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

A global shortage of Pabrinex® IV is expected until Q3 2025.[1] 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

Definition	Wernicke's encephalopathy is an acute neurological condition caused by the lack of thiamine (vitamin B1). This condition is characterised by: • Encephalopathy • Oculomotor dysfunction • Gait ataxia
Recommended IV Pabrinex® dose	ONE to TWO* pair(s) of 5ml ampoules IV three times daily for days 1-5**
Recommended IV Thiamine dose (ULM)	300mg -500mg* IV three times daily for days 1-5**
Notes	• ONE pair = ampoule 1 + ampoule 2 of Pabrinex® (250mg thiamine) • *Higher treatment doses (2 Pairs of Pabrinex® or IV thiamine 500mg three times daily) recommended in patients with alcohol dependence. Lower treatment doses (1 Pair of Pabrinex® or IV thiamine 300mg three times daily) recommended in patients without alcohol dependence. • **Minimum 5 days duration, continue treatment until no further improvement in signs and symptoms or Wernicke's encephalopathy has been excluded • Review need for parenteral treatment regularly with consideration to switch to oral therapy where appropriate • Pabrinex® and IV thiamine should be administered before glucose • Oral thiamine 100mg – 300mg daily should be continued after the completion of Pabrinex® or IV thiamine, until patient is no longer at risk • A multivitamin preparation should also be prescribed as necessary

2. PROPHYLAXIS OF WERNICKE'S ENCEPHALOPATHY ASSOCIATED WITH ALCOHOL WITHDRAWAL

Moderate symptoms	Prophylactic oral thiamine should be offered to harmful or dependent drinkers: • If they are malnourished or at risk or malnourishment or • If they have decompensated liver disease or • If they are in acute withdrawal or • Before and during a planned medically assisted alcohol withdrawal
Recommended oral Thiamine dose	100mg PO three times daily for as long as patient is at risk or until adequate nutritional status

Severe symptoms	Prophylactic IV Pabrinex® or IV thiamine, followed by oral thiamine, should be offered to harmful or dependent drinkers: • If they are malnourished or at risk of malnourishment or

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	• If they have decompensated liver disease *and in addition* • They attend an emergency department or • Are admitted to hospital with an acute illness or injury
Recommended IV Pabrinex® dose	ONE pair of 5ml ampoules IV once daily for days 1-3*
Recommended IV Thiamine dose (ULM)	200mg -300mg IV once daily for days 1-3*
Notes	• *Expert clinical opinion. • Review need for parenteral treatment regularly with consideration to switch to oral therapy where appropriate • Pabrinex® and IV thiamine should be administered before glucose • Oral thiamine 100mg – 300mg daily should be continued after the completion of Pabrinex® or IV thiamine, until patient is no longer at risk • A multivitamin preparation should also be prescribed as necessary

3. REFEEDING SYNDROME

All refeeding risk patients	Oral thiamine is recommended as first line in patients with refeeding problems without absorption issues and where oral / enteral access is available.
Recommended oral Thiamine dose	100mg PO three times daily for days 1-10
Notes	• A multivitamin preparation should also be prescribed as necessary

Patients with NO enteral access and at high risk[#] or extremely high risk[¥] of refeeding syndrome	• No NG/PEG/JEJ tube and/or unable to swallow any water or tablets even when dispersed • [#]**High risk**: Patient has 1 or more of the following: ○ BMI < 16 kg/m^2 ○ Unintentional weight loss greater than 15% within the last 3 - 6 months ○ Little or no nutritional intake for more than 10 days ○ Low levels of potassium, phosphate or magnesium before feeding OR Patient has 2 or more of the following: ○ BMI < 18.5 kg/m^2 ○ Unintentional weight loss greater than 10% within the last 3 - 6 months ○ Little or no nutritional intake for more than 5 days ○ A history of alcohol abuse or drugs including insulin, chemotherapy, antacids or diuretics. • [¥]**Extremely high risk**: BMI < 14kg/m^2 with negligible nutrition for more than 15 days
Recommended IV Pabrinex® dose	ONE pair of 5ml ampoules IV once daily for days 1-3*
Recommended IV Thiamine dose (ULM)	200mg IV once daily for days 1-3*
Notes	• *Days 1-5 for higher-risk patients • Patients should continue to receive multi-ingredient micronutrient preparation(s) whilst receiving parenteral nutrition (PN).

REFERENCES

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

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