

Guidance for the Prescribing of Vitamins and Minerals in Primary Care in County Durham and Tees Valley

The prescribing of vitamins and minerals in primary care is included in the NHS England guidance on conditions for which over the counter items should not routinely be prescribed in primary care¹. This is because there is insufficient high quality evidence to demonstrate the clinical effectiveness of vitamins and minerals, other than in confirmed deficiency states.

Vitamins and minerals are essential nutrients which most people can and should get from eating a healthy, varied and balanced diet. In most cases, dietary supplementation is unnecessary. Many vitamin and mineral supplements are classified as foods and not medicines; they therefore do not have to go through the strict criteria laid down by the Medicines and Health Regulatory Authority (MHRA) to confirm their quality, safety and efficacy before reaching the market. Many vitamin and mineral supplements are available to purchase over the counter¹.

This document aims to give guidance for prescribers regarding who it may be suitable to prescribe vitamins or minerals for, and for how long. It is not exhaustive of all possible conditions, and is not meant to override clinical judgement and decision; each individual patient should be reviewed on a case-by-case basis. Please also review the regional guidance on exemptions² which may affect prescribing decision.

All patients should be given appropriate dietary information to correct vitamin and mineral deficiency – refer patients to <https://www.bda.uk.com/> or NHS choices - <https://www.nhs.uk/> for further information.

If a decision is made to prescribe a vitamin, doses should be based on the British National Formulary (BNF)³ or BNF for Children (BNFC)⁴

Vitamin or Mineral	Details	Notes
Adult Multivitamins		
Malnutrition, including chronic alcoholism	Can be supplied on prescription First Line – Multivitamins BPC or Forceval Second line – Ketovite ⁵	Should be reviewed 3-6 monthly ⁶
Pregnant women and women with a child under 12 months who are eligible for free Healthy Start vitamins	Healthy start vitamins for women contain folic acid, Vit C and Vit D Via Healthy Start Card, should not be not prescribed ⁷	The Healthy Start website has more information on the scheme: https://www.healthystart.nhs.uk/healthcare-professionals/

		<p>Patients qualify for Healthy Start if they are at least 10 weeks pregnant or have a child under four years old and they or their family get:</p> <ul style="list-style-type: none"> • Child Tax Credit (only if your family’s annual income is £16,190 or less) • Income Support • Income-based Jobseeker’s Allowance • Pension Credit (which includes the child addition) • Universal Credit (only if your family’s take-home pay is £408 or less per month from employment) <p>Patients are also eligible for Healthy Start if:</p> <ul style="list-style-type: none"> • They are under 18 and pregnant, even if they are not claiming any benefits • They claim income-related Employment and Support Allowance (ESA) and are over 10 weeks pregnant • They, their partner or their carer claim Working Tax Credit run-on only after you have reported you’re working 16 hours or less per week
Bariatric surgery	See Bariatric Surgery Guidance ⁸ See also CDTV Guidance for Prescribing and Monitoring in Post Bariatric Surgery in Primary Care	Patients should be advised to purchase an appropriate A-Z supplement OTC.
<p>Refeeding syndrome</p> <p>Refeeding may be treated as a one off condition, but some patients may require ongoing treatment if they are at recurrent risk e.g. eating disorders etc.</p>	May be supplied on prescription on specialist advice.	<p>Until adequate oral diet re-established. Should be reviewed 3-6 monthly.</p> <p>Please note that some patients may require long term treatment if they are deemed to be at recurrent risk of malnutrition.</p>
Renal Patients on Dialysis	Renal Specific vitamins can be supplied prescription if recommended by specialist	Renavit® can be prescribed as per specialist advice. Likely to be long term.
Dental Patients	Not for routine prescription.	If malnutrition or specific deficiencies are suspected then patient should be treated appropriately ³

