

## Monthly Prescribing Recommendation February 2015

### Vitamin B Co Strong

Your CCG supported the principle of asking GP practices to focus on monthly prescribing topics to deliver further prescribing cost efficiencies. Prescribing is a major contributor to the CCG's overall QIPP plan and the realistic ambition of financial balance. Achieving the latter is essential to qualify for the quality premium payment that can bring significant financial benefits to the CCG, and allow re-investment in primary care in subsequent years. Practices, therefore, are being asked to complete the relative actions before the end of the stated period.

**During February, we ask that practices review their prescribing of Vitamin B Co Strong following the recommendations below:**

#### Background

In June 2010, NICE guidelines for Alcohol Use Disorders were published that recommended thiamine as a single agent for the prevention of Wernicke's Encephalopathy<sup>1</sup> (rather than a combination of thiamine and vitamin B compound strong. NICE guidance states the following;

- 1) *Offer thiamine to people at high risk of developing, or with suspected, Wernicke's encephalopathy. Thiamine should be given in doses toward the upper end of the 'British national formulary' range (200mg-300mg daily in divided doses).*
- 2) *Offer prophylactic oral thiamine 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.*
- 3) *Offer prophylactic parenteral thiamine followed by oral thiamine to harmful or dependent drinkers:*
  - *if they are malnourished or at risk of malnourishment or*
  - *if they have decompensated liver disease.*

This group of patients also need to be appropriately assessed for nutritional deficiencies and may require extra supplements in addition to thiamine (see NICE CG 32 Nutrition support in adults<sup>2</sup> for more details).

The combination of vitamin B co. strong and thiamine is still indicated for short term (10 days) use in re-feeding syndrome<sup>2</sup>.

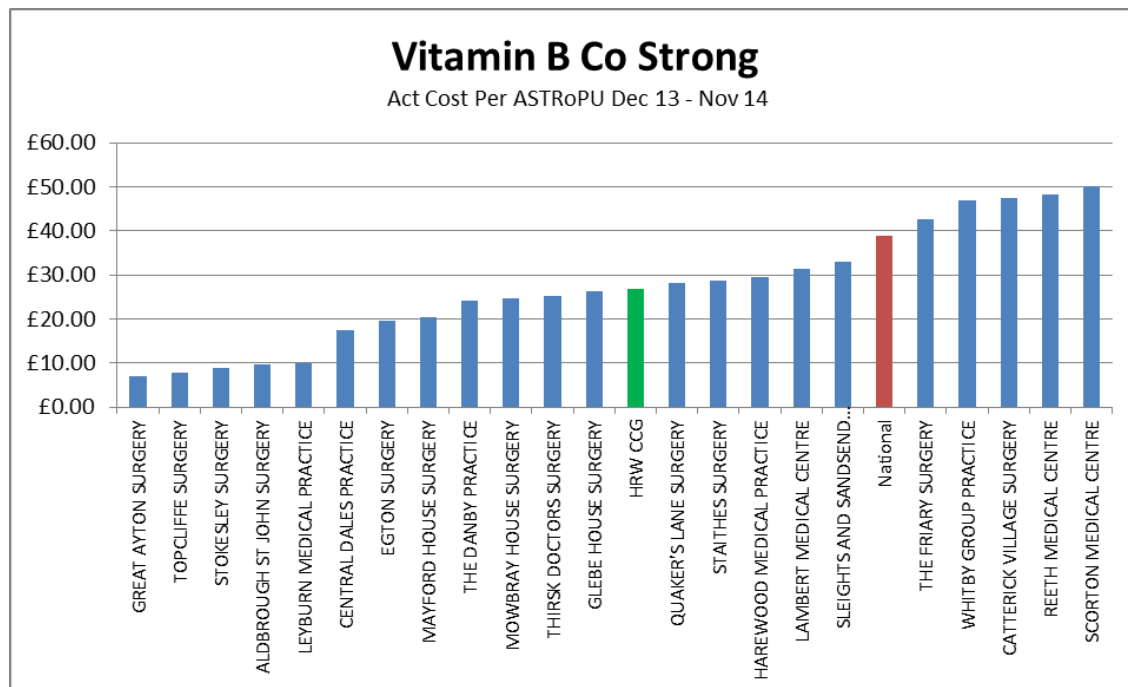
Prescribing data from December'13 to November'14 showed that HRW CCG spent £16,044 on vitamin B co strong and a large proportion of the prescribing may not to be in line with NICE guidance. Figure 1 overleaf shows the weighted spend per practice.

#### Recommendations

1. **Ensure all clinicians are aware of the NICE guidelines (CG100)**
2. **Identify all patients with a regular prescription for vitamin B co. strong prescribed for prevention of Wernicke's encephalopathy.**
3. **Discontinue the vitamin B co. strong where appropriate. A protocol is available for use with an example of a letter to inform the patient of the change.**
4. **Ensure these patients continue to be prescribed thiamine tablets unless advised otherwise by specialist.**

The prescribing support team are available to help practices implement this change. HRW CCG versions of SystmOne and EMIS formularies will be amended to incorporate this recommendation.

Figure 1



Should you have any queries, recommendations or ideas about these or future initiatives then we would be pleased to hear from you.

Yours sincerely,

Dr Mark Duggleby  
CCG Prescribing Lead

Ken Latta  
Strategic Lead Pharmacist

References

1. NICE Guidelines; Alcohol-use disorders: Diagnosis and clinical management of alcohol related physical complications. June 2010 <http://www.nice.org.uk/guidance/CG100>
2. NICE Guidelines; Nutrition support in Adults. Feb 2006 <http://www.nice.org.uk/guidance/CG32>