THE UNIVERSITY OF WESTERN AUSTRALIA

WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES

CALCIUM & VITAMIN D

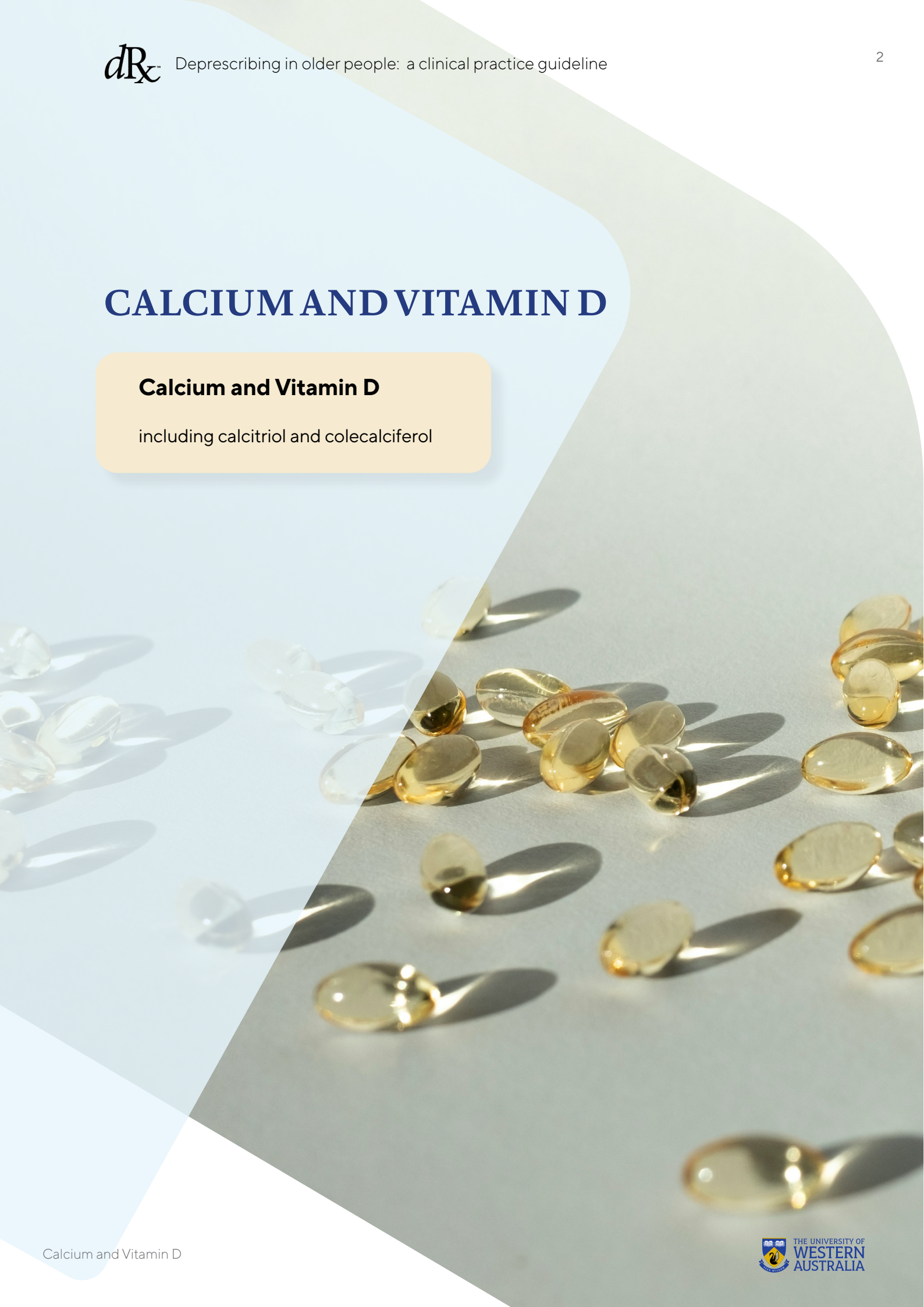
Deprescribing in older people: A clinical practice guideline

dRx™

CALCIUM AND VITAMIN D

Calcium and Vitamin D

including calcitriol and colecalciferol



THE UNIVERSITY OF WESTERN AUSTRALIA

Type	Recommendation
	WHEN TO DEPRESCRIBE
CBR	**Calcium supplementation** We suggest deprescribing calcium supplementation be offered to community-dwelling people* with a daily calcium dietary intake of > 1,300 mg. **Vitamin D supplementation** Given the limited evidence to support the routine use of vitamin D supplementation, we suggest deprescribing be offered to community-dwelling people* with optimal serum vitamin D concentrations (≥ 50 nmol/L) who are not at risk of vitamin D deficiency or fractures. ** Ongoing treatment recommended for people living in a residential aged care service*
GPS	Deprescribing decisions should be made in consultation with the person and their GP and/or specialist providers to ensure it aligns with their preferences, goals and overall treatment plans (ungraded good practice statement).
	ONGOING TREATMENT
CBR	**Calcium supplementation** We suggest continuing calcium supplementation in older people for long-term indications such as calcium used as a phosphate-lowering therapy in people with chronic kidney disease.
CBR	**Vitamin D supplementation** We suggest continuing vitamin D supplementation, at an optimal dose, for long-term indications (e.g. calcitriol for the management of mineral and bone disease in chronic kidney disease, regardless of measured vitamin D levels).
	HOW TO DEPRESCRIBE
CBR	We suggest discontinuing calcium and vitamin D without the need for tapering.
	MONITORING
CBR	We suggest periodic monitoring for changes in dietary intake and/or sunlight exposure (taking into consideration seasonal changes) while working on potentially modifiable risk factors to reduce fall and fracture risk through other approaches (e.g. environmental changes, exercise).

CBR, consensus-based recommendation; GPS, good practice statement

Note:

Evidence is drawn from studies involving participants aged ≥ 65 years and over.

Chronological age may not reflect health status. Among Aboriginal and Torres Strait Islander peoples, individuals aged 50 years and over are considered older.

Statements in this guideline are not prescriptive and should be applied using a shared decision-making approach.

Access to healthcare services may vary and can influence healthcare decisions.

Medicine needs may change over time; medicines may be restarted if clinically necessary, based on shared decision-making and informed consent.

For supporting evidence and further information, please visit **deprescribing.com** or scan the QR code:

THE UNIVERSITY OF WESTERN AUSTRALIA

WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES

Suggested citation: Quek HW, Reus X, Lee K, Etherton-Beer C, Page A on behalf of the Guideline Development Group. Deprescribing in older people: A clinical practice guideline. Perth: The University of Western Australia; 2025.