

Comments re vitamin A from HMM

This summarises the current knowledge well. It was written in a straightforward style that made it easy to follow. The NOS statement seems fine at the moment.

34. Bone mineral density. Mention it predicts fracture?

38. How does this relate to humans in terms of dose? Can a rough indication be given ie is more than ten times what would normally be consumed or is it more comparable to what would be consumed by humans.

48. Conversion factor for total vitamin A was this 1/6 or 1/12 since the US recommend this ratio for conversion to total vitamin A. I think it is worth mentioning the US ratios somewhere – perhaps point 18?.

49. Mention whether with or without supplements? It was done with both but not sure which the figures in this section refer to.

54. Also retinol extremes may be a marker of dietary pattern rich in protein and fat which correlate well with retinol (covered in point 85. but not included as a design concern for this study.).

56. Supplement users at risk of fracture? Cod liver oil? Cod liver oil is consumed by many 45+ yr age group and this is also a source of vitamin D (as well as n3 polyunsaturated fatty acids).

68. Also mention method of assessing BMD was not by DXA – not as accurate a determinant

74. Supplement users different from non users eg lighter and because of that more likely to have low BMD (this is mentioned in 83.)

95. How does this relate to humans in terms of dose?

96. Interaction between retinol and vitamin D important re cod liver oil users.

148. What would be the health outcome of adults falling to below LRNI?

164. What about cod liver oil?