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## Publication

Renal insufficiency and magnesium deficiency correlate with a decreased formation of biologically active cholecalciferol: a retrospective observational study.

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Vitamin D is synthesized in the skin or supplied. Cholecalciferol is hydroxylated in the liver to 25(OH) vitamin D [25D]. 25D is further hydroxylated in the kidney to 1,25(OH) vitamin D [1,25D]. Catabolism occurs by further hydroxylation. Magnesium is a cofactor of all involved hydroxylases.; To investigate the association between renal function and serum magnesium levels, and the biologically active hormone 1,25D.; Anonymised serum values of 25D, 1,25D, magnesium and creatinine measured in an outpatient cohort over 2 years were analysed.; Renal function and magnesium level did not influence 25D values ( $r = -0.144$  and  $0.030$ , respectively). Mean serum 1,25D values decreased from  $106.5 \pm 44.3$  pmol/l in individuals with normal renal function to  $51.7 \pm 18.9$  pmol/l in those with severe renal insufficiency ( $p < 0.01$ ). A weak positive correlation was observed between 1,25D and eGFR ( $r = 0.317$ ), and between 1,25D and serum magnesium ( $r = 0.217$ ).; Impaired renal function and low magnesium serum levels are slightly associated with low 1,25D concentrations. Measuring 25D, but not 1,25D, may overestimate the patient's vitamin D status. In patients with renal insufficiency adequate magnesium supply should be ensured.

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