

Position Statement: *To be adhered to in line with the [Worcestershire Prescribing Policy](#)*

| Treatment | Vitamin and Mineral Supplements |
|--|---|
| Commissioning position | <p>Prescribing of vitamins and minerals is a low clinical priority and the expectation is that they will be purchased. Prescribing will be supported for treatment of deficiency or potential future deficiency due to a malabsorption state.</p> <p>Review: All patients prescribed vitamin and mineral preparations should be reviewed to ensure that all prescribing is in line with approved ACBS indications, i.e. only in the management of actual or potential vitamin or mineral deficiency; they are not to be prescribed as dietary supplements or as a general 'pick-me-up'. Any use not in line with ACBS indications should be discontinued and no new prescriptions initiated.</p> <p>Signpost to 'self-care': If patients still want to take vitamins and minerals for dietary supplementation or as a 'pick-me-up' they should be advised that they should be purchased as 'self-care' over the counter with the support of the community pharmacist.</p> |
| Background | <p>Vitamins and minerals are essential nutrients which most people should get from eating a healthy, varied and balanced diet. Patients should be advised that this can be achieved by eating a balance of starchy foods (wholegrain where possible) with plenty of fruit and vegetables (at least five portions a day); some protein-rich foods, some milk and dairy foods and not too much fat, salt or sugar. This will give them all the nutrients they need. The 'Eat Well Plate' is a useful tool which can be used to demonstrate to people how a healthy, varied and balanced diet can be achieved and what proportion of each food type should be consumed.</p> |
| Approved indications to prescribe | <p>Abidec®</p> <ul style="list-style-type: none"> • For use in premature babies up to 6 months of age only and patients with cystic fibrosis where there is malabsorption. <p>Calcium and Vitamin D preparations</p> <ul style="list-style-type: none"> • For use in line with osteoporosis guidance or to correct deficiency where calcium and vitamin D are required. • For use post bariatric surgery in line with The British Obesity and Metabolic Surgery Society (BOMSS) guidance. BOMSS guidelines. <p>Folic acid 5mg</p> <p>For licensed indications:</p> <ul style="list-style-type: none"> • Folate deficient megaloblastic anaemia • Prevention of neural tube defects in those in the high-risk group who wish to become pregnant or are at risk of becoming pregnant • Prevention of neural tube defects in those with sickle cell disease • Prevention of methotrexate induced side effects in rheumatic disease, Crohn's Disease or severe psoriasis • Prophylaxis in chronic haemolytic states • Prophylaxis of folate deficiency in dialysis • Prophylaxis of folate deficiency in patients receiving parenteral nutrition <p>Hydroxocobalamin – see <i>Vitamin B</i></p> <p>Iron</p> <ul style="list-style-type: none"> • For treatment of iron deficiency anaemia |

- For use post bariatric surgery in line with [BOMSS guidelines](#)

Renavit®

- Vitamin deficiency in adults with renal failure on dialysis.

Vitamin B: Hydroxocobalamin

For licensed indications and in line with the [management of vitamin B₁₂ deficiency in primary care](#) prescribing guidelines:

- Prophylaxis of macrocytic anaemia associated with vitamin B₁₂ deficiency
- Pernicious anaemia and other macrocytic anaemias with or without neurological involvement
- Tobacco amblyopia
- Leber's optic atrophy
- For use post bariatric surgery in line with [BOMSS guidelines](#)

Vitamin B: Thiamine

- NICE¹ recommends prescribing prophylactic oral thiamine for harmful or dependent drinkers if they are malnourished, at risk of malnourishment, they have decompensated liver disease, are in acute withdrawal or before and during a planned medically assisted alcohol withdrawal. NICE also recommends that thiamine should be offered to people at high risk of developing, or with suspected, Wernicke's encephalopathy.
- The guidelines recommend prescribing thiamine in doses toward the upper end of the BNF dosage (for mild deficiency 25–100 mg daily and for severe deficiency 200–300 mg daily in divided doses).
- They DO NOT RECOMMEND the prescribing of vitamin B complex preparations. If it is considered that the prescribing of a vitamin B complex preparation is justifiable the vitamin B compound strong tablets represent a more affordable option than vitamin B compound tablets.

Vitamin D deficiency

- Loading regimes to correct deficiency.
- Loading regimes to correct inadequacy ONLY if one or more of the following applies:
 - Fragility fracture/osteoporosis/ high fracture risk
 - Drug treatment for bone disease
 - Symptoms suggestive of vitamin D deficiency
 - Increased risk of developing vitamin D deficiency; e.g:
 - Reduced UV exposure (religious/cultural dress code, dark skin etc.)
 - Raised parathyroid hormone (PTH)
 - Treatment with anticonvulsants or glucocorticoids
 - Malabsorption
- Maintenance regimes only for patients with osteoporosis, osteopenia, hyperparathyroidism, history of hypercalcaemia or receiving parenteral osteoporosis treatment.

