



BLUE Information Sheet

Drug Name: APPROVED MEDICATIONS FOR ALZHEIMER'S DISEASE

(Donepezil, galantamine, memantine and rivastigmine)

INDICATION/S COVERED: Alzheimer's disease (AD)

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

Consultant / Specialist responsibilities	
1	Confirmation of diagnosis of AD and identification of suitable patients in line with NICE TA 217 following full assessment. In the 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 until the dosage is stabilised (minimum of one month)(both MAS and secondary care).
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 (clusters 18/19)
6	Patients with complex needs (cluster 20) will be looked after under shared care and will have their antedementia medication reviewed by the secondary care 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	Notify the GP of the patient's failure to attend appointments.
8	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 and communicate these results to the GP.
9	To assess on-going benefit and consider a trial discontinuation if there has been rapid clinical deterioration or the drug is considered to no longer be having a worthwhile effect on cognitive, global, functional and behavioural symptom. Trial discontinuations/restarting are the responsibility of the specialist team, including written feedback to the GP.
10	To consider the use of memantine for the symptomatic treatment of people with moderate AD who are intolerant of or have contraindications to acetylcholinesterase inhibitors or with severe AD.

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 (clusters 18/19) 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	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

Specialist:	Telephone No.	Email address
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 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.

September 2017

Review no later than September 2019