Thiamine deficiency disorders: identification and treatment

Different clinical presentations of thiamine deficiency:

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Acute Cardiologic Form	Aphonic Form	Pseudo Meningitic Form	Encephalopathy	Peripheral Neuropathies	
Peak prevalence in breastfed babies of 1–3 months of age Colic Restlessness Anorexia Vomiting Edema Cyanosis and breathlessness with signs of heart failure leading to death Pernicious form or Shoshin Beriberi Sudden cardiogenic shock	Peak prevalence in 4- to 6-month-old infants Initially hoarse cry until no sound is produced while crying Restlessness Edema Breathlessness and death	Peak prevalence in 7- to 9-month-old infants Nystagmus (involuntary eye movement) Muscle twitching Bulging fontanelle Convulsions Unconsciousness	Generally older children or adults but also seen in infants Psychomotor slowing or apathy Nystagmus or opthalmoplegia Ataxia Impaired consciousness Eventually coma and death	Older children or adults Pain Tingling or loss of sensation in hands and feet (peripheral neuropathy) Muscle wasting with loss of function or paralysis of the lower extremities Loss of ankle and knee reflexes Cranial nerve impairment	

When should treatment with thiamine be considered:

Case definitions: At least 3 major manifestations OR At least 2 major + 2 minor manifestations AND response to thiamine within 24 hours (very likely TDD) OR within 72 hours (probable TDD)

	Major Manifestations	Minor Manifestations
Infant	Sudden heart failure between 1-6 months Incessant cry, hoarseness, followed by loss of voice Cyanosis and difficulty breathing Significant liver enlargement Bulging fontanelle Nystagmus Muscle twitching Loss of consciousness Fits (without fever)	Reduced suckling or refusing to feed for at least 48 hours Repetitive vomiting Constipation Tachycardia with warm extremities without fever (early sign)
Child or Adult	Difficulty walking (ataxia) Abnormal eye movements Confusion, behavior change Impaired consciousness, coma	Bilateral tingling and numbness in limbs Lethargy, apathy Tachycardia with warm extremities Signs of B-vitamins deficiency (e.g. angular stomatitis)

Treatment options:

1) Mild deficiency states (including lactating women at risk of inadequate thiamine intakes):

First week: 10 mg of thiamine/day, oral dose

Following 6 weeks: 3–5 mg of thiamine/day, oral dose

- 2) Severe deficiency states:
 - Infants

Immediately: if severe heart failure, convulsions or coma occur, 25–50 mg of thiamine, very slowly, intravenously

Following week: 10 mg of thiamine/day, intramuscular dose

Following 6 weeks: 3–5 mg of thiamine /day, oral dose

Children and adults

Immediately: 50–100 mg of thiamine, very slowly intravenously Following 6 weeks: 3–5 mg of thiamine/day, oral dose

References

Prinzo ZW. Thiamine Deficiency and Its Prevention and Control in Major Emergencies.; 1999. http://www.who.int/nutrition/publications/emergencies/WHO_NHD_99.13/en/. Whitfield K, Bourassa MW, Adamolekun B, et al. Thiamine deficiency disorders: diagnosis, prevalence, and a roadmap for global control programs. Ann New York Acad Sci. 2018;xxxx(xxx):xxx.