	Stomatitis or glossitis should not be treated with vitamin preparations as can delay diagnosis and treatment of more serious concerns ³	
Paediatric Multivitamins		
Children aged 6 months to 5 years	Daily vitamin supplements containing vitamins A, C and D are recommended ⁷ Should be purchased OTC (unless eligible for Healthy Start vouchers- see below)	Until child is 5 years ⁷
Children aged from six months to four years who are eligible for Healthy Start vouchers	Via vouchers, should not be prescribed ⁷	See qualifying criteria above. The Healthy Start website has more information on the scheme: https://www.healthystart.nhs.uk/healthcare-professionals/
Breast-fed infants from birth	Daily vitamin supplements containing vitamin D are recommended ⁹ . Should be purchased OTC unless eligible for Healthy Start vouchers.	OTC products include Abidec® or Dalavit® (Caution for those children with confirmed peanut allergy as arachis oil content) The Healthy Start website has more information on the scheme: https://www.healthystart.nhs.uk/healthcare-professionals/
Pre-term infants	Can be supplied on prescription in infants not on specialised pre-term formula	Review after 1 year if breast-fed. Review after 6 months if on non pre-term formula. Supplements are recommended in all children under 5 as above, however these should be purchase OTC or via Healthy Start after 1 year unless diagnosed with a deficiency.
Vitamin A		
Treatment of vitamin A deficiency This is extremely rare in people born in the UK, but is a serious public health concern in many low income countries, particularly in Africa and South East Asia ¹⁰ .	Can be supplied on prescription. Consider vitamin A deficiency in at-risk migrant patients. Where you suspect it, seek advice on appropriate diagnosis and management from your local endocrinology or paediatric team ¹⁰ .	Treat for course length recommended as per specialist advice Products containing only Vit A are not licensed and should be avoided in pregnancy as teratogenic ³ .

Prevention of Vitamin A deficiency in children and infants ⁷	As per multivitamins above	As above
General Health	Not for routine prescription Vitamin A should not be prescribed to patients for concerns regarding general health ³	Are available for purchase OTC NB - overdose can cause toxicity ³
Cystic Fibrosis	Can be supplied on prescription on advice of specialist	Long term treatment as recommended by the specialist
Bariatric surgery	See Bariatric Surgery Guidance ⁸ See also CDTV Guidance for Prescribing and Monitoring in Post Bariatric Surgery in Primary Care Not for routine prescription unless deficient.	Additional fat soluble vitamins are only usually required as prevention in patients who have had a Duodenal Switch (Biliopancreatic Diversion). Patients should be advised to purchase these OTC.
B Vitamins		
B vitamin deficiency This is rare in the UK and is usually treated with combinations containing riboflavin, thiamine and nicotinamide ³	Can be supplied on prescription if confirmed deficiency In rare cases where there might be a justifiable reason for prescribing vitamin B complex e.g. medically diagnosed deficiency or chronic malabsorption, vitamin B compound strong and not vitamin B compound should be prescribed as it represents better value for money ¹¹ .	Treat for course length recommended as per specialist advice.
Thiamine (B1)		
Deficiency due to increased dietary requirements, reduced intake, reduced absorption or increased excretion.	Unless clinically indicated due to severe deficiency, patients should be encouraged to have a balanced diet or purchase an over-the-counter A-Z multivitamin and mineral supplement ¹² . If severe deficiency then thiamine as per BNF dose can be supplied on prescription ^{3,12}	Review in-line with symptoms and underlying cause, and de-prescribe as appropriate

Alcohol misuse and prevention of Wernicke's encephalopathy	<p>Oral thiamine treatment dose can be supplied on prescription as per NICE and BNF guidance.</p> <p>Offer prophylactic oral thiamine to harmful or dependent drinkers:</p> <ul style="list-style-type: none"> •if they are malnourished or at risk of malnourishment or •if they have decompensated liver disease or •if they are in acute withdrawal or •before and during a planned medically assisted alcohol withdrawal¹². 	<p>Review patients prescribed thiamine with a view to stopping if the patient has been abstinent for 6 weeks or more and has regained adequate nutritional status¹¹.</p> <p>In chronic alcohol dependence, oral thiamine may need to be continued indefinitely¹³. Patients who require continued treatment with thiamine should be reviewed at appropriate intervals depending on individual circumstances¹¹.</p> <p>Maintenance should be purchased OTC where possible, although may depend on individual assessment of the patient¹³</p>
<p>Refeeding syndrome</p> <p>Refeeding may be treated as a one off condition, but some patients may require ongoing treatment if they are at recurrent risk e.g. eating disorders etc.</p>	<p>Can be prescribed for 10 days after refeeding, but full course usually supplied by hospital.</p> <p>May be prescribed in patients deemed to be at ongoing risk if recommended by a dietician.</p>	<p>Full course usually supplied by hospital</p> <p>Please note that some patients may require long term treatment or repeated courses if they are deemed to be at recurrent risk of refeeding syndrome.</p>
Bariatric surgery	<p>See Bariatric Surgery Guidance⁸</p> <p>See also CDTV Guidance for Prescribing and Monitoring in Post Bariatric Surgery in Primary Care</p>	Patients should be advised to purchase OTC if required
Pyridoxine (B6)³		
Deficiency states	<p>Can be supplied on prescription.</p> <p>Refer to BNF for recommended dose for treatment</p>	Treat for course length recommended as per specialist advice
Prevention of drug-induced neuropathy (e.g penicillamine and isoniazid)	<p>Can be supplied on prescription</p> <p>Refer to BNF for recommended dose for prophylaxis</p>	For as long as on treatment
Treatment of drug induced neuropathy	<p>Can be supplied on prescription</p> <p>Refer to BNF for recommended dose for treatment</p>	Review high doses in-line with symptoms and reduce as appropriate
Sideroblastic anaemia	Can be supplied on prescription	Treat as per specialist advice
Metabolic disorders e.g. hyperoxaluria	Can be supplied on prescription	Treat as per specialist advice
Vit B12 and cyanocobalamin¹⁴		
Treatment of Vit B12 deficiency	Can be supplied on prescription	

