

Management of Vitamin B12

B12 deficiency should be treated as follows:

For people with neurological involvement (pernicious anaemia, partial or total gastrectomy, gastric bypass or banding, inflammatory bowel disease)

Seek urgent specialist advice from a haematologist.

Ideally, management should be guided by a specialist, but if specialist advice is not immediately available, consider the following:

Initially administer hydroxocobalamin 1 mg intramuscularly three times a week for 2 weeks, then administer hydroxocobalamin 1 mg intramuscularly every 2-3 months.

For people with no neurological involvement:

Initially administer hydroxocobalamin 1 mg intramuscularly three times a week for 2 weeks.

The maintenance dose depends on whether the deficiency is diet related or not.

Not thought to be diet related:

Administer hydroxocobalamin 1 mg intramuscularly every 3 months for life.

Thought to be diet related:

Advise people either to take 1mg oral cyanocobalamin tablets daily, or have a twice-yearly hydroxocobalamin 1 mg injection. Oral needs to be purchased over the counter at community pharmacies.

If the patient reports any neurological symptoms (pins and needles, numbness, memory problems, poor concentration or irritability) - check vitamin B12 levels with a routine blood test.

In **vegans**, treatment may need to be life-long, whereas in other people with dietary deficiency replacement treatment can be stopped once the vitamin B12 levels have been corrected and the diet has improved.