

Vitamin B Co and Vitamin B Co Strong Prescribing and Medication Review Guidance

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Appendix 1: Vitamin B Prescribing Algorithm

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Rationale
<p>Vitamin B Co and Vitamin B Co Strong are not always prescribed with a clear and documented clinical indication. This document provides guidance for the prescribing of Vitamin B Co and Vitamin B Co Strong in primary care. This document will undergo periodic reviews to ensure that the information it contains remains current.</p>
The role of Vitamin B Co, Vitamin B Co Strong and Thiamine for the management and / or prevention of Wernicke's Encephalopathy in Alcohol Dependency Syndrome
<p>Historically, a combination of Vitamin B Co/Vitamin B Co Strong and Thiamine was used for the management / prevention of Wernicke's Encephalopathy in individuals with Alcohol Dependency Syndrome. However, NICE (CG100)¹ make no reference to the use of Vitamin B Co or Vitamin B Co Strong preparations for the management / prevention of Wernicke's encephalopathy and recommend that Thiamine alone is offered to those either at high risk of developing, or with suspected Wernicke's encephalopathy.</p> <ol style="list-style-type: none"> 1. Prophylactic oral Thiamine must be offered to harmful or dependent drinkers: <ul style="list-style-type: none"> ○ if they are malnourished or at risk of malnutrition or ○ if they have decompensated liver disease or ○ if they are in acute withdrawal or ○ before and during a planned medically assisted alcohol withdrawal programme 2. Prophylactic parenteral Thiamine followed by oral Thiamine should be offered to harmful or dependent drinkers: <ul style="list-style-type: none"> ○ if they are malnourished or at risk of malnourishment or ○ if they have decompensated liver disease <p style="text-align: center;">Dose: 200mg-300mg daily (in divided doses)</p> <p>Thiamine should be continued for as long as malnutrition is present and/or during periods of continued alcohol consumption. 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. Thiamine should be restarted if the patient starts drinking again².</p> <p>The use of Vitamin B Co or Vitamin B Co Strong preparations in Alcohol Dependency Syndrome for the management / prevention of Wernicke's encephalopathy are not recommended.</p>
Vitamin B Co and Vitamin B Co Strong in combination with Thiamine and a multivitamin for managing the risk of refeeding syndrome
<p>Vitamin B Co Strong is used for the prevention of refeeding syndrome^{3, 4, 5} It is recommended immediately before and during the first 10 days of commencing feeding in those who have experienced prolonged starvation.</p> <p>Refeeding medication and dose: Oral Thiamine (200–300 mg daily), Vitamin B Co Strong (1 or 2 tablets, three times a day), or full dose daily intravenous Vitamin B preparation, (usually in acute settings if necessary) and a balanced multivitamin / trace element supplement (once daily).</p> <p>Those at risk of refeeding syndrome will require blood biochemistry monitoring and where</p>

indicated, correction. More information on the management of refeeding syndrome is available from Barnsley Hospital NHS Foundation Trust and we are currently working to make this a shared guideline.

A link to the refeeding syndrome guideline will be added to this document once this is available as a shared guideline and available from the BEST website.

Vitamin B Co and Vitamin B Co Strong for Confirmed Deficiencies

Vitamin B Co & Vitamin B Co Strong tablets are licensed for the treatment of clinical and subclinical 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. As a result, these should not be prescribed on the NHS unless advised by a specialist to treat complex malnutrition needs. Vitamin B Co tablets are widely available to purchase for people who wish to use these as a dietary supplement.

Monitoring

All prescriptions for Vitamin B Co and Vitamin B Co Strong should be monitored to ensure that our patients are receiving the most appropriate treatment for their medical conditions. Please see local prescribing algorithm on [Appendix 1](#) for more guidance.

