

January 2020

Deprescribing of Vitamin B Complex Preparations and Thiamine

The Regional Medicines Optimisation Committee (RMOC) has reviewed the use of vitamin B supplementation in alcoholism, taking into account relevant guidance published by NICE and NHS England as well as information from other specialist sources. The Medicines Management Team in North Yorkshire is encouraging all practices to review their prescribing of Vitamin B supplements including thiamine tablets.

Summary of Advice and Action Points for GP practices

- Do **not** initiate vitamin B compound or vitamin B compound strong tablets for any of the following indications:
 - Prevention of Wernicke's encephalopathy in alcoholism
 - Dietary supplementation
 - Prevention of deficiency
 - Maintenance treatment following treatment of deficiency
- Review all existing patients prescribed vitamin B complex preparations with a view to stopping treatment in all but exceptional circumstances, such as in those patients with a medically diagnosed deficiency due to lifelong or chronic condition, those on dialysis or following surgery that results in malabsorption. If all relevant patient factors have been taken into account and it is considered appropriate to stop, treatment may be stopped immediately.
- There is no role for the prescribing of vitamin B compound tablets, due to their higher cost.
- The decision to discontinue treatment should be carefully explained to the patient, and should emphasise the positive aspects of de-prescribing of drugs with a low clinical value.
- Advise patients who wish to use these vitamin B preparations as dietary supplements to purchase them over the counter.
- Prescribe prophylactic oral thiamine at a dose of 100mg BD or TDS to harmful or dependent drinkers for prevention of Wernicke's encephalopathy continued for as long as malnutrition is present and/or during periods of continued alcohol consumption.
- Review patients prescribed thiamine with a view to stopping if the patient has been abstinent for 6 weeks or more and has regained adequate nutritional status.
- Patients who require continued treatment with thiamine should be reviewed at appropriate intervals depending on individual circumstances.

Vitamin B complex preparations: guidance from RMOC

- Due to a lack of evidence on their efficacy and safety, vitamin B complex preparations (vitamin B compound and vitamin B compound strong tablets) should not be prescribed for prevention of Wernicke's encephalopathy in alcoholism.
- Vitamin B complex preparations should not be prescribed for preventing deficiency or for maintenance treatment following treatment for deficiency.
- Vitamin B complex preparations should not be prescribed as dietary supplements. Patients who wish to use them for dietary supplementation should be advised to purchase them over the counter.

- **Vitamin B compound strong tablets** may be prescribed on a short-term basis (10 days) for patients at risk of refeeding syndrome. This also applies to patients who are not harmful or dependent drinkers.
- In rare cases where there might be a justifiable reason for prescribing vitamin B complex e.g. medically diagnosed deficiency or chronic malabsorption, **vitamin B compound strong tablets** (and not vitamin B compound tablets) should be prescribed as they represent better value for money. Current prices of vitamin B preparations are as follows:

Vitamin B co strong tablets (28):	£1.88
Vitamin B co tablets (28):	£26.63

Thiamine: Guidance from RMOC

- In line with NICE guidance, oral thiamine should be prescribed for the prevention of WE to harmful or dependent drinkers in whom any of the following apply:
 - They are malnourished or at risk of malnourishment
 - They have decompensated liver disease
 - They are in acute withdrawal
 - Before and during a planned medically assisted alcohol withdrawal
- The recommended dose of thiamine is 100mg BD or TDS.
- Thiamine should be continued for as long as malnutrition is present and/or during periods of continued alcohol consumption.
- Following successful alcohol withdrawal, thiamine should be continued for 6 weeks. If after this time the patient remains abstinent and has regained adequate nutritional status, thiamine should be discontinued. Thiamine should be restarted if the patient starts drinking again.
- Continuing need for thiamine should be reviewed at appropriate intervals which may depend on individual patient circumstances.

For further information about the use of vitamin B supplementation in harmful or dependent drinkers, and other conditions such as refeeding syndrome, dietary supplementation, prophylaxis or treatment of deficiency, please see the full RMOC position statement:

<https://www.sps.nhs.uk/articles/rmoc-position-statement-oral-vitamin-b-supplementation/>

Messages on the Optimise Rx system are consistent with this advice. Prescribing data for the practices in your CCG is attached.

We would like to remind all staff involved in making alterations to prescriptions that patients should be informed of any change. Ideally this should be done face to face, by telephone or by letter. Alternative methods of communication may be considered, but must be clear and unambiguous.

Yours sincerely,

The Medicines Management Team

References

Regional Medicines Optimisation Committee Position Statement. Oral vitamin B supplementation in alcoholism. November 2019

<https://www.sps.nhs.uk/articles/rmoc-position-statement-oral-vitamin-b-supplementation/>