

# Vitamin D therapy to reduce cardiovascular risk in type two diabetes - the next steps

<b>Submission date</b> 11/07/2007	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 27/09/2007	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 26/02/2018	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Small studies have shown that vitamin D, a hormone that the skin usually makes using sunshine, may be able to reduce blood pressure and improve blood vessel health in people with type 2 diabetes. It is not clear what the best dose of vitamin D to use is, or how long the effect of a single large dose lasts for.

The aim of the study is therefore to compare the effect of two different doses of vitamin D with placebo (dummy) and measure whether an effect on blood vessel health and blood pressure can be seen at 8 and 16 weeks after the dose.

### Who can participate?

Adults aged 18 years and older with type 2 diabetes

### What does the study involve?

The study lasts for 16 weeks. At the start, participants are randomly allocated to one of three groups. They receive two teaspoons of oil, which will contain either 100,000 units vitamin D3, 200,000 units vitamin D3, or a matching placebo (dummy).

Participants are assessed at the start, and 8 weeks and 16 weeks. Each visit lasts 1.5 hours.

At each visit, participants receive some or all of the following depending on which visit it is:

- Blood pressure measurement

- Blood sample taken

- Test the function of the artery in their arm. The artery is scanned with an ultrasound machine before and after inflating a blood pressure cuff on their forearm for 5 minutes. The test is repeated after the participant is given a medication (GTN) spray under their tongue

- Wear a blood pressure cuff and a heart rate monitor (ECG) for 24 hours including at home.

### What are the possible benefits and risks of participating?

Although participants are unlikely to benefit directly by taking part in the trial, those who receive the vitamin D might find that blood pressure is lowered.

Although this dose of vitamin D has been used before and is known to be safe there is a small possibility of side effects. Participants are closely monitored for side effects caused by high calcium levels: sickness, diarrhoea, thirst or dizziness. To reduce the chance of vitamin D increasing the calcium level in their blood, participants are also asked not to take vitamin D supplements or calcium supplements whilst taking part in this study.

Having blood taken can cause some bruising. The blood pressure cuff causes mild discomfort to some people.

Where is the study run from?  
Ninewells Hospital Dundee (UK)

When is the study starting and how long is it expected to run for?

October 2006 to January 2010

Who is funding the study?

Diabetes UK (UK)

Who is the main contact?

Dr Miles Witham (Scientific)

m.witham@dundee.ac.uk

## Contact information

### Type(s)

Scientific

### Contact name

Dr Miles Witham

### Contact details

Section of Ageing and Health

Ninewells Hospital

Dundee

United Kingdom

DD1 9SY

+44 (0)1382 632436

m.witham@dundee.ac.uk

## Additional identifiers

### Clinical Trials Information System (CTIS)

2007-003767-51

### Protocol serial number

2006DM18

## Study information

### Scientific Title

The effect of different doses of vitamin D(3) on markers of vascular health in patients with type 2 diabetes: a randomised controlled trial

### Study objectives

To compare the effect of two different doses of vitamin D3 on vascular function in patients with type two diabetes.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Tayside Local Research Ethics Committee, 10/09/2007, ref: 07/S1401/101

**Study design**

Double blind randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Prevention

**Health condition(s) or problem(s) studied**

Type two diabetes mellitus

**Interventions**

Single dose of placebo, 100,000 units or 200,000 units of vitamin D3. Each patient will be followed-up for 16 weeks.

**Intervention Type**

Supplement

**Phase**

Not Specified

**Drug/device/biological/vaccine name(s)**

Vitamin D

**Primary outcome(s)**

Change in endothelial function measured using flow-mediated dilation of the brachial artery (added 26/02/2018: at baseline, 8 and 16 weeks after vitamin D3 treatment).

**Key secondary outcome(s)**

Current secondary outcomes (as of 26/02/2018):

All measures are recorded at baseline, 8 and 16 weeks after vitamin D3 treatment.

1. Office blood pressure is measured using an oscillometric system
2. Brain Natriuretic Peptide is measured from a blood sample
3. Insulin sensitivity measured using Homeostasis Model Assessment (HOMA)
4. Parathyroid Hormone (PTH) is measured from a blood sample
5. Vitamin D levels are measured using the 25 hydroxy vitamin D test
6. Calcium levels are measured from a blood sample

Previous secondary outcomes:

Change in:

1. Office and 24-hour Blood Pressure (BP)
2. Brain Natriuretic Peptide (BNP)
3. Heart rate variability
4. Insulin sensitivity (Homeostasis Model Assessment [HOMA])

5. Angiotensin II, renin, aldosterone
6. Parathyroid Hormone (PTH) and 25 hydroxy vitamin D levels

**Completion date**

31/01/2010

## Eligibility

**Key inclusion criteria**

Diagnosis of type two diabetes mellitus.

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Taking vitamin D supplements
2. Serum 25 hydroxy vitamin D level of greater than 100 nmol/L
3. Serum creatinine greater than 200 umol/l
4. Liver function tests greater than three times the upper limit of normal
5. Hyper- or hypo-calcaemia (corrected calcium greater than 2.55 or less than 2.15 mmol/l, respectively)
6. Metastatic malignancy
7. Inability to give informed consent

**Date of first enrolment**

05/06/2008

**Date of final enrolment**

23/10/2009

## Locations

**Countries of recruitment**

United Kingdom

Scotland

**Study participating centre**

**Section of Ageing and Health**  
Dundee  
United Kingdom  
DD1 9SY

## Sponsor information

### Organisation

University of Dundee (UK)

### ROR

<https://ror.org/03h2bxq36>

## Funder(s)

### Funder type

Charity

### Funder Name

Diabetes UK (UK) (grant ref: BDA: RD06/0003429)

### Alternative Name(s)

DIABETES UK LIMITED, British Diabetic Association

### Funding Body Type

Private sector organisation

### Funding Body Subtype

Trusts, charities, foundations (both public and private)

### Location

United Kingdom

## Results and Publications

### Individual participant data (IPD) sharing plan

The protocol is available from the authors on request but is not available online. Study data are available for non-commercial, bona-fide academic analyses in collaboration with the authors; decisions on data access will be made between the investigators and the Sponsor (University of Dundee). Participant consent for unrestricted sharing of individual participant data was not obtained

Contact for data sharing: Dr Catrina Forde ([c.forde@dundee.ac.uk](mailto:c.forde@dundee.ac.uk))

## IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/10/2010		Yes	No
<a href="#">Basic results</a>		21/02/2018	26/02/2018	No	No