NHS
Suffolk and
North East Essex

Position Statement for Vitamins and Minerals

VITAMIN B COMPLEX (VITAMIN B COMPOUND AND VITAMIN B COMPOUND STRONG)

Summary

The Suffolk and North East Essex Integrated Care Board (SNEE ICB) does not support the prescribing of Vitamin B compound or Vitamin B compound strong in primary care in line with NHS England's national guidance which states vitamins and minerals should no longer be prescribed, except;

- when the patient has a medically diagnosed deficiency, including for those patients who may have a lifelong or chronic condition, or have undergone surgery that results in malabsorption. Continuing need should however be reviewed on a regular basis. Maintenance or preventative treatment is not an exception.

Deficiency of the B vitamins, other than vitamin B12 or vitamin B1 (thiamine) deficiency in patients with alcohol dependence, is rare in the UK. In rare cases where there is justifiable reason for prescribing vitamin B compounds then the lowest cost product should be prescribed.

Vitamin B has a number of uses including energy production, nerve function, heart health, skin and hair health. Most people get all the vitamin B they need from their diet.

Vitamin B compounds are comparatively high cost with limited indications for use and need for prescription and current high prescribing spend is a cost-pressure to the health economy.

OTC products with almost identical nutritional content are widely available at minimal cost to patients.

The needs of the population can be considered as low because:

- B vitamin deficiency is rare in the UK
- There is little evidence to demonstrate the requirement for prescription of these products
- OTC products with almost identical nutritional content are widely available at minimal cost to patients

OTHER INDICATIONS

- For prevention of Wernicke's encephalopathy, vitamin B complex preparations (vitamin B compound and vitamin B compound strong tablets) should not be prescribed due to a lack of evidence of their efficacy.
    - It is recommended to prescribe thiamine for harmful or dependent drinkers for as long as malnutrition is present and alcohol consumption is continued. Review patients prescribed thiamine with a view to stopping if the patient has been abstinent for 6 weeks or more and has regained adequate nutritional status.
- Vitamin B compound strong may be initiated in secondary care as a 10-day course for patients at risk of refeeding syndrome. This would not be continued in primary care.

Produced by SNEE Medicines Optimisation Team
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DEPRESCRIBING ADVICE

- Existing patients being prescribed vitamin B compound or vitamin B compound strong within primary care should to be reviewed, ensuring that prescribing is only for medically diagnosed deficiency. All other indications the prescription should be stopped. If there is concern that diet is not meeting nutritional needs, advise patients to purchase either a one-a-day complete multivitamin & mineral product or a one-a-day vitamin B complex product.
- Discontinue prescribing for dietary supplementation or general pick me up
- All prescribing should be reviewed for cost effectiveness

NEW PATIENTS

Do not prescribe for;

- Prevention of Wernicke's encephalopathy in alcoholism
- Dietary supplementation
- Prevention of deficiency
- Maintenance treatment following treatment for deficiency

FURTHER SUPPORT

- Patients who wish to seek further clarification can be directed to Patient Advice and Liaison Service (PALS) via: E-mail: pals@snee.nhs.uk or Telephone: 0800 389 6819

REFERENCES

1. NHS England » Items which should not routinely be prescribed in primary care: policy guidance
2. PrescQIPP Bulletin 296 -Vitamins and minerals November 2021
3. British Association of Parenteral and Enteral Nutrition (Bapen) –Guidance on thiamine replacement in refeeding syndrome May 2024
4. National Institute for Clinical Excellence (NICE) CG32 Nutrition support for adults: nutrition support, enteral tube feeding and parenteral nutrition
5. Regional Medicines Optimisation Committee (RMOC) Position Statement Oral vitamin B supplementation in alcoholism November 2019
6. Open prescribing https://openprescribing.net/measure/vitb/ accessed 26.6.25

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