<p>For people with neurological involvement Seek urgent specialist advice from a haematologist.</p> <p>For people with no neurological involvement</p>	<p>Consider hydroxocobalamin intramuscularly on alternate days until there is no further improvement, and then administer hydroxocobalamin intramuscularly every 2 months.</p> <p>Initially administer hydroxocobalamin intramuscularly three times a week for 2 weeks.</p>	<p>In dietary deficiency replacement treatment can be stopped once the vitamin B12 levels have been corrected and the diet has improved.</p> <p>Vegans may require long-term prevention – should be advised to purchase OTC.</p> <p>If deficiency in patient with Coeliac disease refer to Dietitian for dietary assessment and compliance with gluten free diet</p>
<p>Maintenance and prevention of Vit B12 deficiency</p>	<p>Maintenance dose depends on whether the deficiency is diet related or related to a non-modifiable factor (e.g. intrinsic factor deficiency)</p> <ul style="list-style-type: none"> • Not diet related (unlikely to reverse); Prescribe hydroxocobalamin intramuscularly every 2–3 months for life. • Diet related; Advise patient to purchase OTC oral cyanocobalamin tablets 	<p>Monitor vitamin b12 yearly and stop if normal – see guidance¹⁵</p>
<p>Bariatric surgery</p>	<p>See Bariatric Surgery Guidance⁸ See also CDTV Guidance for Prescribing and Monitoring in Post Bariatric Surgery in Primary Care</p>	<p>Should only be prescribed regularly to patients who have had a gastric by-pass, Sleeve gastrectomy or Duodenal Switch (Biliopancreatic Diversion). Other bariatric patients should have it prescribed only if needed.</p>
<p>Folic acid</p>		
<p>Pregnancy</p>	<p>400 mcg dose should not be routinely prescribed⁷</p>	<p>Advise to purchase OTC or via Healthy Start vouchers if eligible</p>
<p>High risk pregnancy⁷ GPs should prescribe 5 milligrams of folic acid a day for women who are planning a pregnancy, or are in the early stages of pregnancy, if they:</p> <ul style="list-style-type: none"> • (or their partner) have a neural tube defect 	<p>5 mg folic acid is a prescription only medicine so must be prescribed³.</p>	<p>Prior to pregnancy and for the first 12 weeks of pregnancy</p> <p>In women treated with low-dose methotrexate within 3 months prior to conception, folate supplementation (5 mg per day) should be continued prior to and throughout pregnancy¹⁶</p>

