Vitamin D deficiency in Diabetic Peripheral neuropathy: Prevalence, repletion and treatment outcomes

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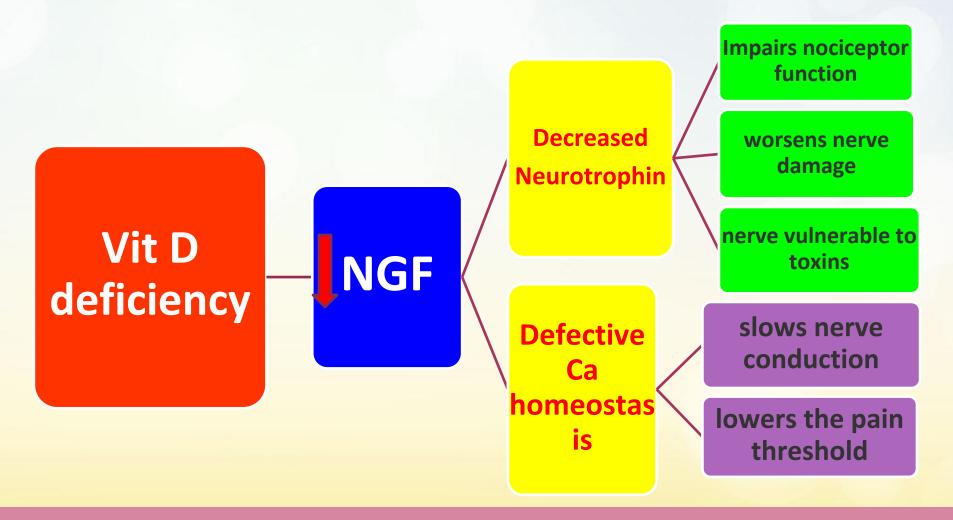
Introduction

- Vitamin D (Vit D) is a multifunctional prohormone.
- Effects of vitamin D go beyond its relationship with bone metabolism.
- Vitamin D deficiency: neuropathy and severity of the symptoms in type 2 diabetes.
- Vitamin D deficiency: Increased incidence of plantar ulcers.

Actions of Vitamin D on glucose metabolism

- Improved insulin exocytosis, direct stimulation of insulin receptor, improved uptake of glucose by peripheral tissues, improving insulin resistance.
- Stimulation of neurotropic factors like nerve growth factor, Glial cell line-derived neurotrophic factor, neurotropin.
- Vitamin D is implicated in many ways in the pathogenesis of diabetic retinopathy, neuropathy and nephropathy.

Vit D deficiency and Neuropathy



Vit D deficiency: ? Independent risk factor for Neuropathy

See 1 citation found by title matching your search:

<u>Does Vitamin D deficiency play a role in peripheral neuropathy in Type 2 diabetes?</u> Shehab D et al. Diabet Med. (2012)

Results: 7

- Filters activated: published in the last 5 years. Clear all to show 9 items.
- Serum 25-hydroxyvitamin D levels and peripheral neuropathy in patients with type 2 diabetes: a
- systematic review and meta-analysis.

Lv WS, Zhao WJ, Gong SL, Fang DD, Wang B, Fu ZJ, Yan SL, Wang YG. J Endocrinol Invest. 2015 May;38(5):513-8. doi: 10.1007/s40618-014-0210-6. Epub 2014 Dec 21.

