# Micronutrient Deficiencies and Supplements in Diabetes

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# Diabetes and the Matter of Dietary Supplements

- **Dietary supplements** have gained attention among people with diabetes as an alternative and complementary treatment.
- These supplements, including vitamins, minerals, herbal extracts, and other functional food ingredients, are believed to offer benefits
  - ✓Blood glucose regulation
  - ✓ Antioxidant properties
  - ✓ Anti-inflammatory effects

## Diabetes and the Matter of Dietary Supplements

- Scientific evidence of their **effectiveness** and **safety** remains inconclusive.
- Usage patterns, motivations, and influencing factors among patients are not well understood.
- More than 60% of patients with diabetes reported using dietary supplements.
- Only 45% of individuals used dietary supplements <u>based on</u> medical advice.
- Common supplements included <u>multivitamins</u>, <u>multimineral</u> supplements, vitamin D, calcium, zinc, vitamin C, and fish oil

# Micronutrient deficiencies in patients with diabetes

## Meta-analysis of 132 studies with 52 501 participants:

- Micronutrient deficiencies are common in T2D patients.
- The pooled prevalence of multiple micronutrient deficiency (vitamins, minerals and electrolytes) was **45.30%** (95% CI 40.35% to 50.30%) among T2D patients.
- The pooled prevalence (48.62%, 95% CI 42.55 to 54.70) was higher in women.

# Vitamin B Deficiency and supplementation in Diabetes

(B1, B3, B6, B9, B12)



# Agenda

- 1. Essential roles of Vitamin B
- 2. Vitamin B (B1, B3, B6, B9, B12) deficiencies in patients with diabetes
- 3. Effects of Vitamin B supplementations in diabetes
- 4. What do Guidelines say?
- 5. Conclusion

## **Essential roles of Vitamin B:**

#### • Vitamin B1:

- ✓ Cofactor for 3 key enzymes of glucose metabolism (Pyruvate dehydrogenase, α-ketoglutarate dehydrogenase, and trans ketolase)
- Vitamin B3 (Niacin)
- ✓ Coenzyme forms (NAD and NADP) are essential for carbohydrate, lipid, and protein metabolism
- Vitamin B6 (Pyridoxal):
- ✓ Transaminase activities and glycogen phosphorylation (gluconeogenesis and glycogenolysis)

Ge Y, et al.Am J Clin Nutr. 2023;117(2):426-435. Dawood MH, Abdulridha MK, Qasim HS. J Med Life. 2023;16(10):1474-1481. El-Khodary NM, Dabees H, Werida RH. Nutr Diabetes. 2022;12(1):33. Didangelos T, et al. Nutrients. 2021;13(2):395.

## **Essential roles of Vitamin B:**

- Vitamin B9 (Folic acid):
- ✓ Regulating plasma Homocysteine (Hcy) concentration
  - Hyperhomocysteinemia in patients with diabetes → insulin resistance, dyslipidemia
- ✓ Preventing nitric oxide synthase dysfunction → improving endothelial dysfunction induced by high Homocysteine
- Vitamin B12:
- ✓ Synthesis and regeneration of myelin
- ✓ Analgesic action

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- Lower serum levels of vitamin B<sub>1</sub> (thiamine) was observed in patients with diabetes.
- Recommended Dietary Allowances (RDAs) for B1: 1.2 and 1.1 mg/d for adult men and women (1.4 mg/d for pregnancy and lactation)
- Thiamin is available in Multivitamin/mineral supplements with thiamin typically provide about 1.5 mg thiamin.
- The most commonly used forms of thiamin in supplements are thiamin mononitrate and thiamin hydrochloride, which are stable and water soluble



#### Metabolism



journal homepage: www.journals.elsevier.com/metabolism

Association between diabetes and thiamine status - A systematic review and meta-analysis

Dan Ziegler a, , Karlheinz Reiners b, Alexander Strom a, Rima Obeid c

Compared to non-diabetic controls, individuals with diabetes

- $\downarrow$  Thiamine (SMD = -0.97, 95% CI: -1.89 to -0.06)
- $\downarrow$  Thiamine monophosphate (SMD = -1.16, 95% CI: -1.82 to -0.50)
- $\downarrow$  Total thiamine compounds (SMD = -1.01, 95% CI: -1.48 to -0.54)
- ✓ Diabetes is associated with reduced levels of various thiamine markers.
- ✓ Individuals with diabetes may have higher thiamine requirements.

