

## Vitamin and Mineral Decision Document

Drug	Maintenance or Preventative Vitamin and Mineral Supplementation
<b>Decision</b>	<p>West Essex CCG <b>does not</b> commission Maintenance or Preventative vitamin and mineral supplementation</p> <p>NHS West Essex Clinical Commissioning Group does commission vitamin and mineral supplementation (in line with local formulary) for:</p> <ul style="list-style-type: none"> <li>• Treatment of <b>Medically diagnosed deficiency</b></li> <li>• Calcium and vitamin D for osteoporosis</li> <li>• Malnutrition including alcoholism</li> <li>• Patients suitable to receive Healthy start vitamins for pregnancy or children between the ages 6 months to their fourth birthday. (NB this is not on prescription but commissioned separately)</li> </ul>
<b>Date</b>	29 <sup>th</sup> August 2019
<b>Evidence</b>	<p>Vitamins and Minerals were included in the NHS England - <a href="#">Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs</a> (29 March 2018)</p> <p>Vitamins and minerals should not be routinely prescribed in primary care due to limited evidence of clinical effectiveness.</p> <p>Exceptions:</p> <ul style="list-style-type: none"> <li>• 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. NB maintenance or preventative treatment is not an exception.</li> <li>• Calcium and vitamin D for osteoporosis.</li> <li>• Malnutrition including alcoholism (see <a href="#">NICE guidance</a>)</li> <li>• Patients suitable to receive Healthy start vitamins for pregnancy or children between the ages 6 months to their fourth birthday. (NB this is not on prescription but commissioned separately)</li> </ul>

## Position Statement:

NHS West Essex Clinical Commissioning Group **does not** commission Maintenance or Preventative vitamin and mineral supplementation, including (but not exclusive to):

- Vitamin A (Beta-carotene)
- Vitamin B (Nicotinamide, Pyridoxine, Riboflavin)
- Vitamin B Compound/Compound strong (see position paper)
- Vitamin C (Ascorbic Acid)
- Vitamin D (maintenance doses)
- Vitamin E
- Folic acid (unless 5mg is required)
- Multivitamin preparations (any brand)
- Biotin
- Cod liver oil
- Cyanocobalamin (see position paper)

Patients requiring maintenance or preventative vitamin and mineral supplementation should be advised to purchase an Over the Counter preparation.

**Note:** if a prescriber has particular concerns that a patient might not be able to, or is unwilling to self-care and treatment with a medication is required, then a prescription (FP10) should be considered.

NHS West Essex Clinical Commissioning Group **does** commission vitamin and mineral supplementation (in line with local formulary) for:

- Treatment of **Medically diagnosed deficiency**, including (but not exclusive to):
  - Vitamin D (treatment doses)
  - Folic Acid 5mg
  - Vitamins A,D,E and K (DEKAs Plus) in cystic fibrosis
  - Renavit in Haemodialysis patients
  - Magnesium
  - Vitamin K (Menadiol) to be used in patients with hepatic disease or biliary obstruction<sup>2</sup>
  - Hydroxocobalamin
- Calcium and vitamin D for osteoporosis
- Malnutrition including alcoholism
  - Thiamine
- Patients suitable to receive Healthy start vitamins for pregnancy or children between the ages 6 months to their fourth birthday.  
(NB this is not on prescription but commissioned separately)

## Rationale for recommendation

### Effectiveness

#### [Public Health England \(21<sup>st</sup> July 2016\)](#)

To protect bone and muscle health, everyone needs vitamin D equivalent to an average daily intake of 10 micrograms, Public Health England (PHE) advised the government today (Thursday 21 July 2016).

This advice is based on the recommendations of the Scientific Advisory Committee on Nutrition (SACN) following its [review of the evidence on vitamin D and health](#).

Vitamin D is made in the skin by the action of sunlight and this is the main source of vitamin D for most people. SACN could not say how much vitamin D is made in the skin through exposure to sunlight, so it is therefore recommending a daily dietary intake of 10 micrograms.

PHE advises that in spring and summer, the majority of the population get enough vitamin D through sunlight on the skin and a healthy, balanced diet. During autumn and winter, everyone will need to rely on dietary sources of vitamin D. Since it is difficult for people to meet the 10 microgram recommendation from consuming foods naturally containing or fortified with vitamin D, people should consider taking a daily supplement containing 10 micrograms of vitamin D in autumn and winter.