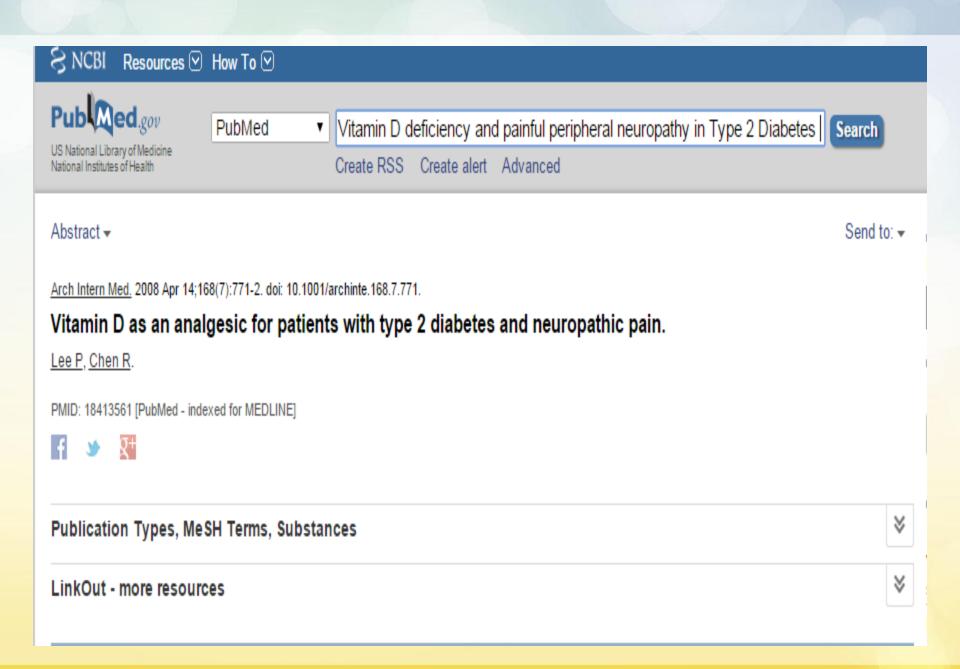
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- Vitamin D levels and microvascular complications in type 2 diabetes.
- Bajaj S, Singh RP, Dwivedi NC, Singh K, Gupta A, Mathur M. Indian J Endocrinol Metab. 2014 Jul;18(4):537-41. doi: 10.4103/2230-8210.137512. PMID: 25143913 Free PMC Article

Similar articles

- Is there an association between diabetic neuropathy and low vitamin D levels?
- Putz Z, Martos T, Németh N, Körei AE, Vági OE, Kempler MS, Kempler P. Curr Diab Rep. 2014 Oct;14(10):537. doi: 10.1007/s11892-014-0537-6. Review.

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Research Question

 What is the Prevalence of Vitamin D deficiency in patients with Diabetic Peripheral Neuropathy (DPN) in Type 2 DM in our Diabetes Clinic ?

Hypothesis

 Treatment of Vitamin D deficiency decreases pain in Painful Diabetic Neuropathy.

Aims & Objectives

- To determine the prevalence of Vitamin D deficiency in patients of T2DM with peripheral neuropathy (DPN).
- 2. To correlate Vitamin D levels with other risk factors for DPN.
- To replenish Vitamin D and study the effect on pain in patients with painful DPN as assessed by Visual analogue scale (VAS) before and after treatment.

Material and Methods

STUDY DESIGN: Prospective Interventional cohort study

STUDY SETTING: Diabetes Clinic

STUDY PERIOD: Jan 2015 to March 2015 (3 months).

