

Moreover, oral thiamine supplementation might prevent or improve thiamine-deficient states.<sup>6</sup> Although past studies showed reduced gastrointestinal absorption of oral compared with intramuscular thiamine,<sup>7-9</sup> the benefits of oral supplementation in preventing thiamine deficiency might outweigh the low risk.

The 2017 update of the National Institute for Health and Clinical Excellence evidence-based guidelines recommends prescribing prophylactic oral thiamine to individuals with alcohol dependence.<sup>10</sup> Similarly, the British Association for Psychopharmacology suggests giving oral thiamine to individuals with alcohol dependence who might not be eating healthy diets.<sup>5</sup> Further, an article on outpatient management of alcohol withdrawal recommended routine prescriptions of thiamine at 100 mg daily and folic acid at 1 mg daily.<sup>11</sup>

In the management of patients with alcohol dependence, physicians should have a high index of suspicion for thiamine-deficient states, especially Wernicke-Korsakoff syndrome. Given the potential benefit of preventing thiamine deficiency, oral thiamine supplementation is a consideration in the office management of alcohol use disorders and alcohol withdrawal.

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#### Competing interests

None declared

#### References

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## Response

I thank Ms Shakory for a concise and evidence-based review of the role of thiamine in the management of alcohol use disorders in response to the "Office management of alcohol withdrawal" document.<sup>1</sup> While thiamine is routinely administered in acute care settings, Ms Shakory correctly points out that thiamine supplementation also has a role in primary care settings. Oral supplementation of 100 mg per day is recommended for at least 1 month after parenteral supplementation in an emergency or inpatient setting.<sup>2</sup> While evidence-based guidelines are lacking, long-term oral supplementation (50 to 100 mg) should be considered for 2 high-risk groups: those who are chronically malnourished and those with chronic liver failure.

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#### Competing interests

None declared

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1. Medical issues in the office management of alcohol use disorders: addiction care is primary care. Office management of alcohol withdrawal. Scarborough, ON: Families for Addiction Recovery; 2019. Available from: [https://www.cfpc.ca/uploadedFiles/Resources/Resource\\_Items/Health\\_Professionals/AUD-Nov19-EN.pdf](https://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Health_Professionals/AUD-Nov19-EN.pdf). Accessed 2020 Feb 3.
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