NHS Cumbria Cumbria Partnership NHS
NHS Foundation Trust

SHARED CARE GUIDELINE

Acetylcholinesterase inhibitors: AChEI's (Donepezil, Galantamine, Rivastigmine) in combination with Memantine

Introduction	**Indication:** Moderate to Severe Dementia During cross taper from an AChEI to Memantine it may be necessary / appropriate for some patients to temporarily be prescribed an AChEI and Memantine simultaneously, with the aim of discontinuing the AChEI and continuing with Memantine as monotherapy. In other patients, depending upon their clinical presentation, discontinuing an AChEI straight away before commencing Memantine may be appropriate, particularly if it appears the AChEI may be exacerbating distressing symptoms or causing side effects. A small cohort of patients responds well clinically to a combination of an AChEI and Memantine long term and deteriorates when either drug is decreased and/or withdrawn. The benefit is assessed either by a reduction in the rate of cognitive decline or by a reduction of psychological and behavioural symptoms. These patients may require continuous treatment with an AChEI and Memantine in combination. This guideline addresses this group of patients.
Dose & Administration	**Memantine** 5mg daily for 1 week, increasing by 5mg daily each week up to a maintenance dose of 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. For a patient prescribed an AChEI alone, a decision to switch from this to Memantine should only be made after observing the patient on medication for at least 4 to 6 months. The only exception to switch sooner would be lack of tolerability to the AChEI, a clear lack of efficacy or deterioration. 4. For patients already prescribed an AChEI which has been shown to be of some benefit, but where the patient later deteriorates with behavioural or psychological symptoms, a switch to Memantine may be considered. In this situation a prescription of Memantine would be requested to be added to the AChEI and titrated up to full dose as indicated above. After a period of 3 months (including titration) the AChEI would be recommended to be discontinued. During the 3 month period secondary care will monitor and assess if the Memantine is of any added benefit. If no benefit, primary care will be requested to discontinue the memantine. 5. If there is an observed clinically significant deterioration after the discontinuation of the AChEI after the above 3 month cross over period then this would be grounds to recommence the AChEI and prescribe in combination with Memantine. This trial discontinuation of an AChEI would not be appropriate for patients where deterioration had previously been demonstrated upon its cessation. 6. The secondary care team will advise the GP of outcomes from assessments and detail the rationale for continuous AChEI and Memantine combination for patients in whom a clear benefit has been demonstrated. Patients, who are maintained on a combination of AChEI and Memantine, will be reviewed by a psychiatrist every six to twelve months depending upon clinical need 7. After each review, the secondary care team will inform the GP promptly on the outcome of assessments and the clinical need for on-going treatment with AChEI and Memantine dual therapy. 8. Advise GP on further dose increases or changes to treatment as necessary.

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	9. Measure MMSE and/or other relevant assessment measures every six to twelve months depending on clinical need. 10. Provide the GP with relevant contact information for back-up advice and support for patients on AChEI/Memantine dual therapy. 11. Continue treatment only while it is considered to be having a worthwhile effect on cognitive, global, functional or behavioural symptoms. Advice on stopping treatment or changes to treatment when appropriate. 12. Seek carer's views on patient's condition at baseline and regular intervals.
Primary Care Responsibilities	1. Inform psychiatrist if there are any contra-indications/cautions to the use of the medication (refer to BNF/SPC for more details). 2. Monitor for side-effects. 3. Continue to issue prescriptions for both AChEI as well as Memantine during cross-over period and inform team/psychiatrist of any problems. After cross-over period continue prescription of Memantine and/or AChEI upon advice of secondary care depending upon clinical outcome of cross-over period. Recommence and continue prescription of AChEI in combination with Memantine if recommended by secondary care. 4. Ensure that shared care and follow-up by secondary care is in place
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. **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	**Memantine** *Contra-indications:* hypersensitivity to Memantine *Cautions:* epilepsy, other NMDA antagonists (e.g., dextromethorphan, amantadine, and 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
This guidance does not replace the SPC's, which should be read in conjunction with this document.	