

Vitamin B12 for Morning Sickness/General Malaise in a Woman with Cognitive Impairment, A Case Report

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Abstract:

Background

Morning sickness or general malaise in elderly with mild cognitive impairment (MCI) is described. General practitioners and specialists do not know a solution. In this case, empirical vitamin B12 was administered and induced a remarkable result.

Case Presentation

An elderly white woman had morning sickness and increasing general malaise of unknown cause since over four years. After three years MCI and one year later extensive cognitive impairment and normocytic anemia was diagnosed. The morning sickness/general malaise was very debilitating and the cause was not known by the general practitioner and specialists.

The general practitioner informed that some patients benefit from vitamin B12 injections. After the first injection, within a few days the morning sickness/general malaise vanished and it seemed as if the memory slightly improved. The effect lasted about four weeks after which the patient again started to complain about general malaise in the morning and, renewed, a vitamin B12 injection induced the same beneficial effect. After three injections, the supplement was changed to continuous oral administration. Oral administration did not lead to durable remission and the morning sickness reappeared. Renewed vitamin B12 injections again improved the morning sickness/general malaise and have since been continued at 6 to 8 weeks intervals, despite oral supplementation, as symptoms of morning sickness/general malaise reappeared at 6 to 8 week intervals.

Conclusion

In this case, empirical vitamin B12 resolved the morning sickness/general malaise. Although pernicious anemia could be considered, the anemia was not macrocytic. Despite, intramuscular vitamin B12 supplement had a beneficial effect.

Key words: morning sickness; general malaise; vitamin B12

Introduction

Morning sickness or general malaise, that worsened slowly over years, initially without and later with mild cognitive impairment (MCI) was very debilitating in an elderly woman. The author searched the internet and found that morning sickness/general malaise and diagnosis of MCI in parents was described by a number of children, desperately searching for a solution. The consulted general practitioners and specialists did not know a cause and treatment. A case is reported in whom empirical vitamin B12 injection resolved the morning sickness/general malaise, improved the fitness, and seemed to stabilize the memory.

Case Presentation

An otherwise, apart from knee arthrosis, healthy white woman of 93 years old, had since over 4 years morning sickness/general malaise and it increased over time. Two years ago MCI was diagnosed by a geriatrician. Diclofenac retard, which she received for the arthrosis jointly with omeprazole, was stopped and the general malaise expanded to the afternoon. Therefore diclofenac 25 mg daily was given and omeprazole continued. Her forgetfulness increased since the diagnosis of MCI and a year ago she was diagnosed with extensive cognitive impairment by the geriatrician.

The general practitioner was consulted with the specific question whether he had a medication that could improve her morning sickness/general malaise, as it impaired her severely in her wellbeing and activities, and she did fall regularly. The general practitioner mentioned that some people respond well to vitamin B12 injections, that they are harmless and can be repeated monthly. In the days after the first injection the morning sickness/general malaise vanished and it seemed that her memory slightly improved. After about 4 to 5 weeks the beneficial response diminished and she complained again about general malaise in the morning; she then received a second injection of vitamin B12. Again, the general malaise vanished. This time the beneficial response lasted 3 to 4 weeks. After the third injection she again had a beneficial response and it seemed as if her memory stabilized. Since the first injection she only fell one more time, because she lost her balance. Moreover, she resumed reading in a book, which she fully stopped about a year before, although she mentioned it was difficult to concentrate. She started on oral supplement of vitamin

B12 but it did not result in a lasting effect and she again developed morning sickness/general malaise, despite adequate blood levels of vitamin B12 (table 1). Intramuscular administration of vitamin B12 injections was resumed and given at 6 to 8 weeks intervals, at times that her morning sickness/general malaise had reappeared. Each time the symptoms vastly improved one or two days after the vitamin B12 injections. It seemed as if her memory stabilized with the vitamin B12 injections.

A blood profile was done and light normocytic anemia was found (table 1). She also had a decreased renal function, that was attributed to long term use of diclofenac retard and the diclofenac was changed to 25 mg daily (table 1). Intrinsic factor and anti-parietal cell antibodies were not measured. Oral vitamin B12 seemed not to be resorbed. Although there is suggestion of pernicious anemia the findings are not typical.

Parameter	Value	Normal values	Comment
Hemoglobin	6.9 mmol/L	7.2-10	
Hematocrit	0.34 L/L	0.35-0.48	
Erythrocytes	3,67 x10e12/L	3.8-5.5	
M.C.V.	94 fL	82-98	
M.C.H.	1.88 fmol	1.7-2.1	
M.C.H.C.	20.1 mmol/L	19.1-22	
Vit B12	1418 pmol/L	145	Level was measured 2.5 weeks after 3 rd vit B12 injection
eGFR	48 ml/min/1	90-	
urea	13.8 mmol/L	3.6-11.1	
creatinine	89 µmol/L	50-95	

Table 1

Discussion

Pernicious anemia is an autoimmune disease that prevents the body from absorbing vitamin B12 [1-3]. Left untreated, pernicious anemia can cause serious medical issues (1-3). In pernicious anemia, the anemia is generally macrocytic, there is a failure of gastric intrinsic factor production and antibodies against intrinsic factor and parietal cells can be found in the blood [1-3]. It can induce weakness and fatigue due to anemia and nervous system damage that causes muscle weakness, numbness and tingling of hands and feet, memory loss and dementia.

Since vitamin B12 absorption is blocked, lifelong intramuscular vitamin B12 injections need to be prescribed or high oral dose of vitamin B12 is recommended, as it may overcome the resorption deficiency [1-4]. It is also described that long-term use of proton-pump inhibitors like omeprazole may block vitamin B12 absorption and may mimic pernicious anemia [4,5]. In this case beginning Alzheimer was suspected but she may have developed cognitive impairment due to vitamin B12 deficiency. Moreover, there is the impression that her memory stabilized by the vitamin B12 injections.

Morning sickness/general malaise of unknown cause without or with MCI can be debilitating in elderly. In this case empirical vitamin B12 resolved the malaise and increased the fitness and seemed to stabilize the memory. Assessment of the anemia after three injections showed

normocytic anemia. Even if the patient does not have pernicious anemia but a condition induced by long-term use of the proton-pump inhibitor omeprazole, then still vitamin B12 injections vastly improved her condition.

Conclusion

It is recommended to consider vitamin B12 injections in elderly with morning sickness/general malaise without or with MCI. Whether vitamin B12 supplement reduces memory loss requires investigation.

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