

Here are some examples of everyday meals which provide vitamin B₁₂

Breakfast	µg vitamin B ₁₂
• Bowl of cereal with milk	1.0
• 2 slices toast with Marmite and a boiled egg	1.7
Lunch	
• Filled roll with lean beef and salad	2.2
• Sardines on toast	3.4
• Pita filled with lean lamb, lettuce, tomato and avocado	2.4
• Jacket potato filled with chilli con carne, topped with cheese and served with salad	2.7
Tip: Add some chopped kidneys or lamb's fry* to chilli con carne for an extra vitamin B₁₂ boost.	
* Pregnant women should avoid eating more than 100g of lamb's fry/liver a week.	
Dinner	
• Steak and kidney casserole with rice and vegetables	14.9
• Lean lamb leg steak stir-fry with vegetables and noodles	3.2
• Pizza topped with tuna and cheese	1.3
• Grilled sirloin steak with wedges and salad	3.4
Tip: Desserts, including dairy products, such as fresh fruit and yoghurt or fruit crumble and custard, will add extra vitamin B₁₂.	
Snacks	
• 1 slice of bread and marmite	1.7
• Liver paté on 2 crackers	1.0
• Fruit smoothie with milk and yoghurt	0.9
• A pottle of yoghurt	0.4

What does this mean for health professionals?

- check strict vegetarians or vegans are eating fortified foods or taking a supplement when pregnant or breastfeeding.
- monitor infants of vegan mothers carefully to ensure vitamin B₁₂ sufficiency.
- consider the many causes of vitamin B₁₂ deficiency when a diagnosis is made. Is it an inadequate intake or reduced absorption?
- encourage those planning a pregnancy to ensure an adequate intake of vitamin B₁₂. Like folate, vitamin B₁₂ is most needed within the first few weeks, often before a pregnancy has been confirmed.
- healthy adults can fulfil their vitamin B₁₂ requirement through just one serving of lean beef or lamb or a couple of sardines or mussels. Pregnant and breastfeeding women only need an additional yoghurt or ½ cup of milk to achieve their increased needs.

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For copies of an accompanying vitamin B₁₂ patient fact sheet or additional nutrition resources, available free of charge, please contact: Beef and Lamb New Zealand, PO Box 33-648, Takapuna, Auckland 0740. Freephone 0800 733 466 or visit www.beeflambnz.co.nz

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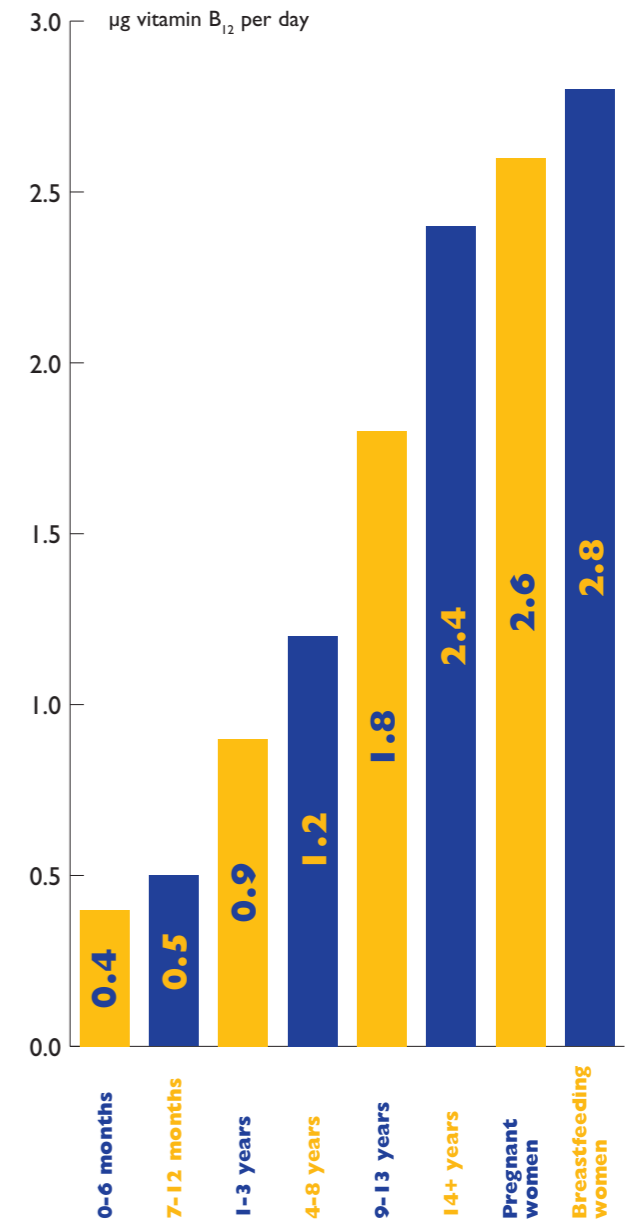