People whose skin has little or no exposure to the sun, like those in institutions such as care homes, or who always cover their skin when outside, risk vitamin D deficiency and need to take a supplement throughout the year. Ethnic minority groups with dark skin, from African, Afro-Caribbean and South Asian backgrounds, may not get enough vitamin D from sunlight in the summer and therefore should consider taking a supplement all year round.

Children aged 1 to 4 years should have a daily 10 microgram vitamin D supplement. PHE recommends that babies are exclusively breastfed until around 6 months of age. As a precaution, all babies under 1 year should have a daily 8.5 to 10 microgram vitamin D supplement to ensure they get enough. Children who have more than 500ml of infant formula a day do not need any additional vitamin D as formula is already fortified.

#### [PrescQIPP Bulletin 107: The prescribing of Vitamins and Minerals, including vitamin B preparations \(DROP-List\)](#)

The PrescQIPP DROP-List is a list of medicines regarded as low priority for prescribing, poor value for money or medicines where there are safer alternatives. There are also medicines which could be considered for self-care with the support of the community pharmacist included on the DROP-List.

#### Recommendations:

- Review all patients prescribed vitamin and mineral preparations included in the DROP-List and ensure that all prescribing is in-line with an ACBS approved indication, 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".
- Recommend eating a healthy, varied and well balanced diet which includes starchy foods, plenty of fruit and vegetables; some protein; some dairy; and not too much fat, salt or sugar, to provide the vitamins and minerals needed.
- If patients still want to take vitamins and minerals for dietary supplementation or as a "pick-me-up" they should be advised that they can be purchased as self-care over-the-counter with the support of the community pharmacist.
- Certain patients with malnutrition may require a vitamin and mineral supplementation. Malnutrition is not covered in this bulletin. More information can be found in the National Institute for Health and Care Excellence (NICE) pathway, Nutrition support in adults, <http://pathways.nice.org.uk/pathways/nutrition-support-in-adults>

NICE CG32 [Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition](#)

Published Feb 2006; Last Updated August 2017

Nutrition support should be considered in people who are malnourished, as defined by any of the following:

- a BMI of less than 18.5 kg/m<sup>2</sup>
- unintentional weight loss greater than 10% within the last 3–6 months
- a BMI of less than 20 kg/m<sup>2</sup> and unintentional weight loss greater than 5% within the last 3–6 months.

Nutrition support should be considered in people at risk of malnutrition who, as defined by any of the following:

- have eaten little or nothing for more than 5 days and/or are likely to eat little or nothing for the next 5 days or longer
- have a poor absorptive capacity, and/or have high nutrient losses and/or have increased nutritional needs from causes such as catabolism.

The prescription for people at high risk of developing refeeding problems should consider:

- providing immediately before and during the first 10 days of feeding: **oral thiamine 200–300 mg daily, vitamin B co strong 1 or 2 tablets, three times a day** (or full dose daily intravenous vitamin B preparation, if necessary) and a balanced **multivitamin/trace element supplement once daily**

People with dysphagia:

- If there is concern about the adequacy of micronutrient intake, a complete oral multivitamin and mineral supplement providing the reference nutrient intake for all vitamins and trace elements should be considered by healthcare professionals with the relevant skills and training in nutrition support who are able to determine the nutritional adequacy of a patient's dietary intake.

### Safety

Many people choose to take vitamin and mineral supplements, but taking too much or taking them for too long could be harmful. This is especially true in the case of preparations containing vitamins A or D or mega-vitamin therapy with water-soluble vitamins, such as ascorbic acid and pyridoxine, which is unscientific and can be harmful.<sup>3</sup>

### Patient factors

Patients should be supplied with an appropriate patient information leaflet which explains why their Vitamin supplementation has been stopped, and offers dietary advice.

### References:

1. NHS England - [Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs](#) (29 March 2018)
2. UKMI: [What guidance is there available on the use of vitamin K for the management of obstetric cholestasis?](#) Last updated January 2017
3. [PrescQIPP Bulletin 107: The prescribing of Vitamins and Minerals, including vitamin B preparations \(DROP-List\)](#) (2015)