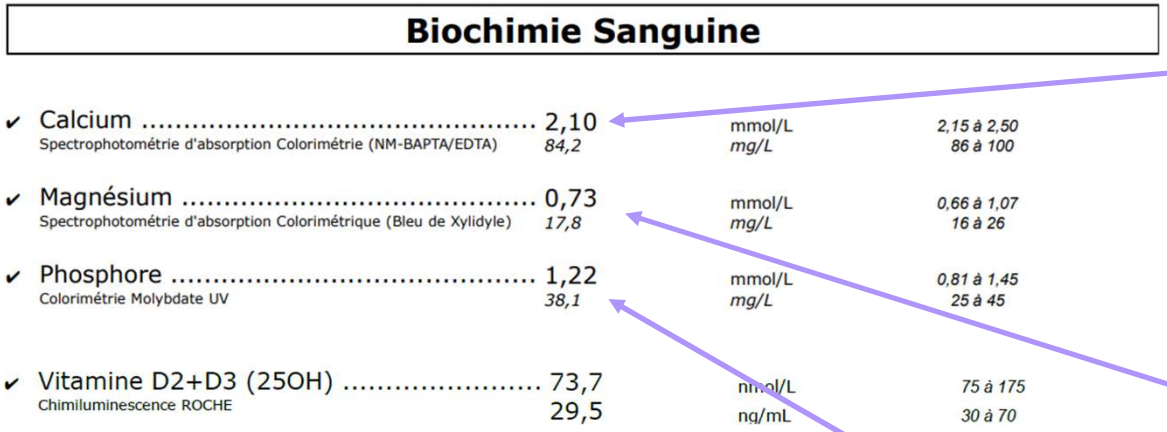
How should I interpret my blood test results in hypoparathyroidism ?

Targets in hypoparathyroidism



Biochimie Sanguine

✔ Calcium	2,10	mmol/L	2,15 à 2,50
Spectrophotométrie d'absorption Colorimétrie (NM-BAPTA/EDTA)	*84,2*	*mg/L*	*86 à 100*
✔ Magnésium	0,73	mmol/L	0,66 à 1,07
Spectrophotométrie d'absorption Colorimétrique (Bleu de Xylidyle)	*17,8*	*mg/L*	*16 à 26*
✔ Phosphore	1,22	mmol/L	0,81 à 1,45
Colorimétrie Molybdate UV	*38,1*	*mg/L*	*25 à 45*
✔ Vitamine D2+D3 (25OH)	73,7	nmol/L	75 à 175
Chimiluminescence ROCHE	29,5	ng/mL	30 à 70

Blood calcium (= calcaemia or total calcium)
Target between 2 and 2.15 mmol/L
(or 80 and 86 mg/L)
Sometimes higher depending on the severity of symptoms.

Note : The goal is not to reach 'normal' calcium levels according to lab standards, but to maintain low-normal levels with few or no symptoms.

Blood magnesium (= magnesaemia)
Target within the normal range of your laboratory.

A low magnesium level may worsen symptoms of hypoparathyroidism. Supplementation may be recommended.

25-OH Vitamin D (essential for Vitamin D levels)
Target 30 to 60 ng/mL (75 to 100 nmol/L)

This level depends on sun exposure and vitamin D supplementation (cholecalciferol). It is not affected by taking Alfacalcidol/Rocaltrol.

Blood phosphate (= phosphataemia or phosphate)
Target phosphate < 1.45 mmol/L

The effects of increased phosphate blood levels are still unknown in hypoparathyroidism.

Prepared by the CALiPSO Centre team – May 2025