



GPDQ

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Dr Gero Baiarda of GPDQ.co.uk explains the link between Vitamin-D deficiency and Covid-19 death toll

Why Covid-19 is taking so many black and minority ethnic lives, revealed

NHS GP Dr Gero Baiarda is one of the hundreds of GPs currently on-call at GPDQ - the UK's leading GP-on-demand service. Since launching his 'myth-busting' series during the Covid-19 pandemic Dr Baiarda has become the media 'go-to' for information on what to believe in the interest of our health during the Covid-19 pandemic.

Dr Gero Baiarda explains why Black, Asian and Minority Ethnic (BAME) patients are so at the mercy of Covid-19, and how their naturally lower levels of vitamin D have an important role to play.

What's happening?

Covid-19 has had a disproportionate impact on the BAME population in the last 3 months, not just in the UK but internationally. The UK's Intensive Care National Audit and Research Centre (ICNARC) has

revealed that 35 percent of nearly 2,000 Covid-19 patients were from BAME backgrounds. When you consider that only 13% of the UK population are non-white, this is a startling statistic.

When examined in more detail, the report stated that out of a sample of 1,966 patients receiving critical care for Covid-19, 64.8% were white, 13.6% were black, 13.8% were Asian, and 6.6% were described as other. What makes this even more remarkable is that Professor Duncan Young from the University of Oxford has found that the proportion of BAME patients on ITU with viral pneumonia that is not caused by Covid-19 infection remains in line with the expected UK population distribution.

The ICNARC study is the only one currently that addresses the breakdown of cases by ethnicity. The study analysed data from 286 critical care units in England, Wales and Northern Ireland, and also demonstrated that three quarters of covid-19 cases in critical condition were men and that the median age was 61 irrespective of ethnicity.

Why might the BAME population be at higher risk of contracting Covid-19?

- Black Africans and South Asians in the UK tend to live in less affluent areas, with more overcrowding and multiple members from different generations living within the same household. 15% of Black African and 30% Bangladeshi families live in overcrowded housing compared to only 2% of the White British population according to government figures. Effective isolation is therefore extremely difficult if not impossible.
- Asian populations have higher incidences of cardiovascular disease and diabetes, conditions that compromise the immune system and render individuals more susceptible to complications from Covid-19. The risk of developing type 2 diabetes is up to six times higher in some South Asian populations than it is for their White British neighbours.
- A disproportionate number of NHS staff (18.4%) - Doctors, nurses, porters, cleaners, transport and catering staff, etc. - are drawn from Black and Asian backgrounds, and are therefore much more likely to be exposed to the virus.
- More than a quarter of transport workers are still operating our buses and tube trains and stations in London are from BAME backgrounds. They have done an invaluable job in keeping the capital moving during the pandemic, but in so doing, have been potentially exposed daily to Covid-19 carried by infected but asymptomatic commuters.
- The high level of melanin in the skin of BAME individuals that helps protect the skin from the harmful effects of the sun's UV rays also leads to lower levels of vitamin D absorption. This vitamin is essential to a healthy immune system. Figure in also that the UK has far less sunshine than African and Asian countries, and that the clothing worn by many BAME cultures exposes far less skin to what sunshine we do get.

Although there is no doubt that these are likely contributing factors to the phenomenon of disproportionate numbers of BAME patients ending up in intensive care with Covid-19 it is unlikely that all the non-white doctors and surgeons who have died lived in overcrowded housing or had to commute daily on packed tube trains. With that said, exposure to affected patients alone does not explain the statistics.

Should people from Black and Asian backgrounds take Vitamin D supplements to reduce their risk from Covid-19?

