



The Missing Vitamin in Humans! The Impact of Vitamin D Deficiency on Mental Health in Adolescents: A Cross-Sectional Study

Jennings Hernandez ^{a*}

^a *Washington University of Health and Science, United States of America.*

Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

Article Information

DOI: 10.9734/JAMMR/2023/v35i44964

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/95896>

Short Research Article

Received: 19/11/2022

Accepted: 26/01/2023

Published: 15/02/2023

ABSTRACT

Vitamin D has been reported in the scientific press as a crucial factor that has significant health benefits in the prevention and treatment of countless chronic illnesses, including mental health. Psychiatric illnesses are in their own right a complex constellation of factors that shape an individual's mental health. Vitamin D is critical not only for bone health but also for suitable brain development and functioning. Most individuals worldwide have insufficient levels of vitamin D. Not only are adults affected, but adolescents are also predisposed to this deficiency. This is also true for individuals with mental health disorders. Low levels of vitamin D are directly correlated with depression, schizophrenia, seasonal affective disorder, and cognitive dysfunction. Adolescents were studied to investigate the relationship between low levels of vitamin D concentrations and mental health conditions, including psychosis, and to report on the current knowledge about the assessment and treatment of vitamin D deficiency in relation to mental health.

*Corresponding author: E-mail: hergar305@gmail.com;

Keywords: *Psychosis; mental health; depression; schizophrenia; cognitive dysfunction; vitamin D deficiency; seasonal affective disorder.*

1. INTRODUCTION

“Vitamin D deficiency is an endemic condition affecting diverse populations worldwide. Factors responsible for this deficiency include lack of sun exposure and deficient levels of dietary intake. Individuals with darker skin tones or of Latino origin are more susceptible to low levels of vitamin D. It has been reported that 30-50% of both children and adults in the United States, Canada, Europe, Australia, New Zealand, and Asia are vitamin D-deficient. Despite the important role of sunlight in vitamin D synthesis, recent studies have shown that the rate of vitamin D deficiency is also higher in the sunniest areas of the world, including the Middle East countries, such as Saudi Arabia, Qatar, and United Arab Emirates, Turkey, India, and Iran because of low exposure to sun due to cultural factors” [1]. “Appropriate levels of vitamin D are important in the prevention of osteoporosis and rickets disease. In addition, vitamin D is vital for intestinal calcium absorption and skeletal development. Studies suggest that approximately one billion people worldwide are afflicted by vitamin D deficiency and nearly 50% of the global population has vitamin D insufficiency” [2]. “Although there is a plethora of data indicative of the benefits of vitamin D on bone health, the role of vitamin D deficiency in psychiatric populations is greatly understudied. According to the Clinical Practice Guidelines from the US Endocrine Society, vitamin D deficiency is defined as serum levels of 25-OH D varying between 50-70 nmol/l. Vitamin D 25-OH (25OHD) levels are recorded as normal if >30 ng/ml, insufficient if 20–30 ng/ml, and deficient if <20 ng/ml, as per expert guidelines” [3].

“Vitamin D also acts as a catalyst in mental health and cognitive functions. The feasibility of the role of vitamin D in psychiatric disorders is proposed in the region-distinct expression of vitamin D receptors (VDR) within the cingulate cortex, cerebellum, thalamus, amygdala, hippocampus, and substantia nigra” [4]. “For instance, the amygdala is associated with the regulation of behaviors and emotions. These regions indicate 1 alpha-hydroxylase enzyme is capable of metabolizing 25(OH)D to 1,25(OH)2D3, which conveys the likelihood for vitamin D to present an autocrine and paracrine action in the brain” [5]. “Research has shown that vitamin D has a vital role in the pathophysiology

of mood disorders and other mental health issues. Studies have demonstrated that the upregulation of proinflammatory cytokines in the brain is correlated with major depressive disorder (MDD). Additionally, vitamin D deficiency is also associated with neuropsychiatric conditions like Parkinson’s disease, multiple sclerosis (MS), Alzheimer’s disease, schizophreniform disorder, and autism spectrum disorders” [6]. Low levels of vitamin D have also been found to be directly linked to schizophrenia.

“The primary cause of vitamin D deficiency in patients with psychiatric illness is low exposure to sunlight and dietary insufficiency. Two major forms of vitamin D exist, including vitamin D2 or ergocalciferol and vitamin D3 or cholecalciferol, which is more relevant in humans. Vitamin D3 plays a major role as a prohormone and controls the expression of about 3% of our genes” [7].

