

# Correspondence



Send your letters to...

Correspondence

PO Box 6032, Dunedin,

or email [editor@bpac.org.nz](mailto:editor@bpac.org.nz)

## B<sub>12</sub> DEFICIENCY

Dear Sir,

I read the latest issue (5) of best practice with great interest having been away in the UK for five months at the end of last year so had fallen off the circulation list. Thank you to whoever reinstated me!

The letter about B<sub>12</sub> deficiency with acid suppression therapy reminded me of another cause of B<sub>12</sub> deficiency by a commonly used drug which can get missed, metformin therapy.

Having come across it in the UK a few years back, using PubMed online I quickly found a good paper on the topic (Aus Fam Physician 2003 May; 32(5):383-4). It seems the mechanism is that metformin blocks a calcium-dependent ileal surface receptor for absorption of the B<sub>12</sub>-intrinsic factor complex. The study found an incidence of 'B<sub>12</sub> deficient megaloblastic anaemia' in 9% of 600 metformin-taking NIDDM patients, and only 0.5% had positive intrinsic factor antibodies.

Replacement of the B<sub>12</sub> may be by B<sub>12</sub> injection, oral cyanocobalamin (although there isn't a pure oral form available in NZ so, to get the daily dose of 50-150 mcg, multivitamin preparations aren't ideal) or, simplest of all, oral calcium supplements (to assist that receptor).

Some people recommend annual B<sub>12</sub> and CBC testing of all diabetics on metformin, and it's worth thinking about if a diabetic patient develops peripheral neuropathy.

I'd better get back to my patients now!

Yours faithfully,

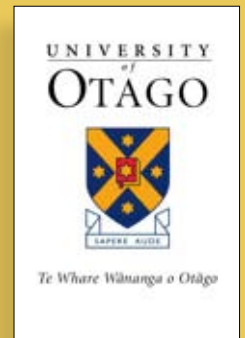
Dr Nick Cartmell,  
Wellington

# Department of General Practice Dunedin School of Medicine

## Complementary Medicine

### Its Place in Primary Care

#### GENX 826



This paper is being offered by distance learning in Semester 2 commencing July 2007, and can be counted towards a Postgraduate Diploma in General Practice

Study of this paper will equip GPs with the knowledge base to help their patients make informed health care choices in relation to complementary therapies.

## Limited to 12 participants

Subsidy of \$300 from the Integrative health trust Otago (IHTO) to the first 8 Otago GPs enrolled.

For more information contact

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## EGGS AND EYES

Dear Sir,

Was the key on the eggs and eyes figure correct?

The graph looks like lutein ester caused the greatest rise in serum lutein but the text says eggs were best.

Stephen Hoskin

*Hi Stephen*

*Thanks for your email. Well spotted, you're correct, the key has been mislabelled with the labels for egg and lutein ester transposed. Thanks for bringing this to our attention.*

*Editorial Team*

Please note correction to Figure 1 (BPJ 5)

Figure 1: Change in serum lutein concentrations in 10 healthy men with different sources of dietary lutein

