Effect of vitamin D supplementation on axonal damage in relapsing-remitting multiple

sclerosis

Egil Røsjø^{1*}, Trygve Holmøy^{1,2}, Henrik Zetterberg^{3,4,5,6}, Kaj Blennow^{3,4}, Jonas Christoffer Lindstrøm^{2,7},

Linn Hofsøy Steffensen 8,9, Margitta T. Kampman⁸

¹ Department of Neurology, Akershus University Hospital, Lørenskog, Norway

² Institute of Clinical Medicine, University of Oslo, Oslo, Norway

³ Department of Psychiatry and Neurochemistry, Institute of Neuroscience and Physiology, the Sahlgrenska

Academy at the University of Gothenburg, Mölndal, Sweden

⁴ Clinical Neurochemistry Laboratory, Sahlgrenska University Hospital, Mölndal, Sweden

⁵ Department of Neurodegenerative Disease, UCL Institute of Neurology, Queen Square, London, UK

⁶ UK Dementia Research Institute at UCL, London, UK

⁷ Services and Research Centre, Akershus University Hospital, Lørenskog, Norway

⁸ Department of Neurology, University Hospital of North Norway, Tromsø, Norway

⁹ Department of Clinical Medicine, University of Tromsø, Tromsø, Norway

Short title: Vitamin D and axonal damage in RRMS

*Presenting author;

Egil Røsjø

Neurological Department, Akershus University Hospital, Lørenskog, Norway

Email: egil.rorvik.rosjo@ahus.no

Abstract

Background

The effect of vitamin D supplementation in relapsing-remitting multiple sclerosis (RRMS) is not established.

Neurofilament light chain (NfL) is a sensitive biomarker for axonal damage and an inverse relationship has been found between NfL and 25-hydroxyvitamin D (25(OH)D) levels in RRMS.

Material and methods

To investigate this further, we have analyzed the association between serum levels of NfL and 25(OH)D in a two-year randomized placebo-controlled trial of high-dose oral vitamin D3 supplementation (20.000 IU/week) in 68 RRMS patients (NCT00785473).

Results

In contrast to earlier reports, we found a positive baseline correlation between the serum concentrations of 25(OH)D and NfL (r=0.25, p=0.04). However, despite the mean 25(OH)D level increased by approximately 70 nmol/L in the vitamin D group, no effect was noted on the change in NfL levels from baseline to week 48 (p=0.93) or week 96 (p=0.56) when compared to the placebo group. Still, in a subgroup analysis restricted to patients without disease modifying therapy at baseline, a strong trend was detected towards an effect of vitamin D with a decrease of 30.9% from baseline to week 48 and 32.6% to week 96 when alterations in NfL concentrations were compared between the vitamin D and the placebo group (p=0.06 for both times).

Conclusion

We conclude that with a possible exception for patients without disease modifying treatment, weekly oral supplementation with 20.000 IU vitamin D3 seems to have no clear effect on axonal damage in RRMS.