Vitamin B Functions and Uses in Medicine

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B- Vitamins and their function

B vitamins are a group of 8 water-soluble vitamins. The body does not store them, so they need to be replaced daily. B vitamins are found in animal proteins, dairy products, leafy green vegetables, and beans. Overall, their function can generally be divided into catabolic metabolism, leading to energy production, and anabolic metabolism, resulting in bioactive molecules. They are critical cofactors for axonal transport, synthesis of neurotransmitters, and many cellular metabolic pathways. B vitamins are cofactors for many essential enzymes involved in the biosynthesis of RNA and DNA. B vitamin deficiencies have been considered as etiological factors in the development of various neurologic disorders and a broad spectrum of pathological states. Reductions in food intake and absorption efficiency in some populations, including the geriatric population, may warrant attention to their dietary B vitamin levels. Most B vitamins are generally safe even at intake levels reached with fortified food or supplements

B Vitamins: Functions and Uses in Medicine

- B vitamins, also known as B-complex vitamins, play essential roles in catabolic and anabolic metabolism. These 8 water-soluble vitamins are excreted in urine and require repletion daily.
- The B vitamins are identified as follows: thiamine(B1), riboflavin (B2), niacin (B3), pantothenic acid (B5), pyridoxine(B6), biotin (B7), folate (B9), and cobalamin (B12).
- B vitamins act as coenzymes in several enzymatic processes that support every aspect of cellular physiological functioning, including major functions within the brain and nervous system. Any B vitamin deficiency can negatively affect mitochondrial metabolism of amino acids, glucose, and fatty acids through the citric acid cycle and electron transport chain.

The recommended daily amount of each B vitamin varies.

- According to the National Institutes of Health (NIH)Trusted Source, the recommended daily intake for women is:
- B1: 1.1 milligrams (mg)
- B2: 1.1 mg
- B3: 14 mg NE
- B5: 5 mg
- B6: 1.3 mg
- Biotin: 30 micrograms (mcg)
- Folic acid: 400 mcg DFE
- B12: 2.4 mcg

- For men, the NIH recommends the following daily intake:
- B1: 1.2 mg
- B2: 1.3 mg
- B3: 16 mg NE
- B5: 5 mg
- B6: 1.3 mg
- Biotin: 30 mcg
- Folic acid: 400 mcg DFE
- B12: 2.4 mcg

- Certain underlying health conditions can prevent body from properly absorbing vitamin B such as:
- celiac disease
- HIV
- Crohn's disease
- alcohol use disorder
- kidney conditions
- rheumatoid arthritis
- ulcerative colitis
- inflammatory bowel disease

What foods are high in B vitamins?

- milk
- cheese
- eggs
- liver and kidney
- meat, such as chicken and red meat
- fish, such as tuna, mackerel, and salmon
- shellfish, such as oysters and clams
- dark green vegetables, such as spinach and kale
- vegetables, such as beets, avocados, and potatoes

- whole grains and cereals
- beans, such as kidney beans, black beans, and chickpeas
- nuts and seeds
- fruits, such as citrus, banana, and watermelon
- soy products, such as soy milk and tempeh
- blackstrap molasses
- wheat germ
- yeast and nutritional yeast

How can you tell if you're deficient in B vitamins?

- Most people get enough B vitamins by eating a balanced diet. However, it's still possible to be deficient, especially if you've been taking certain medications for a while, such as proton pump inhibitors, or if you follow a very strict vegan or vegetarian diet.
- The following symptoms may signal you're not getting enough B vitamins:
- skin rashes
- cracks around the mouth
- scaly skin on the lips
- swollen tongue
- fatigue
- Weakness
- Anemia

- confusion
- irritability or depression
- nausea
- abdominal cramps
- diarrhea
- constipation
- numbness or tingling in the feet and hands

