

Correlation between serum 25 hydroxy vitamin D³ and laboratory risk markers of cardiovascular diseases in type 2 diabetic patients

Bonakdaran, S.^a, Varasteh, A.-R.^b

^a Department of Endocrinology, Endocrine Research Center, **Mashhad University of Medical Sciences**, PO Box 91166, **Mashhad**, Iran

^b Department of Immuno-Biochemistry, Immunology Research Center, **Mashhad University of Medical Sciences**, PO Box 91166, **Mashhad**, Iran

[View references \(5\)](#)

Abstract

Objectives: To determine the association between vitamin D deficiency and cardiovascular risk markers among diabetic patients. **Methods:** This was a cross-sectional study conducted in Ghaem Hospital, Mashhad, Iran, from December 2007 to March 2008 in 119 type 2 diabetic patients. Coronary, cerebrovascular, and peripheral vascular diseases were confirmed. Blood biochemical parameters including laboratory risk markers of cardiovascular disease were determined. Serum 25 hydroxy (OH) D was measured during winter. The correlation between vitamin D deficiency and cardiovascular prevalence, and also laboratory variables was determined. **Results:** The mean age of patients was 50.2 ± 11.2 years. The mean 25(OH) D concentration was 22.4 ± 11.6 ng/ml. The prevalence of hypovitaminous D was 76.1% among the diabetic patients. The difference with the control group was not significant ($p=0.12$). Overall, 36 (30.3%) patients were positive for coronary vascular disease (CVD). The correlation between hypovitaminous D and CVD was not significant ($p=0.11$). Patients with vitamin D deficiency had significant differences in body mass index ($p=0.003$), metabolic syndrome ($p=0.005$), high sensitive C-reactive protein ($p=0.009$), microalbuminuria ($p=0.04$), and glomerular filtration rate ($p=0.02$), compared to patients with sufficient vitamin D. The fasting blood sugar, glycosylated hemoglobin, lipid profiles, homocysteine, uric acid, and insulin resistance were not related to vitamin D deficiency. **Conclusion:** There is an association between hypovitaminous D and inflammatory markers that contributed to CVD, so vitamin D may be important in maintaining cardiovascular health.

Indexed Keywords

EMTREE drug terms: C reactive protein; calcifediol; glucose; glycosylated hemoglobin; homocysteine; lipid; uric acid

EMTREE medical terms: adult; amino acid blood level; article; body mass; cardiovascular disease; cardiovascular risk; cerebrovascular disease; controlled study; coronary artery disease; cross-sectional study; female; glomerulus filtration rate; glucose blood level; hemoglobin blood level; human; inflammation; insulin resistance; Iran; lipid blood level; major clinical study; male; metabolic syndrome X; microalbuminuria; non insulin dependent diabetes mellitus; peripheral vascular disease; prevalence; risk factor; uric acid blood level; vitamin blood level; vitamin D deficiency

MeSH: Adult; Biological Markers; Calcifediol; Cardiovascular Diseases; Cross-Sectional Studies; Diabetes Complications; Diabetes Mellitus, Type 2; Female; Humans; Iran; Male; Risk Factors; Vitamin D Deficiency

Medline is the source for the MeSH terms of this document.

Chemicals and CAS Registry Numbers: C reactive protein, 9007-41-4; calcifediol, 19306-17-3; glucose, 50-99-7, 84778-74-3; glycosylated hemoglobin, 9072-73-9; homocysteine, 404-28-4, 7027-13-0; lipid, 77400-18-3; uric acid, 79-93-2; Biological Markers; Calcifediol, 19306-17-3

ISSN: 1379-0284 **CODEN:** SAMJSD **Source Type:** Journal **Original language:** English

PubMed ID: 19370277 **Document Type:** Article