

Relationship of Hypovitaminosis D and Hypoandrogenism to Spine Fractures in Males Jason Milton DO Pharm.D MBA Prathayini Subarajan, MS-II; Jason Milton, DO, Pharm.D, MBA; Kailash Narayan, MD OhioHealth, Grant Medical Center, Columbus, OH

Introduction

- The National Health and Nutrition Examination Survey 2005 to 2006 data were analyzed for vitamin D levels in adult participants.
- The overall prevalence of vitamin D deficiency is 41.6%.
- Vitamin D plays an essential role in bone formation, maintenance, and remodeling.
- Trials have shown that males with testosterone deficiency sustain spine fractures more frequently.
- No research to date has investigated the incidence of hypovitaminosis D in patients 18-60 who have sustained a spine fracture.
- Vertebral body fractures secondary to a known trauma can have debilitating long term effects on spine stability.

Methods

- This retrospective study reviewed the vitamin D and/or testosterone levels of 227 patients presenting to a level 1 trauma center after a trauma related vertebral body fracture from January 2012 to December 2015.
- Study variables included age, spine fracture location, spine fracture type
- Normal testosterone and vitamin D were determined to be 9-38nmol/L and 20-50ng/mL respectively

Exclusion criteria:

- Patients with an unknown etiology
- Patients with non-VB spine fractures
- Patients with unavailable lab values
- Patients of the female sex

Inclusion criteria:

- Patients ages 18-60 of the male sex
- Known history of recent spine trauma

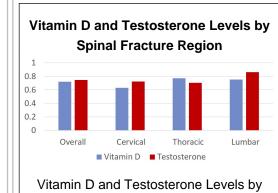
Results

- 221 patients met inclusion criteria
- Overall incidence of hypovitaminosis
 D and low testosterone is 72.0% and
 74.7% respectively

Vitamin D and Testosterone Deficiency				
Stratified by Age				
	18-30	31-45	46-60	
Vitamin	50/62	54/73	62/92	p=0.19
D	(80.7%)	(74.0%)	(67.4%)	
Testoste	32/46	43/56	49/64	p=0.64
rone	(69.6%)	(76.8%)	(76.6%)	

Conclusion

- There is a statistically significant correlation between hypovitaminosis
 D and low testosterone respectively, and traumatic spine fracture.
- These correlations exist across the board with no statistically significant preference for age group or vertebral column region.
- The results of this investigation warrant a larger scale study to determine statistical significance in the setting of obvious clinical significance.



Spinal Fracture Region

Discussion

By identifying risk factors and populations at risk for developing traumatic fractures, an effort may be made to decrease the incidence of such injuries with relatively low -cost preventative measures.

The results of this investigation are unable to support or refute the routine use of vitamin D or testosterone supplementation in any of the assessed populations given the absence of statistical significance. However, the routine health benefits of adequate vitamin D have clearly been outlined elsewhere in the literature. A larger scale investigation is warranted.

Learning Objectives

Participates should be able to: 1) Identify spine fracture patients that are likely to be low in vitamin D and/or testosterone 2) Identify an additional metabolic risk factor for the development of spine fractures in male patients 3) Recognize age associations with metabolic deficiencies related to vitamin D and testosterone as it relates to male patients with traumatic spine fractures