DIET & WEIGHT

Should You Have Your Vitamin B12 Checked?

Certain symptoms, medicines, diets and medical histories make a vitamin B12 blood test worth discussing, while age alone may not.

The tiredness trap

You have been unusually tired. Perhaps you are dizzy when you stand, short of breath more easily or struggling to stay warm. Vitamin B12 appears on the long list of possible explanations, and a blood test seems like the obvious next move. But tiredness does not point neatly to one deficiency.

Vitamin B12 helps your body make healthy blood cells, and your brain and nerves need it to work properly. When deficiency causes anemia, your blood cannot carry enough oxygen around your body. Fatigue, paleness, headaches, dizziness and shortness of breath can follow. The trouble is that these are also general features of anemia, which has many possible causes.

Iron deficiency is the most common cause of anemia. Blood loss, reduced red blood cell production and unusually rapid destruction of those cells can also be responsible. A diet low in iron, folic acid or vitamin B12 is only one part of that larger picture. This is why guessing-and reaching automatically for a supplement-can miss the real problem.

A clinician can use your symptoms and medical history to decide which blood tests make sense. A complete blood count (CBC) measures hemoglobin, the oxygen-carrying protein in red blood cells. Another blood test measures vitamin B12. Neither your tiredness nor a single theory about it can do the work of those tests.

Some clues matter more

The case for discussing a vitamin B12 test becomes stronger when ordinary anemia symptoms arrive with changes involving your nerves or thinking. Tingling or pain, trouble walking, uncontrolled muscle movements, confusion, slower thinking, forgetfulness, mood changes, altered smell or taste and vision problems can occur when deficiency is left untreated.

Diarrhea, weight loss and a painful, smooth, red tongue can also occur. These symptoms still do not prove that vitamin B12 is the cause. They do mean that the question has moved beyond general curiosity about vitamins and into a medical assessment-especially when walking, vision, thinking or sensation has changed.

That distinction matters because some brain- and nerve-related problems, including numbness and tingling, may not go away even after treatment. Untreated deficiency may cause brain or nerve damage that is permanent. New neurological changes are not a reason to experiment with supplements first and see what happens.

Anemia symptoms deserve medical attention too, particularly when they persist or interfere with ordinary activity. A physical examination and blood tests are used to identify anemia, and care depends on the type. Vitamin B12 deficiency is one possibility, not a synonym for every spell of fatigue or dizziness.

The important question is not whether B12 sounds helpful, but whether your symptoms and history support testing for deficiency.

Your history can tip the balance

Testing is not only about how you feel. Sometimes your history supplies the stronger clue. Your body does not make vitamin B12; it must come from food or supplements. But in the United States, vitamin B12-deficiency anemia is more often linked to other risk factors than to simply eating too little of it.

Absorption is central. Intrinsic factor, a protein made in the stomach, helps the body absorb vitamin B12. People with pernicious anemia do not produce it. Digestive conditions including celiac disease, Crohn's disease, ulcerative colitis and Helicobacter pylori infection are associated with higher risk, as are chronic pancreatic disease and several uncommon genetic conditions.

Surgery involving the stomach or intestines-including weight-loss surgery and removal of the stomach-can also make absorption harder. So can some medicines when taken over time, including metformin for diabetes and certain heartburn medicines. If any of these applies to you, it belongs in the conversation even if your diet contains meat, fish, eggs or dairy products.

Older adults are more likely to have digestive problems that impede vitamin B12 absorption. Drinking too much alcohol can also make absorption harder. A strict vegetarian or vegan diet can raise risk because familiar sources include meat, fish, seafood, milk products and eggs, although fortified cereals and fortified vegan milk substitutes can provide it too.

The test is not the whole answer

Blood testing can reveal low hemoglobin or a low vitamin B12 level, but the result needs interpretation. Published clinical guidance describes vitamin B12 levels of 200 picograms per

milliliter or lower as deficient and 400 or higher as normal. Yet it also warns that someone may still have the condition when the measured vitamin B12 level is normal.

That is a useful check on the idea that one number can settle everything. A clinician may have to consider the result alongside the CBC, symptoms and the possibility of impaired absorption. The available sources identify methylmalonic acid and homocysteine tests as related testing options, but do not provide enough detail here to say exactly who should receive them.

Pregnancy is another moment when vitamin B12 attracts attention, but the evidence does not support sweeping promises. A 2024 review of five trials involving 984 pregnant women found that supplements may improve maternal and infant vitamin B12 status. The evidence was very uncertain, however, and longer-term clinical and functional benefits have not been established.

Nor does forgetfulness alone make vitamin B12 supplementation a proven defense against dementia. A 2022 systematic review found mixed results for combined folic acid and vitamin B12 supplementation. That evidence does not justify treating a supplement as a substitute for assessing new cognitive changes. The important question is not whether B12 sounds helpful, but whether your symptoms and history support testing for deficiency.

Prepare the conversation

Before your next appointment, make a short list of what has changed. Include tiredness, breathlessness, dizziness, headaches, tingling, balance or walking trouble, memory changes, digestive symptoms and weight loss if they apply. Note roughly when each began. New problems with walking, vision, sensation or thinking should prompt a timely medical conversation rather than waiting for a routine wellness visit.

Then add the less visible clues: whether you eat a strict vegetarian or vegan diet; whether you have had stomach, intestinal or weight-loss surgery; and whether you have diabetes, thyroid disease, celiac disease, Crohn's disease, ulcerative colitis, vitiligo or another relevant condition. Record metformin, heartburn medicines and any supplements you take.

Pregnancy, older age and postmenopausal status may raise questions, but the supplied evidence does not establish that everyone in these groups needs routine vitamin B12 testing. A 2024 review found that postmenopausal women may be more likely to have several nutrient deficiencies, yet its studies were too varied for a meta-analysis and the authors said more research was needed for firm recommendations.

On Monday, take that list to a clinician and ask: "Could vitamin B12 deficiency fit my symptoms or medical history, and should I have a CBC and vitamin B12 blood test?" This step takes a sheet of paper and a pen. Those few written details give the conversation something far more

useful than a vague request to check every vitamin.

Where this comes from

- B Vitamins

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/bvitamins.html
- Anemia

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/anemia.html
- Anemia - Vitamin B12-Deficiency Anemia

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/health/anemia/vitamin-b12-deficiency-anemia
- Vitamin B12 supplementation during pregnancy for maternal and child health outcomes.

  The Cochrane database of systematic reviews, 2024 · https://pubmed.ncbi.nlm.nih.gov/38189492/
- Vitamin Supplementation and Dementia: A Systematic Review.

  Nutrients, 2022 · https://pubmed.ncbi.nlm.nih.gov/35268010/
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  Archives of gynecology and obstetrics, 2024 · https://pubmed.ncbi.nlm.nih.gov/38935105/