

PATIENT INFORMATION · GENERAL HEALTH

Vitamin B12 deficiency

treatable — but not always reversible if left

B12 is needed to make red blood cells and to maintain the insulating sheath around nerves. Deficiency is common, easily missed, and usually produces vague symptoms that get attributed to a busy life. Left long enough, the neurological damage can become permanent, which is why it is worth testing rather than guessing.

Seek prompt assessment if you have

- **numbness, tingling or burning** in the hands or feet
- **unsteadiness walking**, or difficulty with balance in the dark
- **memory problems, confusion or personality change**
- **severe breathlessness, chest pain or palpitations**
- **visual disturbance**, or a sore smooth beefy-red tongue
- these symptoms alongside a **known deficiency you have stopped treating**

Neurological symptoms indicate the nervous system is already affected and need treating urgently rather than at the next routine appointment. Nerve damage present for a long time may not fully recover even with proper treatment.

Symptoms

- **Extreme tiredness**, breathlessness on exertion, palpitations, pale or slightly yellow skin
- **Pins and needles**, numbness, or a burning sensation in hands and feet
- **Poor balance and coordination**
- **Brain fog**, poor concentration, memory difficulty, irritability, low mood
- A **sore, red, smooth tongue** and mouth ulcers
- Disturbed vision, and in severe cases confusion

Who is at risk

- **Vegans and strict vegetarians** — B12 occurs naturally only in animal products

- **Pernicious anaemia** — an autoimmune condition destroying the mechanism that absorbs B12. The commonest cause in the UK
- **Metformin** for diabetes, and **long-term acid-suppressing medicines** such as omeprazole and lansoprazole
- **Coeliac disease, Crohn's disease**, and previous stomach or bowel surgery including bariatric surgery
- Age over 60, heavy alcohol use, and pregnancy

Never take folic acid alone if B12 might be low

Folic acid corrects the anaemia caused by B12 deficiency while the nerve damage continues silently underneath — and can accelerate it. This matters for anyone taking high-dose folic acid, including in pregnancy. **B12 must be checked and treated first, or alongside.** The same applies to B-complex and 'energy' supplements bought over the counter: taking them before a blood test can also mask a genuine deficiency and produce a falsely normal result.

Testing

A blood test measures B12, usually alongside a full blood count, folate and ferritin, since deficiencies frequently occur together. If B12 is low or borderline, further tests may include intrinsic factor antibodies to look for pernicious anaemia, and coeliac screening. Results in the low-normal range with clear symptoms are sometimes worth treating, since the test has real limitations.

Treatment

Injections

for absorption problems —
lifelong

Tablets

where the cause is dietary

Every 2-3 months

typical maintenance interval

- **Injections** are used where the problem is absorption rather than intake — pernicious anaemia, bowel disease, after surgery. Loading doses are given first, then maintenance every two to three months, usually for life.
- **Where neurological symptoms are present**, more intensive initial treatment is used.
- **Tablets** are appropriate where the cause is purely dietary, as in a vegan diet.
- Symptoms often improve within days to weeks, though nerve symptoms recover more slowly and sometimes incompletely.
- **Do not stop treatment because you feel better** — if the cause is absorption, deficiency will simply return.

Why come to us. We test B12 alongside folate, ferritin and a full blood count in-house, with results explained by a clinician rather than a text message — and we look for the underlying cause rather than simply topping you up. If you need **B12 injections**, we provide them here, seven days a week, including for people who have been diagnosed elsewhere and cannot get convenient appointments. No referral is needed and you can book online.

B12 testing and injections, seven days a week

Bloods in-house, results explained, no referral needed.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London

97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**

info@mhwcclinic.co.uk

Open 7 days, 9am–7pm

In an emergency

Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency

Call NHS 111 or visit 111.nhs.uk.

Related: **[B12 Injection](#)** · **[Blood Tests](#)** · **[Health Screening & MOT](#)** · **[All patient leaflets](#)**

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This leaflet is based on current NHS, NICE NG239 and British Society for Haematology guidance on cobalamin and folate deficiency. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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