<ul style="list-style-type: none"> • have had a previous baby with a neural tube defect • (or their partner) have a family history of neural tube defects • have diabetes. • They are taking high risk anti-epileptic medication³ 		
<p>Prevention of methotrexate induced side effects</p>	<p>5mg folic acid is a prescription only medicines therefore must be prescribed³.</p> <p>Usually taken once weekly, but can be increased depending on side effects^{17, 18}</p>	<p>For as long as taking methotrexate</p>
<p>Macrocytic anaemia¹³</p>	<p>5mg folic acid is a prescription only medicines therefore must be prescribed³.</p> <p>Prescribe oral folic acid as per BNF</p> <p>Check vitamin B12 levels in all people before starting folic acid — treatment can improve wellbeing, mask underlying B12 deficiency, and allow neurological disease to develop¹⁴.</p>	<p>In most people, treatment will be required for 4 months. However may need to be taken for longer (sometimes for life) if the underlying cause of deficiency is persistent¹⁴.</p>
<p>Bariatric Surgery</p>	<p>See Bariatric Surgery Guidelines⁸</p> <p>See also CDTV Guidance for Prescribing and Monitoring in Post Bariatric Surgery in Primary Care</p>	<p>Contained within multivitamin and mineral supplement. If deficient, check compliance with multivitamin and mineral supplement. If compliant, check for vitamin B12 deficiency before recommending additional folic acid supplements. Additional folic acid OTC if deficient. Recheck folate levels after 4 months. Pregnancy: Additional 5mg preconception and first 12 weeks</p>
<p>Vit B compound or Vit B compound strong</p>		
<p>Alcohol misuse</p>	<p>Not for routine prescription</p>	<p>No longer recommended as part of NICE guidance, and lack of evidence of efficacy and safety^{11, 13}</p> <p>Is available to purchase OTC if patient requests.</p>
<p>Refeeding syndrome</p>	<p>Not for GP prescription – hospital only drug¹⁹</p>	<p>Most courses completed in hospital</p>

Refeeding may be treated as a one off condition, but some patients may require ongoing treatment if they are at recurrent risk e.g. eating disorders etc.		Please note that some patients may require repeated courses if they are deemed to be at recurrent risk of refeeding syndrome.
General Health	Not to be routinely prescribed, as no evidence of benefit as a supplement ³	Is available to purchase OTC if patient requests.
Other B vitamins		
Biotin	Not to be routinely prescribed, as no evidence of benefit as a supplement ³	Is available to purchase OTC if patient requests.
Choline		
Pantothenic acid		
Riboflavin		
Inositol nicotinate	No evidence of benefit as a supplement. Also licensed for peripheral vascular disease ³	Only prescribe if indicated for peripheral vascular disease Is available to purchase OTC if patient requests.
Para-aminobenzoic acid	No evidence of benefit as a supplement Also licensed for Peyronie's disease ³	Only prescribe if indicated for Peyronie's disease Is available to purchase OTC if patient requests.
Vitamin C (ascorbic acid)		
Treatment of proven or suspected scurvy	Can be supplied on prescription Ascorbic acid ³	Review after 3 months treatment. Ensure ongoing investigations for differential diagnoses are not delayed by a trial of vitamins
Prevention of scurvy	Not for routine prescription ¹²	Patients should be advised to purchase OTC. Patients should be informed of dietary sources of vitamin C ¹² .
Colds, flu and healing	Not for routine prescription Claims that vitamin C ameliorates colds or promotes wound healing have not been proven ³	Is available to purchase OTC if patient requests.
Vitamin D		
Treatment of Vitamin D deficiency	Follow County Durham and Tees Valley Guidance for Primary Care Management of Vitamin D Deficiency ¹⁹ Loading dose – can be supplied on prescriptions	Patients should be encouraged to self-care; advise patients to speak to their local pharmacist or hospital specialist. Pharmacies, health food shops and supermarkets sell various products in various strengths.

	Maintenance dose – patients should be encouraged to self-care therefore advise to purchase OTC other than in exceptions.	**EXCEPTIONS** Maintenance vit D3 for patients with osteoporosis, chronic hypoparathyroidism or prescribed cinalcalcet.
<p>Prevention of Vit D deficiency in high risk groups⁹</p> <ul style="list-style-type: none"> • Pregnancy • Breastfeeding • Infants and children aged under 4 • People over 65 (including care home patients) • People who have low or no exposure to the sun • People with darker skin, for example, people of African, African-Caribbean or South Asian family origin. • Particular dietary needs (for example, people who avoid nuts, are vegan or have a halal or kosher diet). <p>Other high risk patients may include;</p> <ul style="list-style-type: none"> • Patients with Liver Disease • Patients on steroids, anti-epileptic medication • Patients with malabsorption e.g. coeliac 	<p>Follow County Durham and Tees Valley Guidance for Primary Care Management of Vitamin D Deficiency¹⁹</p> <p>Prevention dose of Vit D (400 unts daily) should not be routinely prescribed.</p>	Patients should be advised to purchase OTC
Cystic Fibrosis	Can be supplied on prescription on advice of specialist	Long term treatment as recommended by the specialist
Bariatric surgery	Follow County Durham and Tees Valley Guidance for Primary Care Management of Vitamin D Deficiency ¹⁹	See also Bariatric surgery guidance ⁸