DATA ANALYSIS: 1 month

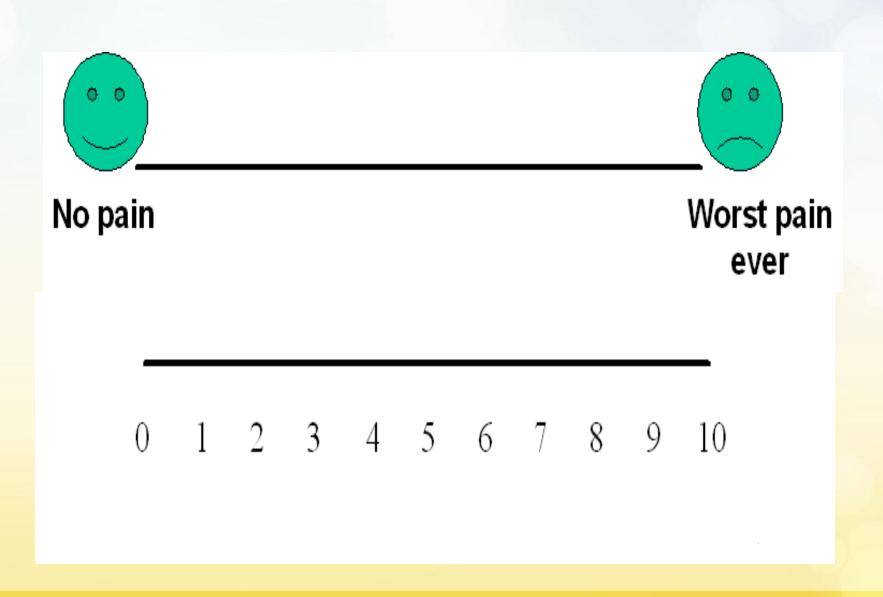
SAMPLE SIZE: 340 Screened (300 included)

Methodology

- Cases: Patients with Type 2 DM by WHO criteria with Peripheral neuropathy
- Peripheral neuropathy: Biothesiometry and Toronto clinical neuropathy score
- Vitamin D levels
- Risk Factor evaluation
- Pain quantification by Visual Analogue Scale (VAS) pre and post repletion
- Vit D repletion with continuation of standard care.
- Re-estimation of Vit D levels after 2 months 15 days

| Vit D levels in ngm/ml | Interpretation | |
|------------------------|----------------|------------|
| 0-20 | Deficiency | Vit D |
| 21-30 | Insufficiency | deficiency |
| > 30 | Sufficiency | |
| > 50 | Excess | |
| >100 | Toxicity | |

VISUAL ANALOGUE SCALE FOR PAIN EVALUATION IN DPN



Analysis

- Prevalence: Comparison of Vit D levels in those with and without DPN
- Comparison of Vit D levels in painful Vs. painless neuropathy
- Correlation with risk factors for DPN and severity
- Comparison of Pain by VAS before and after replenishment of Vit D
- Statistical Analysis: Student t test, Fishers exact test, Mid
 P test and Chi square test, ANOVA.

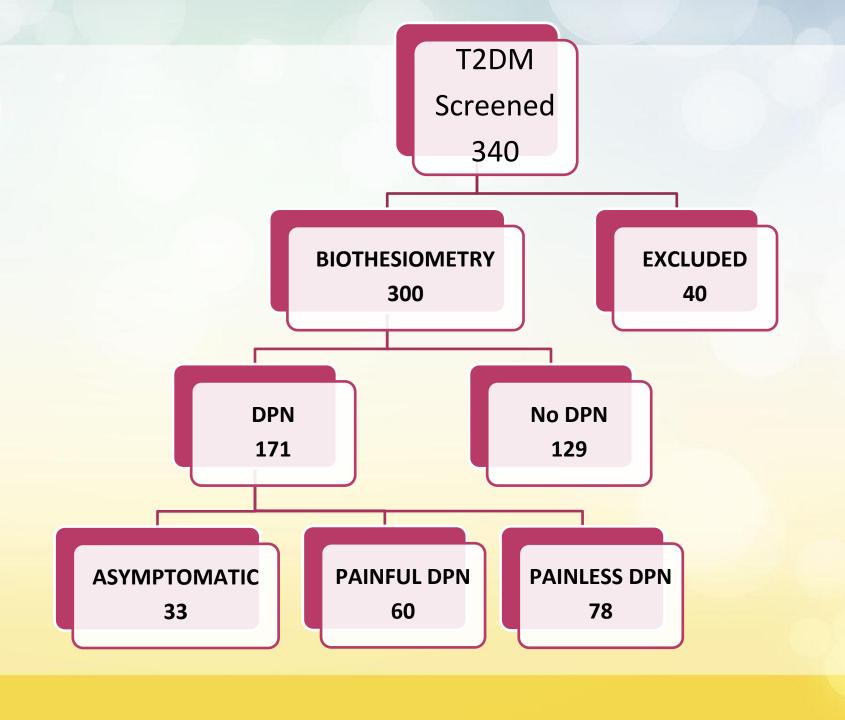
P < 0.05 – Statistically Significant, p< 0.001, highly significant

