There are many aspects of the geriatric day hospital which were not measured and sadly may never be measured. It is user friendly to patients, doctors, nurses and therapists. It may not be equipped with a CT/MRI scan on site but there are neither fast lifts nor revolving doors. To me, it makes the working life of a geriatrician exciting and brings in unique variation from the problems that we usually deal with in acute hospital environment and other specialities. To be honest, it was one of the attractions of geriatric medicine when deciding over other specialities in my career choice. A session or two in a day hospital in a weekly timetable is something I can live with for the rest of my career. Now I feel so much better making myself heard, but will they listen?

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**Re: Vitamin D for older people: how much, for whom and—above all—why?**

SIR—In his editorial, Anderson [1] essentially focuses on oral supplementation for the treatment of vitamin D deficiency in the elderly, and little attention is given to sunlight exposure which is the major source of the body’s vitamin D stores. It is known that skin in the elderly has a decreased capacity to synthesise vitamin D [2], and so a recommendation of regular outdoor activity and exercise is even more necessary in the elderly in order to prevent deficiency. Therefore, the elderly should be encouraged to have adequate, but safe, levels of sunlight exposure, which may be as little as 5–15 min of casual exposure between the hours of 10:00 and 15:00 [3].

Although one could argue that there is no evidence from randomised clinical trials that this method of increasing serum 25-hydroxyvitamin D reduces falls or fractures, it should be acknowledged that such a trial would be unethical (to restrict sunlight exposure in the control group) and extremely difficult to conduct. The inference must be made that sunlight exposure will have the same positive outcomes as oral supplementation has shown in placebo-controlled trials.

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