

估计还是测量？维生素 D 对新冠肺炎的真正作用是什么？

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(OMNS2021 年 6 月 12 日) 最近的一项研究使用了基因方法来估计个体的维生素 D (血液中 25OHD) 水平。该方法称为“孟德尔随机分析, 即使用与 25OHD 代谢相关基因的某些相关基因的突变(SNP)来估计个体的代谢活动。通过分析 COVID-19 患者的基因组成, 该研究得出结论, 维生素 D 不能有效降低 COVID-19 感染的风险^[1]。

然而, 这项研究存在若干局限性。首先, 这项研究实际上并没有测定血液中 25OHD 的浓度——它只研究了与维生素 D 新陈代谢相关的基因。其次, 尽管它研究了 14,000 多名新冠肺炎患者和 120,000 多名欧洲血统的非新冠肺炎个体, 但这项研究排除了非洲和亚洲血统的个体。此外, 研究中使用的孟德尔随机分析方法并未确定估计的维生素 D 状况与疾病风险或严重程度的相关性^[2]。

这项研究的首要问题是，个体(与群体相反)的维生素 D 水平不能（甚至不能近似地）由其基因来决定。根据基因构成，存在维生素 D 低水平风险可能的个体，或许能通过充足的日晒或补充量来预防维生素 D 缺乏。而那些据其基因构成并无维生素 D 低水平风险的个体，也可能因欠缺日晒或补充量而缺乏。此外，由于排除了非洲或亚洲血统的个体，该研究准确性在分析时产生了偏倚。环境研究表明，居住在高纬度地区（如欧洲）的深肤色个体存在维生素 D 缺乏的风险^[3-6]，他们也可以通过日晒或补充维生素 D 来预防不足。

如果这项研究纳入居住在北欧的非洲和/或亚洲后裔，很可能会得出一个不同的结论——维生素 D 缺乏会增加患新冠肺炎的风险。当然，通过分析患者血液中 25OHD 浓度以确定其患新冠肺炎的风险可能更可靠。

此外，这项研究忽略了其他有助于降低严重感染风险的维生素和矿物质(维生素 C、镁、锌、硒等的水平)，其都有协同作用。例如，人体利用维生素 D 取决于镁水平，而镁在许多人中是缺乏的^[7]。

在过去 6 个月（2020 年 12 月至 2021 年 5 月）中发表的数十项研究表明，维生素 D 缺乏与 COVID-19 风险之间明显相关^[8-44]，似乎不太可能这些表明了因果关系的研究都是错的。

维生素 D 不是一种药物，不因其干预性研究中缺乏有效性的因果证据而阻碍其使用。

它是一种必需营养素，作为补剂，世界各地的医生可以安全和负责地推荐使用，以帮助消除不足，改善健康并终止新冠肺炎大流行。

为了使免疫系统良好运转，身体不仅需要足量的维生素 D，还需要足够的镁、维生素 C、锌、硒和其他维生素和矿物质等许多必需营养素。安全、足够剂量的维生素 D 补剂以及其他必需营养素可以帮助和增强免疫系统，防止在严重新冠肺炎中造成极高死亡率的细胞因子风暴^[45-50]。

对于维生素 D 来说，剂量和血药浓度很重要。成人推荐剂量是 5000IU/天，但应该根据体重进行调整。由于维生素 D 是脂溶性的，较重的个体可能需要更大的剂量，如 10000 IU/天。服药几个月后，建议测定其血药浓度，25OHD 的理想血药浓度为 50-60 ng/ml(125-150nmol/L)。推荐镁的成人摄入量是 400-600mg/天（包括饮食和补剂），但这也可能需要根据实际体重进行调整。维生素 C 的推荐剂量 \geq 1500-3000mg/天，分次服用。你应该和你的医生讨论必需营养素的剂量。

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