NHS
Frimley
Clinical Commissioning Group

Guidance Summary: Vitamin B Complex Prescribing in Primary Care

Vitamin B compound tablets & Vitamin B compound strong tablets should not be prescribed:

- For prevention of Wernicke's encephalopathy in alcoholism (see 'Alcohol Dependence' below)
- For preventing B vitamin deficiency or for maintenance following treatment for deficiency, including vitamin B12 which is not present in vitamin B complex preparations
- As dietary supplements; 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

Vitamins may be prescribed for medically diagnosed deficiency due to lifelong/chronic conditions or following surgery that results in malabsorption. If prescribing is considered justifiable, vitamin B compound strong tablets (licensed for the treatment of deficiency) represent better value for money.

Vitamin B compound strong tablets may also be prescribed on a short-term basis for patients at risk of refeeding syndrome (see 'Refeeding Syndrome' below).

Alcohol Dependence

NICE guidance (CG100) recommends prescribing prophylactic **oral thiamine** for harmful or dependent drinkers in the following circumstances:

- if they are malnourished or at risk of malnourishment
- if they have decompensated liver disease
- if they are in acute withdrawal
- before and during a planned medically assisted alcohol withdrawal

Oral thiamine should be prescribed in doses toward the upper end of the BNF dosage i.e.**200-300mg daily in divided doses,** for as long as malnutrition is present and/or during periods of continued alcohol consumption. Vitamin B compound tablets and compound strong tablets do not meet these recommended dosage levels.

Patients should be reviewed at appropriate intervals, and for those who complete alcohol withdrawal, remain abstinent after 6 weeks and regain adequate nutritional status, thiamine prescription should be reviewed with a view to stopping.

Refeeding Syndrome

NICE guidance (CG32) recommends that for people identified as being at high risk of developing refeeding syndrome, the following should be provided immediately before and during the first 10 days of reintroducing feeding only:

- oral thiamine 200-300 mg daily
- vitamin B compound strong 1 or 2 tablets, three times a day (or full dose daily intravenous vitamin B preparation, if necessary)
- balanced multivitamin/trace element supplement once daily

This risk is usually identified in the acute setting or under specialist care, therefore limited prescribing for this indication is expected in primary care.

References

1. National Institute for Health and Care Excellence (NICE) Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition NICE Guideline [CG32]. Updated August 2017. Available from: https://www.nice.org.uk/guidance/cg32
2. National Institute for Health and Care Excellence (NICE) Alcohol-use disorders: diagnosis and management of physical complications NICE Guideline [CG 100]. Updated April 2017. Available from: https://www.nice.org.uk/guidance/cg100
3. NHS England. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs. Published 29 March 2018. Available from https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf
4. Regional Medicines Optimisation Committee (RMOC) Position Statement: Oral vitamin B supplementation in alcoholism. Published November 2019. Available from https://www.sps.nhs.uk/wp-content/uploads/2019/12/RMOC-position-statement-oral-vitamin-B-supplementation-in-alcoholism-v1.0-1.pdf

Author: Medicines Optimisation Team, Frimley CCG
Approved by: Frimley ICS Medicines Optimisation Board
Published Date: October 2021
Review date: October 2023
Version: 2