- Deficiency of pyridoxine is usually found in association with other vitamin B deficiencies, including folate (vitamin B9) and cobalamin (vitamin B12).
- Isolated pyridoxine deficiency is extremely rare.
- Recommended Dietary Allowances (RDAs) for B6: 1.3 mg/d for adults aged 19-50y (1.9 and 2 mg/d for pregnancy and lactation), and 1.7 and 1.5 mg/d for men and women aged over 50y
- Vitamin B6 is available in multivitamins, in supplements containing other B complex vitamins, and as a stand-alone supplement
- The most common vitamin B6 in supplements is pyridoxine (in the form of pyridoxine hydrochloride).

Epub 2020 Oct 31.

## Isolated Pyridoxine Deficiency Presenting as Muscle Spasms in a Patient With Type 2 Diabetes: A Case Report and Literature Review

- Age/Sex: 59-year-old female
- Medical history: Type 2 diabetes mellitus
- Chief complaint: Painful muscle spasms in both feet, spreading to legs and intermittently affecting the left arm
- Symptoms not responsive to: Baclofen and Cyclobenzaprine
- Plasma pyridoxal 5-phosphate: Confirmed pyridoxine deficiency
- Other vitamins (B1, B3, B12, folate): normal
- Standard-dose intramuscular pyridoxine injections for 3 weeks + Oral

pyridoxine supplements for 3 months

Consider evaluating vitamin B6 status in patients with T2D with neuromuscular symptoms.

- \ Serum folate in T2DM patients with neuropathy
- Recommended Dietary Allowances (RDAs) for Folate: 400μg/d for adults (500 and 600 μg/d for pregnancy and lactation)
- Folic acid is available in multivitamins, supplements containing other B-complex vitamins, and supplements containing only folic acid.
- Common doses ranges 400 to 800 µg folic acid in supplements for adults.

- **B12 deficiency:** 28.7% (95% CI: 21.1% to 36.4%)
- Meta-analysis of 26 studies:
  - ✓ Lower levels of vitamin  $B_{12}$  in patients on metformin
  - ✓ Vitamin B12 deficiency is associated with metformin use, likely only in those with longer/greater-dose
- Recommended Dietary Allowances (RDAs) for Vitamin B12 in 2.4 µg/d for adults (2.6 and 2.8 in lactation and pregnancy, respectively)

## • Vitamin B12 Deficiency Risk:

• Metformin users had a **2.09 times higher risk** of vitamin B12 deficiency vs. non-users (95% CI 1.49-2.93).

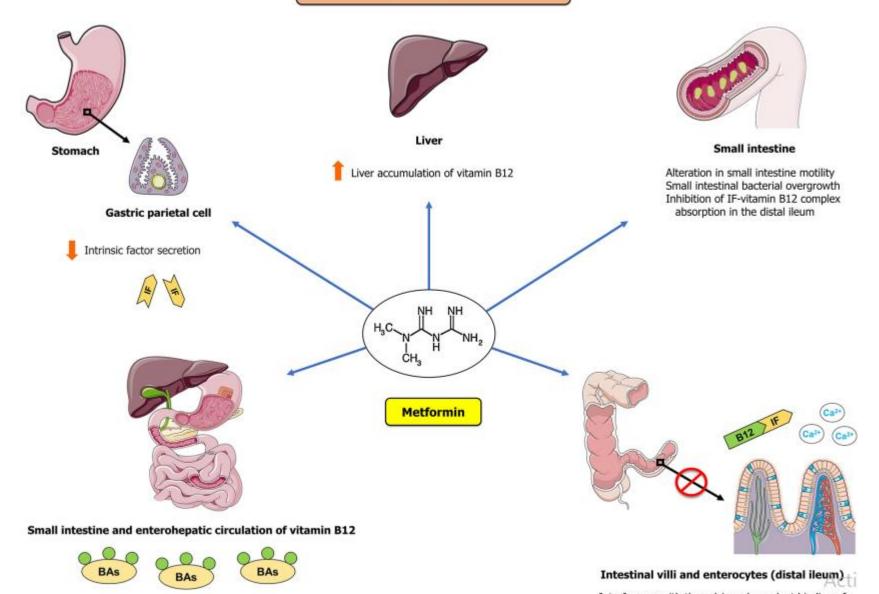
## Serum Vitamin B12 Levels:

- Metformin users had **significantly lower** vitamin B12 levels (mean difference **-63.7 pM**, 95% CI -74.35 to -53.05).
- The decrease was dose- and duration-dependent.

## • Percentage Decrease in Vitamin B12:

• Metformin use led to a **14.7% greater decline** in vitamin B12 from baseline (95% CI -17.98% to -11.39%).

#### Metformin-induced vitamin B12 deficiency



Altered bile acid metabolism and reabsorption

Interference with the calcium-dependent binding of the IF-vitamin B12 complex to the cubilin receptor

## **Key Points on Defining Vitamin B12 Deficiency**

- No Consensus Exists: There is no universally accepted definition for vitamin B12 deficiency
- Debate Over Cut-off Values:
  - Scientists disagree on the **exact serum B12 thresholds** for deficiency.
  - Different cut-offs can **underestimate or overestimate** deficiency rates
- Current General Guidelines:
  - **Sever deficiency**: Serum B12 < **148 pmol/L**.
  - Marginal/borderline deficiency: Serum B12 148–221 pmol/L
- Biomarker Challenges:
  - Uncertainty remains about the **best biomarker** (**or combination**) to assess B12 status (e.g., **serum B12**, **methylmalonic acid**, **homocysteine**)

### Clinical Manifestations of B12 deficiency

### Hematologic signs:

- Megaloblastic anemia (hallmark feature)
- Low WBC, RBC, and platelet counts

### Neurological symptoms:

- Numbness, tingling in hands and feet
- Can occur without anemia, risk of irreversible damage if untreated

### Other symptoms:

- Glossitis (inflamed tongue)
- Fatigue, palpitations, pale skin
- Dementia, weight loss, infertility

Because the body stores about 1 to 5 mg vitamin B12 (~1000-2000 times as much as the amount typically consumed in a day), the symptoms of vitamin B12 deficiency can take several years to appear.

# Effects of Supplementation with Vitamin B



## Vitamin B1 (thiamine):

- ✓ A meta-analysis of 6 trials:
- Supplementation with 100–900 mg/day of thiamine or benfotiamine for up to 3 months:
  - Glycemic outcomes (HbA1c,FBG,Post Prandial Glucose): ↔
  - TG: ↓ (MD\*=-1.1)
  - HDL-C: ↑ (MD=0.1)

Muley A, et al. BMJ Open. 2022 Aug 25;12(8):e059834.

<sup>\*</sup>MD=Mean Difference

- Benfotiamine is a synthetic S-acyl derivative of thiamine (vitamin B1).
- Recommended in clinical guidelines:
  - **Initial dose**: 120–600 mg/day.
  - Maintenance dose: 300 mg/day
- Targets both painful and non-painful diabetic peripheral neuropathy (DPN) symptoms.

- Benefits of Benfotiamine in DPN prevention:
  - Improves nerve conduction velocity.
  - Reduces neuropathic pain, especially at higher doses
- ✓ Prevents motor nerve deficits
- ✓ Prevents AGE (advanced glycation end-product) formation
- ➤ Proposed as a first-line nutritional supplement (along with alpha-lipoic acid, ALA) for preventing DPN progression, given its efficacy and safety.

# Effects of supplementation Vitamin B3

- Niacin exists in two forms: nicotinic acid and nicotinamide.
- **Pharmacological Uses:** Nicotinic acid (1–3 g/day) effectively treats dyslipidemia but may impair glycemic control in diabetes.
- Nicotinamide is under investigation for diabetes prevention and treatment.
- RDA: 14 mg/day (women), 16 mg/day (men).
- Mechanisms in Diabetes
  - Protect pancreatic  $\beta$ -cells from autoimmune damage.
  - Maintain intracellular NAD levels.
  - Act as a weak antioxidant.





