

**DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE
(JAPC)**

**Vitamin B compound/Vitamin B compound strong tablets
Position statement**

Prescribing recommendation:

Derby and Derbyshire Integrated Care Board does not routinely support the prescribing of vitamin B compound or vitamin B compound strong tablets

Vitamin B Compound Strong tablets have been classified as:

- **RED** - for specialist use only as a short course, post-acute admissions
- **GREY after consultant/specialist recommendation** – for patients with a medically diagnosed deficiency due to lifelong or chronic condition or following surgery that results in malabsorption. For refeeding syndrome - short course supplied in hospital or in exceptional circumstances GP may prescribe on community dietician request
- **Do Not Prescribe (DNP)** - for all other indications

Vitamin B compound tablets have been classified as:

- **RED** - for specialist use only as a short course, post-acute admissions
- **Do Not Prescribe (DNP)** - for all other indications

Vitamin B compound tablets (including 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; however, NICE (CG 100) makes NO reference to the use of vitamin B compound preparations, due to a lack of evidence. ***Neither vitamin B compound NOR vitamin B compound strong tablets contains enough thiamine for treatment/prophylaxis of Wernicke's encephalopathy.***

Oral absorption of thiamine is rate limited in healthy adults and further reduced in those with alcohol dependence. Since only a small proportion of the dose is likely to be absorbed, it is advised to provide oral thiamine supplements in daily divided doses (SPC suggest three times daily), maximising the opportunity to achieve sufficient amounts.

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, 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 in primary care.
- **Stop vitamin B compound and compound strong tablets in all people with alcohol dependence, ensure they are prescribed thiamine if still indicated.** Complete 28 days treatment course of thiamine - 200mg daily in divided doses; continue 50mg daily for as long as malnutrition may be present, or in patient with decompensated liver disease. See [Vitamin supplementation in alcohol misuse](#).
- Do not prescribe thiamine in alcohol misuse if malnutrition is no longer a concern. Once alcohol abstinence has been achieved most patients resume adequate food intake and thiamine supplements should be stopped unless concerns persist about poor nutrition.
- 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.

Reviewed in consultation with
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DHcFT Drug and Alcohol Advisory Group
Chesterfield Royal Hospital

Reference

NICE CG100 <https://www.nice.org.uk/guidance/cg100>