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RP Morrissey, [L Czer](#), PK Shah - American Journal of Cardiovascular ..., 2011 - Springer

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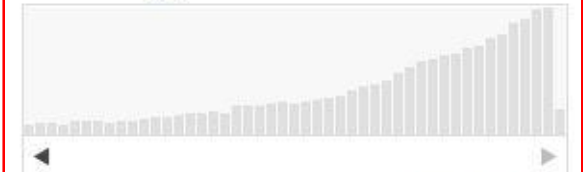
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Vitamin B12 and folate deficiency in chronic heart failure.

van der Wal HH¹, Comin-Colet J², Klip IT¹, Enjuanes C², Grote Beverborg N¹, Voors AA¹, Banasiak W³, van Veldhuisen DJ¹, Bruquera J², Ponikowski P⁴, Jankowska EA⁴, van der Meer P¹.

Author information

Abstract

OBJECTIVE: To determine the prevalence, clinical correlates and the effects on outcome of vitamin B12 and folic acid levels in patients with chronic heart failure (HF).

METHODS: We studied an international pooled cohort comprising 610 patients with chronic HF. The main outcome measure was all-cause mortality.

RESULTS: Mean age of the patients was 68±12 years and median serum N-terminal prohormone brain natriuretic peptide level was 1801 pg/mL (IQR 705-4335). Thirteen per cent of the patients had an LVEF >45%. Vitamin B12 deficiency (serum level <200 pg/mL), folate deficiency (serum level <4.0 ng/mL) and iron deficiency (serum ferritin level <100 µg/L, or 100-299 µg/L with a transferrin saturation <20%) were present in 5%, 4% and 58% of the patients, respectively. No significant correlation between mean corpuscular volume and vitamin B12, folic acid or ferritin levels was observed. Lower folate levels were associated with an impaired health-related quality of life (p=0.029). During a median follow-up of 2.10 years (1.31-3.60 years), 254 subjects died. In multivariable proportional hazard models, vitamin B12 and folic acid levels were not associated with prognosis.

CONCLUSIONS: Vitamin B12 and folate deficiency are relatively rare in patients with chronic HF. Since no significant association was observed between mean corpuscular volume and neither vitamin B12 nor folic acid levels, this cellular index should be used with caution in the differential diagnosis of anaemia in patients with chronic HF. In contrast to iron deficiency, vitamin B12 and folic acid

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Paul Foley, MD. Published January 31, 2014. Last updated June 13, 2012.

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Definition

Heart failure (HF) is a complex clinical syndrome that can result from any structural or functional cardiac disorder

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Preamble

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Clyde W. Yancy MD, MSc, MACC, FAHA, FHFSA, Mariell Jessup MD, FACC, FAHA, FESC, Biykem Bozkurt MD, PhD, FACC, FAHA, Javed Butler MD, MBA, MPH, FACC, FAHA, Donald E. Casey MD, MPH, MBA, FACC, Monica M. Colvin MD, FAHA, Mark H. Drazner MD, MSc, FACC, FAHA, Gerasimos Filippatos MD, FESC, Gregg C. Fonarow MD, FACC, FAHA, FHFSA, Michael M. Givertz MD, FACC, FHFSA, Steven M. Hollenberg MD, FACC, JoAnn Lindenfeld MD, FACC, FAHA, FHFSA, Frederick A. Masoudi MD, MSPH, FACC, Patrick E. McBride MD, MPH, FACC, Pamela N. Peterson MD, FACC, Lynne Warner Stevenson MD, FACC and Cheryl Westlake PhD, RN, ACNS-BC, FHFSA

JACC (Journal of the American College of Cardiology), 2016-09-27, Volume 68, Issue 13, Pages 1476-1488, Copyright © 2016 American College of Cardiology Foundation, the American Heart Association, Inc., and the Heart Failure Society of America