“Vitamin D levels should be included in the assessment of psychiatric patients presenting with depression as a direct correlation exists between the two. One study conducted in the United Kingdom demonstrated that 100% of psychiatric male patients were vitamin D deficient during hospitalization” [8]. “Two randomized controlled trials (RCT) have demonstrated that increasing vitamin D levels through supplementation with Vitamin D3 orally in individuals with vitamin D deficiency who have been diagnosed with MDD has reduced their depressive states and improved their mood. Studies have been conducted on individuals with mental health problems and assessed the following issues: behavior problems, violent behaviors, anxiety, depressive symptoms/depression, aggressive disorder, psychotic features, bipolar disorder, obsessive-compulsive disorder, suicidal incidents, as well as general patterns, as follows: mental health, level of distress, quality of life, well-being, mood, sleep patterns” [9].

“One of the studies investigated the relationship between phototherapy and vitamin D supplementation for seasonal affective disorder (SAD) and results yielded a positive effect for vitamin D through supplementation or phototherapy within a one-month period. The second study in overweight depressive subjects with low levels of vitamin D found that supplementation of vitamin D resulted in compelling improvement of mood and depression

after a one-year period. Low levels of 25-hydroxyvitamin D have been associated with a higher risk for depression later in life, but there have been few long-term, high-dose large-scale trials” [10].

“The purpose of this study is to determine if individuals with MAD and acutely mentally ill adolescents in inpatient units have higher levels of vitamin D insufficiencies compared to the general US population. In addition, it is hypothesized that lower levels of vitamin D are directly analogous with the severity of mental illness as defined by the presence of psychiatric features. It has been noticed that vitamin D level is low in those individuals who have a mood disorder, and its mechanism of action has been noticed in causing depression” [11].

2. METHODS

The study took place at the Strong Behavioral Health Child and Adolescent Acute Inpatient Service or Partial Hospitalization Services (CAPHS), Department of Psychiatry at the University of Rochester in New York City over a 16-month period. The adolescents were between 12 to 18 years old of varying races and included 75 females and 29 males. Participants had serum 25-OH vitamin D levels that were low on laboratory testing. Consent forms were collected from participants or legal guardians for participation. Clinical DSM-V diagnoses were primarily affective disorders ranging from MDD, mood disorders, ADHD, bipolar disorder, and psychiatric disorders. Participants were selected through a clinical admissions database who upon admission presented with psychotic symptoms ranging from paranoia, delusions, or hallucinations as documented by the emergency room psychiatrist on duty. Vitamin D 25-OH levels were collected and analyzed under immunoassay and the results were recorded as normal, insufficient, or deficient. Normal levels were indicative of levels above 30 ng/ml, insufficient levels were indicative of 20-30 ng/ml, and deficient levels were indicative of less than 20 ng/ml based on national guidelines. The results from the 104 participants were collected and evaluated using an ANOVA t-test analysis. The correlation between vitamin D levels and psychosis was measured using a logistic regression model.

3. RESULTS AND DISCUSSION

The results demonstrated that 33% of the adolescent participants demonstrated they were

vitamin D deficient while 40% demonstrated they were vitamin D insufficient. Of the 33% that were found to be vitamin D deficient, 40% portrayed psychotic features in comparison to the 16% who were not vitamin D deficient. The hypothesized theory of the study demonstrated that those with vitamin D deficiency are 3 ½ times at greater risk to have psychotic comorbidities. Those participants with normal vitamin D levels did not display any psychotic features. In reference to race, those who were of darker skin tones or Latino origin were more likely to display vitamin D deficiency with psychotic features.

4. IMPLICATIONS FOR FUTURE RESEARCH IN PSYCHIATRY

Future research and studies on the relationship between vitamin D deficiency and mental illness could have a colossal impact on understanding the root cause of the psychotic features in individuals with subpar levels of vitamin D. The global burden of disease study demonstrated that depression is a major public health problem and is the leading cause of disability worldwide [11]. Educating physicians and practitioners to obtain vitamin D levels in routine laboratory testing in individuals displaying mood disorders, psychotic features, and MAD is critical for proper diagnosis. More times than not, psychotic features have a root cause that is non-psychiatric related such is the case with low levels of vitamin D. “More studies are needed in this niche in order to better understand how vitamin D affects those regions in the brain responsible for mood disorders and neurocognitive functions. Those future studies should be based on the causal link between hypovitaminosis D and mental illness which is probably bi-directional; mental illness increases the risk of hypovitaminosis D, and hypovitaminosis D increases the risk of developing mental illness” [12]. “The relationship between low vitamin D levels and mental illness is greatly due to vitamin D’s action on the regulation of inflammatory and immunological processes. This in turn can act as a mediator or modulator for the relationship between clinical symptoms and treatment response. While this study was indicative that a correlation exists between vitamin D deficiency and psychotic features, the work is limited to a small sample size and therefore more studies of a larger scale are essential with a more rigorous design. The larger the sample size, the more accurate the results would be. Researchers suggest that samples should not be either too big or too small since both have limitations that can compromise

the conclusions drawn from the studies. Too small a sample may prevent the findings from being extrapolated, whereas too large a sample may amplify the detection of differences, emphasizing statistical differences that are not clinically relevant” [13].