Limitations of the study

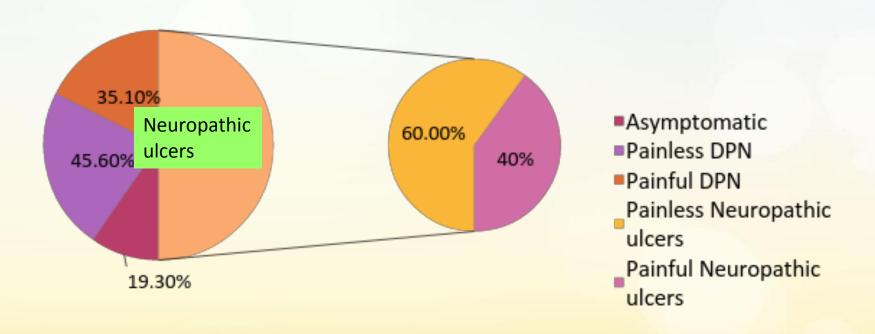
- Short term study
- Not a blinded study
- Possibility of treatment bias
- Investigations like iPTH, Calcium, Phosphorus levels not done

Results

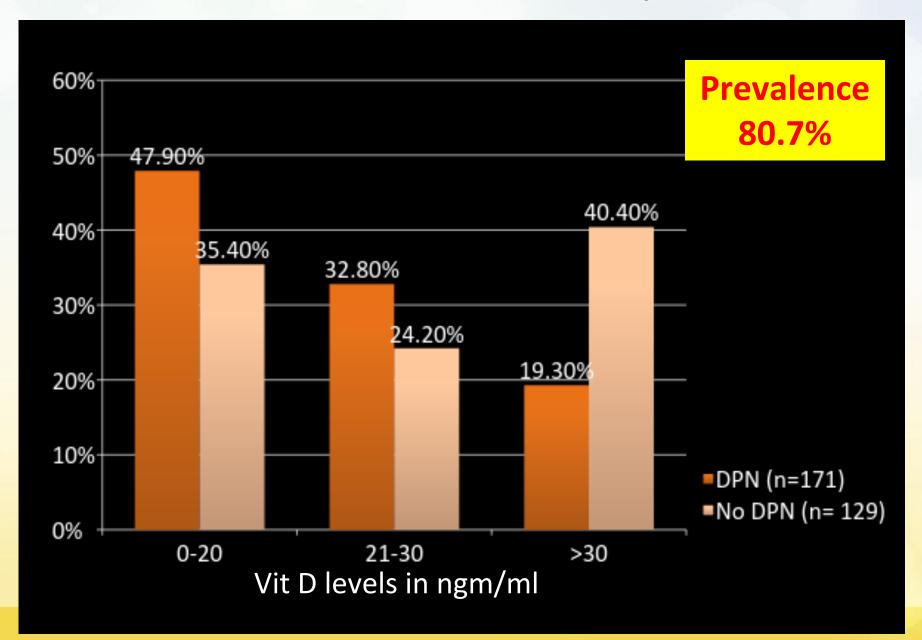
- Total no. of patients with Diabetes screened for Vitamin D deficiency = 340
- Patients excluded due to concomitant deficiencies: 40
- Total No. of patients screened for DPN = 300
- No. of patients without DPN 129
- No. of patients with DPN 171



