

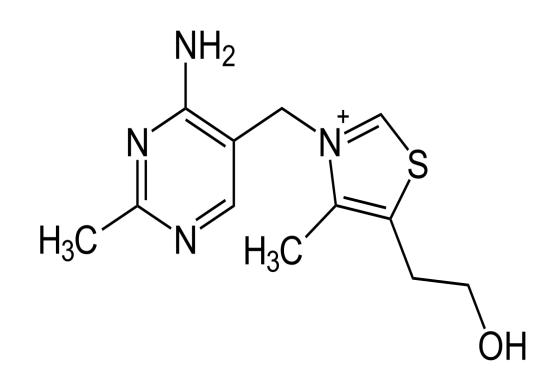
# THIAMINE PRESCRIPTION PRACTICES IN PRIMARY CARE

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\*No conflicts of interest to declare









#### Introduction

Alcohol has been described as the most harmful of the main substances of abuse. The prophylactic prescription of thiamine has long been recognized as key in the management of alcohol use disorders. We audited the use of thiamine in general practice to ensure that those at risk of WE are receiving appropriate preventive treatment and investigate whether individuals with a historical diagnosis of alcoholism are still receiving thiamine unnecessarily meaning we could safely reduce NHS spending (predicted £60 per annum).





### **Methods**

Using EMIS key word searches we identified those who would potentially require thiamine treatment. Additionally, a search using the 'general prescribing support tool' was carried out using 'thiamine' as a drug name search to show those patients currently on thiamine. Consultation information and prescription data was also interrogated. If a recent alcohol usage was not apparent patients would be contacted by phone to ascertain a current alcohol consumption measure.



## **Results**

Cycle 1 - Of those with alcohol related codes (89), six patients (6/89, 7%) had thiamine commenced who warranted treatment. Twelve patients had thiamine stopped due to a historical diagnosis and no longer mandating treatment (12/89, 13%). Of those patients with a current thiamine prescription (48), 22 patients had no alcohol related code. Of these, 1 had an alternative code applied (in part related to alcohol on detailed review, ARBD), 9 had their thiamine stopped. 10 were newly coded. 2 outstanding codes. In total, 27 changes were made to thiamine treatment plans (27/111, 24%).

Cycle 2 - Two outstanding codes rectified. 38 in cycle two on thiamine – all had a code attached and treatment was appropriate.



#### **Conclusions**

We have brought thiamine prescription in our practice in line with NICE guidelines. This will improve the quality of the care delivered and optimise cost effectiveness.



