

# Only about half of patients with alcohol use disorder who are admitted to ICU receive thiamine

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An observational study of patients with alcohol use disorder (AUD) admitted to intensive care units throughout the United States found that

almost half of the people evaluated did not receive thiamine (also called vitamin B1) supplementation. Patients with AUD who were admitted for reasons other than alcohol withdrawal had both a numerically lower incidence and lower predicted probability of receiving thiamine than those admitted for alcohol withdrawal. The findings are published in *Annals of Internal Medicine*.

Thiamine deficiency can cause several life-threatening disorders including the Wernicke–Korsakoff syndrome, a degenerative disorder of the brain. Left untreated, [thiamine deficiency](#) can result in death or potentially irreversible neurological damage. Patients with AUD are known to have an increased risk for thiamine deficiency disorders and current guidelines recommend supplementation in this population. However, despite guidelines recommending thiamine supplementation for patients with AUD, limited data exists regarding how patients are treated by clinicians in the critical care setting.

Researchers from Beth Israel Deaconess Medical Center studied health records for nearly 15,000 patients with AUD and various critical illnesses, including alcohol withdrawal, septic shock, traumatic brain injury (TBI), and diabetic ketoacidosis (DKA) to describe how often thiamine supplementation was provided. The researchers found that overall, only about half of patients with AUD received thiamine supplementation. Those who presented with [alcohol withdrawal](#) were more likely to received thiamine (59 percent) than those with TBI (41 percent), [septic shock](#) (26 percent), and DKA (24 percent).

According to the researchers, these findings highlight a need for increased awareness of the need for thiamine supplementation, especially for patients with AUD who are admitted to the ICU with sepsis and other forms of critical illness. They further suggest that these findings reveal a potential area for quality improvement.

**More information:** Rahul D. Pawar et al, Thiamine Supplementation in Patients With Alcohol Use Disorder Presenting With Acute Critical Illness, *Annals of Internal Medicine* (2021). [DOI: 10.7326/M21-2103](https://doi.org/10.7326/M21-2103)

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