Vitamin B₁₂

the exclusive vitamin



Recommended Dietary Intake for Vitamin B₁₂



Source: NHMRC, 2006

Vitamin B₁₂ is found naturally in all foods of animal origin and a few foods that have been fortified. Symptoms of vitamin B₁₂ deficiency can take several years to develop as liver stores may be large and vitamin B₁₂ is recycled internally. In older people, however, the ability to absorb vitamin B₁₂ from the gut may be reduced by a lack of intrinsic factor making onset more sudden. Dietary adequacy is achievable for most healthy New Zealanders who adopt a balanced eating pattern including lean red meat and dairy products.

What does vitamin B₁₂ do?

Vitamin B₁₂ is involved in the maintenance of the nervous system, through the production of fatty acids in myelin. It is necessary for the rapid synthesis of DNA during cell division. This is particularly important where cells are dividing rapidly, such as bone marrow tissues responsible for red blood cell formation. In vitamin B₁₂ deficiency, DNA production is disrupted and abnormal cells called 'megaloblasts' occur, resulting in anaemia. In addition, low levels of vitamin B₁₂ play a role in manifesting metabolic risk factors, such as fat accumulation, reduced skeletal muscle and increasing insulin resistance.



Biochemical indicators of vitamin B₁₂ status

- **Serum vitamin B₁₂** levels reflect both intake and stores. <150pmol/L is the traditional clinical deficiency cut-off point, although this may vary between laboratories. Low concentrations will, however, represent a long-term deficiency or chronic low dietary intake. 150pmol/L – 250pmol/L is defined as subclinical deficiency (Carmel et al, 2003). Serum vitamin B₁₂ levels may not be a reliable indicator of true vitamin B₁₂ status in those taking seaweed or spirulina supplements. These products contain inactive vitamin B₁₂ analogues, which may give a false, inflated status and even interfere with vitamin B₁₂ function.
- **Raised homocysteine** levels, above 15µmol/L, indicate clinical vitamin B₁₂ deficiency. However, raised levels may also be seen in folate and vitamin B₆ deficiencies, alcohol abuse (Carmel & James, 2002) and renal insufficiency (Herrmann et al, 2001), so these should also be considered.
- **Serum methylmalonic acid (sMMA)** levels >0.26µmol/l is a sensitive and more specific indicator of vitamin B₁₂ deficiency, although raised levels can also occur in renal insufficiency (Rasmussen, 1990) and during antibiotic use (Lindenbaum, 1990).

Absorption abnormalities

Intrinsic factor (IF) is produced in the stomach, and is required to release vitamin B₁₂ from protein foods, allowing it to be absorbed in the terminal ileum. The following conditions interfere with this mechanism:

- Pernicious anaemia – in which antibodies to IF are produced, preventing absorption.
- Gastric surgery - can lead to reduced or ineffective IF production.
- Disorders or surgery of the small intestine, e.g. Crohn's disease – which can interfere with the absorption of the vitamin B₁₂/IF complex.
- Long term medication use – proton pump inhibitors and H₂-receptor antagonists, such as omeprazole and cimetidine, reduce gastric acid production and hence vitamin B₁₂ absorption. Metformin, used to treat diabetes, prevents the absorption of the vitamin B₁₂/IF complex.

Where malabsorption exists, increasing the intake of foods either rich or fortified in vitamin B₁₂ is unlikely to be effective; supplements or intravenous injections may be required.

Population groups at risk of vitamin B₁₂ deficiency

Whilst most New Zealanders have an adequate vitamin B₁₂ intake, certain groups are at greater risk of vitamin B₁₂ deficiency. This may be due to an inadequate intake or a reduced rate of absorption.

