

Policy Statement; Prescribing of vitamins and minerals is not supported unless for actual vitamin/mineral deficiency

Mid Essex Clinical Commissioning Group does not support the prescribing of vitamins and minerals unless indicated for actual vitamin/mineral deficiency

PLEASE REFER TO [MSEMOC POLICY FOR MULTIVITAMINS POST BARIATRIC SURGERY](#)

Prescribing of vitamins and minerals is a low clinical priority and is only appropriate where there is a 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. They should not be prescribed as dietary supplements or as a general "pick-me-up". See table of vitamins and minerals.

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 [eatwell plate \(LINK\)](#) is very 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.

Vitamins to supplement a patient's dietary preference or avoidance of certain food groups are not supported on prescription and should be purchased e.g. vegan, vegetarian, diet due to religious beliefs, food preferences or dislikes.






In the case of bariatric surgery, some procedures may affect the absorption of macronutrients and/or micronutrients. Patients should be advised to purchase an appropriate multivitamin tablet to meet their nutritional needs. If the patient develops an actual vitamin/ mineral deficiency despite taking an over the counter multivitamin tablet, treatment to correct the deficiency should be prescribed for the period needed to replenish stores or reverse the deficiency symptoms. The required vitamins and minerals following bariatric surgery vary in the time it takes for body stores to be replenished (ranging from around 8 weeks for vitamin D to 6 months for iron). Trace elements (zinc, copper, selenium) cannot be stored in sufficient amounts in the body and so would need oral replacement should the patient show signs of deficiency which are confirmed by a blood test. Following treatment once deficiency symptoms are resolved and serum blood concentrations are restored to normal levels, patients should be asked to purchase multivitamin tablets as stated below to meet their dietary requirements.

Recommendations

- Advise patients that eating a healthy, varied and well balanced diet should provide the vitamins and minerals needed. However, a complete multivitamin and mineral supplement (containing iron, selenium, zinc and copper) is recommended lifelong after all bariatric procedures.
- Review all patients prescribed vitamin and mineral preparations and ensure that all prescribing is in-line with a medically diagnosed deficiency; they are not to be prescribed as dietary supplements or as a general "pick-me-up".
- Discontinue prescribing of vitamins and minerals on FP10 for patients who are not being treated in-line with a medically diagnosed deficiency.
- 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.
- Do not initiate new prescriptions for vitamin and mineral preparations unless they are for the management of vitamin or mineral deficiency.
- Some patients may be eligible for NHS Healthy Start vitamins which are specifically designed for pregnancy, breastfeeding and growing children. They are available free of charge from local distribution points. More

information is available from the Healthy Start website: <http://www.healthystart.nhs.uk/healthy-start-vouchers/healthy-start-vitamins/>

- Review all patients prescribed vitamin B and ensure that it is appropriate and the most cost effective preparation is prescribed.
- People with cystic fibrosis that require fat soluble vitamin supplementation (Paravit CF) are not covered by this policy.
- It is recommended that patients purchase one of the over the counter multivitamin and multi-mineral tablets listed below and take 2 per day, or 1 per day following gastric balloon or gastric band procedures.
- It is important to note that some multivitamin supplements that are routinely available may not contain sufficient amounts of certain vitamins, depending on the recommended doses, to counter the malabsorptive effects of bariatric surgery. In addition some do not contain additional, or contain insufficient amounts, of minerals and trace elements.
- For procedures other than gastric balloon or gastric band, a minimum of 2 mg of copper per day is advised. Although Forceval® contains 2 mg copper, many over the counter preparations contain 1 mg; therefore it may be necessary to recommend that patients take 2 tablets daily of multivitamin and mineral supplements. A ratio of 8-15 mg of zinc for each 1 mg copper should be maintained.
- Examples of brands of over the counter multivitamins and minerals which provide a suitable ratio of copper to zinc would include:

| Brand name | Cost | Copper per capsule/tablet | Zinc per capsule/tablet | Vitamin D per capsule/tablet |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|-------------------------|------------------------------|
| TAKE ONE DAILY | | | | |
| Forceval capsules  | £17.86 for 30 pack | 2mg | 15mg | 10µg |
| OR TAKE TWO DAILY (ONE DAILY FOLLOWING GASTRIC BALLOON OR GASTRIC BAND PROCEDURES) | | | | |
| Wilko A-Z Multivitamin and Minerals tablets  | £2.75 for 90 pack | 1000µg | 10mg | 5µg |
| Tesco A-Z Multivitamins and Minerals tablets  | £3.50 for 90 pack | 1mg | 10mg | 10µg |
| Asda A-Z Multivitamins and Minerals tablets  | £3.50 for 90 pack | 1mg | 19mg | 10µg |
| Boots A-Z Multivitamins and Minerals tablets  | £8.99 for 180 pack | 500µg | 10mg | 5µg |