Type Of Diabetic Neuropathy



Prevalence Of Vit D Deficiency In DPN



Vitamin D levels in T2DM

| S.N. | Vit D levels ngm/ml | | No DPN (n=129) | p-value |
|------|---------------------|--------------------|--------------------|---------|
| 1 | 0-20 | 82 (47.95%) | 42 (35.35%) | 0.003 |
| 2 | 21 -30 | 56 (32.75%) | 31 (24.24%) | 0.040 |
| 3 | >30 | 33 (19.30%) | 56 (40.41%) | 0.001 |
| 4 | Mean | 17.99 <u>+</u> 4.6 | 26.19 <u>+</u> 6.3 | <0.001 |

Baseline Characteristics

| S.N. | Clinical Feature | Painful DPN (n=60) | Painless DPN (n=111) | p-value |
|------|------------------|-----------------------|-------------------------|---------|
| 1 | Age | 64.65 <u>+</u> 9.45 | 58.25 <u>+</u> 9.89 | NS |
| 2 | M:F | 1:1.5 | 1:1.03 | p<0.05 |
| 3 | ВМІ | 25.82 <u>+</u> 3.38 | 24.76 <u>+</u> 1.12 | NS |
| 4 | Smoking | 28.3% | 30.7% | NS |
| 5 | Alcoholism | 37.7% | 37.1% | NS |
| 6 | Hypertension | 71.6% | 64.1% | p<0.05 |
| 7 | Dyslipidemia | 63.6% | 58.5% | p<0.05 |

Diabetic Status

| S.N. | Parameter | Painful DPN (n=60) | Painless DPN (n=111) | p-value |
|------|----------------------|-----------------------|-----------------------|---------|
| 1 | Duration of Diabetes | 8.46 <u>+</u> 4.9 | 4.51 <u>+</u> 2.8 | <0.001 |
| 2 | Treatment | | | |
| | OAD s alone | 52.8% | 79.4% | |
| | Insulin + OAD | 30.1% | 12.8% | |
| | Insulin alone | 16.9% | 7.6% | |
| 3 | Glycemic status | | | |
| | Fasting PG | 156.71 ± 40.3 | 117.36 <u>+</u> 19.1 | <0.05 |
| | Post prandial PG | 256.35 <u>+</u> 61.6 | 223.18 <u>+</u> 41.72 | NS |
| | HbA1C | 9.6 <u>+</u> 1.04 | 8.73 <u>+</u> 1.51 | NS |

Complications of Diabetes



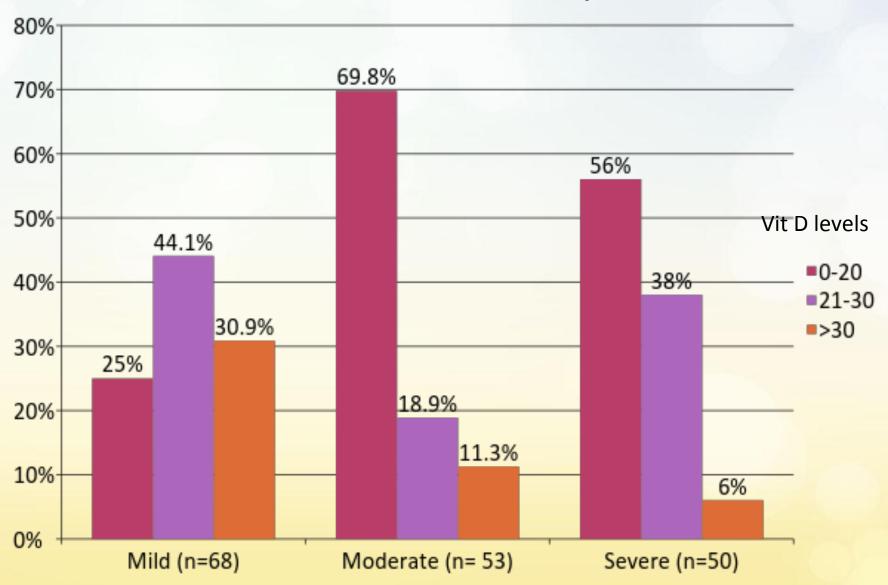
Vitamin D levels in Painless vs. Painful Neuropathy

