

Medicines Optimisation Position Statement

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| Position Statement | Prescribing of vitamin B complex (vitamin B compound strong tablets and vitamin B compound tablets) is not supported |
| Position Statement number | 007 |
| Approved by Medicines Optimisation Group: | June 2024 |
| Ratified by Medicines Board | July 2024 |
| Date of issue: | June 2024 |
| Date of last review: | N/A |
| Date of planned review | June 2026 |

- This position statement is provided to support GPs in the de-prescribing of vitamin B complex preparations in primary care.
- Prescribers in primary care should not initiate vitamin B complex preparations for any new patient except on a short-term basis (10 days) for patients at risk of refeeding syndrome, as guided by a specialist involved in their care.
- Existing patients prescribed vitamin B complex preparations should be reviewed with a view to stopping treatment in all but exceptional circumstances.

Clinical background

Alcohol dependence

Historically, vitamin B complex preparations have been used to provide thiamine to people who are alcohol dependent to prevent Wernicke's encephalopathy. However, neither vitamin B compound nor vitamin B compound strong tablets contain enough thiamine for treatment/prophylaxis of this condition.

NICE guidance (CG100) recommends prescribing thiamine in doses toward the upper end of the BNF dosage i.e., 200-300mg daily in divided doses for patients with alcohol dependence for as long as malnutrition is present and/or during periods of continued alcohol consumption.

Patients requiring ongoing prescription of thiamine should be reviewed at appropriate intervals depending on individual circumstances. If the patient completes alcohol withdrawal, remains abstinent for 6 weeks and regains adequate nutritional status, their thiamine prescription should be reviewed with a view to stopping.

Refeeding syndrome

Patients with little to no nutritional intake over a period (including those without alcohol dependence) may be at risk of refeeding syndrome once feeding has restarted. This is usually identified in the acute setting or under specialist care. NICE guidance (CG32) recommends that patients at high risk of refeeding syndrome should be prescribed the following during first 10 days only of reintroducing nutrition:

- Oral thiamine 200-300mg daily

- Vitamin B co-strong 1 or 2 tablets, three times daily (or full dose IV vitamin B preparation if necessary)
- Balanced multivitamin/trace element supplement once daily

B Vitamin deficiency and exceptions

Deficiency of B vitamins is rare in the UK, apart from thiamine in dependent drinkers (see '*Alcohol Dependence*' above) and vitamin B12 (cobalamin). Vitamin B complex preparations do not contain vitamin B12 and are therefore unsuitable for preventing or treating vitamin B12 deficiency.

In line with NHS guidance: ***Conditions for which over the counter items should not routinely be prescribed in primary care***, patients should be directed to over the counter (OTC) purchase if they wish to take these vitamins as a dietary supplement. Exceptions in this guidance allow the prescribing of vitamins for medically diagnosed deficiency due to lifelong/chronic conditions or following surgery that results in malabsorption.

Maintenance or preventative treatment is not considered an exception. If prescribing of vitamin B complex is considered justifiable, vitamin B compound strong tablets, which are licensed for treatment of deficiency (manifestations of which include glossitis, stomatitis, cheilosis, the heart manifestations of beriberi, the skin manifestations of pellagra, corneal vascularisation and polyneuritis), should be prescribed as they represent better value for money.

References

National Institute for Health and Care Excellence (NICE) Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition NICE Guideline [CG32].
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Currently found at: <https://www.nice.org.uk/guidance/cg32> Accessed April 2024

National Institute for Health and Care Excellence (NICE) Alcohol-use disorders: diagnosis and management of physical complications. NICE Guideline [CG100]
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NHS England. Conditions for which over the counter items should not routinely be prescribed in primary care.
Published date: 12 March 2024
Currently found at [NHS England » Policy guidance: conditions for which over the counter items should not be routinely prescribed in primary care](#)
Accessed April 2024

Regional Medicines Optimisation Committee (RMOC) Position Statement: Oral vitamin B supplementation in alcoholism
Published date: November 2019
Currently found at [RMOC-Position-Statement-Oral-Vitamin-B-supplementation-in-alcoholism-November-2019.pdf \(swyapc.org\)](#) Accessed April 2024