## Association Between Vitamin D Levels And Respiratory Infections In Overweight And Obese Adults

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RATIONALE: Vitamin D is inversely associated with inflammation and immunity. Whereas obese patients have lower serum concentrations of 25(OH)D<sub>3</sub>, several studies indicated that vitamin D deficiency is related to respiratory tract infections. This relation could be influenced by obesity, and therefore we aimed to investigate the association between vitamin D concentrations and respiratory infections in overweight or obese adults.

METHODS: This is a preliminary cross-sectional analysis of baseline measurements of the NEO (Netherlands Epidemiology of Obesity) study, a cohort of adults aged 45 to 65 years with a body mass index (BMI)  $\ge$ 27 kg/m<sup>2</sup> that will include up to 6000 adults. We used logistic regression analysis to study the association between serum 25-hydroxyvitamin D levels and recent common cold, adjusted for age, sex, BMI, asthma, ethnicity, smoking (in pack years), waist circumference and month of the year. We divided the cohort in four vitamin D categories: <30 nmol/L (n=223), 30 to 50 nmol/L (n=515), 50 to 75 nmol/L (n=521) and  $\ge$ 75 nmol/L (n=138). Recent common cold was recorded using a questionnaire and defined as a common cold within the last month before baseline.

RESULTS: Between 09-2008 and 11-2009, 1397 participants were included in the NEO study. The mean ( $\pm$  SD) age was 56  $\pm$  6 years, BMI 31  $\pm$  4 kg/m<sup>2</sup>, FEV<sub>1</sub>% predicted 102.5  $\pm$  15.5%, 25(OH)D<sub>3</sub> 50.6  $\pm$  20.1 nmol/L; 49% were men, 94% were Caucasian and 6% had asthma. BMI was inversely associated with vitamin D concentrations [beta -0.861, 95%CI -1.13,-0.598]. The seasonal influences on vitamin D and common cold are shown in figure 1 and 2. The prevalence of a recent self-reported common cold was higher in the groups with lower vitamin D concentrations (Table 1). Crude analysis showed that individuals with a concentration lower than 30 nmol/L 25(OH)D<sub>3</sub> had a 3-fold higher risk of common cold, compared with the group with 25(OH)D<sub>3</sub> concentration of 75 nmol/L or higher. Adjustment for all confounders attenuated the ORs, although a nonsignificant trend remained of a 1.7 fold [95%CI 0.8-3.7] higher risk of common colds in the lowest compared with the highest group of 25(OH)D<sub>3</sub> (table 1).

Figure 1: Serum 25(OH)D3 concentrations throughout the year in 1397 adults of 45-65 years old with a BMI≥ 27 kg/m2.

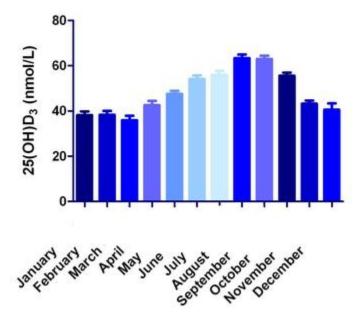


Figure 2: Common colds throughout the year in 1397 adults of 45-65 years old with a BMI≥ 27 kg/m2.

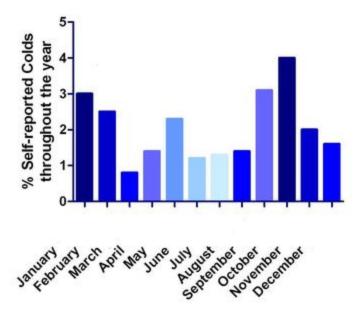


Table 1. Odds ratios with 95% confidence intervals of recent self-reported common cold in four categories of vitamin D concentration in 1397 adults of 45-65 years old with a BMI $\geq$  27 kg/m2.

	Crude	Multivariate 1	Multivariate <sup>2</sup>	Multivariate <sup>3</sup>
25(OH)D <sub>3</sub>	OR	OR	OR	OR
	(95%CI)	(95%CI)	(95%CI)	(95%CI)
>75	1	1	1	1
50-75	1.1	0.9	0.9	0.8
	0.6-2.0	0.5-1.8	0.5-1.7	0.4-1.6
30-50	1.6	1.5	1.4	1.1
	0.9-3.0	0.8-2.7	0.7-2.6	0.6-2.1
<30	3.1	2.6	2.4	1.7
	1.6-6.1	1.3-5.1	1.2-4.9	0.8-3.6

1 adjusted for age, sex, asthma, being Caucasian or not and smoking (in pack years)

2 adjusted for age, sex, BMI, asthma, being Caucasian or not, smoking (in pack years) and waist circumference

3 adjusted for age, sex, BMI, asthma, being Caucasian or not, smoking (in pack years), waist circumference and month of the year

CONCLUSIONS: This preliminary analysis indicates that vitamin D might also play a protective role against viral infections in overweight and obese individuals.

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