较多的维生素D储存在脂肪组织中有关。但本研究未发现血清25(OH)D水平和BMI相关,由于我们的研究对象平均BMI为24.2 kg/m²,仅37%的研究对象为肥胖,尚需再扩大样本,进一步研究。

总之,上海市健康绝经后妇女在冬季维生素D水平普遍不足,PTH在维生素D缺乏组显著高于维生素D不足组。然而血清PTH与25(OH)D和BMD之间均无线性相关,血清25(OH)D与血Ca、BMI和BMD均无显著性相关。不良的生活方式及低维生素D和钙的摄入应引起重视。

【参考文献】

- [1] Heaney RP, Dowell MS, Hale CA, et al. Calcium absorption varies within the reference range for serum 25-hydroxyvitamin D. *J Am Coll Nutr*, 2003, 22(2): 142-146.
- [2] Melin A, Wilske J, Ringertz H, et al. Seasonal variations in serum levels of 25-hydroxyvitamin D and parathyroid hormone but no detectable change in femoral neck bone density in an older population with regular outdoor exposure. *J Am Geriatr Soc*, 2001, 49(9): 1190-1196.
- [3] Holick MF, Siris ES, Binkley N, et al. Prevalence of Vitamin D inadequacy among postmenopausal North American women receiving osteoporosis therapy. *J Clin Endocrinol Metab*, 2005, 90(6): 3215-3224.
- [4] Bischoff HA, Stahelin HB, Dick W, et al. Effects of vitamin D and calcium supplementation on falls: a randomized controlled trial. *J Bone Miner Res*, 2003, 18(2): 343-351.
- [5] Holick MF. Vitamin D deficiency. *N Engl J Med*, 2007, 357(3): 266-281.
- [6] Holli BW, Wagner CL. Nutritional vitamin D status during pregnancy: reasons for concern. *CMAJ*, 2006, 174(9): 1287-1290.
- [7] Thomas MK, Lloyd-Jones DM, Thadhani RI, et al. Hypovitaminosis D in medical inpatients. *N Engl J Med*, 1998, 338(12): 777-783.
- [8] Dawson-Hughes B, Heaney RP, Holick MF, et al. Estimates of optimal vitamin D status. *Osteoporos Int*, 2005, 16(7): 713-716.
- [9] Lips P, Hosking D, Lippuner K, et al. The prevalence of vitamin D inadequacy amongst women with osteoporosis: an international epidemiological investigation. *J Intern Med*, 2006, 260(3): 245-254.
- [10] Woo J, Lam CW, Leung J, et al. Very high rates of vitamin D insufficiency in women of child-bearing age living in Beijing and Hong Kong. *Br J Nutr*, 2008, 99(6): 1330-1334.
- [11] Holick MF. Sunlight and vitamin D for bone health and prevention of autoimmune diseases, cancers and cardiovascular disease. *Am J Clin Nutr*, 2004, 80(6 Suppl): 1678S-1688S.
- [12] Holick MF. Environmental factors that influence the cutaneous production of vitamin D. *Am J Clin Nutr*, 1995, 61(3 Suppl): 638S-645S.
- [13] van der Wielen RP, Lowik MR, van den Berg H, et al. Serum vitamin D concentrations among elderly people in Europe. *Lancet*, 1995, 346(8969): 207-210.
- [14] Foo LH, Zhang Q, Zhu K, et al. Relationship between vitamin D status, body composition and physical exercise of adolescent girls in Beijing. *Osteoporos Int*, 2009, 20(3): 417-425.
- [15] Nakamura K, Nashimoto M, Matsuyama S, et al. Low serum concentrations of 25-hydroxyvitamin D in young adult Japanese women: a cross sectional study. *Nutrition*, 2001, 17(11-12): 921-925.
- [16] Holick MF, Matsuoka LY, Wortsman J. Age, vitamin D, and solar ultraviolet. *Lancet*, 1989, 2(8671): 1104-1105.
- [17] Millen AE, Wactawski-Wende J, Pettinger M, et al. Predictors of serum 25-hydroxyvitamin D concentrations among postmenopausal women: the Women's Health Initiative Calcium plus Vitamin D clinical trial. *Am J Clin Nutr*, 2010, 91(5): 1324-1335.
- [18] Yan L, Zhou B, Wang X, et al. Older people in China and the United Kingdom differ in the relationships among parathyroid hormone, vitamin D, and bone mineral status. *Bone*, 2003, 33(4): 620-627.
- [19] Wat WZ, Leung JY, Tam S, et al. Prevalence and impact of vitamin D insufficiency in southern Chinese adults. *Ann Nutr Metab*, 2007, 51(1): 59-64.
- [20] Pepe J, Romagnoli E, Nofroni I, et al. Vitamin D status as the major factor determining the circulating levels of parathyroid hormone: a study in normal subjects. *Osteoporos Int*, 2005, 16(7): 805-812.
- [21] Aloia JF, Talwar SA, Pollack S, et al. Optimal vitamin D status and serum parathyroid hormone concentrations in African American women. *Am J Clin Nutr*, 2006, 84(3): 602-609.
- [22] Bolland MJ, Grey AB, Ames RW, et al. The effects of seasonal variation of 25-hydroxyvitamin D and fat mass on a diagnosis of vitamin D sufficiency. *Am J Clin Nutr*, 2007, 86(4): 959-964.

