NHS	**Brighton and Hove CCG** **Horsham & Mid Sussex CCG** **High Weald Lewes Havens CCG** **Brighton and Sussex University Hospitals NHS Trust**

BLUE Information Sheet

Drug Name: APPROVED MEDICATIONS FOR DEMENTIA

(Donepezil, galantamine, memantine and rivastigmine)

INDICATION/S COVERED: Alzheimer's disease (AD), Parkinson's disease dementia, Dementia with Lewy bodies

Traffic Light System classification – Blue

Blue: Drugs that are considered suitable for prescribing in primary care, following initiation by a specialist as monitoring and skills required for prescribing are deemed less complex, there is more widespread experience of prescribing in primary care and GPs or Primary Care Prescribers are generally happy to prescribe on specialist advice without the need for formal shared care. A minimum of one months' supply of medication should be prescribed by the initiating consultant, even if prescribing responsibility is transferred earlier than this. (NICE TA217 for AD states once the decision is made to start AChE inhibitor or memantine the first prescription may be made in primary care.) A GP or Primary Care Prescriber must be familiar with the prescribing responsibilities and where a GP or Primary Care Prescriber has no experience of prescribing then adequate additional information should be provided by the initiating specialist. This information sheet should be sent to the GP or Primary Care Prescriber with the clinic letter.

RESPONSIBILITIES and ROLES

	Consultant / Specialist responsibilities
1.	Confirmation of diagnosis of dementia and identification of suitable patients in line with the below following full assessment. • NICE TA217 for AD • NICE NG71 for Parkinson's Disease dementia • NICE NG97 for Dementia with Lewy bodies In High Weald, Lewes, Havens Clinical Commissioning Group this only applies to patients not covered by the Golden Ticket Pathway.
2.	To ensure baseline monitoring of MMSE (or equivalent) is performed and psychiatric assessment using appropriate rating scales plus any additional relevant investigations e.g. CT and MRI scan.
3.	To prescribe AChE inhibitor or memantine until the dosage is stabilised. (In High Weald, Lewes, Havens Clinical Commissioning Group, patients under the golden ticket pathway, an AChE inhibitor or memantine is prescribed by the memory assessment service until the patient is stabilised.)
4.	To advise and support patients and their carers by discussing the aims, benefits and side effects of treatment with the patient and/or carer as well as their role. Explain the treatment plan including the dosing schedule.
5.	To review the patient 2-4 months after a maintenance dose is established and if there are no complications, to discharge the patient back to the GP (clusters 18/19)
6.	Patients with complex needs (cluster 20) will be looked after under shared care and will have their antidementia medication reviewed by the specialist team every 6 months (or annually if the patient is identified as a slow decliner, until the decline accelerates significantly or the MMSE score gets close to 10 (or the equivalent if using a different scoring system) – this should be agreed with the primary care prescriber) thereafter or sooner if indicated and to inform the GP of the outcome of each review.
7.	To monitor the patient's clinical condition, carer's views, drug tolerability, drug compliance and administer the MMSE (or equivalent) at every review and act on the results appropriately (e.g. continue / discontinue treatment in line with agreed treatment plan) and communicate these results to the GP.
8.	Notify the GP of the patient's failure to attend appointments.

	General Practitioner (GP) or Primary Care Prescriber responsibilities
1.	Initial referral to MAS or secondary care as appropriate (to include initial MMSE result (or equivalent), medical history, blood screening and physical examination).
2.	To take back patients without complex needs and continue prescribing any anti-dementia medication long-term. There is no need to review patients' anti-dementia medication outside of the regular annual medication review process.
3.	To provide repeat prescriptions for patients retained under secondary care. It is recommended that no more than one month's prescription should be issued at a time.
4.	To monitor patients overall health and well-being.
5.	To report any adverse drug reactions to the specialist while under secondary care.
6.	To act upon results communicated by the specialist.
7.	For patients retained under secondary care, to contact the specialist to discuss the appropriateness of continuing prescribing for a patient who has not had a confirmed review by the specialist team for over 7 months (or 13 months if an annual review has been agreed with the specialist – see point 6 above under specialist's responsibilities).
8.	To ensure all relevant staff within the practice are aware of the information sheet.

