



MID AND SOUTH ESSEX MEDICINES OPTIMISATION COMMITTEE (MSEMOC)

VITAMIN B COMPOUND AND VITAMIN B COMPOUND STRONG

RE-FEEDING SYNDROME OR OTHER COMPLEX MALNUTRITION NEEDS:

RED: NOT RECOMMENDED FOR PRESCRIBING IN PRIMARY CARE

ALL OTHER INDICATIONS:

BLACK: NOT RECOMMENDED FOR PRESCRIBING IN PRIMARY, COMMUNITY OR SECONDARY CARE

Mid and South Essex CCGs do not support the prescribing of vitamin B compound or vitamin B compound strong tablets (except for patients with re-feeding syndrome or other complex malnutrition needs, as guided by a specialist involved in their care). With the exception of thiamine and vitamin B12 (for which separate local guidelines exist), deficiency of B vitamins is rare in the UK, and as malnutrition is often implicated, oral supplementation is of questionable clinical benefit and these should not be prescribed on the NHS.

This position is supported by NHS England guidance on conditions for which over the counter items should not routinely be prescribed in primary care.

Vitamin B compound tablets (including vitamin B compound strong) have historically been used as a thiamine supplement in people who are alcohol-dependent to prevent Wernicke's encephalopathy.

Thiamine supplementation is important in this at-risk group; and NICE (CG 100) recommends thiamine supplementation; however makes NO reference to the use of compound vitamin B preparations. **Neither vitamin B compound NOR vitamin B compound strong tablets contains enough thiamine for treatment/prophylaxis of Wernicke's encephalopathy in alcoholism.** Due to a lack of evidence on their efficacy and safety, vitamin B complex preparations should not be prescribed for this indication.

Oral absorption of thiamine is rate limited in healthy adults and further reduced in those with alcohol dependence. Only 1mg will be absorbed from a single 30mg tablet in a malnourished patient.

Since only a small proportion of the dose is likely to be absorbed, it is advised to provide oral thiamine supplements three times daily, maximising the opportunity to achieve sufficient amounts.

Therefore the recommended thiamine supplementation to prevent Wernicke's encephalopathy in people with alcohol dependence is:

Thiamine 50-100mg three times daily

For those who complete alcohol withdrawal and remain **abstinent**, after 6 weeks, the TDS dose may be reduced to **50mg OD** and continued for as long as malnutrition may be present.

Vitamin B compound & vitamin B compound strong tablets are licensed for the treatment of clinical and sub-clinical vitamin B deficiency states. With the exception of thiamine and vitamin B12 (for which a separate local guideline exists), deficiency of B vitamins is rare in the UK, and as malnutrition is often implicated, oral supplementation is of questionable clinical benefit and these should not be prescribed on the NHS. Vitamin B compound tablets are widely available to purchase for people who wish to use these as a dietary supplement.

Recommendations:

- **Do not initiate** vitamin B compound or compound strong tablets
- 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; however, this will routinely be managed in the hospital setting, and should not generally be prescribed in primary care for this indication.



- **Stop vitamin B compound and compound strong tablets in all people with alcohol dependence, ensure they are prescribed 50-100mg thiamine THREE times daily**
- In previously alcohol dependent people who remain abstinent, the thiamine dose may be reduced to once daily and stopped altogether if malnutrition is no longer a concern
- Vitamin B compound and compound strong tablets are of questionable clinical benefit and should not be prescribed
- These products are widely available to purchase for people who wish to use as a dietary supplement

Providers commissioned to provide services on behalf of Mid and South Essex CCGs are reminded that they are required to follow the local joint formulary and prescribing guidance, as detailed in the medicines management service specification of their contract.

References	<ul style="list-style-type: none"> ▪ NHS England and NHS Clinical Commissioners “Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs” (29 March 2018): https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/ ▪ PrescQIPP Bulletin 107i: Vitamins and minerals (DROP-List): https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f1734%2fb107-multivitamins-briefing-21.pdf ▪ Regional Medicines Optimisation Committee position statement, Oral vitamin B supplementation in alcoholism November 2019 https://www.sps.nhs.uk/wp-content/uploads/2019/12/RMOC-position-statement-oral-vitamin-B-supplementation-in-alcoholism-v1.0-1.pdf ▪ National Institute for Health and Care Excellence (NICE). Clinical Guideline 100. Alcohol-use disorders: diagnosis and management of physical complications. April 2017. Available at: https://www.nice.org.uk/guidance/cg100
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