For further detail see local APC guidance: [Vitamin D deficiency and insufficiency in adults](#).

Vitamin E

- Vitamin E deficiency in cholestasis, severe liver disease, cystic fibrosis, abetalipoproteinaemia.

**NOT
APPROVED TO
PRESCRIBE**

Calcium and vitamin D preparations

- For prevention of fractures in low risk patients living in the community
- A Cochrane review² of the evidence for the absolute risk reduction for any fracture for low risk patients over two years is very small (0.2%) and only just statistically significant (p=0.49).

Cod liver oil and other fish oils

Co enzyme Q10 (ubidecarenone, ubiquinone)

Dalivit[®]

Folic acid 400mcg

Glucosamine and chondroitin³

- Considered by the BNF as less suitable for prescribing

Iron with normal haemoglobin

- If haemoglobin is normal but ferritin low, offer lifestyle advice and patients can purchase over the counter supplements.
- May be prescribed in patients post bariatric surgery in line with [BOMSS guidelines](#)

Ketovite

Lutein and antioxidants (e.g. vitamin A, C E and zinc)³

- There is insufficient evidence that they delay or prevent the onset of Acute Macular Degeneration (AMD).

Pregnacare

Vitamin B

- Vitamin B – if used as a general ‘pick me up’
- Vitamin B compound tablets
- Riboflavin (Vitamin B₂) including for migraine prophylaxis

Vitamin B: Cyanocobalamin

- Licensed doses of oral cyanocobalamin are unlikely to be enough to treat B₁₂ deficiency⁴.
- Patients should be treated in line with the [management of vitamin B₁₂ deficiency in primary care](#) prescribing guidelines.

Vitamin C

Vitamin D supplementation⁵

- All adults living in the UK, including people at increased risk of vitamin D deficiency, should take a daily supplement containing 400 international units [IU (10 micrograms)] of vitamin D throughout the year, including in the winter months. Preparations (tablets, capsules, and liquids) containing 400 IU of vitamin D can be purchased from a pharmacy, health food shop or supermarket. Allergies and dietary restrictions should be considered before buying these preparations to ensure that their content is safe and appropriate.
- Pregnant and breastfeeding women eligible for the [NHS Healthy Start](#) scheme can obtain free vitamin tablets by taking their coupons to a local distribution point. The daily dose of one tablet contains 400 IU of vitamin D, 400 micrograms of folic acid, and 70 mg of vitamin C. The Healthy Start vitamin tablets are suitable for vegetarians; free from wheat, fish, egg, and salt; and

have no colours, flavours, preservatives or gluten-containing ingredients.

- Vitamin D maintenance (except for patients with osteoporosis, osteopenia, hyperparathyroidism, history of hypercalcaemia or receiving parenteral osteoporosis treatment). In line with local guidance: [Vitamin D deficiency and insufficiency in adults](#)

Vitamin supplements after bariatric surgery

- Patients should purchase Forceval[®] capsules and take one a day or choose an alternative A-Z multivitamin and mineral preparation in order to get all of the vitamins and minerals needed.
- The following preparations are also suitable, but the dietician's advice is to take 2 tablets per day of any of these:
- Sanatogen A-Z complete
- Superdrug A-Z multivitamins and minerals
- Tesco's A-Z multivitamin and minerals
- Lloyds Pharmacy A-Z multivitamin and minerals.

These preparations have been recommended by The British Obesity and Metabolic Surgery Society as they contain the correct balance of vitamins, minerals and trace elements

General multivitamins (any brands e.g. Centrum[®], Seven Seas[®] products, Haliborange[®], stores own brands etc.)

Note this list is not exhaustive

**Approved
Date for Review**

July 2019
July 2022

REFERENCES

1. NICE CG 100. Alcohol-use disorders: diagnosis and management of physical complications; 2017. Accessed at: <https://www.nice.org.uk/guidance/cg100>
2. Cochrane Review, April 2014. Vitamin D and vitamin D analogues for preventing fractures in post-menopausal women and older men. Accessed at: [Vitamin D and vitamin D analogues for preventing fractures in post-menopausal women and older men. - PubMed - NCBJ](#)
3. NHS England. [Items which should not routinely be prescribed in primary care: Guidance for CCGs.](#) Accessed at: <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>
4. Oral vitamin B12 compared with intramuscular vitamin B12 for vitamin B12 deficiency. Accessed at: https://www.cochrane.org/CD004655/ENDOC_oral-vitamin-b12-compared-intramuscular-vitamin-b12-vitamin-b12-deficiency
5. Clinical Knowledge Summaries. Vitamin D deficiency in adults – treatment and prevention. November 2016. Accessed at: [Vitamin D deficiency in adults - treatment and prevention - NICE CKS](#)