

Vitamin D, 1,25-Dihydroxy and Vitamin D, 25-Hydroxy

Clinical Background

- Vitamin D, 1,25-dihydroxy [1,25(OH)₂D] is the active form of vitamin D and is produced primarily in the kidney by the hydroxylation of vitamin D, 25-hydroxy [25(OH)D]. It is tightly bound to the transport protein DBP in circulation and has a half-life of four to six hours. Plasma levels of 1,25(OH)₂D are increased in calcium-deficient individuals, children, and during pregnancy and lactation. Decreased levels of vitamin D 25(OH) are seen in the elderly due to malabsorption, decreased vitamin D intake, or lack of sun exposure. Since vitamin D is stored in the body, it may accumulate to toxic levels due to long-term therapeutic use or excessive self-medication, but this is rare.
- Vitamin D toxicity is rare.
- Although there are many disorders associated with abnormal plasma concentrations of 25(OH)D and 1,25(OH)₂D, laboratory measurements are of value in only a few clinical conditions. These fall under one of three categories:
 - Intake is too little or too much
 - Altered synthesis
 - Altered sensitivity of target tissue

Indications for Ordering

- Vitamin D, 25-Hydroxy: order to diagnose vitamin D deficiency or sufficiency.
- Vitamin D, 1,25-Dihydroxy: order for patients with hypercalcemia or renal failure.

Additional Ordering Notes

Samples ordered for Vitamin D, 25-Hydroxy using test number 0080379 will be performed by the Diasorin[®] chemiluminescence immunoassay method, which measures both Vitamin D, 25 hydroxy D₂ and D₃ forms of vitamin D. The total with this method correlates highly with total vitamin D measured by LC/MS/MS.

Reference Interval

- For Vitamin D, 1,25-Dihydroxy (0080385): 15–75 pg/mL
- For Vitamin D, 25-Hydroxy (0080379): 30–57 ng/mL
- Samples ordered using test number 0080379 will still be performed by the Diasorin[®] Liason chemiluminescence immunoassay method. ARUP will continue to offer the RIA assay as an alternate method for patients on D₂ therapy. Clients who wish to have samples performed by the RIA method can do so by ordering the Vitamin D 25-Hydroxy RIA test (0070277).
- If you have any questions or need to clarify a procedure, please contact ARUP Client Services at (800) 522-2787.

Methodology

- For Vitamin D, 1,25-Dihydroxy (0080385): Radioimmunoassay (RIA)
- For Vitamin D, 25-Hydroxy (0080379): Chemiluminescent Immunoassay

Table 210: Anticipated Vitamin D Levels in Hypocalcemic and Hypercalcemic Disorders

- Table 210 lists anticipated vitamin D levels in hypocalcemic and hypercalcemic disorders:

Clinical Disorder	25(OH)D	1,25(OH) ₂ D
Hypocalcemia		
Vitamin D deficiency	D	D, N, I
Severe hepatocellular disease	D	D, N
Nephrotic syndrome	D	D, N
Renal failure	N	D
Hyperphosphatemia	N	D
Hypoparathyroidism	N	D, N
Pseudohypoparathyroidism	N	D, N
Hypomagnesemia	N	D, N
Vitamin D-dependent rickets, type I (Pseudo vitamin D deficiency rickets)	N, I	D
Vitamin D-dependent rickets, type II (Pseudo vitamin D deficiency rickets)	N, I	D
Hypercalcemia		
Vitamin D, 25(OH)D intoxication	I	D, N
1,25(OH) ₂ D intoxication	N	I
Granulomatous diseases	N	N, I
Lymphoma	N	N, I
Hypercalcemia of malignancy	N	D, N
Hyperparathyroidism	N	N, I
Idiopathic hypercalciuria	N	N, I
D=Decreased, N=Normal, I=Increased		

- See also: Figure 50, “Algorithm for Evaluation of Hypercalcemia,” and Figure 51, “Algorithm for Evaluation of Hypocalcemia,” in Parathyroid Hormone (PTH), Bio-Intact, third federation.

References

1. Holick M. Vitamin D Deficiency. *N Engl J Med* 2007; 357:266–81.
2. Binkley N, Krueger D. Evaluation and correction of low vitamin D status. *Curr Osteoporos Rep* 2008;6(3):95–9.
3. Adams JS, Hewison M. Update in Vitamin D. *J Clin Endocrinol Metab* 2010;95(2):471–8.
4. Kennel KA, Drake MT, Hurley DL. Vitamin D deficiency in adults: when to test and how to treat. *Mayo Clin Proc* 2010;85(8):752–7.

Test Information

0080379 **Vitamin D, 25-Hydroxy**
0080385 **Vitamin D, 1,25-Dihydroxy**

For specific collection, transport, and testing information, refer to the ARUP Web site at www.aruplab.com.

For information on test selection, ordering, and interpretation, refer to ARUP Consult® at www.arupconsult.com.