Vitamin Supplementation in Alcohol Dependence

Guidance

Aim

To provide a standardised model of care for addictions services and primary care in the community with regard to oral vitamin supplementation for patients with current or recent alcohol dependence.

Background

The potential for nutritional deficiency with dependent alcohol use is well recognised. This may be caused by general malnourishment or damage to the stomach lining which then inhibits the body’s ability to absorb nutrients.\(^1\) Thiamine deficiency is common in patients dependent on alcohol: the deficiency can be due to liver damage, by alcohol, where thiamine is processed. Thiamine deficiency can lead to Wenicke’s Encephalopathy, a neurological disorder\(^1,2\) and Wernicke-Korsakoff Syndrome\(^3\): a form of brain damage associated with alcohol misuse. The syndrome is made up of two separate, but related disorders: Wernicke’s encephalopathy and Korsakoff’s psychosis\(^4\). Wernicke-Korsakoff syndrome can also present in people without exposure to alcohol. Thiamine is recommended in people who are dependent on alcohol to prevent the consequences of severe malnutrition, particularly Wernicke–Korsakoff syndrome. However, there is little evidence from randomized controlled trials (RCTs) on efficacy or optimum dosage.\(^5\)

Treatment Recommendations

The identification of problem alcohol use alone should not trigger oral vitamin supplementation prescribing. Only patients at risk of thiamine deficiency due to their alcohol dependence should be offered vitamin supplementation.

The criteria to consider oral vitamin supplementation are:

- Pattern and frequency of alcohol use (e.g. unit consumption, severity of dependence)
- Weight, BMI, nutrition state (e.g. weight loss, low BMI, poor diet, missing meals, signs and symptoms of other nutritional syndromes)
- Signs and symptoms of gastrointestinal problems (e.g. vomiting, loose stools, loss of appetite)
- Risks and signs of neurotoxicity (e.g. blackouts, neuropathy, confusional symptoms, poor short term memory, ataxia, poor coordination)

Thiamine 100mg tablets: one tablet three times a day should be prescribed as long as the patient is malnourished or at risk of malnutrition\(^5\). Treatment should not be continued beyond requirement i.e. if abstinence and lifestyle change is attained. A review of treatment should be undertaken at 12 months if treatment has continued.

There is no evidence to support the prescribing of vitamin B compound strong tablets as vitamin supplementation in alcohol dependency.
References