	Only to be prescribed if deficient. Maintenance and prevention should be purchased OTC.	See also CDTV Guidance for Prescribing and Monitoring in Post Bariatric Surgery in Primary Care See also Calcium and Vit D section below.
Vitamin E		
Vitamin E deficiency	Can be supplied on prescription on advice of specialist	Alpha tocopherol – specialist initiation only ⁵
Prevention of deficiency	Vitamin E should not be routinely prescribed to patients for concerns regarding general deficiency ¹²	Is available to purchase OTC if patient requests.
Cystic Fibrosis	Can be supplied on prescription on advice of specialist	Long term treatment as recommended by the specialist
Bariatric surgery	See Bariatric Surgery Guidance ⁸ See also CDTV Guidance for Prescribing and Monitoring in Post Bariatric Surgery in Primary Care Not for routine prescription unless deficient.	Additional fat soluble vitamins are only usually required as prevention in patients who have had a Duodenal Switch (Biliopancreatic Diversion). Patients should be advised to purchase these OTC.
Vitamin K		
Treatment of deficiency	Can be supplied on prescription	As per specialist advice
Cholestasis	Can be supplied on prescription	As per specialist advice
Cystic Fibrosis	Can be supplied on prescription on advice of specialist. Patients usually require water soluble version (menadiol) ⁵	Long term treatment as recommended by the specialist
Bariatric surgery	See Bariatric Surgery Guidance ⁸ See also CDTV Guidance for Prescribing and Monitoring in Post Bariatric Surgery in Primary Care Not for routine prescription unless deficient.	Additional fat soluble vitamins are only usually required as prevention in patients who have had a Duodenal Switch (Biliopancreatic Diversion). Patients should be advised to purchase these OTC.
Minerals		
Iron		
Treatment of iron deficiency anaemia	Can be supplied on prescription	Treatment should be continued for 3 months after deficiency is corrected ¹⁹ Modified release preparations should not be prescribed ¹⁹ , and are non-formulary ⁵

<p>Prevention or maintenance of iron deficiency anaemia</p> <p>An ongoing prophylactic dose of iron (200 mg ferrous sulfate daily) may be beneficial in some people who have</p> <ul style="list-style-type: none"> • Recurring anaemia (such as in an elderly person) and further investigations are not indicated or appropriate. • An iron-poor diet — for example, vegans. • Malabsorption — for example, coeliac disease. • Menorrhagia • Had a gastrectomy • Women who are pregnant • People undergoing haemodialysis²⁰ 	<p>Not for routine prescription</p>	<p>Patients should be advised to purchase this OTC</p>
<p>Pre-term infants</p>	<p>Can be supplied on prescription in infants not on specialised pre-term formula</p>	<p>Review after 1 year if breast-fed. Review after 6 months if on non pre-term formula.</p>
<p>Bariatric surgery</p>	<p>See Bariatric Surgery Guidance⁸ See also CDTV Guidance for Prescribing and Monitoring in Post Bariatric Surgery in Primary Care</p>	<p>Not for routine prescription unless deficient and requiring treatment. Advise patient to purchase OTC.</p>
<p>Calcium</p>		
<p>Osteoporosis prophylaxis</p>	<p>Can be supplied on prescription</p> <p>Ensure Vit D intake also adequate/ supplemented – see Vit D guidance¹⁹</p>	<p>A calcium intake of at least 1000 mg/day is recommended for people at increased risk of a fragility fracture. To calculate dietary calcium intake, see the National Osteoporosis Foundation chart Steps to estimate your calcium intake²¹.</p>
<p>Bariatric Surgery</p>	<p>See Bariatric Surgery Guidance⁸ See also CDTV Guidance for Prescribing and Monitoring in Post Bariatric Surgery in Primary Care</p>	<p>Maintenance and prevention should be purchased OTC.</p>

