

# Vitamin B12 deficiency

## GP Update, 2026

### Frequently Asked Questions, with Dr Simone Gonzo

#### **An elderly patient with low B12 due to dietary deficiency has completed three monthly B12 injections and is now replete. Can I stop treatment?**

Potentially yes, provided the underlying cause has been addressed and symptoms have improved. If the deficiency was purely dietary and dietary intake has been corrected, ongoing injections may not be necessary. Consider rechecking B12 levels around 6–8 weeks after the final injection and monitor clinically.

#### **When is the best time to check B12 levels after an injection?**

Avoid testing immediately after supplementation, as levels may appear artificially elevated. For most patients, checking B12 levels around 8 weeks to 3 months after the last injection will provide a more meaningful assessment of ongoing status.

#### **If a patient is receiving B12 injections, should I monitor the FBC or the B12 level first?**

The full blood count often improves before serum B12 levels stabilise. If monitoring haematological recovery, a repeat FBC can be useful after approximately 4 weeks. Serum B12 testing is generally more informative later, around 8 weeks or longer after treatment.

#### **Why don't we routinely order MMA, homocysteine or active B12 instead of serum B12?**

Serum B12 remains the standard first-line test because it is widely available and supported by Medicare funding arrangements. MMA and homocysteine are most useful when the serum B12 result is borderline or when clinical suspicion remains high despite inconclusive results.

#### **How should I interpret a borderline B12 result?**

A borderline or indeterminate serum B12 level does not exclude deficiency. In these situations, MMA and homocysteine can help determine whether there is a functional deficiency. Elevated levels support the diagnosis and may justify treatment.

#### **Can a patient have B12 deficiency despite a normal serum B12 level?**

Yes. Functional B12 deficiency can occur when circulating B12 is present but not effectively utilised at the cellular level. If symptoms and risk factors are strongly suggestive, further assessment with MMA or homocysteine may be warranted.

#### **Do all pathology providers use the same B12 reference ranges?**

No. Different laboratories may use different assays and reference intervals. When monitoring a patient's B12 over time, it is preferable to use the same pathology provider where possible to improve consistency and interpretation.

#### **How often should B12 levels be monitored in patients receiving long-term treatment?**

Monitoring should be guided by the clinical situation rather than performed routinely. Patients with ongoing risk factors (such as pernicious anaemia, previous gastric surgery, restrictive diets or chronic medication use) may require periodic review and repeat testing.

#### **Is oral B12 appropriate for patients taking long-term metformin?**

In many cases, yes. Patients with mild deficiency and no significant neurological symptoms can often be managed successfully with high-dose oral or sublingual B12 supplementation. Ongoing monitoring and dietary assessment remain important.

#### **Should B12 testing be included in routine diabetes reviews?**

Given the association between long-term metformin use and B12 deficiency, it is reasonable to consider periodic B12 assessment in patients with diabetes, particularly if they develop fatigue, neuropathy, cognitive symptoms or other features suggestive of deficiency.

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