• Vegetarians, particularly vegans

Vitamin B₁₂ is only found in foods of animal origin, so those following a strict vegetarian or vegan diet are at greater risk of vitamin B₁₂ deficiency and are recommended to take a supplement (Mann et al, 1999; NHMRC, 2006).

• Pregnant and breastfeeding women

Recommended intakes for vitamin B₁₂ are higher during pregnancy and while breastfeeding to allow for the needs of both mother and foetus/infant (NHMRC, 2006). Women following a vegan diet are recommended to eat foods fortified with vitamin B₁₂ or take a vitamin B₁₂ supplement (Ministry of Health, 2006).

• Infants

Studies have shown infants born with vitamin B₁₂ deficiency to vegan mothers. This is due to inadequate body stores. Normal infant body stores have been estimated to last around eight months (von Schenck, 1997). Infants of vegan mothers continue at risk if breastfed by mothers not taking vitamin B₁₂ supplements. One study showed a 14 month old boy breastfed exclusively until 9 months of age had severe vitamin B₁₂ deficiency caused by his mother's strict vegan diet. Supplemental B₁₂ led to a rapid improvement in haematological and neurological symptoms, although cognitive and language development remained seriously delayed at the age of two years (von Schenck, 1997). Vegan infants who are not breastfed, should be given a suitable soy-based infant formula until two years of age. Complementary foods should include vitamin B₁₂-fortified foods each day. If not, a supplement will be required (Ministry of Health, 2008).

• Older people

A study using a nationally-representative sample of older New Zealanders, aged over 65 years, showed 12% were vitamin B₁₂ deficient with another 28% marginally deficient. Atrophic gastritis, common amongst older people, was found in 33% of those with vitamin B₁₂ deficiency (Green et al, 2005). This can impair vitamin B₁₂ absorption due to reduced gastric acid and pepsin secretion. But this didn't fully explain the prevalence of vitamin B₁₂ deficiency. Inadequate intakes have also been suggested (Truswell, 2007). The Ministry of Health recommends all older people have at least one serving a day of lean meat, chicken, seafood or eggs and at least two servings of milk or dairy products each day (Ministry of Health, 1996).

Vitamin B₁₂ deficiency

Symptoms of vitamin B₁₂ deficiency may not appear for sometime, up to several years, as liver stores can be substantial. Symptoms may include:

- tiredness
- pale skin
- shortness of breath
- anorexia
- weight loss
- longer term, tingling in the hands and feet, a sore tongue and possibly memory loss, confusion and depression.

These are largely due to the two major syndromes resulting from vitamin B₁₂ deficiency – megaloblastic anaemia and neuropathy. Dementia may also occur in those with raised homocysteine levels. A dietary balance of vitamins B₁₂, B₆ and folate is required for the conversion of methionine to cysteine, via homocysteine. Low levels of vitamin B₁₂, combined with high folate renders folate unavailable and homocysteine accumulation cannot be prevented. Elevated homocysteine is a strong, independent risk factor for dementia, cognitive decline and cardiovascular disease.

Where is it?

Vitamin B₁₂ is only found naturally in foods of animal origin, i.e. meat, fish, eggs, milk and dairy products. Most New Zealand adults and children obtain the majority of their vitamin B₁₂ from these foods, with beef the most common source in both age groups (Ministry of Health, 1999; Ministry of Health, 2003b). Some soy products and a few yeast extracts have vitamin B₁₂ added. There aren't any fruit and vegetables containing vitamin B₁₂.

Food and Nutrition Guidelines

The Ministry of Health Food and Nutrition Guidelines recommend the inclusion of vitamin B₁₂ for all New Zealanders. For example, the adult guidelines state: "Meat, seafood, milk and milk products, egg and liver are rich sources of vitamin B₁₂. The consumption of foods rich in vitamin B₁₂ should be encouraged" (Ministry of Health, 2003a).

Vegetarians/vegans

Dairy products, eggs and/or foods with added vitamin B₁₂ should be eaten every day. Foods with added vitamin B₁₂ include some fortified soy products and a few yeast extracts. Strict vegetarians or vegans, should take a vitamin B₁₂ supplement. This is particularly important when breastfeeding, to ensure adequate infant stores. Spirulina and other seaweed products are not considered suitable sources of vitamin B₁₂.

Dietary Sources of Vitamin B₁₂

