



**BLUE Information Sheet**

**Drug Name: APPROVED MEDICATIONS FOR DEMENTIA DISEASE**  
 (Donepezil, galantamine, memantine and rivastigmine)

**INDICATION/S COVERED:** Dementia disease

**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 month's supply of medication should be prescribed by the initiating consultant, even if prescribing responsibility is transferred earlier than this. 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**

<b>Consultant / Specialist responsibilities</b>	
1	Confirmation of diagnosis of dementia disease and identification of suitable patients in line with NICE TA 217 for treatment with antidementia drugs.
2	To carry out a pragmatic clinical assessment of cardiac complications by taking a history of cardiac morbidity, including unexplained falls and blackouts and pulse check before initiating medication. The specialist will take responsibility for getting an ECG (or 24 hour ECG monitoring if appropriate) done and read for patients at risk, before initiation of medication.
3	To prescribe until the patient reaches a maintenance dose that is well tolerated (minimum 2 months). The need for ECG at this stage will be determined upon the review of a pulse check at OPA in combination with relevant medical history.
4	To advise and support patients and their carers.
5	To review patient 2-4 months after a maintenance dose is established and if there are no complications to discharge the patient back to the GP.
6	Patients with complex needs will continue under shared care and will have their antidementia medication reviewed by the specialist team at least annually, informing the GP of the outcome of each review.
7	Notify the GP of the patient's failure to attend appointments.
8	To accept patients discharged to the GP back into the service if the GP feels they need a review of treatment due to concerns about efficacy and tolerability.

<b>General Practitioner (GP) or Primary Care Prescriber responsibilities</b>	
1	Initial referral to secondary care (to include; medical history, blood screening and physical examination).
2	To provide repeat prescriptions after stabilisation. It is recommended that no more than one month's prescription should be issued at a time.
3	To monitor patients overall health and well-being
4	To report any adverse drug reactions to the specialist.
5	To inform the specialist if unwilling to take on responsibility for prescribing.

<b>Patient / Carer role</b>	
1	To attend appointments.
2	To inform the GP if health problems arise.
3	To be aware of side effects and report any symptoms.

**BACK-UP ADVICE AND SUPPORT**

<b>Specialist:</b>	<b>Telephone No.</b>	<b>Email address</b>
North West Sussex, Memory Assessment Service (MAS)	01403 223200	
Mid Sussex Living Well with Dementia Team	01444 416606	
North western Living Well with Dementia Team	01403 223244	
<b>Hospital Pharmacy:</b>	<b>Telephone No.</b>	<b>Email address</b>
Worthing Hospital	01903 205111 x 85471	<a href="mailto:pharmacy@wsht.nhs.uk">pharmacy@wsht.nhs.uk</a>

**This information sheet does not replace the SPCs, 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 to agree to shared care, in such an event the total clinical responsibility will remain with the specialist.**

Approved by CPMAP December 2015

Review no later than December 2017