| Vit D levels ngm/ml | Asympt. (n= 33) | Painless DPN (n=78) | Painful DPN (n=60) | Total (n=171) | p-value |
|---------------------------|-----------------|---------------------------|--------------------|------------------|-------------|
| 0-20 | 6 (18.2%) | 40 (51.3%) | 36 (60%) | 82 | <0.001 |
| 21 -30 | 8 (24.2%) | 31 (39.7%) | 17 (28.3%) | 56 | 0.18, NS |
| >30 | 19 (57.6%) | 7 (10.0%) | 7 (11.7%) | 33 | <0.0001 |
| Mean | 31.96 + 7.4 | 18.01 + 5.3 | 13.88 + 2.6 | 171 | <0.001 |

Vitamin D levels and Severity of DPN

| S.N. | Vit D | Mild | Moderate | Severe | p-value |
|------|--------|--------------------|-------------|-------------|---------|
| | levels | (n=68) | (n=53) | (n=50) | |
| | ngm/ml | | | | |
| 1 | 0-20 | 17 (25%) | 37 (69.8%) | 28 (56%) | <0.001 |
| 2 | 21 -30 | 30 (44.1%) | 10 (18.9%) | 19 (38%) | 0.012 |
| | | | | | <0.05 |
| 3 | >30 | 21 (30.9%) | 6 (11.3%) | 3 (6%) | 0.002 |
| | | | | | <0.05 |
| 4 | Mean | 26.02 <u>+</u> 3.9 | 17.30 ± 5.1 | 14.76 ± 4.8 | <0.001 |
| | | | | | ANOVA |

Vit D levels and Severity of DPN



Correlation of Vit D deficiency with Risk factors for Neuropathy

| S. N. | Risk Factor | Vit D Deficiency | Vit D Sufficiency | p-Value |
|----------|--------------------|----------------------|-----------------------|---------|
| 1 | Mean Age | 67 <u>+</u> 7.5 | 56 <u>+</u> 11.8 | <0.05 |
| 2 | M:F | 1:1.3 | 1:0.8 | < 0.05 |
| 3 | BMI | 26.01 <u>+</u> 2.14 | 24.32 <u>+</u> 1.67 | NS |
| 4 | Smoking | 20.2% | 18.1% | NS |
| 5 | Alcoholism | 34.7% | 24.2% | <0.05 |
| 6 | Hypertension | 68.1% | 60.6% | NS |
| 7 | Non HDL | 141.6 <u>+</u> 14.8 | 137.81 <u>+</u> 18.55 | NS |
| 8 | HDL | 38. 03 <u>+</u> 5.45 | 41.24 <u>+</u> 7.81 | NS |
| 9 | Family History DPN | 32% | 27.7% | NS |
| | | | MIL | R = NS |

Outcome after Vit D Repletion

Painful DPN: n = 60, Vit D deficiency = 53, Vit D sufficiency = 7

| S.N. | Parameter | Pre intervention (n=53) | Post intervention (Relief) | p-value |
|------|----------------------|-------------------------|----------------------------|---------|
| 1. | Neuritic pain | 53 (100%) | 21(39.6%) | <0.05 |
| 2. | Tingling | 53 (100%) | 13 (24.5%) | NS |
| 3. | Hyperaesthesia | 44 (83.01%) | 16 (36.6%) | <0.001 |
| 4. | Muscle pain | 53 (100%) | 38 (71.6%) | <0.0001 |
| 5. | Bony pain | 40 (75.47%) | 22 (55%) | <0.0001 |
| 6. | Hypoaesthesia | 12 (22.64%) | 04 (33.3%) | NS |
| 7. | Vibration impairment | 53 (100%) | 02 (3.7%) | NS |
| 8. | Neurotropic ulcers | 14 (26.4%) | 04 (28.5%) | NS |

