## Vitamin B-12

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#### **Aims & Objectives**

- What is B12, and when to check for deficiency
- Understand the prescribing guidelines

I.I.I.

- Discuss the current issues with over-prescribing injections & overmedicalising B12 deficiency
  - Case study How we have reviewed our local prescribing of B12 injections



#### What is it?

- A vitamin crucial for DNA synthesis (especially neurone development and maintenance) and red cell maturation
- have to get it from animal-based foods or supplements

I.I.I.

 have to get it *regularly* to maintain the body's store (largely stored in the liver)



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## How Much B12 Do We Need?

This varies with age, eating habits, medical conditions & medications.

• Infants up to age 6 months:

0.4 mcg

- Babies age 7-12 months: 0.5 mcg
- Children age 1-3 years:

0.9 mcg

- Kids age 4-8 years: 1.2 mcg
- Children age 9-13 years: 1.8 mcg
- Teens age 14-18:

11/1/1



#### Where Can We Get B12 From?

Where to advise patients to get B12 from in their diets:

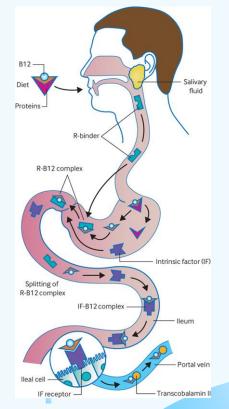
- Animal foods / products :
  - dairy products, eggs, fish, meat, poultry
- Fortified foods

· I.I.

 <u>https://www.nhs.uk/conditions/vitamins-and-</u> <u>minerals/vitamin-b/</u>



#### How is B12 absorbed?



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Gastric parietal cells in the stomach secrete intrinsic factor, which binds and aids absorption of Vitamin B12



## **Testing for a Vitamin B12**

The main indications for testing are:

- Haematological abnormalities
  - A raised MCV, especially if anaemia
  - Any anaemia (as MCV may be brought down eg by iron deficiency)
  - Pancytopenia
- Neurological symptoms
  - Parasthesia

I.I.I.

- Absent reflexes
- Limb weakness
- Cognitive impairment
- Tiredness? Vague symptoms? Often does get checked but no specific indication

## The result is low...

Serum B12 reference range in non- pregnant adults (ng/L):			
	GWH	RUH	SFT
Normal	181-	200-	147-
	914	960	840
Borderline	145-	X	100-
	180		146
Low	<145	X	<100

https://prescribing.bswccg.nhs.uk/?wpdmdl=6585



#### How should I treat it

- Guidelines vs tramlines vs no lines
- NICE CKS:
  - <u>https://cks.nice.org.uk/topics/anaemia-b12-folate-</u> <u>deficiency/management/management/</u>
- Bath RUH:
  - <u>https://www.ruh.nhs.uk/For\_Clinicians/departments\_ruh/Pathology/documen</u> <u>ts/haematology/B12\_-advice\_on\_investigation\_management.pdf</u>
- BSW CCG

-Internet

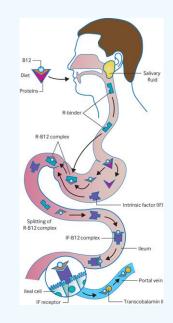
o <u>https://prescribing.bswccg.nhs.uk/?wpdmdl=6585</u>



#### How should I treat low B12?

#### • Think of the underlying cause

1. I.I.I.



Cause	Effect	
MALABSORPTION		
Gastric bypass	↓ IF production	
Gastrointestinal infection with H. Pylori	↓ IF production	
lleal resection	↓ Absorption of B12-IF	
Bacterial overgrowth	↓ Absorption of B12-IF	
Intestinal disease (e.g., Crohn)	$\downarrow$ Absorption of B12-IF	
Pernicious anemia	Antibodies against IF or parital cells	
Difficulties in chewing foods	Releasing of B12 from food proteins	
NUTRITIONAL		
Malnutrition	↓ Vitamin B12 consumption	
Vegetarian or vegan diet	$\downarrow$ Intake of B12 containing animal products	
DRUGS		
Proton-pump inhibitors	Defective release of B12 from food	
Metformin	↓ Absorption of B12	
Nitrous oxide Inactivation of methionine synthase (in c		

#### How should I treat low B12 - short term 🥌

- 1. If clinical features of low B12, or concerned about malabsorption, then treat with IM injections of hydroxocobalamin 3/week for 2 weeks.
  - Macrocytosis, or haematological features

I.I.I.