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上海市绝经后妇女冬季维生素D状况

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参考文献(44条)

1. Yan L; Zhou B; Wang X Older people in China and the United Kingdom differ in the relationships among parathyroid hormone, vitamin D, and bone mineral status [外文期刊] 2003(04)
2. Heaney RP; Dowell MS; Hale CA Calcium absorption varies within the reference range for serum 25-hydroxyvitamin D 2003(2)
3. Lips P; Hosking D; Lippuner K The prevalence of vitamin D inadequacy amongst women with osteoporosis: an international epidemiological investigation [外文期刊] 2006(03)
4. Melin A; Wilske J; Ringertz H Seasonal variations in serum levels of 25-hydroxyvitamin D and parathyroid hormone but no detectable change in femoral neck bone density in an older population with regular outdoor exposure 2001(9)
5. Pepe J; Romagnoli E; Nofroni I Vitamin D status as the major factor determining the circulating levels of parathyroid hormone: a study in normal subjects [外文期刊] 2005(07)
6. Holick MF; Siris ES; Binkley N Prevalence of Vitamin D inadequacy among postmenopausal North American women receiving osteoporosis therapy 2005(6)
7. Wat WZ; Leung JY; Tam S Prevalence and impact of vitamin D insufficiency in southern Chinese adults [外文期刊] 2007(01)
8. Bischoff HA; Stahelin HB; Dick W Effects of vitamin D and calcium supplementation on falls: a randomized controlled trial 2003(2)
9. Heaney RP; Dowell MS; Hale CA Calcium absorption varies within the reference range for serum 25-hydroxyvitamin D [外文期刊] 2003(02)
10. Holick MF Vitamin D deficiency 2007(3)
11. Dawson-Hughes B; Heaney RP; Holick MF Estimates of optimal vitamin D status [外文期刊] 2005(07)
12. Hollis BW; Wagner CL Nutritional vitamin D status during pregnancy: reasons for concern 2006(9)
13. Thomas MK; Lloyd-Jones DM; Thadhani RI Hypovitaminosis D in medical inpatients [外文期刊] 1998(12)
14. Thomas MK; Lloyd-Jones DM; Thadhani RI Hypovitaminosis D in medical inpatients 1998(12)
15. Hollis BW; Wagner CL Nutritional vitamin D status during pregnancy: reasons for concern [外文期刊] 2006(09)
16. Dawson-Hughes B; Heaney RP; Holick MF Estimates of optimal vitamin D status 2005(7)
17. Holick MF Vitamin D deficiency [外文期刊] 2007(03)
18. Lips P; Hosking D; Lippuner K The prevalence of vitamin D inadequacy amongst women with osteoporosis: an international epidemiological investigation 2006(3)
19. Bischoff HA; Stahelin HB; Dick W Effects of vitamin D and calcium supplementation on falls: a randomized controlled trial [外文期刊] 2003(02)

