



# The Association Between Schizophrenia and Vitamin D

There is substantial scientific evidence supporting a significant association between vitamin D and schizophrenia. Research over the past two decades has revealed important connections between vitamin D deficiency and schizophrenia risk, symptom severity, and neurobiological mechanisms. This report examines the current understanding of this relationship, the evidence supporting it, and potential clinical implications.

## Prevalence of Vitamin D Deficiency in Schizophrenia

Vitamin D deficiency is remarkably common among individuals with schizophrenia. Systematic reviews and meta-analyses have consistently demonstrated high rates of vitamin D deficiency in this population:

- A comprehensive meta-analysis found that the pooled prevalence of vitamin D deficiency in people with schizophrenia is approximately 65% <sup>[1]</sup>
- A more recent systematic review confirmed an even higher overall prevalence of 70% vitamin D deficiency in people with schizophrenia <sup>[1]</sup>
- The odds ratio for vitamin D deficiency in patients with schizophrenia compared to controls is 2.49, indicating they are significantly more likely to have deficient vitamin D levels <sup>[1]</sup>
- Some individual studies have reported even more striking findings, with one showing vitamin D deficiency/insufficiency prevalence of 92.5% in inpatients with schizophrenia during acute phases <sup>[2]</sup>

These high rates of deficiency exceed the already concerning prevalence in the general population, which is estimated at 37.6% worldwide <sup>[1]</sup>. The disparity suggests either that vitamin D deficiency may contribute to schizophrenia risk or that lifestyle and health factors associated with schizophrenia lead to decreased vitamin D levels.

## Developmental Vitamin D Deficiency and Schizophrenia Risk

One of the most compelling aspects of the vitamin D-schizophrenia relationship concerns prenatal and early life exposure, which may influence neurodevelopment and subsequent schizophrenia risk:

### Neonatal Vitamin D Deficiency

Multiple epidemiological studies have identified neonatal vitamin D deficiency as a risk factor for later development of schizophrenia:

- A landmark Danish case-control study involving 2,602 individuals found that newborns with vitamin D deficiency had a 44% increased risk for developing schizophrenia later in life

compared to those with normal vitamin D levels<sup>[3]</sup> <sup>[4]</sup>

- Specifically, those in the lowest quintile of vitamin D concentration (<20.4 nmol/L) had a significantly increased risk of schizophrenia (Incidence Rate Ratio = 1.44) compared to those with higher levels<sup>[4]</sup>
- A very recent major study published in 2025, examining vitamin D status in 71,793 people, found evidence that lower vitamin D concentration in babies was associated with increased risk of not only schizophrenia but also autism spectrum disorder (ASD) and attention deficit/hyperactivity disorder (ADHD)<sup>[5]</sup>

## Epidemiological Patterns

Several well-established epidemiological risk factors for schizophrenia appear to align with conditions that would lead to vitamin D deficiency:

- Increased risk of schizophrenia has been associated with winter/spring births, when maternal vitamin D levels would typically be lower due to reduced sun exposure<sup>[6]</sup> <sup>[3]</sup>
- Higher latitude of residency, which correlates with lower UV radiation and reduced vitamin D synthesis, is also linked to increased schizophrenia risk<sup>[6]</sup>
- Migration status, particularly for individuals with darker skin moving to regions with less sun exposure, has been identified as a risk factor potentially related to vitamin D deficiency<sup>[6]</sup>

Professor John McGrath from the University of Queensland, a leading researcher in this field, has suggested that "similar to how folate supplements are recommended during pregnancy to prevent spina bifida, our research suggest that optimising vitamin D levels in early life may reduce the risk of several neurodevelopmental disorders."<sup>[5]</sup>

## Vitamin D Levels and Schizophrenia Symptom Severity

Beyond prevalence studies, research has explored whether vitamin D levels correlate with the severity of schizophrenia symptoms:

- A groundbreaking study found negative and moderate correlations between vitamin D levels and Clinical Global Impression scores ( $r = -0.624$ ) and between vitamin D levels and PANSS scores ( $r = -0.508$ ), indicating that lower vitamin D levels were associated with greater symptom severity<sup>[7]</sup>
- Patients in acute episodes had significantly lower vitamin D levels (median 7.18) compared to patients in remission (median 15.03) and healthy controls (median 15.02)<sup>[7]</sup>
- This relationship persisted even after controlling for factors such as sex, ethnicity, skin color, sun exposure, and diet composition<sup>[7]</sup>

These findings raise an important question: Is vitamin D deficiency a cause or consequence of acute schizophrenia episodes? While the research cannot yet definitively answer this, the correlation between vitamin D status and symptom severity suggests a potentially important clinical relationship worth further investigation.

