

Erratum to: Correlation between 25-hydroxyvitamin D levels and latitude in Brazilian postmenopausal women: from the Arzoxifene Generations Trial

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In the abstract, it should have read “Mean 25-hydroxyvitamin D (25(OH)D) levels in each site and latitude correlation were very high ($r=-0.88$; $p=0.02$).” instead of “Mean 25-hydroxyvitamin D (25(OH)D) levels in each site and latitude correlation were very high ($r=-0.88$; $p<0.0001$).” This p value refers to the correlation between all measurements of 25(OH)vitamin D and latitude. The complete corrected abstract is reproduced here.

In the results section, it should have read “The correlation between all 25(OH)D measurements and latitude was

significant ($r=-0.18$, $p<0.0001$).” instead of “The correlation between all 25(OH)D measurements and latitude was significant ($r=-0.3$, $p<0.0001$).”

The authors regret their errors.

Abstract

Summary We investigated vitamin D status in Brazilian cities located at different latitudes. Insufficiency (<50 nmol/L) was common (17 %), even in those living in a tropical climate. Vitamin D insufficiency increased as a function of latitude. Mean 25-hydroxyvitamin D (25(OH)D) levels in each site and latitude correlation were very high ($r=-0.88$; $p=0.02$).

The online version of the original article can be found at <http://dx.doi.org/10.1007/s00198-013-2366-x>.

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Introduction Inadequate vitamin D, determined by low levels of 25(OH)D, has become very common despite the availability of sunlight at some latitudes. National data from a country that spans a wide range of latitudes would help to determine to what extent latitude or other factors are responsible for vitamin D deficiency. We investigated vitamin D status in cities located at different latitudes in Brazil, a large continental country.

Methods The source is the Brazilian database from the Generations Trial (1,933 osteopenic or osteoporotic postmenopausal women (60 to 85 years old), with 25(OH)D measurements). 25(OH)D below 25 nmol/L (10 ng/mL) was an exclusion criterion. Baseline values were between fall and winter. The sites included Recife, Salvador, Rio de Janeiro,

São Paulo, Curitiba, and Porto Alegre. Mean and standard deviation of 25(OH)D, age, spine and femoral neck T-score, calcium, creatinine, and alkaline phosphatase were calculated for each city. Pearson correlation was used for 25(OH)D and latitude.

Results Insufficiency (<50 or <20 ng/mL) was common (329 subjects, 17 %). Vitamin D insufficiency increased as a function of latitude, reaching 24.5 % in the southernmost city, Porto Alegre. The correlation between mean 25(OH)D levels in each site and latitude was very high ($r=-0.88$, $p=0.02$).

Conclusion There is a high percentage of individuals with vitamin D insufficiency in Brazil, even in cities near the equator, and this percentage progressively increases with more southern latitudes.