Contact names and details for further support

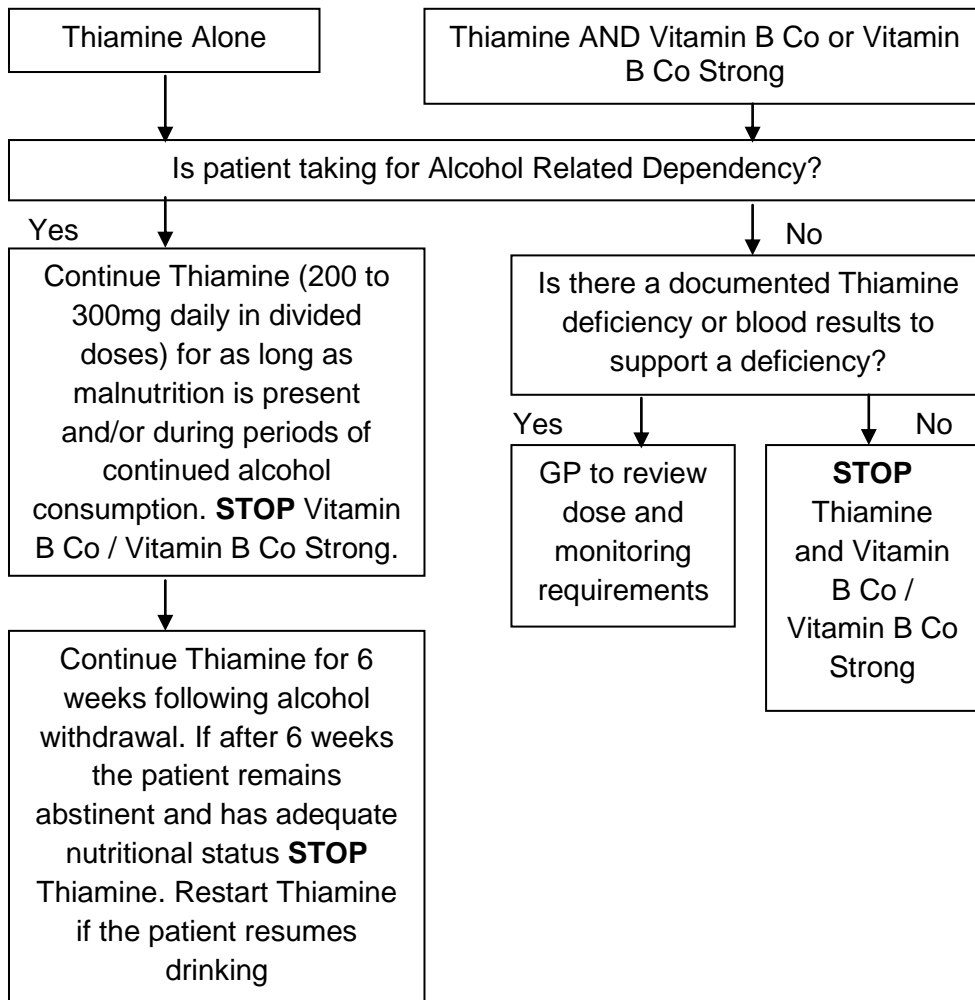
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References

1. National Institute for Health and Care Excellence (NICE) (CG100) (June 2010, updated April 2017) Alcohol-use disorders: diagnosis and management of physical complications. London. Available at: <https://www.nice.org.uk/guidance/cg100>
2. Regional Medicines Optimisation Committee (RMOCH) Position Statement (2019) Oral Vitamin B Supplementation in Alcoholism. Available at: <https://www.sps.nhs.uk/wp-content/uploads/2019/12/RMOC-position-statement-oral-vitamin-B-supplementation-in-alcoholism-v1.0-1.pdf>
3. National Institute for Health and Care Excellence (NICE) (CG32) (2006) Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. London. Available at: <https://www.nice.org.uk/guidance/cg32/chapter/1-Guidance#indications-for-nutrition-support-in-hospital-and-the-community>
4. Solomon, S., M. & Kirby, D., F. (1990) The Refeeding Syndrome: A review. J. Parenteral & Enteral Nutrition. 14, pp. 90-97.
5. Brooks, M., J. & Melnik, G. (1995) The Refeeding Syndrome: An approach to understanding its complications and preventing its occurrence. Pharmacotherapy 15 (6), pp. 713-726.

Appendix 1: Vitamin B Prescribing Algorithm

Alcohol Related Dependency Patients



Refeeding Patients

