

## Nutritional Disorders

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Consider nutritional emergencies in high risk patients, such as, patients with alcoholism, eating disorders, GI disorders, low socioeconomic status, or at the extremes of age.

### Approach to common nutritional emergencies:

**Thiamine (B1) deficiency** presents due cell damage at neurons, nerves, or cardiac myocytes. Treatment is with high dose thiamine

- **Dry Beriberi:** Neuropathies that can lead to partial paralysis
- **Wernicke's encephalopathy:** Ophthalmoplegia, ataxia, and altered mental status
- **Korsakoff's phenomenon:** confabulation and memory loss
- **Wet beriberi:** high output congestive heart failure.
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**Niacin (B3) deficiency – Pellagra** presents with triad of diarrhea, dermatitis, and dementia. The rash is scaly on the neck or back of hands. Tx = B3

**Folate (B9) deficiency** – most commonly presents with megaloblastic anemia. Tx = B9

**B12 deficiency** – classically presents with **megaloblastic anemia PLUS neurologic findings**. Typically occurs in strict vegans or patients with autoimmune gastritis as the body can store years worth of B12. Neurologic findings from are from subacute combined degeneration of the spinal cord. This includes dorsal column and lateral column degeneration resulting in impaired vibratory sense, proprioception, and motor weakness/other sensory impairment.