

March 27 to kick off
“Year of B12 Awareness”
Fourth week in September declared
“Vitamin B12 Awareness Week”
September 23 will be “Vitamin B12 Awareness Day”
***Spring* into Awareness on March 27 then *Fall* into**
Action by September 23

Fresno, CA- Masked behind misdiagnoses, B₁₂ deficiency has slowly grown to become the most untreated and unrecognized nutritional disorder causing injury in the United States.

This crippler is a master of masquerade, striking different people in different ways. It afflicts one person with tremors, makes another depressed or psychotic, and causes agonizing leg and arm pains in still another. It can mimic Alzheimer's disease, multiple sclerosis, early Parkinson's disease, diabetic neuropathy, or chronic fatigue syndrome. It can make men or women infertile or cause developmental disabilities in children. Other times it lurks silently, stealthily increasing its victim's risk of deadly diseases ranging from stroke and heart attacks to cancer.

Sally Pacholok, R.N. and Jeffrey Stuart, D.O. are spearheading a national effort to alert the public to the dangers of vitamin B₁₂ deficiency—a public health care crisis costing state and federal agencies billions of dollars and costing millions of people their health.

March 27, 2009 was chosen as the kick-off date to begin the campaign. Organizers chose spring for this special date because it's a time when we're all thinking about getting out and moving around more—and healthy vitamin B₁₂ levels are crucial for an independent and active life. They are calling on all health care institutions and assisted-living residences to learn about B₁₂ deficiency by September 23—Vitamin B₁₂ Awareness Day—and to include screening seniors for B₁₂ deficiency in their fall-prevention programs.

Pacholok and Stuart point out that B₁₂ deficiency is a world-wide problem and a hidden epidemic in the United States. B₁₂ deficiency causes symptoms such as nerve pain or tingling, dementia, mental illness, tremor, difficulty walking, and frequent falls. It is commonly misdiagnosed as Alzheimer's disease, depression, diabetic neuropathy, vertigo, mini-strokes, and early Parkinson's disease. Major medical journals report that vitamin B₁₂ deficiency occurs in up to 15 percent of the elderly—approximately 5.4 million seniors. Other studies report the prevalence to be 15 percent to 25 percent. What's more, these numbers only relate to persons 65 and older. They don't include the vast numbers of Americans under the age of 65—many of them infants, children or middle-aged adults—who become B₁₂ deficient for a variety of reasons.

In younger people B₁₂ deficiency can mimic multiple sclerosis, chronic fatigue syndrome, and post-partum depression/psychosis. It can make men or women infertile and it can cause developmental disabilities or autistic-like symptoms in children.

Groups of people at high risk for B₁₂ deficiency include vegans, vegetarians, alcoholics, people with eating disorders, celiac disease, Crohn's disease, those who have had gastric bypass surgery, and those who suffer from autoimmune diseases and AIDS. The use of certain drugs such as proton-pump inhibitors, metformin, H-2 blockers and nitrous oxide can also cause B₁₂ deficiency.

Did you know the following?

- Most patients who have B₁₂ deficiency symptoms or are at risk for B₁₂ deficiency never get tested.
- Even doctors who do order B₁₂ tests miss many cases of B₁₂ deficiency because they don't use an additional sensitive test (urinary methylmalonic acid) which is widely available.
- Misdiagnosis is common because B₁₂ deficiency mimics other diseases.
- Many doctors rarely contemplate B₁₂ deficiency unless red-blood cell abnormalities or anemia—often late signs—are present.
- The elderly are easily misdiagnosed because doctors often blame their symptoms on coexisting medical problems.
- Treating B₁₂ deficiency costs only a few dollars a month and symptoms are often completely reversible if people receive early treatment.
- If diagnosed too late, symptoms such as dementia, tremor, and nerve injury typically cannot be reversed.
- Multi-vitamin pills contain only small amounts of B₁₂—far too little to correct a B₁₂ deficiency or to prevent B₁₂ deficiency in at-risk groups.

Pacholok and Stuart believe the hidden epidemic of B₁₂ deficiency can be stopped in its tracks by educating the health care community and the public. "This is one of the most preventable, and most curable, of all medical scourges," they say, "but only if we choose to act." They urge the medical community to take steps including:

- Screening at-risk adults in assisted living residences, group homes, nursing homes, and hospitals.
- Incorporating screening for B₁₂ deficiency into all fall prevention programs.
- Screening at-risk pregnant women and nursing mothers.
- Screening infants and children with developmental delays.
- Screening patients diagnosed with MS, mental illness, or dementia (including Alzheimer's).

Pacholok and Stuart are seasoned media interviewees and would be happy to answer your listeners' questions.

Sally Pacholok has been practicing emergency nursing for 22 years. Jeffrey Stuart, D.O. is board-certified in emergency medicine and has been practicing for 16 years. They coauthored the most comprehensive explanation of this problem, *Could It Be B₁₂?: An*

Epidemic of Misdiagnoses (Quill Driver Books). They have appeared as guests on " CNN-Headline News-Seeking Solutions with Suzanne, " " KATV Channel 7 News " in Little Rock, Arkansas, and numerous TV shows in southeastern Michigan. Additionally, they have been interviewed by dozens of radio stations including: KSTE Radio's "Sacramento Wide World of Health, "KHNR Honolulu's" Doctors Health Radio, " KKCR BBS Radio's "The Dr. Ann West Show, " and CHOK Radio's " Live with Lee " in Ontario, Canada. Their book has been written about in *Redbook*, *First Magazine*, *Bottom Line Health*, *Variety*, *Anchorage Times*, *Detroit Free Press*, *South Bend Tribune*, *Lockport Union-Sun and Journal*, *Nursing 2007* and a host of other publications.