
Abstract
Studies in developing countries like India have revealed a very high incidence of biochemical riboflavin deficiency, particularly in women and children as judged by erythrocyte glutathione reductase activation test (EGR-AC). Riboflavin deficiency can cause conditioned deficiency of vitamin B6 and the mucocutaneous lesions observed in these two vitamins deficiencies could be due to impaired skin collagen maturity. Subclinical riboflavin deficiency impairs psychomotor function and vitamin B2 requirement may be enhanced during increased physical activity. Riboflavin status is not dependent exclusively on dietary intake of the vitamin, certain non-dietary factors can modify riboflavin status. Respiratory infection, certain diseases, drugs and hormones can influence riboflavin metabolism.