Type of pain and Outcome after Vit D repletion



| S.N. | Pain Type | Pre- intervention Mean VAS | Post- intervention Mean VAS | p-value |
|------|---------------|----------------------------------|-----------------------------------|---------|
| 1 | Neuritic pain | 4.6 | 2.7 (-41.3%) | <0.05 |
| 2 | Bony pain | 7 | 1.8 (-74.2%) | <0.001 |
| 3 | Muscle pain | 7.8 | 4 (-48.7%) | <0.001 |
| 4 | Paraesthesias | 6.5 | 4.6 (-29.2%) | 0.068 |

Effect of Vit D on Biochemical Parameters

| S.N. | Biochemical Parameter | Pre intervention | Postintervention | p-value |
|------|-----------------------------|-----------------------|-----------------------|---------|
| 1. | Fasting plasma glucose | 145.16 <u>+</u> 41.94 | 138 <u>+</u> 39.97 | 0.729 |
| 2. | Postprandial plasma glucose | 268 <u>+</u> 72.40 | 232.56 <u>+</u> 57.67 | 0.064 |
| 3. | HbA1C | 9.01 <u>+</u> 2.33 | 7.9 <u>+</u> 1.04 | < 0.05 |
| 4. | Vit D levels | 11.49 <u>+</u> 3.5 | 29.07 <u>+</u> 5.5 | <0.001 |

Discussion

- Prevalence in our study: 80.7% in DPN and 30.9% in Painful DPN.
- Lv WS et al.: meta analysis of 6 studies Vit D def.
 in DPN and Increased risk of DPN in T2DM

 Shehab D et al.: Mean vitamin D significantly lower in those with neuropathy [36.9 (39.9) nmol/l] compared with those without [58.32 (58.9) nmol/l] and 81.5% of patients with neuropathy had vitamin D deficiency compared with 60.4% of those without. NHANES 2001-2004: vitamin D deficiency associated with the symptoms of diabetic neuropathy after statistical correction for the HbA1c level.

Vit D deficiency & complications

- ❖ Neuropathy alone = 19.94 ± 5.2 ngm/ml
- ❖ Neuropathy with Retinopathy/ Nephropathy = 16.64 ± 6.2; 17.12 ± 4.4 ngm/ml
- Triopathy = $14.63 \pm 4.4 \text{ ngm/ml}$, p= 0.0001

Conclusion: vitamin D deficiency in T2DM: significantly associated with any of the individual and/or combination of microvascular complications. Bajaj S, et al. Indian J Endocr Metab 2014;18:537-41

Effect of Vit D repletion on Pain in DPN

| Parameter | Lee et al. 2008 | Our study |
|-------------------|-----------------|---------------------|
| No. of Subjects | 51 | 300 (53) |
| M: F | 1: 2.6 | 1: 1.5 |
| Mean age | 62 <u>+</u> 13 | 64.65 <u>+</u> 9.45 |
| BMI | 30 <u>+</u> 2.3 | 25.82 <u>+</u> 3.38 |
| Vit D at baseline | 18 <u>+</u> 3 | 11.49 + 3.5 |
| Vit D at 3 mon | 30 <u>+</u> 5 | 29.07 <u>+</u> 5.5 |
| VAS at baseline | 3.3 | 4.6 |
| VAS at 3 mon | 1.7 | 2.7 |
| Change in VAS | -48.5% | -41. 3% |

Conclusions

- 1. Vitamin D deficiency is highly prevalent in T2DM with Peripheral neuropathy (80.7%).
- 2. Vit D deficiency is more prevalent in elderly patients, in females, in severe DPN and Painful DPN.
- 3. Vit D deficiency correlates with increased age, increased duration of Diabetes and Alcoholism but is not an independent risk factor for DPN.
- 4. Vit D repletion improves neuritic pain, paraesthesias, muscle pain and bony pain but has little effect on glycaemic control parameters.

Implication

 Estimation of Vit D levels in patients with DPN, especially painful DPN and Correction of Vit D deficiency may decrease neuropathic symptoms and prevent further nerve damage.