Vitamin	Clinical uses	Suggested regimen
Thiamine		
(B ₁)	 Wernicke-Korsakoff syndrome treatment 	 The European Federation of Neurological Societies: Thiamine 200 mg IV 3 times daily until improvement stops ^{3,24}
		- The Royal College of Physicians: Thiamine 500 mg IV 3 times daily for 3
		d to be followed with 250 mg IV or IM once daily for 5 d or until clinical improvement stops
		 Thiamine should be given before any carbohydrates ^{15,25}
	 Alcoholism/Clinical Institute Withdrawal Assessment for Alcohol (CIWA) protocol¹⁵ 	- Thiamine 100 mg IV once daily for 3–5 d ²
	– Bariatric surgery ¹⁵	 Thiamine 100 mg IV for 7-14 d in mild deficiency Thiamine 500 mg/d IV for 3-5 d followed by 250 mg/d for 3-5 d or until symptoms resolve followed by 100 mg/d orally indefinitely in

severe deficiency¹⁵

(B₂)

- To treat stomatitis, cheilitis, and glossitis $\frac{24}{2}$
- Cataract prevention⁴
- Migraine prophylaxis²⁴

- Niacin
- (B₃)

- To treat pellagra ^{6,7}

- 0.5 mg/kg orally daily until symptoms resolve
 - 400 mg daily for 5-6 y^{4}
 - 400 mg daily for a minimum of 3 mo (evidence level B) $\frac{24}{2}$

– Nicotinamide 100 mg every 6 h orally until resolution of acute major symptoms $\frac{6.7}{}$

Pantothenic acid

(B₅)

- Acne, anxiety, allergies, rheumatoid arthritis ^{8,26}
- Accelerate wound healing, lowers triglyceride levels ^{8,17,26} (Small studies)

5 mg orally daily $\frac{2,8}{2}$

Pyridoxine, pyridoxal, pyridoxamine (B₆)

- INH overdose-related seizure or toxic INH dose without seizure 19,20

 Pyridoxine dose should be equivalent to the maximum suspected amount of ingested isoniazid. If ingested isoniazid is unknown, 5 g of pyridoxine should be given IV at a rate of 0.5-1 g/min pending seizures to discontinue or maximum dose given ^{19,20}

– Ethylene glycol overdose $\frac{20}{2}$

– Nausea and vomiting of pregnancy $\frac{27}{2}$

- Premenstrual syndrome $\frac{28}{28}$

- 50-100 mg IV every 6 h $\frac{20}{20}$

- 10-25 mg orally every 8 h (evidence rating A) $\frac{27}{27}$

- 50-100 mg daily (limited evidence)²⁸

– Inherited enzyme deficiency $\frac{12}{2}$

- Brittle hair syndrome 12

Folic acid, folate (B9)

- Megaloblastic anemia³⁰
- Pregnancy
- Dialysis and malabsorption
- Hemolysis 30

14,30

- Bariatric surgery 31

– High risk for neural tube defects $\frac{30}{2}$

- B12 deficiency maintenance dose

Concurrent folate and B₁₂ deficiency <u>31</u>

- Megaloblastic anemia/B₁₂ deficiency without neurologic symptoms

– In symptomatic anemia, neurologic symptoms, or pregnancy $\frac{14,29,30}{14,29,30}$

Cobalamin (B_{12})

- 10,000-30,000 μ g/d orally²⁹
- 300–3000 μ g/d (low-quality evidence)¹²
- 1-5 mg orally once daily for 4 mo or until term in pregnancy $\frac{30}{2}$
- 0.4-0.8 mg/d (Grade A)
- 5 mg orally once daily $\frac{30}{2}$
- 1 mg orally daily
- 4 mg orally daily $\frac{30}{30}$
- 1000 mcg IM monthly or 1000–2000 mcg orally daily until deficiency is corrected $\frac{14,30}{}$
- 1000 mcg IM 3 times weekly for 2 wk^{14,29-31}
- 1000 mcg IM every other day for 3 wk followed by 1000 mcg patently once monthly <u>14,29,30</u>
- 1000 mcg orally daily indefinitely $\frac{31}{2}$
- B₁₀ should be replaced first $\frac{31}{31}$

What happens if you get too much vitamin B complex?

- When consumed in excess, a few different B vitamins can have specific side effects. For instance:
- Vitamin B6. Too much B6 may lead to peripheral neuropathy, which is a loss of feeling in the arms and legs.
- Folate or folic acid. Too much of this vitamin can cover up the symptoms of a vitamin B12 deficiency, which can eventually lead to nervous system damage.
- Niacin. Too much niacin may cause skin flushes. Long-term excessive use may lead to liver damage.

Thank you for listening