## Potential Mechanisms

Several biological mechanisms have been proposed to explain how vitamin D deficiency might influence schizophrenia risk and presentation:

### Neurodevelopmental Effects

Vitamin D plays crucial roles in brain development that may be relevant to schizophrenia pathophysiology:

- Recent neuroscience research has discovered that vitamin D deficiency impacts the development of neurons, specifically affecting how dopaminergic neurons grow and function<sup>[8]</sup>
- Studies using advanced technology have shown that dopamine release was enhanced in cells grown in the presence of vitamin D compared to controls, suggesting direct effects on neurotransmitter systems implicated in schizophrenia<sup>[8]</sup>
- Animal models of developmental vitamin D (DVD)-deficiency demonstrate that brain development is altered, leading to neurobiological and behavioral phenotypes relevant to schizophrenia<sup>[1] [9]</sup>

### Dopamine Regulation

The dopamine hypothesis of schizophrenia gains interesting support from vitamin D research:

- Alterations in developing dopamine systems are frequently reported in models of vitamin D deficiency<sup>[1]</sup>
- Recent studies suggest that early alterations to dopamine neuron differentiation due to vitamin D deficiency may be the neurodevelopmental origin of dopamine dysfunction in adults who develop schizophrenia<sup>[8]</sup>
- Professor Eyles' laboratory research has linked maternal vitamin D deficiency and brain development disorders to functional changes in how the brain uses dopamine<sup>[8]</sup>

### Inflammatory and Genetic Mechanisms

Additional pathways may connect vitamin D and schizophrenia:

- Vitamin D's action on the regulation of inflammatory and immunological processes likely affects the manifestation of clinical symptoms and treatment response in schizophrenic patients<sup>[10]</sup>
- Research from Italy has reported a significant overlap of 70 genes between schizophrenia and vitamin D-related genes, suggesting interaction at a genomic level<sup>[7]</sup>
- These genetic findings provide "the first hint, at a genomic level, of the existence of a relationship between schizophrenia and vitamin D related genes"<sup>[7]</sup>

## Vitamin D Supplementation Studies

Given the evidence for association, researchers have conducted clinical trials to determine whether vitamin D supplementation might improve outcomes in schizophrenia:

### Mixed Clinical Trial Results

Results from vitamin D supplementation trials have been inconsistent:

- One study found that vitamin D supplementation (50,000 IU/week for 12 weeks) improved positive and negative syndrome scale scores and metabolic profiles, including reduction in fasting plasma glucose and cholesterol levels<sup>[1]</sup>
- However, two other clinical trials of vitamin D supplementation (300,000 IU intramuscular injection twice within 3 months, or 14,000 IU oral drops per week for 8 weeks) in patients maintaining antipsychotic treatment did not find significant improvement in symptoms<sup>[1]</sup>
- A recent randomized clinical trial (DFEND trial) involving patients with first-episode psychosis found no evidence that vitamin D supplementation improved mental or physical health outcomes during a 6-month follow-up period, despite the very high prevalence of vitamin D deficiency in this population<sup>[1]</sup>

### Potential Benefits Beyond Psychiatric Symptoms

Even if vitamin D does not directly improve schizophrenia symptoms, supplementation may offer other health benefits:

- Patients with schizophrenia have an increased prevalence of osteoporosis (~52%), for which vitamin D supplementation is a recommended treatment<sup>[1]</sup>
- One study showed that 12 months of vitamin D supplementation in schizophrenic patients without hospitalization was associated with lower depressive symptoms and lower rates of current anxiety<sup>[1]</sup>
- Vitamin D deficiency in schizophrenia patients is also associated with metabolic syndrome parameters, suggesting supplementation might benefit physical health<sup>[2]</sup>

### Vitamin D and First-Episode Psychosis

Emerging research has specifically examined vitamin D in early-stage schizophrenia:

- Studies have found that 42.0% of patients with first-episode psychosis have vitamin D deficiency, while 37.5% have vitamin D insufficiency<sup>[1]</sup>
- Meta-analysis results showed patients with first-episode psychosis had a pooled odds ratio of 3.78 for vitamin D deficiency compared to controls, with no statistical heterogeneity detected<sup>[1]</sup>
- Higher vitamin D levels at first presentation have been associated with fewer total and negative symptoms of psychosis a year later<sup>[1]</sup>
- These findings suggest that vitamin D status early in the disease course may influence progression and outcomes

## Clinical Implications

The accumulated evidence points to several practical implications:

- Monitoring vitamin D levels should be considered in standard care for individuals with schizophrenia, especially those in long-term care<sup>[7]</sup>
- Appropriate vitamin D supplementation and diets rich in vitamin D should be considered, particularly for patients with confirmed deficiency<sup>[7]</sup>
- While vitamin D supplementation cannot currently be recommended specifically for improving schizophrenia symptoms, it remains important for general health in this population, especially considering their high risk of deficiency<sup>[1]</sup>
- Prenatal and early life vitamin D optimization may be a potential preventive strategy worthy of further research<sup>[5]</sup>

## Conclusion

The association between vitamin D and schizophrenia is supported by considerable evidence spanning epidemiology, neurobiology, and clinical research. While a causal relationship cannot be definitively established, the consistency of findings across different study types suggests vitamin D plays a meaningful role in schizophrenia risk or expression.

The evidence is particularly strong for developmental vitamin D deficiency as a risk factor for later schizophrenia. The correlation between vitamin D status and symptom severity further suggests ongoing relevance throughout the disease course. However, the mixed results from supplementation trials indicate that vitamin D's role may be more complex than a simple deficiency model would suggest.

Future research should focus on clarifying the mechanisms connecting vitamin D to schizophrenia, identifying which patient subgroups might benefit most from supplementation, and exploring whether prenatal and early life vitamin D optimization could serve as a public health strategy to reduce schizophrenia risk. As Professor McGrath suggests, optimizing vitamin D levels early in life may potentially reduce the risk of several neurodevelopmental disorders, including schizophrenia<sup>[5]</sup>.

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