

P38 - CURRENT VITAMIN B12 TESTING AND TREATMENT POLICIES ACROSS A RANDOM SAMPLE OF ONTARIO LTC HOMES (STUDENT POSTER)

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Brief Description of Research or Project: Adequate B12 status is important, yet vitamin B12 deficiency prevalence in older adults is elusive. Estimates from community samples suggest a prevalence of 4-50% in older adults (aged 65+) but data are not well reported in long-term care (LTC). Symptoms of deficit, especially in subclinical deficiency, vary making it difficult to detect without a blood test. However, without timely treatment, effects will become permanent (e.g., neuropathy) and can impact quality of life and potentially frailty. Despite these consequences, no formalized best-practice guidelines exist for B12 testing or treatment in Ontario. This is of particular interest to LTC residents who are older, have more co-morbidities and lower quality of life compared to community-dwelling older adults. This work, a component of a larger project investigating vitamin B12 status and frailty in Ontario LTC residents, involves determining policies and protocols in place for B12 testing and treatment for deficiency upon admission to LTC in a random sample of LTC homes across Ontario. Data collection is underway. Preliminary results (n=39) suggest that 64% of Ontario LTCs test for vitamin B12 status on admission. Meanwhile, the most frequently reported percentage of residents per home receiving B12 treatment is 21%, suggesting a relatively high prevalence of deficiency in this population. Questions remain as to how these protocols impact B12 status and potentially other frailty indicators. This study aims to inform: best-practice guidelines, future education on the importance of B12 testing and treatment for maintaining or improving quality of life for LTC residents and beyond. **Why is this research important to profile at the Research Day 2014?** The importance of adequate nutrition applies to everyone. For older adults who often have more difficulty absorbing key nutrients from food, nutrition and micronutrient nutrition is especially important. That said, little is known about micronutrient status in long-term care (LTC) so work to address this knowledge gap provides an excellent opportunity for knowledge transfer between residents, front-line LTC team members, policy makers, and researchers. Additionally, application of the results of this research has the potential to impact protocols and practice relating to vitamin B12 testing and treatment, and informing future education and policies for enhancing quality of life for residents living in LTC. This research is timely in that Ontario Health Technology Assessment Committee has B12 testing recommendations for cognitive function in the draft phase and this work may help further inform these recommendations.