Vitamin supplementation in alcohol misuse

JAPC recognise that there is insufficient evidence available from randomised controlled clinical trials to guide clinicians in the dose, frequency, route or duration of thiamine treatment for either prophylaxis against or treatment of established WKS (Wernicke Korsakoff syndrome) due to alcohol misuse. Current recommendations continue to be guided extrapolations from basic science and case reports. Because of this provider Trusts have different approaches in management.

This position statement aims to outline the variations in the prescribing of vitamin supplementation in alcohol misuse across the provider Trusts within Derbyshire.

Some clinicians and GPwSI may offer alcohol misuse services in primary care. If vitamin supplementation is being initiated in primary care, GPs may follow CKS guidance:

1. Prescribe oral thiamine 200–300 mg per day (in divided doses) while they are undergoing assisted withdrawal, or are drinking very excessively.
2. Prescribe oral thiamine 50 mg per day (as a single dose) during the maintenance stage following withdrawal, and for as long as malnutrition may be present.

NB. If the person is in poor health with signs of severe malnutrition, consider referring for intramuscular or intravenous administration of thiamine (Pabrinex®)

NB. Vitamin B Compound Strong & Vitamin B Compound are not recommended for initiation in primary care. Clinicians may be requested to continue Vitamin B Compound Strong for 3 months as per discharge see following recommendations.
The provider Trusts across Derbyshire recommend the following:

**Derby Hospitals NHS Foundation Trust**

**Inpatient therapy:**
Patients deemed to be at risk of Wernicke's encephalopathy or are showing signs and symptoms, are managed with high doses of intravenous vitamins for 3-5 days.

**Discharge:**
Patients discharged on oral vitamins are to complete a **28 day** treatment of:
- Thiamine 50mg four times daily
- Vitamin B Compound Strong twice daily
- Folic Acid 5mg once daily

GPs may be asked to continue for 3 months with the addition of pyridoxine 20mg OD if patient shows signs of peripheral neuropathy.

**Derbyshire Healthcare Foundation Trust**

**Inpatient therapy:**

**Prophylactic treatment** for Wernicke's Encephalopathy should be:
- 1 pair Pabrinex ampoules IM daily for 3 days

If the patient can manage oral therapy after three days of IM Pabrinex then oral thiamine should be started at a dose of 50mg four times daily. This should be continued for at least 3 months in abstinent patients with a well-balanced diet. If the patient returns to heavy drinking then stop.

**Therapeutic treatment** for presumed/diagnosed Wernicke’s encephalopathy should be:
- 2 pairs Pabrinex. IM three times daily for 3 days

If there is no response to this then discontinue Pabrinex

If response is shown to Pabrinex then this should be continued at a dose of ONE ampoule daily for five days or until clinical improvement ceases

**Discharge (or community detox):**
Patients discharged on oral vitamins are to complete a **28 day** treatment of:
- Thiamine 50mg four times daily

DHFT & DHcFT may ask GPs to continue thiamine 50mg OD if there is a continuing risk, i.e. alcohol, malnutrition, during the maintenance stage following withdrawal, and for as long as malnutrition may be present or patient has decompensated liver disease – for patients with chronic alcohol problems this may be indefinitely.

**Chesterfield Royal Hospital NHS Foundation Trust**

**Inpatient therapy:**
Patients deemed to be at risk of Wernicke's encephalopathy or are showing signs and symptoms, are managed with high doses of intravenous vitamins for 3-5 days.

Then switched to oral options:

**Patients who require full treatment for symptoms of Wernicke’s encephalopathy / where there are pre-existing cognitive deficits:**
- Continue thiamine 200mg per day in divided doses
- Multivitamins one daily

**Patients who only require prophylaxis for Wernicke’s (i.e. patients not symptomatic / did not require full dose IV treatment):**
- Multivitamins one daily alone

Multivitamins recommended by the Alcohol team as individuals who neglect their diet for significant lengths of time are likely to be deficient in a range of vitamins and minerals.

**Discharge:**
GPs may be asked to continue thiamine for which the length of course will be stated on the discharge summary but the full course of multivitamins will be supplied on discharge.