# Effectiveness of niacin supplementation for patients with type 2 diabetes

A meta-analysis of randomized controlled trials

Dan Xiang, MM\*, Qian Zhang, MM, Yang-Tian Wang, MM



- 8 RCTs including 2,110 patients with T2D
- No significant effects were observed on glucose metabolism:
  - Plasma glucose: WMD = +0.18 mmol/L (95% CI: -0.14-0.50)
  - Hemoglobin A1c (HbA1c): WMD = +0.39% (95% CI: -0.15 to 0.94)





# Effectiveness of niacin supplementation for patients with type 2 diabetes

## A meta-analysis of randomized controlled trials

Dan Xiang, MM\*, Qian Zhang, MM, Yang-Tian Wang, MM



- 8 RCTs including 2,110 patients with T2D
- Niacin supplementation significantly improved lipid parameters:
  - $\downarrow$  Total cholesterol: WMD = -0.28 mmol/L (95% CI: -0.44 to -0.12)
  - $\downarrow$  Triglycerides: WMD = -0.37 mmol/L (95% CI: -0.52 to -0.21)
  - $\downarrow$  LDL cholesterol: WMD = -0.42 mmol/L (95% CI: -0.50 to -0.34)
  - $\uparrow$  HDL cholesterol: WMD = +0.33 mmol/L (95% CI: 0.21 to 0.44)

### Vitamin B6:

- No meta-analysis
- A randomized clinical trial, 129 Newly diagnosed Type2 Diabetes:
  - ✓ Metformin 500 mg/day+ vitamin B6 300 mg/day+ lifestyle modification
  - **FBS:** ↓36.89%
  - **HbA1c:** ↓ 16.69%
  - Fasting Insulin: ↓ 29.98%
  - **HOMA-IR:** ↓ 55.82%

## Vitamin B9 (Folic acid):

- A double-blind randomized controlled clinical trial:
  - 1. Serum Homocysteine: ↓28.2%
  - **2. FBS:** ↓8.7%
  - **3. HbA1c:** ↓8.2%
  - **4. Serum insulin level:** ↓13.7%
  - **5. Insulin resistance:** ↓ 21.7%

Sudchada P, et al. Diabetes Res Clin Pract. 2012 Oct;98(1):151-8. Zhao JV, et al.Ann Epidemiol. 2018 Apr;28(4):249-257.e1. El-Khodary NM, Dabees H, Werida RH. Nutr Diabetes. 2022;12(1):33. Mokgalaboni K, et al. Nutr Diabetes. 2024 Apr 22;14(1):22.

## Vitamin B9 (Folic acid):

- Meta-analysis of 18 RCTs: 21,081 participants:
  - 1. **FBS:**  $\downarrow$  (MD\*=-0.15 mmol/l)
  - **2. HOMA-IR:** ↓(MD=-0.83)
  - 3. Serum insulin level: ↓(MD=-1.94µIU/ml)
  - **4.** HbA1c: ↔

Sudchada P, et al. Diabetes Res Clin Pract. 2012 Oct;98(1):151-8. Zhao JV, et al.Ann Epidemiol. 2018 Apr;28(4):249-257.e1. El-Khodary NM, Dabees H, Werida RH. Nutr Diabetes. 2022;12(1):33. Mokgalaboni K, et al. Nutr Diabetes. 2024 Apr 22;14(1):22.

<sup>\*</sup>MD=Mean Difference

## Vitamin B9 (Folic acid):

- Meta-analysis of 4 RCTs:
  - 1. Serum Homocysteine: ↓(WMD\*=- 3.52 µmol/l)
  - 2. HbA1c: ↔

\*WMD=Weighted Mean Difference

Sudchada P, et al. Diabetes Res Clin Pract. 2012 Oct;98(1):151-8. Zhao JV, et al. Ann Epidemiol. 2018 Apr;28(4):249-257.e1. El-Khodary NM, Dabees H, Werida RH. Nutr Diabetes. 2022;12(1):33. Mokgalaboni K, et al. Nutr Diabetes. 2024 Apr 22;14(1):22.