20. Woo J; Lam CW; Leung J Very high rates of vitamin D insufficiency in women of child-bearing age living in Beijing and Hong Kong 2008(6)
21. Holick MF; Siris ES; Binkley N Prevalence of Vitamin D inadequacy among postmenopausal North American women receiving osteoporosis therapy [外文期刊] 2005(06)
22. Holick MF Sunlight and vitamin D for bone health and prevention of autoimmune diseases, cancers and cardiovascular disease 2004(6 Suppl)
23. Melin A; Wilske J; Ringertz H Seasonal variations in serum levels of 25-hydroxyvitamin D and parathyroid hormone but no detectable change in femoral neck bone density in an older population with regular outdoor exposure [外文期刊] 2001(09)
24. Holick MF Environmental factors that influence the cutaneous production of vitamin D 1995(3 Suppl)
25. Bolland MJ; Grey AB; Ames RW The effects of seasonal variation of 25-hydroxyvitamin D and fat mass on a diagnosis of vitamin D sufficiency [外文期刊] 2007(04)
26. van der Wielen RP; Lowik MR; van den Berg H Serum vitamin D concentrations among elderly people in Europe 1995(8969)
27. Aloia JF; Talwar SA; Pollack S Optimal vitamin D status and serum parathyroid hormone concentrations in African American women 2006(03)
28. Foo LH; Zhang Q; Zhu K Relationship between vitamin D status, body composition and physical exercise of adolescent girls in Beijing 2009(3)
29. Millen AE; Wactawski-Wende J; Pettinger M Predictors of serum 25-hydroxyvitamin D concentrations among postmenopausal women: the Women's Health Initiative Calcium plus Vitamin D clinical trial [外文期刊] 2010(05)
30. Nakamura K; Nashimoto M; Matsuyama S Low serum concentrations of 25-hydroxyvitamin D in young adult Japanese women: a cross sectional study 2001(11-12)
31. Holick MF; Matsuoka LY; Wortsman J Age, vitamin D, and solar ultraviolet 1989(8671)
32. Holick MF; Matsuoka LY; Wortsman J Age, vitamin D, and solar ultraviolet 1989(8671)
33. Nakamura K; Nashimoto M; Matsuyama S Low serum concentrations of 25-hydroxyvitamin D in young adult Japanese women: a cross sectional study [外文期刊] 2001(11-12)
34. Millen AE; Wactawski-Wende J; Pettinger M Predictors of serum 25-hydroxyvitamin D concentrations among postmenopausal women: the Women's Health Initiative Calcium plus Vitamin D clinical trial 2010(5)
35. Foo LH; Zhang Q; Zhu K Relationship between vitamin D status, body composition and physical exercise of adolescent girls in Beijing [外文期刊] 2009(03)
36. Yan L; Zhou B; Wang X Older people in China and the United Kingdom differ in the relationships among parathyroid hormone, vitamin D, and bone mineral status 2003(4)
37. van der Wielen RP; Lowik MR; van den Berg H Serum vitamin D concentrations among elderly people in Europe [外文期刊] 1995(8969)
38. Wat WZ; Leung JY; Tam S Prevalence and impact of vitamin D insufficiency in southern Chinese adults

2007(1)

39. Holick MF Environmental factors that influence the cutaneous production of vitamin D 1995(3 Suppl)
40. Pepe J. Romagnoli E. Nofroni I Vitamin D status as the major factor determining the circulating levels of parathyroid hormone:a study in normal subjects 2005(7)
41. Holick MF Sunlight and vitamin D for bone health and prevention of autoimmune diseases, cancers and cardiovascular disease 2004(6 Suppl)
42. Aloia JF. Talwar SA. Pollack S Optimal vitamin D status and serum parathyroid hormone concentrations in African American women 2006(3)
43. Woo J;Lam CW;Leung J Very high rates of vitamin D insufficiency in women of child-bearing age living in Beijing and Hong Kong[外文期刊] 2008(06)
44. Bolland MJ. Grey AB. Ames RW The effects of seasonal variation of 25-hydroxyvitamin D and fat mass on a diagnosis of vitamin D sufficiency 2007(4)

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