

SHARED CARE GUIDELINE

DONEPEZIL, GALANTAMINE, RIVASTIGMINE, MEMANTINE

<p>Contact Details</p> <p>Consultant: _____</p> <p>Care Co-ordinator: _____</p> <p>Location: _____</p> <p>Contact number: _____</p> <p>Date: _____</p>	<p>Patient Identifier</p> <p>MHT number: _____</p> <p>NHS number: _____</p> <p>Surname: _____</p> <p>Forename/s: _____</p> <p>Date of Birth: _____</p> <p>CareFirst number: _____</p>
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Introduction	<p>Indication: The symptomatic treatment of mild to moderately severe Alzheimer's dementia.</p> <p>Background: This document is for use within the revised guidance specified in NICE TAG 217 (March 2011) which recommends donepezil, galantamine and rivastigmine as options for the management of people with Alzheimer's disease of mild to moderate severity, and memantine as an option for moderate disease (if donepezil, galantamine and rivastigmine are not tolerated) and as an option for the management of severe disease.</p>	
Dose & Administration	<p><i>(increases in dose will be advised by secondary care team, except memantine, see below)</i></p> <p>Secondary care prescriber to sign and date to indicate which medication is recommended:</p>	
Dose & Administration	<p>Donepezil: 5mg daily increased after 1 month if necessary and tolerated, to 10mg daily (orodispersible also available)</p>	
Dose & Administration	<p>Galantamine MR: 8mg daily increased after 4 weeks if necessary and tolerated, to 16mg daily. Maintenance 16-24mg daily</p>	
Dose & Administration	<p>Rivastigmine capsules/oral solution; 1.5mg twice a day increased after 2 weeks if necessary to 3mg twice a day. Usual range 3mg – 6mg twice a day</p>	<p>Capsules</p> <p>Oral solution</p>
Dose & Administration	<p>Rivastigmine patches 4.6mg every 24 hours, apply daily, increased after 4 weeks if necessary and tolerated, to 9.5mg every 24 hours (if patch not applied for more than several days, restart with 4.6mg patch)</p>	
Dose & Administration	<p>Memantine 5mg daily for 1 week, increasing by 5mg daily each week up to maintenance dose 20mg daily if tolerated (initiation pack available for tablets)</p>	<p>Tablets</p> <p>Oral solution 5mg per pump</p>
Secondary Care Responsibilities	<ol style="list-style-type: none"> 1. Check past medical history and drug history for cautions, contra-indications, and potential drug interactions. Contact GP for summary if necessary. 2. Assess patient according to local pathway. 	

	<ol style="list-style-type: none"> 3. Recommend initiation of acetylcholinesterase inhibitor to GP (using lowest acquisition cost drug if appropriate). 4. Follow-up according to local pathway, assessing for efficacy and tolerability at regular intervals. 5. Advise GP on further dose increases or changes to treatment as necessary. 6. Measure MMSE and other relevant assessment measures every 6 months. 7. Continue treatment only while it is considered to be having a worthwhile effect on cognitive, global, functional or behavioural symptoms. Advise on stopping treatment or changes to treatment when appropriate. 8. Seek carers views on patients condition at baseline and regular intervals.
Primary Care Responsibilities	<ol style="list-style-type: none"> 1. Inform consultant if there are any contra-indications/cautions to the use of the medication (refer to BNF/SPC for more details). 2. Initiate prescribing and titrate dose as advised by secondary care. 3. Monitor for side-effects. 4. Inform team/consultant of any problems.
Monitoring Required in Primary Care	Report side-effects to community team.
Adverse Effects	<p>Refer to SPC www.medicines.org.uk and BNF for further information.</p> <p>Donepezil: Gastro-intestinal effects, muscle cramps, fatigue, insomnia, headache, dizziness, hallucinations, agitation, aggression, urinary incontinence, rash, pruritus.</p> <p>Galantamine: Gastro-intestinal effects, fatigue, dizziness, headache, sleep disturbance, rhinitis, weight loss, anorexia, tremor, fever.</p> <p>Rivastigmine: gastro-intestinal effects, dizziness, headache, drowsiness, tremor, agitation, confusion, sweating, weight loss.</p> <p>Memantine: headache, tiredness, dizziness, hallucinations (in severe Alzheimer's disease), hypertension, dyspnoea, constipation.</p>
Common Drug Interactions	Refer to SPC www.medicines.org.uk and BNF
Contraindications	<p>Donepezil</p> <p><i>Contra-indications:</i> hypersensitivity to donepezil.</p> <p><i>Cautions:</i> Sick-sinus syndrome, other supraventricular conduction abnormalities, susceptible to peptic ulcer, asthma, COPD, hepatic impairment.</p>
	<p>Galantamine</p> <p><i>Contra-indications:</i> hypersensitivity to galantamine.</p> <p>Renal impairment (CrCl <9ml/min). Significant hepatic dysfunction.</p> <p><i>Cautions:</i> Cardiac disease (including sick-sinus syndrome, other supraventricular conduction abnormalities, unstable angina, congestive heart failure) electrolyte disturbances, susceptible to peptic ulcer, asthma, COPD, hepatic impairment, urinary obstruction, gastro-intestinal obstruction.</p>

	Rivastigmine	<p><i>Contra-indications:</i> hypersensitivity to rivastigmine, severe liver impairment.</p> <p><i>Cautions:</i> sick-sinus syndrome, asthma, COPD, seizures, bladder obstruction, gastric or duodenal ulcers, hepatic impairment, renal impairment.</p> <p>Monitor body weight (weight loss may occur).</p>
	Memantine	<p><i>Contra-indications:</i> hypersensitivity to memantine</p> <p><i>Cautions:</i> epilepsy, other NMDA antagonists (e.g., dextromethorphan, amantadine, ketamine) factors raising urine pH, recent <i>MI</i>, <i>uncompensated congestive heart failure</i>, <i>uncontrolled hypertension</i>. fructose intolerance (oral solution)</p>
Further Information	<p>NICE TA217 http://guidance.nice.org.uk/TA217</p> <p>NICE (Dementia) CG42 http://guidance.nice.org.uk/CG42/QuickRefGuide/pdf/English</p> <p>Patients with mild, moderate or severe Alzheimer's disease with non-cognitive symptoms and or behaviour that challenges causing significant distress or potential to harm may be considered for treatment with an acetylcholinesterase inhibitor if;</p> <ul style="list-style-type: none"> • a non-pharmacological approach is ineffective or inappropriate and • antipsychotic drugs are inappropriate or have been ineffective <p>Use in these cases would be unlicensed and prescribing below MMSE 10 is outside NICE guidance. Continuation of prescribing at this stage should be discussed between secondary and primary care.</p>	
<p>This guidance does not replace the SPC's, which should be read in conjunction with this document.</p>		