

## Recommendations for Pabrinex® and Thiamine prescribing due to supply disruption 2024/2025

A global shortage of Pabrinex® IV is expected until Q3 2025.<sup>1</sup> It is necessary to reserve stock for patients requiring Pabrinex® for the treatment of life threatening conditions such as Wernicke’s encephalopathy or specific patients at extremely high risk of refeeding syndrome. Oral thiamine should be used where possible. A limited supply of an unlicensed preparation of IV Thiamine may be suitable for some patient groups.

### 1. TREATMENT OF SUSPECTED OR ESTABLISHED WERNICKE’S ENCEPHALOPATHY

<b>Definition</b>	Wernicke’s encephalopathy is an acute neurological condition caused by the lack of thiamine (vitamin B1). This condition is characterised by: <ul style="list-style-type: none"> <li>Encephalopathy</li> <li>Oculomotor dysfunction</li> <li>Gait ataxia</li> </ul>
<b>Recommended IV Pabrinex® dose</b>	ONE pair of 5ml ampoules IV three times daily for days 1-5*
<b>Recommended IV Thiamine dose (ULM)</b>	200mg IV three times daily for days 1-5*
<b>Notes</b>	<ul style="list-style-type: none"> <li>ONE pair = ampoule 1 + ampoule 2 of Pabrinex® (250mg thiamine)</li> <li>*Minimum 5 days duration, continue treatment until no further improvement in signs and symptoms or Wernicke’s encephalopathy has been excluded</li> <li>Review need for parenteral treatment regularly with consideration to switch to oral therapy where appropriate</li> <li>Pabrinex® and IV thiamine should be administered before glucose</li> <li>Route should preferably be via intravenous instead of intramuscular route</li> <li>Oral thiamine 100mg – 300mg daily should be continued after the completion of Pabrinex® or IV thiamine, until patient is no longer at risk</li> <li>A multivitamin preparation should also be prescribed as necessary</li> </ul>

### 2. PROPHYLAXIS OF WERNICKE’S ENCEPHALOPATHY ASSOCIATED WITH ALCOHOL WITHDRAWAL

<b>Moderate symptoms</b>	Prophylactic oral thiamine should be offered to harmful or dependent drinkers: <ul style="list-style-type: none"> <li>If they are malnourished or at risk of malnourishment or</li> <li>If they have decompensated liver disease or</li> <li>If they are in acute withdrawal or</li> <li>Before and during a planned medically assisted alcohol withdrawal</li> </ul>
<b>Recommended oral Thiamine dose</b>	100mg PO three times daily for as long as patient is at risk or until adequate nutritional status

<b>Severe symptoms</b>	Prophylactic IV Pabrinex® or IV thiamine, followed by oral thiamine, should be offered to harmful or dependent drinkers: <ul style="list-style-type: none"> <li>If they are malnourished or at risk of malnourishment or</li> <li>If they have decompensated liver disease <i>and in addition</i></li> <li>They attend an emergency department or</li> <li>Are admitted to hospital with an acute illness or injury</li> </ul>
------------------------	--

<b>Recommended IV Pabrinex® dose</b>	ONE pair of 5ml ampoules IV once daily for days 1-3
<b>Recommended IV Thiamine dose (ULM)</b>	200mg IV once daily for days 1-3
<b>Notes</b>	<ul style="list-style-type: none"> <li>• Review need for parenteral treatment regularly with consideration to switch to oral therapy where appropriate</li> <li>• Pabrinex® and IV thiamine should be administered before glucose</li> <li>• Oral thiamine 100mg – 300mg daily should be continued after the completion of Pabrinex® or IV thiamine, until patient is no longer at risk</li> <li>• A multivitamin preparation should also be prescribed as necessary</li> </ul>

### 3. REFEEDING SYNDROME

<b>All refeeding risk patients</b>	Oral thiamine is recommended as first line in patients with refeeding problems without absorption issues and where oral / enteral access is available.
<b>Recommended oral Thiamine dose</b>	100mg PO three times daily for days 1-10
<b>Notes</b>	<ul style="list-style-type: none"> <li>• A multivitamin preparation should also be prescribed as necessary</li> </ul>

<b>Patients with no enteral access and at high risk<sup>#</sup> or extremely high risk<sup>‡</sup> of refeeding syndrome</b>	<ul style="list-style-type: none"> <li>• No NG/PEG/JEJ tube and/or unable to swallow any water or tablets even when dispersed</li> <li>• <b>#High risk:</b> Patient has 1 or more of the following: <ul style="list-style-type: none"> <li>○ BMI &lt; 16 kg/m<sup>2</sup></li> <li>○ Unintentional weight loss greater than 15% within the last 3 - 6 months</li> <li>○ Little or no nutritional intake for more than 10 days</li> <li>○ Low levels of potassium, phosphate or magnesium before feeding</li> </ul> </li> </ul> <p><u>OR</u></p> <ul style="list-style-type: none"> <li>• Patient has 2 or more of the following: <ul style="list-style-type: none"> <li>○ BMI &lt; 18.5 kg/m<sup>2</sup></li> <li>○ Unintentional weight loss greater than 10% within the last 3 - 6 months</li> <li>○ Little or no nutritional intake for more than 5 days</li> <li>○ A history of alcohol abuse or drugs including insulin, chemotherapy, antacids or diuretics.</li> </ul> </li> <li>• <b>‡Extremely high risk:</b> BMI &lt; 14kg/m<sup>2</sup> with negligible nutrition for more than 15 days</li> </ul>
<b>Recommended IV Pabrinex® dose</b>	ONE pair of 5ml ampoules IV once daily for days 1-3*
<b>Recommended IV Thiamine dose (ULM)</b>	200mg IV once daily for days 1-3*
<b>Notes</b>	<ul style="list-style-type: none"> <li>• *Days 1-5 for higher-risk patients</li> <li>• Patients should continue to receive multi-ingredient micronutrient preparation(s) whilst receiving parenteral nutrition (PN).</li> </ul>

### REFERENCES

1. HSE Recommendations for Pabrinex® and Thiamine Prescribing due to International Supply Disruption of Pabrinex® IV High Potency Concentrate for Solution for Injection – May 2024.