

Study suggests vitamin deficiency screening needed for refugees

March 4 2013

New research from the University of Adelaide has discovered a high prevalence of vitamin B12 deficiency among refugees, prompting calls for refugees to be routinely screened for the problem soon after they arrive in the country.

Vitamin B12 deficiency is a sign of severe malnourishment and can result in [permanent damage](#) to the nervous system. For women of child-bearing age, vitamin B12 deficiency can lead to developmental defects in their unborn children. If left untreated, the deficiency could be fatal.

In the first study of its kind in the world, researchers from the University of Adelaide's School of [Population Health](#) studied more than 900 newly arrived refugees and found that 16.5% had vitamin B12 deficiency.

As many as one third of the refugees tested from Iran and Bhutan, and one quarter of those from Afghanistan, suffered from the deficiency.

The results of this study are now published online in the international journal [PLOS ONE](#).

"Vitamin B12 deficiency is a serious problem," says study leader Dr Jill Benson AM, Director of the [Health](#) in Human Diversity Unit at the University of Adelaide.

"Although we were expecting to find a reasonable number of [vitamin B12 deficiency](#) cases in this study, we were not expecting to see such a

significant problem.

"You would not expect to see this kind of deficiency occurring in the population of a typical Western nation. What we're dealing with here is a highly vulnerable population, people who come from countries that experience extreme food security issues, and therefore they suffer from a wide range of [medical conditions](#)."

"Screening for vitamin B12 is not currently part of the standard health check for refugees entering Australia, but based on the results of our study, we firmly believe this screening should occur," Dr Benson says.

Dr Benson also says Australia's current practice of providing healthcare to refugees through local GPs may not be the best approach initially.

"We seriously need to consider providing specialised health services on arrival and in the months following refugees' arrival. Failing that, we need to ensure that GPs receive specialist training in refugee health, because [refugees](#) require a much broader spectrum of health investigation than GPs may be used to."

More information: www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0057998

Provided by University of Adelaide

Citation: Study suggests vitamin deficiency screening needed for refugees (2013, March 4) retrieved 23 April 2024 from <https://medicalxpress.com/news/2013-03-vitamin-deficiency-screening-refugees.html>

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