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SHARED CARE GUIDELINE

DONEPEZIL, GALANTAMINE, RIVASTIGMINE, MEMANTINE

Introduction	**Indication:** The symptomatic treatment of mild to moderately severe Alzheimer's dementia. **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. Donepezil is the acetylcholinesterase inhibitor (AChEI) of choice in Cumbria as it is the least expensive. Galantamine is the most expensive AChEI. Rivastigmine and Galantamine should be reserved for patients who for whom Donepezil is inappropriate due to adverse effects, adherence, formulation or other clinical reasons.
Dose & Administration	*(increases in dose will be advised by secondary care team, except Memantine, see below). The AChEI are listed in the order in which they should be prescribed based on cost alone.* Donepezil**:** 5mg daily increased after 1 month if necessary and tolerated, to 10mg daily (orodispersible also available) Rivastigmine; 1.5mg twice a day increased after 4 weeks if necessary to 3mg twice a day. Usual range 3mg – 6mg twice a day, increasing at a rate no more than 1.5mg twice daily at 4 week intervals*. (NB oral solution may be considerably more expensive)* 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). Galantamine MR**:** 8mg daily increased after 4 weeks if necessary and tolerated, to 16mg daily and then after a further 4 weeks to 24mg daily. Maintenance 16-24mg daily. 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).
Secondary Care Responsibilities	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. 3. Recommend initiation of acetylcholinesterase inhibitor to GP (using lowest acquisition cost drug e.g. Donepezil if appropriate). Indicate in communication to GP that treatment will be on a 'shared care' basis according to this guidance. 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/or other relevant assessment measures every12 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 carer's views on patient's condition at baseline and regular intervals.
Primary Care Responsibilities	1. Inform secondary care psychiatrist 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/psychiatrist of any problems.
Monitoring Required in Primary Care	Report side-effects to community team.
Adverse Effects	Refer to SPC www.medicines.org.uk and BNF for further information. **Donepezil:** Gastro-intestinal effects, muscle cramps, fatigue, insomnia, headache, dizziness, hallucinations, agitation, aggression, urinary incontinence, rash, pruritus. **Rivastigmine:** gastro-intestinal effects, dizziness, headache, drowsiness, tremor, agitation, confusion, sweating, weight loss. **Galantamine:** Gastro-intestinal effects, fatigue, dizziness, headache, sleep disturbance, rhinitis, weight loss, anorexia, tremor, fever. **Memantine**: headache, tiredness, dizziness, hallucinations (in severe Alzheimer's disease), hypertension, dyspnoea, constipation.
Common Drug Interactions	Refer to SPC www.medicines.org.uk and BNF

Contraindications

Donepezil	*Contra-indications:* hypersensitivity to donepezil. *Cautions:* Sick-sinus syndrome, other supraventricular conduction abnormalities, susceptible to peptic ulcer, asthma, COPD, hepatic impairment.
Rivastigmine	*Contra-indications:* hypersensitivity to Rivastigmine, severe liver impairment. *Cautions:* sick-sinus syndrome, asthma, COPD, seizures, bladder obstruction, gastric or duodenal ulcers, hepatic impairment, renal impairment. Monitor body weight (weight loss may occur).
Galantamine	*Contra-indications:* hypersensitivity to Galantamine. Renal impairment (CrCl <9ml/min). Significant hepatic dysfunction. *Cautions:* 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.
Memantine	*Contra-indications:* hypersensitivity to Memantine *Cautions:* epilepsy, other NMDA antagonists (e.g., dextromethorphan, amantadine, ketamine) factors raising urine pH, rec*ent MI, uncompensated congestive heart failure, uncontrolled hypertension.* fructose intolerance (oral solution)

Further Information	NICE TA217 http://guidance.nice.org.uk/TA217 NICE (Dementia) CG42 http://guidance.nice.org.uk/CG42/QuickRefGuide/pdf/English 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; • a non-pharmacological approach is ineffective or inappropriate and • antipsychotic drugs are inappropriate or have been ineffective 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.

This guidance does not replace the SPC's, which should be read in conjunction with this document.