## Vitamin B12:

- A randomized double-blind placebo-controlled trial, 90 patients with type2 diabetes mellitus, using metformin for at least 4 years, with both peripheral and Autonomic Diabetic Neuropathy & serum B12 level <400 pmol/l:
  - ↑ Plasma vitamin B12 levels
  - Improvement of neurophysiological parameters

#### **Thiamine supplementation:**

• No effects on glycemic outcomes, ↓ Triglycerides, ↑ HDL

#### **Niacin supplementation:**

• <u>Niacin</u> supplements ranked best in <u>triglyceride</u> reductions and increasing high-density lipoprotein cholesterol levels with low to very low evidence certainty.

#### **Vitamin B6 supplementation:**

Little evidence

Muley A, et al. BMJ Open. 2022 Aug 25;12(8):e059834.

Deng et al. 2023, Page 5201

Dawood MH, Abdulridha MK, Qasim HS. J Med Life. 2023;16(10):1474-1481.

Zhao JV, et al.Ann Epidemiol. 2018 Apr;28(4):249-257.

Mokgalaboni K, et al. Nutr Diabetes. 2024 Apr 22;14(1):22.

## **Folic acid supplementation:**

Benefits on insulin resistance, glycemic control, mitigating Cardio
 Vascular Diseases

## **Vitamin B12 supplementation:**

• Monitoring and supplementation of vitamin B12 level are likely beneficial.

Muley A, et al. BMJ Open. 2022 Aug 25;12(8):e059834.

Deng et al. 2023, Page 5201

Dawood MH, Abdulridha MK, Qasim HS. J Med Life. 2023;16(10):1474-1481.

Zhao JV, et al. Ann Epidemiol. 2018 Apr;28(4):249-257.

Mokgalaboni K, et al. Nutr Diabetes. 2024 Apr 22;14(1):22.

- ✓ Potential deficiencies of micronutrient must be considered and corrected.
- ✓ The most prevalent vitamin B deficiency in T2D: B12 deficiency: 28.7% (95% CI: 21.1% to 36.4%)
- ✓ More studies must be conducted about the need for supplementation due to the conflicting results of studies to date

## The American Diabetes Association:

- People at low risk for nutritional deficiencies meet their nutritional requirements with natural food sources.
- Do not generally support the use of micronutrient supplements for people with diabetes.

## The American Diabetes Association:

- ✓ Dietary supplementation with vitamins, minerals (such as chromium and vitamin D), herbs, or spices(such as cinnamon or aloe vera) are not recommended for glycemic benefits.
- ✓ Health care professionals should inquire about intake of supplements and counsel as needed.

## The American Diabetes Association:

 Counsel against β-carotene supplementation, as there is evidence of harm for specific individuals and confers no benefits.



# Rich dietary sources of vitamin B



#### **Top 10 Foods Highest in Thiamin (Vitamin B1)**

1mg of Thiamin = 100% of the Daily Value (%DV)

#### **1** Lean Pork Chops



**96% DV** (1.1mg) in a 6oz chop

332 calories

#### 2 Fish (Salmon)



48% DV (0.6mg) per 6oz fillet

350 calories

#### 3 Flax Seeds



**39% DV** (0.5mg) per oz

152 calories

#### **4** Navy Beans



**36% DV** (0.4mg) per cup

255 calories

#### **5** Green Peas



35% DV (0.4mg) per cup cooked

134 calories

#### **6** Firm Tofu



**33% DV** (0.4mg) **per cup** 

363 calories

#### 7 Brown Rice



**30% DV** (0.4mg) per cup

248 calories

#### 8 Acorn Squash



**29% DV** (0.3mg) per cup cooked

115 calories

#### **9** Asparagus



24% DV (0.3mg) per cup cooked

40 calories

#### 10 Mussels



**21% DV** (0.3mg) **per 3oz** 

146 calories

#### **Top 10 Foods Highest in Vitamin B3 (Niacin)**

16mg of Niacin = 100% of the Daily Value (%DV)

