**P3-103** Relationship between 25-hydroxyvitamin D with adiposity assessed by body mass index, serum glucose and lipids levels in Korea : a cross-sectional analysis Ja Hyang Cho<sup>1</sup>, Hae Woon Jung<sup>2</sup>, and Kye Shik Shim<sup>1</sup>



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### Introduction

25-hydroxyvitamin D [25(OH)D, Vitamin D] deficiency

• Vitamin D play role in the regulation of calcium and bone metabolism, the implication/regulation of the immune system, endocrine pancreas, liver, skeletal muscle, and adipocytes.

Low 25(OH)D levels have also been shown to be associated with low high-density lipoprotein (HDL) cholesterol levels.

Low vitamin D circulating levels in children and adolescent are related to fat mass and obesity.

## Clinical characteristics

Prepubertal	nean ± SD)	Pube	Pubertal (mean ± SD)			
acteristic male (n=107) (	nale 163) p-valu	ue male (n=58)	female (n=265)	p-value		
g/dL) 97.3±10.8 9	±13.2 0.21	. 97.8±8.6	94.5±9.5	0.01		
sterol (mg/dL) 168.6±24.0 16	2±25.8 0.89	) 159.1±29.9	163.0±25.6	0.30		
s (mg/dL) 102.0±57.0 11	1±58.2 0.04	117.8±95.3	110.2±59.9	0.43		
terol (mg/dL) 55.3±10.2 5	3±9.8 0.68	53.0±7.6	54.4±9.7	0.30		
erol (mg/dL) 96.4±23.4 9	±23.4 0.23	96.9±23.4	96.1±24.7	0.82		
acteristic       male (n=107)       ()         g/dL)       97.3±10.8       9         sterol (mg/dL)       168.6±24.0       16         s (mg/dL)       102.0±57.0       11         terol (mg/dL)       55.3±10.2       5         cerol (mg/dL)       96.4±23.4       9	nale 163) p-valu ±13.2 0.21 2±25.8 0.89 4±58.2 0.04 3±9.8 0.68 ±23.4 0.23	ue       male (n=58)         97.8±8.6         159.1±29.9         117.8±95.3         53.0±7.6         96.9±23.4	female (n=265) $94.5\pm9.5$ $163.0\pm25.6$ $110.2\pm59.9$ $54.4\pm9.7$ $96.1\pm24.7$	p-value 0.01 0.30 0.43 0.30 0.82		

25(OH)D, 25-hydroxyvitamin D; LDL, low-density lipoprotein; HDL, high-density lipoprotein

Propubertal (mean + SD)

Pubertal (mean + SD)

- Fat soluble vitamin D usually is retained by adipose tissue.
- 25(OH)D at peripheral level affects lipolysis and adipogenesis in adipocytes.

#### **Objectives**

The aim was to investigate the associations between 25(OH)D with adiposity assessed by body mass index(BMI), fasting glucose and lipid levels on schoolchildren.

## Methods

- From April 2015 to July 2018, 822 patients aged 6 to 18 years who visited the pediatrics outpatient clinics for adolescent developmental evaluation were included.
- Of the 822 patients, 255 male (31.0%) and 567 female (69.0%) were assessed. According to the vitamin D status, the patients should be divided into three groups: under 10 ng/ml, 11 to 20 ng/ml, and over 20 ng/ml, and classified each group into deficiency, insufficiency, and normal group.

Characteristic	(n=270)	(n=323)	p-value
Glucose (mg/dL)	96.1±12.3	95.1±9.5	0.26
Total cholesterol (mg/dL)	168.3±25.1	162.3±26.4	0.01
Triglycerides (mg/dL)	112.8±58.1	111.4±66.5	0.78
HDL-cholesterol (mg/dL)	54.9±9.9	54.1±9.4	0.31
LDL-cholesterol (mg/dL)	99.0±23.4	96.3±24.4	0.17
25(OH)D, 25-hydroxyvitamin D;	LDL, low-density lipoprotein; HDL, h	nigh-density lipoprotein	

