

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

### Contents

Background information .....	2
Monitoring .....	2
The role of Vitamin B Co and Vitamin B Co Strong for the management and / or prevention of Wernicke’s Encephalopathy .....	2
Vitamin B Co and Vitamin B Co Strong in combination with Thiamine and a multivitamin for managing the risk of refeeding syndrome .....	2
Vitamin B Co and Vitamin B Co Strong for Confirmed Deficiencies .....	3
Contact names and details for further support.....	3
References.....	3

[Appendix 1](#): Algorithm for the review of Vitamin B Co and Vitamin B Co Strong

*This document is intended for use in primary care as a guide to review prescribing for Vitamin B Co and Vitamin B Co Strong. The information provided here will undergo periodic reviews to ensure that it remains up to date.*

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## Vitamin B Co and Vitamin B Co Strong Medication Review Guidelines

### Background Information

Vitamin B Co and Vitamin B Co Strong are not always prescribed with a clear documented clinical indication. This document is intended as a brief guidance for reviewing prescribing of Vitamin B Co and Vitamin B Co Strong locally.

Vitamin B Co Strong is used in combination with Thiamine and a multivitamin (for 10 days only) for the management of refeeding syndrome as per NICE<sup>1</sup> guidelines for malnutrition. Vitamin B Co or Vitamin B Co Strong may also be used short term for treatment of confirmed deficiencies<sup>2</sup>.

The combination of Vitamin B Co or Vitamin B Co Strong and Thiamine was used in the past for the management / prevention of Wernicke's Encephalopathy in individuals with alcohol dependency syndrome. Currently, NICE guidelines (CG100) recommend the use of Thiamine only (200mg-300mg daily, in divided doses) for this group of people<sup>3</sup>.

### 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.

### The role of Vitamin B Co and Vitamin B Co Strong for the management and / or prevention of Wernicke's Encephalopathy

NICE (CG100)<sup>3</sup> recommends that Thiamine is offered to those at high risk of developing, or with suspected Wernicke's encephalopathy:

1. Prophylactic oral Thiamine must be offered to harmful or dependent drinkers:
  - if they are malnourished or at risk of malnourishment 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:
  - if they are malnourished or at risk of malnourishment or
  - if they have decompensated liver disease

**Dose: 200mg-300mg daily (in divided doses)**

NICE (CG 100) makes no reference to the use of Vitamin B Co or Vitamin Co Strong preparations for the management / prevention of Wernicke's encephalopathy.

**Therefore, the use of Vitamin B Co or Vitamin Co Strong preparations in alcohol dependency syndrome for the management / prevention of Wernicke's encephalopathy are not recommended.**

### Vitamin B Co and Vitamin B Co Strong in combination with Thiamine and a multivitamin for managing the risk of refeeding syndrome

Vitamin B Co Strong is used for the prevention of refeeding syndrome<sup>1, 4, 5</sup>. It is recommended immediately before and during the first 10 days of commencing feeding in those who have experienced starvation.

**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>Those at risk of refeeding syndrome will require blood biochemistry monitoring and where indicated, correction.</p> <p>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.</p> <p>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.</p>
<p><b>Vitamin B Co and Vitamin B Co Strong for Confirmed Deficiencies</b></p>
<p>Vitamin B Co or Vitamin B Co Strong may also be used, short term, for treatment of confirmed deficiencies<sup>2</sup>.</p>

**Contact names and details for further support**

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**References**

1. 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>
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3. 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>
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.



Review of Vitamin B Prescribing Algorithm