#### 1 Tuna (Yellowfin)



**234% DV** (37.5mg) in a 6oz fillet

221 calories

#### 2 Lean Chicken Breast



100% DV (16.1mg) in a 6oz breast

267 calories

#### 3 Lean Pork Chops



**85% DV** (13.6mg) in a 6oz chop

332 calories

#### 4 Beef (Skirt Steak)



60% DV (9.5mg) per 6oz steak

456 calories

#### **5** Portabella Mushrooms



47% DV (7.6mg) per cup sliced

35 calories

#### 6 Brown Rice



**32% DV** (5.2mg) per cup

248 calories

#### 7 Peanuts (Dry Roasted)



**25% DV** (4.1mg) **per oz** 

167 calories

#### 8 Avocados



22% DV (3.5mg) per avocado

322 calories

#### **9** Green Peas



20% DV (3.2mg) per cup cooked

134 calories

#### **10** Sweet Potatoes



15% DV (2.4mg) per cup mashed

258 calories

#### **Top 10 Foods Highest in Vitamin B6**

2mg of Vitamin B6 = 100% of the Daily Value (%DV)

#### **1** Salmon



94% DV (1.6mg) per 6oz fillet

309 calories

#### **2** Lean Chicken Breast



**92% DV** (1.6mg) in a 6oz breast

267 calories

#### **Top 10 Foods Highest in Vitamin B9 (Folate)**

400µg of Folate = 100% of the Daily Value (%DV)

#### **1** Edamame (Green Soybeans)



**121% DV** (482μg) **per cup** 

188 calories

#### 2 Lentils



**90% DV** (358µg) per cup

230 calories

#### **3** Fortified Tofu



**66% DV** (1.1mg) per cup

208 calories

#### **4** Lean Pork Chops



**54% DV** (0.9mg) in a 6oz chop

332 calories

#### 3 Asparagus



67% DV (268µg) per cup cooked

40 calories

#### 4 Spinach



**66% DV** (263µg) per cup cooked

41 calories

#### **5** Beef (Skirt Steak)



**48% DV** (0.8mg) per 6oz steak

**456** calories

#### **6** Sweet Potatoes



**35% DV** (0.6mg) per cup mashed

258 calories

#### 5 Broccoli



42% DV (168µg) per cup cooked

55 calories

#### 6 Avocados



**41% DV** (163µg) per avocado

322 calories

#### **7** Bananas



32% DV (0.6mg) per cup sliced

134 calories

#### 8 Potatoes



32% DV (0.5mg) in a medium potato

**161** calories

#### **7** Mangos



**18% DV** (71µg) per cup

**99** calories

#### 8 Lettuce



**16% DV** (64μg) per cup

8 calories

#### 9 Avocados



**30% DV** (0.5mg) **per avocado** 

322 calories

#### **10** Pistachio Nuts



28% DV (0.5mg) per 1 oz handful

159 calories

#### 9 Sweet Corn



15% DV (61µg) per cup cooked

125 calories

#### **10** Oranges



**14% DV** (54μg) per cup

85 calories

#### **Top 10 Foods Highest in Vitamin B12 (Cobalamin)**

2μg of Vitamin B12 = 100% of the Daily Value (%DV)

#### 1 Clams



**3502% DV** (84.1μg) per 3oz serving

126 calories

#### **2** Tuna



**771% DV** (18.5μg) per 6oz fillet

313 calories

#### **3** King Crab



**642% DV** (15.4 $\mu$ g) in 1 crab leg

130 calories

#### 4 Beef (Skirt Steak)



**533% DV** (12.8µg) per 6oz steak

456 calories

#### **5** Fortified Cereals



**254% DV** (6.1μg) per 3/4 cup

95 calories

#### **6** Fortified Soymilk



**249% DV** (6µg) per **16oz** glass

160 calories

#### **7** Fortified Tofu



**137% DV** (3.3µg) per cup

208 calories

#### 8 Low-Fat Milk



**108% DV** (2.6µg) per **16oz** glass

244 calories

#### 9 Swiss Cheese



**36% DV** (0.9µg) per oz

112 calories

#### 10 Eggs



23% DV (0.6µg) in 1 large egg

78 calories