- Neurological features (should continue until symptoms improve, and seek haematology advice)
- If no clinical features of low B12 and no concern about malbsorption, then consider oral replacement and recheck in 3-4 months

## How should I treat low B12-long term 📁

- Ongoing treatment...need to think of the underlying cause
  - Sinister 2ww cause= gastric cancer consider if pain, vomiting or weight loss
- My thought process
  - Do they have pernicious anaemia (check IF and gastric parietal cell antibodies)?
  - Do the have GI malabsorption (check TTG, any history of upper GI surgery or IBD)
  - Are they on PPI or metformin?
  - Do they drink excessive alcohol?
  - Are they vegan?

I.I.L.

If yes to any of the above, likely to give B12 injections every 2-3 months

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  - Do they drink excessive alcohol?
  - Are they vegan?

I.I.I.

- If no to above, my plan is usually:
  - B12 loading, check bloods in 3 months including FBC, IF antibodies, Gastric Parietal cell antibodies, TTG, B12 & Folate then review

78 YR OLD Female

Hb= 108 (low=anaemic) MCV= 108 (high=macrocytic) B12= 98 (low) No neurological symptoms

A. Treat with loading course of B12 injections
B. Give dietary advice to boost B12
C. Offer oral Vitamin B12

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A. Treat with loading course of B12 injections
 B. Give dietary advice to boost B12
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**48YR OLD MALE** 

Hb= 138 (normal) MCV= 88 (normal) B12= 168 (borderline) No neurological symptoms Known Crohns Disease

A. Loading B12 injections + review at 3 months
B. Oral Vitamin B12 + review at 3 months
C. Loading B12 injections + injection every 2-3 months without review

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#### **31YR OLD MALE**

Hb= 145 (normal) MCV= 96 (normal) B12= 170 (borderline) No neurological symptoms No medical history, not on medicines, not vegan, no alcohol

A. Loading B12 injections + review at 3 months
B. Oral Vitamin B12 + review at 3 months
C. Loading B12 injections + injection every 2-3 months without review

#### **31YR OLD MALE**

Hb= 145 (normal) MCV= 96 (normal) B12= 170 (borderline) No neurological symptoms No medical history, not on medicines, not vegan, no alcohol

A. Loading B12 injections + review at 3 months
B. Oral Vitamin B12 + review at 3 months
c. Loading B12 injections + injection every 2-3 months without review

#### 65 YR OLD Male

Hb= 108 (low=anaemic) MCV= 100 (normal) B12= 98 (low) 1 month epigastric discomfort and weight loss No neurological symptoms

 A. Loading course of B12 injections + review in 3 months
 B. Loading course of B12 injections + 2 week wait to Upper GI surgeons
 C. Offer oral Vitamin B12

#### 65 YR OLD Male

Hb= 108 (low=anaemic) MCV= 100 (normal) B12= 98 (low) 1 month epigastric discomfort and weight loss No neurological symptoms

A. Loading course of B12 injections + review in 3 months
 B. Loading course of B12 injections + 2 week

wait to Upper GI surgeons c. Offer oral Vitamin B12 Why are so many patients on B12 injections ?

# How easy is to stop?

Patient perception and understanding

Clinician perception and understanding

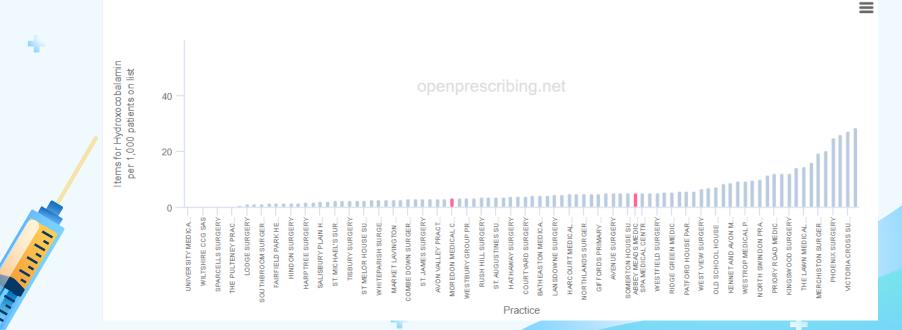


Practice



**PRACT** and other practices in CCG

in Aug '21



BUILD TEMPLATES SO THAT IT IS EASY TO REVIEW

**EDUCATION OF ADMIN** 

**EDUCATION OF CLINICIANS** 

How to achieve this? EDUCATION OF PATIENTS

GOOD CODING

HAVE PRE-MADE EASY TO SEND LETTERS

USE YOUR REPORTING TOOLS

## **QUESTIONS?**

# THE END