
THE AUTHORS REPLY

We appreciate the interest in our work (1) and thoughtful letter by Dr. Grant (2). The first point raised in his letter is the concern that adjusting for baseline levels of parathyroid hormone may not accurately capture mediation at the time of the event. We would like to point out that the difference in age between cases and controls did not change over time. Thus, any effect of age on parathyroid hormone levels would have been the same at baseline as it was at the time of the event.

The second point raised in the letter (2) is whether the analysis should be repeated with cutpoints for serum 25-hydroxyvitamin D (25(OH)D) levels of less than 15, 15–30, and greater than 30 ng/mL. We chose the cutpoint of 20 ng/mL because it is both a clinically relevant cutpoint and also corresponds with an empirical cutpoint (based on the spline, Figure 1) (1). As stated in paragraph 2 of our results section, “The question of whether 25(OH)D levels of 20–29.9 ng/mL (often referred to as vitamin D insufficiency) also confer adverse health consequences is currently controversial. Therefore, we performed additional exploratory analyses to compare annual cardiovascular event rates at 3 different 25-OH levels: <20 ng/mL, 20–29.9 ng/mL, and ≥30 ng/mL. These analyses confirmed that the cardiovascular event rates observed in participants with 25(OH)D levels of 20–29.9 ng/mL were similar to the rates observed in participants with 25(OH)D levels greater than or equal to 30 ng/mL (Figure 2)” (1, p.1281).

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Conflict of interest: none declared.

REFERENCES


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