The answer, in short, is yes. Here are some related facts:

- The best advice is social distancing and regular hand washing with soap and warm water, but there is evidence (below) that Vitamin D supplementation may be of help.
- Use of supplements is very low among UK Asians. Only 22% Bangladeshis, 25% Pakistanis, and 32% of Indians take them.
- A recent Irish study carried out by researchers at Trinity College found that Vitamin D supplements help prevent respiratory illness, reduce the likelihood of chest infections progressing to pneumonia, and generally improve immune function.
- A BMJ study carried out in 2017 found that vitamin D supplementation resulted in a 12% reduction in acute episodes in respiratory patients.
- It is still a good idea to source your vitamin D naturally from sunshine in your garden or other suitable outdoor space if possible, but many of us cannot do this during the lockdown. Therefore, taking a daily supplement is not only appropriate but a good idea. Most of us over the age of one only require a small dose of 10mcg a day.
- You should eat foods rich in vitamin D including oily fish such as salmon, sardines, pilchards, and kippers. Cod liver oil supplements contain a lot of vitamin D but should not be taken when pregnant. It is also present in egg yolk and milk, but not to the same extent.
- Some researchers have suggested that vitamin D supplementation can directly help those most at risk of Covid-19 serious complications. Not only does it reduce the risk of serious respiratory infections generally, but it also increases production of cathelicidins and defensins, both of which not only lower viral replication rates but also reduce concentrations of pro-inflammatory cytokines that inflames the lungs and lead to pneumonia. (<https://www.ncbi.nlm.nih.gov/pubmed/32252338>). They recommended that people at risk of influenza or Covid-19 consider speaking to their GP about having their Vitamin D levels tested, and/or being started on high dose Vitamin D supplements if appropriate.

What should the BAME community do to ensure they have sufficient Vitamin D levels?

- In ideal circumstances, GPs would recommend that you seek their advice about taking vitamin D supplements and would probably want you to take a blood test first to check your levels. However, with General Practice under so much pressure with the Covid-19 situation, we recommend that Vitamin D supplements are bought over the counter or online, where they can be sourced easily.
- Although the recommended daily dose of Vitamin D is 10mcg, a higher dose of 25mcg would seem reasonable for the BAME community during the pandemic. It is important not to panic and take too high a daily dose, as this will cause calcium to build up in your body (hypercalcaemia). Overdosing could also weaken bones and lead to heart damage and kidney failure.

-ENDS-

For more information contact Lisa Malyon at lisa@sensecommunications.co.uk or call 07525204402.

Notes to editor

About GPDQ

- **What it is** - GPDQ is the UK's first and leading GP-on-demand service that connects its users (patients) directly with a local NHS GP who will visit them within hours at a location of the patient's choice, be it their home, workplace or a hotel if they are travelling from abroad.
- **Why it exists:** Frustrated by the state of hospital admissions and GP retention in his area and knowing that there were local community members willing to pay to see a GP, Dr Bhagat founded GPDQ in 2015.
- **Why it's so important:** Thanks to leading technology, GPDQ is the UK's first genuinely scalable national primary care service, with a community today of over 80 like-minded NHS GPs that have seen over 7K patients through the UK's first doctor on demand home visiting service.
- **How to access:** Patients can request a GP and track their progress from their smartphone, via the GPDQ app (downloadable for [iOS](#) or [Android](#)) or alternatively, they can call GPDQ, or visit the website to book an appointment. Video consultations are now also available.
- **The leader:** GPDQ was the first 'in person' GP-on-demand app to launch in the UK and was also the first to achieve CQC approval. GPDQ is the most popular GP-on-demand service in the UK, having responded to the most call outs since launch in October 2015, compared to other services.
- **Highest quality care:** Patients receive a full 25-minute consultation with a GMC-registered NHS GP who has undergone GPDQ's rigorous screening process and intensive patient care training programme.
- **Private clinics:** GPDQ has opened a GP clinic within London's Hadley Wood Hospital, which is open 6 days a week.
- **Holistic support for employers:** GPDQ runs corporate clinics for some of the UK's largest employers, providing curated programmes with access to a range of holistic physical and mental wellbeing experts including audiology, dentistry, physios, counsellors, psychologists, occupational health, nutritionists, and many more.
- **The founder:** GPDQ was founded by third generation GP and NHS-evangelist Dr Anshumen Bhagat who has appeared in the GP industry magazine 'Pulse's Power 50' in 2018 and again in 2019 for his efforts in reducing NHS waiting lists through utilising digital technology, and raising awareness around work/life balance for GPs.
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