(Prices may be cheaper where multi-buy offers are available) *prices from reputable retail and online pharmacies, correct as of April 2019

For advice regarding management of bariatric surgery patients with vitamin B12, calcium and vitamin D, please see the [Vitamin B12 deficiency in adults](#) and [Vitamin D deficiency prescribing guidance](#).

Diagnosis and management of micronutrient deficiency syndrome following bariatric surgery can be complex and so when in doubt it is recommended that specialist advice is sought. The following are examples of situations where this is appropriate:

1. Newly identified biochemical deficiency, where there is differential diagnosis (there can be causes other than previous bariatric surgery) or its appropriate investigation and treatment are uncertain.
2. Unexplained symptoms that may be indicative of underlying micronutrient / trace element deficiencies.
3. Women who have undergone previous gastric bypass, sleeve gastrectomy or duodenal switch surgery and who are planning to become pregnant or who are pregnant.

Providers commissioned to provide services on behalf of Mid-Essex CCG are reminded that they are required to follow the Mid-Essex CCG formulary and prescribing guidance as detailed in their contract (Medicines Management Service Specification).

See Mid-Essex CCG website – Medicines Optimisation page for all prescribing guidance.

<http://midessexccg.nhs.uk/your-health-services/medicines-optimisation>

Table of vitamins/minerals/supplements

This is not an exhaustive list

| Approved to prescribe list | Do Not prescribe list – can be purchased |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Thiamine – for prevention or treatment of Wernicke’s encephalopathy Vitamin D – high dose to correct deficiency courses >1000unit day Folic acid 5mg – for methotrexate patients or high risk in pregnancy e.g. epilepsy , Body Mass Index > 30 Iron for iron deficiency anaemia Renavit – for adults with renal failure on dialysis Ketovite® – specialist dietician recommendation only Pyridoxine – tuberculosis only Vitamin E – Vit E deficiency in cholestatis, severe liver disease, Cystic fibrosis, abetalipoproteinaemia. Paravit CF – cystic fibrosis only. | Cod liver oil Vitamin B – if used as general pick me up Vitamin B compound tablets Cyanocobalamin (Vitamin B12) tablets Riboflavin (Vitamin B2) Vitamin C Vitamin D – maintenance ≤1000 units/day Folic acid supplementation Co-enzyme Q10 Tonics Homeopathic remedies General multivitamins (any brands e.g. centrum, Seven seas products, Haliborange, stores own brands etc.) Abidec, Dalivit Forceval® Ketovite® – without specialist recommendation Pyridoxine Vitamin B compound strong tablets Evening primrose oil |

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| Title | Multivitamins policy statement |
| Document reference | MultivitaminsPOL201811V2.1DRAFT |
| References | PrescQIPP DROP-List. Bulletin 107 September 2015 https://www.prescqipp.info/-vitamins-and-minerals/send/212-vitamins-and-minerals-drop-list/2104-bulletin-107-vitamins-and-minerals-drop-list http://www.nhs.uk/Livewell/goodfood/Pages/the-eatwell-guide.aspx |

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| | https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf http://www.bomss.org.uk/wp-content/uploads/2014/09/BOMSS-guidelines-Final-version1Oct14.pdf |
| Author | Medicines Optimisation Team, Mid Essex CCG |
| Location on website | Medicines Optimisation> Prescribing policy statements |
| Location on internal drive | Prescribing>Medicines Guidance CURRENT> Prescribing policy statements |
| Approved by | Area Prescribing Committee |
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| Previous version | Key Changes |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| - | New guidance |
| MultivitaminsPOL201606V1.0FINAL | Addition regarding dietary preferences Addition of indications of when suitable to prescribe |
| MultivitaminsPOL201606V2.0FINAL | Incorporation of guidance specific to bariatric surgery. Updated in line with NHSE - Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs |
| MultivitaminsPOL201905V3.0FINAL | Addition of link to MSEMOC Policy Statement on Multivitamins post Bariatric Surgery |