# Correlation with 25(OH)D

	r	<i>p</i> -value
BMI	-0.14	< 0.01
Glucose (mg/dL)	-0.04	0.21
Total cholesterol (mg/dL)	0.02	0.50
Triglycerides (mg/dL)	-0.13	< 0.01
HDL-cholesterol (mg/dL)	0.06	0.12
LDL-cholesterol (mg/dL)	0.08	0.04
25(OH)D, 25-hydroxyvitamin D; BMI, body mas	ss index; LDL, low-den	sity lipoprotein; HDI

high-density lipoprotein

p-value



# Correlation with 25(OH)D according to puberty

	Prepul	bertal	Pubertal		
	r	<i>p</i> -value	r	<i>p</i> -value	
BMI	-0.07	0.22	-0.14	0.01	40 –



Characteristic

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Fat, metabolism and obesity

Kye Shik Shim

The correlation in 25(OH)D and BMI was assessed using Pearson analysis according to sex and puberty. Logistic regression was used to measure associations between 25(OH)D with BMI, serum glucose and lipids levels.

Results								
Demographic findings								
	Prepu	Prepubertal (mean ± SD)			Pubertal (mean ± SD)			
Characteristic	male (n=107)	female (n=163)	p-value	male (n=58)	female (n=265)	p-value		
Age (yr)	9.1±2.1	8.7±1.4	0.06	13.5±2.0	9.5±1.7	< 0.01		
Height (cm)	125.5±13.4	128.8±9.4	0.02	153.1±10.2	134.8±9.1	< 0.01		
Mean height SDS	-1.3	-0.1		-0.6	0.2			
Weight (kg)	29.3±14.6	28.8±6.7	0.70	48.5±10.9	32.1±7.5	< 0.01		
Mean weight SDS	-0.9	-0.1		-0.3	0.2			
	Prepubertal (mean + SD) Pubertal (mean + SD)							

lipoprotein	-			- /	TG r=-0.14 $p^{TG}=0.04$ BMI r=-0.14 p=0.01
25(OH)D, 25-hydroxyvitamin D; BMI, k	ody mass index;	; LDL, low-densit	y lipoprotein; HI	DL, high-density	100 200 300 400 15 20 25
LDL-cholesterol (mg/dL)	0.07	0.32	0.03	0.56	
HDL-cholesterol (mg/dL)	0.02	0.76	0.09	0.14	
Triglycerides (mg/dL)	-0.14	0.04	-0.09	0.14	
Total cholesterol (mg/dL)	0.08	0.17	0.00	0.96	<ul> <li> <ul></ul></li></ul>
Glucose (mg/dL)	-0.09	0.15	-0.06	0.28	

### Conclusions

- 25(OH) D levels in children showed a weak negative linear correlation with a lower BMI, but the effect of vitamin D on blood glucose and cholesterol levels was not significant.
- It also seem no effect on sex and pubertal changes. Longitudinal studies are needed to explore whether vitamin D affect hyperglycemia, hyperlipidemia, deficiency insulin resistance and diabetes.

### Discussion

Daily Calcium and Vitamin D intake and amount of sunshine are required in our geographic localization, season, and physical activity.

Characteristic	(n=270)			(n=323)			p-value	
Age (yr)	8	8.9±1.7				10.3±2.3		
Height (cm)	127	7.4±11.2		138.5±11.6			<0.01	
Mean height SDS		-0.6		0.0				
Weight (kg)	29	29.0±10.6				35.2±10.3		
Mean weight SDS		-0.1		0.0				
	Prepube	ertal (mean ± SI	D)	Pubertal (mean ± SD			))	
Characteristic	male (n=107)	female (n=163)	p-va	lue	male (n=58)	female (n=265)	p-value	
25(OH)D (ng/mL)	22.2±8.5	22.2±8.5 21.1±7.7 0		27 19.6±8.2 19.2±7.2		0.70		
Characteristic	Prepubertal (mean ± SD) (n=270)			Pubertal (mean ± SD) (n=323)			p-value	
25(OH)D (ng/mL)	21.5±8.1			19.3±7.4			< 0.01	

Follow-up observation of changes before and after taking vitamin D is required.

The long term follow-up of association of vitamin D status with lipids and measures of insulin resistance is needed.

Long-term prospective studies regarding the development of diseases such as hyperlipidemia and diabetes are needed after puberty change.

#### Reference

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