Guidance for the Use of Unlicensed Parenteral Thiamine in Alcohol Dependence in Acute Hospitals

This guidance has been issued in view of Medicine Supply Notification (MSN/2024/038) Shortage of Pabrinex (Vitamins B and C) Intravenous High Potency Solution for injection ampoules – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice For Pabrinex® (Vitamins B and C) Intravenous and Intramuscular High Potency solution for injection ampoules (03/04/2024).

Pabrinex® Intravenous will be out of stock from summer 2024. This is expected to be a prolonged shortage with a resupply date still to be confirmed. Pabrinex® intramuscular (IM) injection is being discontinued, with stock exhaustion expected from December 2024.

Wernicke's Encephalopathy (WE) is an acute neurological disorder caused by a deficiency of thiamine (vitamin B1). When left untreated, this can lead to irreversible neurological damage in the form of Korsakoff's Amnesic Syndrome and in some cases death.

A **diagnosis of WE** should be considered in all alcohol dependant patients. The "classic" triad of symptoms (ataxia, confusion and ophthalmoplegia) are rarely observed, a diagnosis of WE should be considered in patients with any of the following symptoms:

- Confusion
- Ataxia
- Nystagmus
- Hypothermia
- Ophthalmoplegia
- Decreased Glasgow Coma Scale (GCS) score

Patients who are harmful/dependant drinkers who have none of the above signs/symptoms may be deemed **at high risk** of developing WE if they have any of the following symptoms;

- Malnutrition
- MUST score >2 (see local policy)
- Significant Weight loss
- Diarrhoea
- Vomiting
- Current or Previous Delirium Tremens
- Decompensated liver disease
- Jaundice
- Peripheral Neuropathy
- Hypoglycaemia
- Memory Disturbances
- Previous Wernicke's Encephalopathy

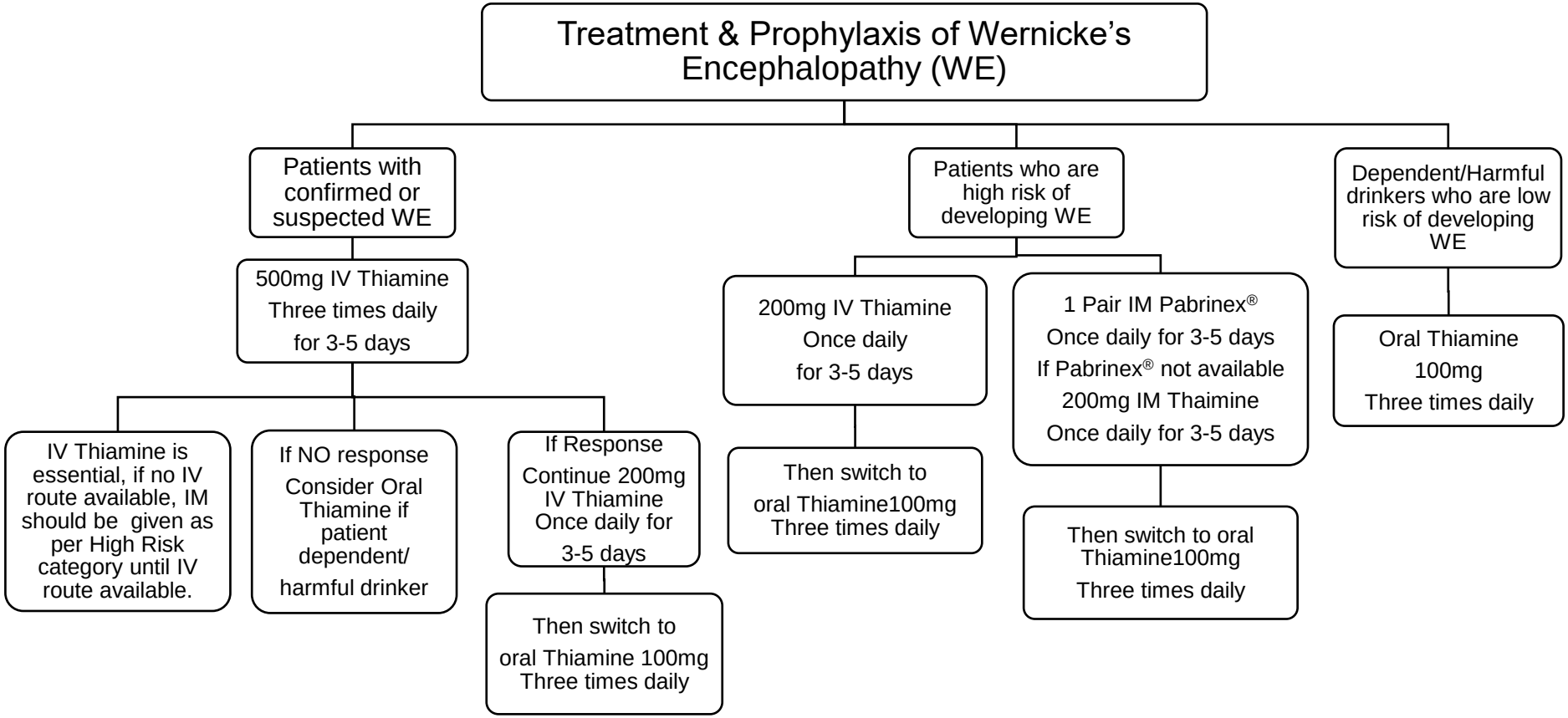
Due to the shortage of Pabrinex®, unlicensed intravenous (IV) thiamine will be used in place of Pabrinex® to provide IV vitamin B1 replacement. It is likely that supplies

will be restricted during this period, therefore each patient should be assessed to ensure the use of parenteral thiamine is appropriate.

See Flow Chart on Page 3 for prescribing details.

Important Prescribing points:

- **If the IV route is not available**, Intramuscular (IM) Pabrinex® should be sourced and given as per the flow chart below. If IM Pabrinex® is not available, the unlicensed thiamine product can be given by the IM route.
- Parenteral thiamine should be switched to oral as soon as Wernicke's Encephalopathy is ruled out
- If patients who are at high risk of WE have received parenteral Pabrinex® or thiamine in the previous 3 months then parenteral replacement is not required.
- Patients should have their Magnesium levels checked and replaced if deficient to ensure sufficient thiamine absorption
- Patients who are malnourished should be considered for receiving oral Vitamin B Compound Strong and Forceval® for 10 days along with thiamine replacement to prevent refeeding syndrome.



For IV Administration Information refer to Medusa, NHS Injectable Medicines Guide

For IM Administration of Pabrinex®, refer to Medusa, NHS Injectable Medicines Guide

For IM Administration of thiamine, draw up the 200mg of thiamine into a syringe, then slowly inject into a large muscle group such as dorsogluteal, rectus femoris or vastus lateralis.

Produced by the Pharmacy Pabrinex Shortage Group July 2024