

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

## **Vitamin supplementation in alcohol misuse position statement**

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 Wernicke's encephalopathy 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) where severe deficiency is suspected e.g., while they are undergoing assisted withdrawal, or are drinking very excessively.
2. Prescribe oral thiamine 50 mg per day where mild deficiency is suspected e.g., during the maintenance stage following withdrawal, and for as long as malnutrition may be present.
3. Once alcohol abstinence has been achieved most patients resume adequate food intake and thiamine supplements should be stopped unless concerns persist about poor nutrition

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

**NB.** Derby and Derbyshire Integrated Care Board does not routinely support the prescribing of vitamin B compound or vitamin B compound strong tablets. See local position statement for [Vitamin B compound/ Compound Strong tablets](#).

**The provider Trusts across Derbyshire recommend the following:**

**University hospitals of Derby and Burton 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** (including inpatient) treatment of:

- Thiamine 50mg four times daily
- Folic Acid 5mg once daily

**Derbyshire Healthcare Foundation Trust**

**Inpatient therapy:**

**Prophylactic treatment** for Wernicke's Encephalopathy should be:

- 250mg Thiamine IM daily for 3 days

If the patient can manage oral therapy after three days of IM thiamine, then oral thiamine should be started at a dose of 50mg four times daily. Following successful alcohol withdrawal, thiamine should be continued for 6 weeks. If after this time the patient remains abstinent and has regained adequate nutritional status, thiamine should be discontinued.

If the patient starts drinking again thiamine should be restarted and should be continued for as long as malnutrition is present and/or during periods of continued alcohol consumption.

**Therapeutic treatment** for presumed/diagnosed Wernicke's encephalopathy:

This is a medical emergency. IV thiamine is the treatment of choice. The patient should be transferred urgently to an acute setting for treatment.

**Discharge (or community detox):**

Patients discharged on oral vitamins are to complete a **28 day** treatment of:

- Thiamine 50mg four times daily

DHcFT may ask GPs to continue thiamine 50mg daily 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 in patients with evidence of malnutrition / dietary neglect and/or cognitive impairment, this should be continued until we can be confident that the patient is maintaining a good diet and has not relapsed back to alcohol dependence. Multivitamins do not need to be continued by GP

Reference

Accord-UK Ltd Thiamine Hydrochloride 100mg tablets Summary of Product Characteristic (SPC) via emc <https://www.medicines.org.uk/emc/product/5057/smpc> accessed 17/5/2022

Reviewed in consultation with

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