

Wernicke's encephalopathy

- Consider a dx of Wernicke's encephalopathy (WE) in any confused alcohol dependent patient until proven otherwise and always treat with IV thiamine
- WE can present during the course of alcohol withdrawal or DTs or while the individual is drinking. It does not always present with the classical triad of symptoms and thus often go undetected

- There should be low threshold for Dx and particular attention should be given to patient presenting with one or more of the following symptoms
- Ophthalmoplegia
- Ataxia
- Acute confusion
- Memory disturbances
- Coma, unconsciousness
- Hypothermia and hypotension

- It is imperative that parenteral thiamine is given before a dextrose drip, as this has the potential to precipitate or exacerbate the WE.
- Any patient with a presumptive dx of WE should receive adequate doses of parenteral thiamine 100mg tds at a minimum.
- There is not a clear evidence on the optimal dose of thiamine and some centers use considerable higher doses,

- In the UK, the recommendations are for a minimum of 2 pairs of IV high potency B complex vitamins 3 times daily for 2 consecutive days.
- At each 2 pairs of ampules contains 250mg thiamine, this regimen includes 500mg thiamine tds. If no response to therapy is observed after this time period (unless the patient is comatose or unconscious, or the Dx of WE is confirmed by other means) the high dose therapy is discontinued. If an objective response is observed, treatment should be continued for another 5 days with one pair of IV or IM high potency B complex vitamin once daily. For patient enduring ataxia, polyneuritis or memory disturbance, high potency vitamin should be given for as long as improvement continues.

Treatment of suspected WE

- Parenteral thiamine in adequate dose is urgent, eg at least thiamin 100mg tds IV for 5days
- UK guideline
- At least 2 pairs of ampules (ie 4 ampules) of high potency Bcomplex vitamins IV tds for 2 consecutive days.

- If no response to therapy is observed after this time, discontinue.
- If a response is observed, continue with one pair of IV or IM ampules daily for another 5 days, or longer if improvement continues.
- Parenteral B vitamins given IV in 100ml NS over 30 mins very rarely cause adverse reactions, but appropriate resuscitation facilities must be available.
- Follow with oral thiamine and MV supplementation thereafter and as an OPD patient.

Prevention of WE

- Thiamine 100mg IM daily for 3-5 days (Ausi)
- At least 1 pair of ampules of HPBv (Parbrinex) IM daily for 3 to 5 days (UK)
- Followed with oral thiamine and MV supplementation thereafter and as an OPD patient.

- Reference:
- Oxford specialist Handbook addiction medicine (2009)
- Page 119-120