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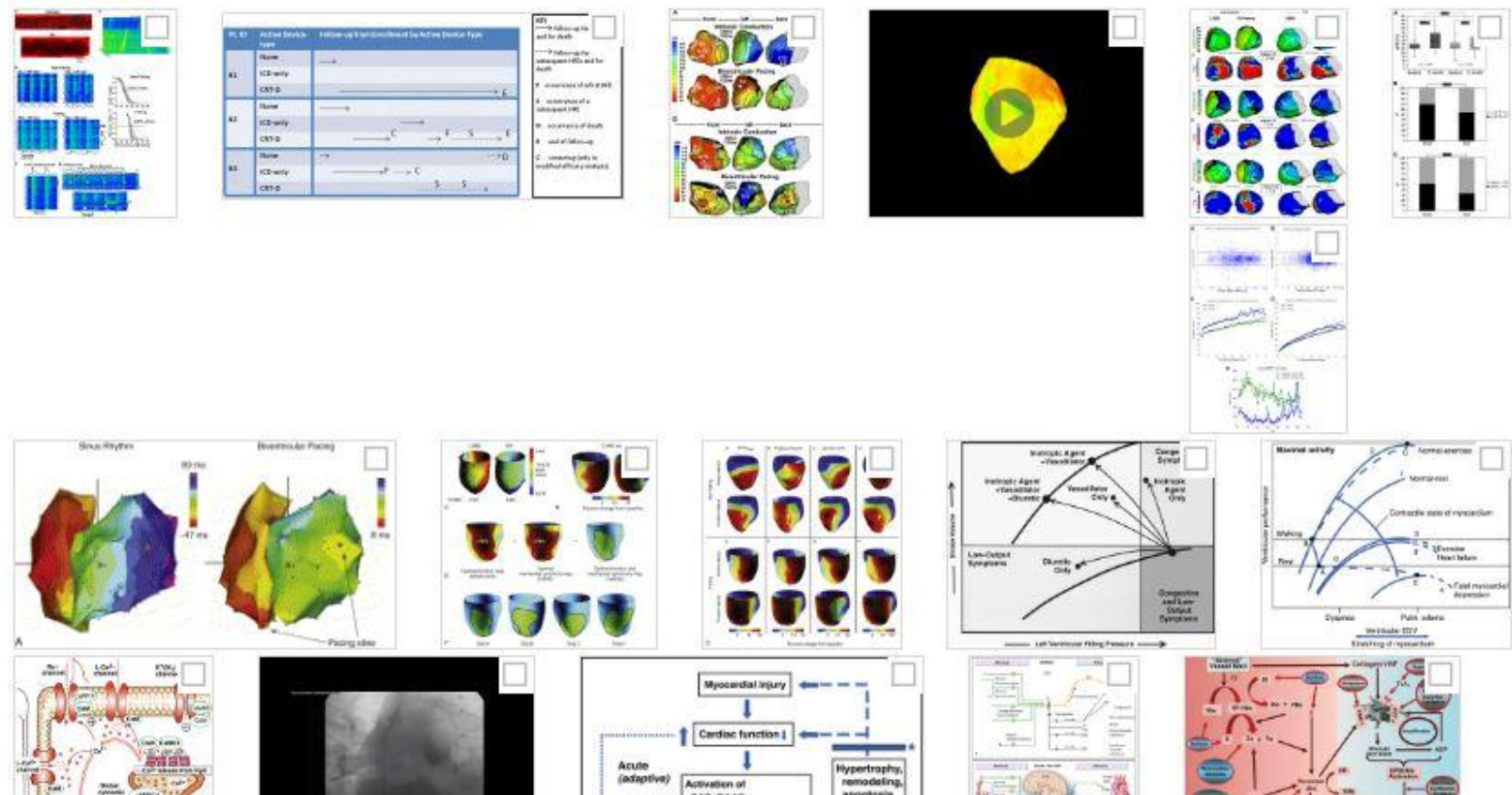
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Abstract

Heart failure in the paediatric setting encompasses a range of disease processes and pathophysiological mechanisms. The clinical symptoms are commonly seen in the setting of pulmonary overcirculation as well as myocardial pump failure. A significant proportion of patients with congenital heart disease present with or develop heart failure

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