

Remember B-12 for healthy aging

Retirement is a time to do all those things we never had when we were working. Unfortunately, many of us will experience the biggest challenge of our lives: Healthy aging.

Although we have no control over our genetic weak links, maintaining good eating habits and physical activity are the major factors we can control. But, even with the best habits, things can, and do, go wrong. One common problem is vitamin B-12 deficiency.

Question: Why do vitamin B-12 problems develop with age?

Answer: Many factors contribute to decreasing B-12 body stores. First, the only significant natural food sources of B-12 are animal foods such as meat, milk, and eggs. Given common health recommendations to eat less of these foods, some people might cut down too much without making appropriate adjustments to make up the B-12.

Even those who maintain commonly recommended levels of B-12 in their diets can develop B-12 problems. With aging, various stomach functions could change, preventing normal absorption of

B-12.

Q: What are the consequences?

A: The classic sign of B-12 deficiency is anemia, causing increased fatigue. But many other serious problems can develop without anemia. Chronic B-12 deficiency causes degeneration of nerve lining, which leads to a vast number of potential problems. The specific problem depends on an individual's weakest link.

B-12 deficiency can manifest itself as short-term memory problems similar to early Alzheimer's disease. Other well-documented symptoms are depression, numbness in the feet or hands, vision problems, or unexplainable random pains. Even serious psychiatric problems such as obsessive-compulsive disorder and mania have been associated with B-12 deficiency.

Because it affects the nerves, it is not surprising that the list of problems expands as more research is conducted. Even bone health could be affected. Researchers at Tufts University recently reported that women and men with poor B-12 status had significantly lower than normal bone mineral density, putting them at greater risk for osteopo-

rosis and bone fractures.

Q: How is a deficiency diagnosed?

A: Most commonly, blood levels of B-12 are measured. Unfortunately, some people develop neurological problems even when their blood levels are normal, so researchers are searching for better diagnostic tools. The best test now available is to measure blood or urine levels of a substance called methylmalonic acid, or MMA. When B-12 is inadequate, MMA increases in the blood and urine. MMA can also be affected by aging kidney function, however, so better tests are still being sought.

Q: How can B-12 deficiency be prevented or treated?

A: Taking a preventive B-12 supplement is recommended for those entering their sixth or seventh decades of life. Fortunately, B-12 has little risk of toxicity - even at 100 times the recommended daily allowance. Once diagnosed, B-12 deficiency is typically treated with B-12 injections. A balance of all nutrients is needed for successful aging. Don't forget B-12!

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