5. CONCLUSION

Vitamin D deficiency is profoundly common in this study of adolescents with psychotic features. This study confirms other studies performed in adult populations with similar symptoms and findings. Potential trials of vitamin D supplementation are deemed necessary to address the mental health discipline in D-deficient mentally unstable adolescents and adults with a concentration on dose-finding and tolerability. More randomized trials of vitamin D deficiency in individuals with mental health issues should be implemented.

CONSENT

As per international standard or university standard, parental(s) written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Author has declared that no competing interests exist.

REFERENCES

1. Hovsepain S, Amini M, Aminorroaya A, Amini P, Iraj B. Prevalence of Vitamin D deficiency among adult population in Isfahan City, Iran. *Journal of Health, Population, and Nutrition*; 2021. Available: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3126987/#:~:text=Vitamin%20D%20deficiency%20is%20the,countries%20\(19%2D21\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3126987/#:~:text=Vitamin%20D%20deficiency%20is%20the,countries%20(19%2D21))
2. Menon V, Kumar S, Suthar N, Nebhinani N. Vitamin D and depression: A critical appraisal of the evidence and future direction. *Indian Journal of Psychological Medicine*; 2020. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6970300/>
3. Gracious B, Finucane T, Friedman-Campbell M, Messing S, Parkhurst M. Vitamin D deficiency and psychotic features in mentally ill adolescents: A cross-sectional study. *BMC Psychiatry Journal*; 2020. Available: <https://link.springer.com/article/10.1186/1471-244X-12-38>
4. Cuomo A, Giordano N, Goracci A, Fagiolini A. Depression and Vitamin D deficiency: Causality, assessment, and clinical practice implications. *Neuropsychiatry Journal*; 2017. Available: <https://www.jneuropsychiatry.org/peer-review/depression-and-vitamin-d-deficiency-causality-assessment-and-clinical-practice-implications-12051.html/>
5. Guzek D, Kolota A, Lachowicz K, Skolmowska D, Stachon M, Glabska D. Association between vitamin d supplementation and mental health in healthy adults: A systematic review. *The NIH Journal*; 2021. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8584834/>
6. Penckofer S, Kouba J, Byrn M, Ferrans C. Vitamin D and depression: Where is all the sunshine? *The NIH Journal*; 2019. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2908269/>
7. Muskens J, Klip H, Zinkstok J, Dongen-Boomsma M, Staal W. Vitamin D status in children with a psychiatric diagnosis, autism spectrum disorder, or internalizing disorders. *Frontiers in Psychiatry*; 2022. Available: <https://www.frontiersin.org/article/s/10.3389/fpsy.2022.958556/full>
8. Cuoma A, Maina G, Bolognesi S, Rosso G, Crescenzi B, Zanobini F, Goracci A, Facchi E, Favaretto E, Baldini I, Santucci A, Fagiolini A. Prevalence and correlates of vitamin D deficiency in a sample of 290 inpatients with mental illness. *Frontiers in Psychiatry*; 2019. Available: <https://www.frontiersin.org/article/s/10.3389/fpsy.2019.00167/full>
9. Glabaska D, Kolota A, Lachowicz K, Skolmowska D, Stachon M, Guzek D. The influence of Vitamin D intake and status on mental health in children: A systemic review. *The NIH Journal*; 2021. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7999324/>
10. Okereke O, Reynolds C, Mischoulon D. Effects of long-term Vitamin D3 supplementation vs. placebo on risk of depression or clinically relevant depression

- symptoms and on change in mood scores. JAMA Psychiatry; 2020.
Available:<https://jamanetwork.com/journals/jama/fullarticle/2768978>
11. Khan B, Shafiq H, Abbas S, Jabeen S, Khan S, Asfar T, Almajwal A, Alruwaili N, Al-Disi D, Alenazi S, Parveen Z, Razak S. Vitamin D status and its correlation to depression. Annals of General Psychiatry; 2022.
Available:<https://annals-general-psychiatry.biomedcentral.com/articles/10.1186/s12991-022-00406-1>
12. Al-Sabah R, Al-Taiar A, Shaban L, Albatineh A, Alddin R, Durgampudi P. Vitamin D level in relation to depression symptoms during adolescence. Child and Adolescent Psychiatry and Mental Health Journal; 2022.
Available:<https://capmh.biomedcentral.com/articles/10.1186/s13034-022-00489-4>
13. Faber J, Fonseca L. How sample size influences research outcomes. Dental Press Journal of Orthodontics; 2018.
Available:<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4296634/>

© 2023 Hernandez; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
The peer review history for this paper can be accessed here:
<https://www.sdiarticle5.com/review-history/95896>