We agree with Thomson and Marshall (2013) that the current prescribing of thiamine replacement therapy for Wernicke’s Encephalopathy (WE) is ambiguous. In response to their article, we also advocate that any consensus on accurate thiamine treatment for WE should receive sufficient international attention, since too many patients with WE are currently inaccurately treated leading to unnecessary cases of Korsakoff’s syndrome.

WE is a neurologic disease caused by thiamine (vitamin B1) deficiency. Most patients with WE have a background of chronic alcoholism and self-neglect (Sechi and Serra, 2007). Importantly, WE is also a life-threatening condition associated with psychiatric disorders (Kopelman, 2002). Treating patients with confused delirium: confusion, ataxia and eye-movement disorders characterized by chronic amnesia (Kopelman, 2002) can result in the inadequate management of Wernicke’s encephalopathy in the UK. Therefore, we suggest that besides the clarity of the guidelines for treatment of WE also successful propagation for treatment guidelines is necessary to prevent the detrimental effects of unsuccessfully treated WE, namely Korsakoff’s syndrome.

BNF Recommendations for the Treatment of Wernicke’s Encephalopathy: Lost in Translation?
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A Reply to Commentaries to Rehm et al. (2013a)
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