	and County Durham and Tees Valley Guidance for Primary Care Management of Vitamin D Deficiency ¹⁹	
Selenium		
Treatment of selenium deficiency ³	Can be supplied on prescription if confirmed deficiency.	As per specialist advice
Prevention of deficiency	Not for routine prescription	Patients should be advised to purchase an A-Z multivitamin supplement
Bariatric Surgery	See Bariatric Surgery Guidance ⁸ See also CDTV Guidance for Prescribing and Monitoring in Post Bariatric Surgery in Primary Care	Sufficient contained within A-Z multivitamin and mineral supplement. If required, additional selenium may be provided by two to three Brazil nuts a day or by OTC preparations.
Zinc		
Treatment of zinc deficiency ³	Can be supplied on prescription if confirmed deficiency.	Zinc supplements should not be given unless there is good evidence of deficiency or in zinc-losing conditions. A zinc supplement is given until clinical improvement occurs.
Prevention of deficiency ³	Not for routine prescription	Patients should be advised to purchase OTC May need to be long-term in severe malabsorption, metabolic disorders, or in zinc-losing states.
General health/prevention of colds ³	There is no evidence that zinc supplementation has a benefit in prevention of colds or in general health concerns	Is available to purchase OTC if patient requests.
Bariatric Surgery	See Bariatric Surgery Guidance ⁸ See also CDTV Guidance for Prescribing and Monitoring in Post Bariatric Surgery in Primary Care	Sufficient should be contained within A-Z multivitamin and mineral supplement.

References

1. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs. March 2018. <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf> Accessed March 22
2. Condition for which over the counter medicines should not be routinely prescribed in primary care: exemption criteria. March 19. <https://medicines.necu.nhs.uk/download/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-exception-criteria/> Accessed March 22

3. British National Formulary. <https://www.medicinescomplete.com/#/browse/bnf> Accessed March 22
4. British National Formulary for Children. <https://www.medicinescomplete.com/#/browse/bnf> Accessed March 22
5. County Durham and Tees Valley Formulary <http://joint-formulary.tees.nhs.uk/> Accessed March 22
6. Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Clinical guideline [CG32] <https://www.nice.org.uk/guidance/cg32/> Accessed March 22
7. Public health guideline [PH11] Maternal and Child Nutrition <https://www.nice.org.uk/guidance/ph11/> Accessed March 22
8. BOMSS Guidelines on peri-operative and postoperative biochemical monitoring and micronutrient replacement for patients undergoing bariatric surgery. September 2014. <https://bomss.org/wp-content/uploads/2021/06/BOMSS-guidelines-Final-version1Oct14.pdf> Accessed March 22
9. Vitamin D: supplement use in specific population groups. Public health guideline [PH56] <https://www.nice.org.uk/guidance/ph56/> Accessed March 22
10. Vitamin A deficiency: migrant health guide. <https://www.gov.uk/guidance/vitamin-a-deficiency-migrant-health-guide> Accessed March 22
11. RMO statement <https://www.sps.nhs.uk/articles/rmoc-position-statement-oral-vitamin-b-supplementation/> Accessed March 22
12. The prescribing of vitamins and minerals including vitamin B preparations. PrescQIPP bulletin - <https://www.prescqipp.info/media/1735/b107-multivitamins-21.pdf> Accessed March 22
13. Alcohol-use disorders: diagnosis and management of physical complications. Clinical guideline [CG100] <https://www.nice.org.uk/guidance/cg100> Accessed March 22
14. NICE Clinical Knowledge Summary - Anaemia - B12 and folate deficiency. February 2019 <https://cks.nice.org.uk/anaemia-b12-and-folate-deficiency> Accessed March 22
15. Hartlepool and Stockton Guidance for Monitoring and Treatment of B12. July 2015.
16. British Society of Rheumatology and British Health Professionals of Rheumatology Guideline on prescribing drugs in pregnancy and breastfeeding—Part I: standard and biologic disease modifying anti-rheumatic drugs and corticosteroids. Sept 2016. <https://academic.oup.com/rheumatology/article/55/9/1693/1744535> Accessed March 22
17. County Durham and Darlington Methotrexate Shared care guidance <https://medicines.necsu.nhs.uk/download/county-durham-and-darlington-methotrexate-shared-care-guideline/> Accessed March 22
18. <https://www.sps.nhs.uk/articles/what-is-the-dose-of-folic-acid-to-use-with-methotrexate-therapy-for-rheumatoid-arthritis/> Accessed March 22
19. <https://medicines.necsu.nhs.uk/download/primary-care-management-of-vitamin-d-deficiency/> Accessed March 22
20. NICE Clinical Knowledge Summary – Iron Deficiency Anaemia <https://cks.nice.org.uk/anaemia-iron-deficiency#!scenario> Accessed March 22
21. NICE Clinical Knowledge Summary - Osteoporosis - prevention of fragility fractures <https://cks.nice.org.uk/osteoporosis-prevention-of-fragility-fractures#!scenario> Accessed March 22