Comment

**—to: Weets I, Kaufman L,
Van der Auwera B et al. (2004)
Seasonality in clinical onset of Type 1
diabetes in Belgian patients above the
age of 10 is restricted to *HLA-DQ2/DQ8*-
negative males, which explains the
male to female excess in incidence.
Diabetologia 47:614–621**

To the Editor: I read the paper by Weets and co-workers [1] reporting seasonality of onset of Type 1 diabetes in *HLA-DQ2/DQ8*-negative Belgian males with interest. One of the possible environmental factors that vary with season in Europeans and are discussed by the authors of this paper as possible determinants of Type 1 diabetes is vitamin D deficiency, a factor which might explain the authors' findings as a result of interactions with genetic factors.

In view of the existing literature, showing an association between dietary supplementation with vitamin D in childhood (and in one study up to the age of 30) and both protection from and reduced odds ratios for risk of Type 1 diabetes in Europeans, it is reasonable to expect this phenomenon to extend to Belgium [2, 3, 4]. Moreover, since vitamin D status varies with season in pregnancy and pregnant women in Europe can have vitamin D deficiency [5], I wonder whether including the season of birth in the analyses as a surrogate for maternal (and hence also perinatal) vitamin D status might reveal additional associations with genotype? In particular, findings with the

VDR genotype would be of especial interest, if available. Alternatively, if Belgian women are fully supplemented with vitamin D in pregnancy this might eliminate vitamin D status as an interacting factor and that would be useful additional information about the study by Weets and co-workers.

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References

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DOI 10.1007/s00125-004-1539-8

Received: 27 May 2004 / Accepted: 28 July 2004

Published online: 22 October 2004

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