Patient / Carer role	
1.	Attend follow-up appointments with the consultant / specialist
2.	To inform the GP if health problems arise.
3.	Read the patient information leaflet included with your medication and report any side effects or concerns you have to the consultant / specialist or GP or Primary Care Prescriber.
4.	Tell the consultant / specialist or GP or Primary Care Prescriber of any other medication being taken, including over-the-counter products.
5.	Share any concerns in relation to treatment.
6.	Ask the consultant / specialist or primary care prescriber for information, if any aspects of treatment are not fully understood.

Prescribing Guidance-See NICE TA 217 , NICE NG97 & NICE NG71

1. Pharmacological management of Alzheimer's disease

Donepezil, galantamine and rivastigmine are recommended as monotherapy options for managing mild to moderate Alzheimer's disease

Memantine monotherapy is recommended as an option to manage;

- Moderate Alzheimer's disease in patients who are intolerant of or have a contraindication to AChE inhibitors or severe Alzheimer's disease.
- Consider memantine in addition to an AChE inhibitor if they have moderate disease
- Offer memantine in addition to an AChE inhibitor if they have severe disease.

Treatment is under the following conditions;

- For people who are not taking an AChE inhibitor or memantine, prescribers should only start treatment with these on the advice of a clinician who has the necessary knowledge and skills.
- Once a decision has been made to start an AChE inhibitor or memantine, the first prescription may be made in primary care
- For people with an established diagnosis of Alzheimer's disease who are already taking an AChE inhibitor, primary care prescribers may start treatment with memantine without taking advice from a specialist clinician.

2. Pharmacological management of non-Alzheimer's dementia

- Offer donepezil or rivastigmine to people with mild to moderate dementia with Lewy bodies.
- Only consider galantamine for people with mild to moderate dementia with Lewy bodies if donepezil and rivastigmine are not tolerated.
- Consider donepezil or rivastigmine for people with severe dementia with Lewy bodies
- Consider memantine for people with dementia with Lewy bodies if AChE inhibitors are not tolerated or are contraindicated.
- Only consider AChE inhibitors or memantine for people with vascular dementia if they have suspected comorbid Alzheimer's disease, Parkinson's disease dementia or dementia with Lewy bodies.
- Do not offer AChE inhibitors or memantine to people with frontotemporal dementia.
- Do not offer AChE inhibitors or memantine to people with cognitive impairment caused by multiple sclerosis.

3. Pharmacological management of Parkinson's disease dementia

- Offer an AChE inhibitor for people with mild or moderate Parkinson's disease dementia.
- Consider an AChE inhibitor for people with severe Parkinson's disease dementia.
- Consider memantine for people with Parkinson's disease dementia, only if AChE inhibitors are not tolerated or are contraindicated.

Note: If prescribing an AChE inhibitor (donepezil, galantamine or rivastigmine), treatment should normally be started with the drug with the lowest acquisition cost (taking into account required daily dose and the price per dose). However, an alternative AChE inhibitor could be prescribed if it is considered appropriate when taking into account adverse event profile, expectations about adherence, medical comorbidity, possibility of drug interactions and dosing profiles.

BACK-UP ADVICE and SUPPORT

	Telephone No.	**Email address:**
Specialist:		
HERE MAS	0300 555 0175	Mas.enquiries@nhs.net
East Brighton Specialist Mental Health Service	01273 265602	
West Brighton Specialist Mental Health Service	01273 242038	
High Weald, Lewes & Havens Dementia Team (Newhaven)	01273 616440	
High Weald, Lewes & Havens Dementia Team (Uckfield)	01825 761177	
Hospital Pharmacy:	**Telephone No.**	**Email address:**
Worthing Hospital	01903 205111 x 85471	pharmacy@wsht.nhs.uk

This information sheet does not replace the SPC, which should be read in conjunction with this guidance. Prescribers should also refer to the appropriate paragraph in the current edition of the BNF. The GP or Primary Care Prescriber has the right to refuse the prescribing responsibility, in such an event the total clinical responsibility will remain with the consultant / specialist.