North East London and the City

East London NHS Foundation Trust

Shared Care Guideline-Use of Donepezil, Galantamine, Rivastigmine and Memantine in Dementia

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Version Control Summary

Version	Date	Author	Status	Comment
2.0	04 February 2010	James Innes	Final	
3.0	13 October 2011	James Innes	Final	Updated to reflect new 2011 NICE guidance on treatment of dementia

Contents

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1.0 Shared Care Request

Regardless of accepting or declining to prescribe under shared care, ***please complete this form and fax to 0207 426 2492.***

Dear Dr……			
Patient Name :			
DOB:		**Hospital Number:**	
I agree to prescribe the treatment specified in this document for the above name patient	**Name:** **Signed:** **Date:**		
I decline to prescribe for this patient under a shared care protocol	**Name:** **Signed:** **Date:**		

This Shared Care Protocol **MUST** be scanned into the patient's electronic records and then filed in the notes.

2.0 Key Patient Specific Information

Patient Name :			
Address:			
DOB:		**Hospital Number:**	

Diagnosis:	
Aim of treatment:	

Drug Name	**Route**	**Dose**	**Directions**

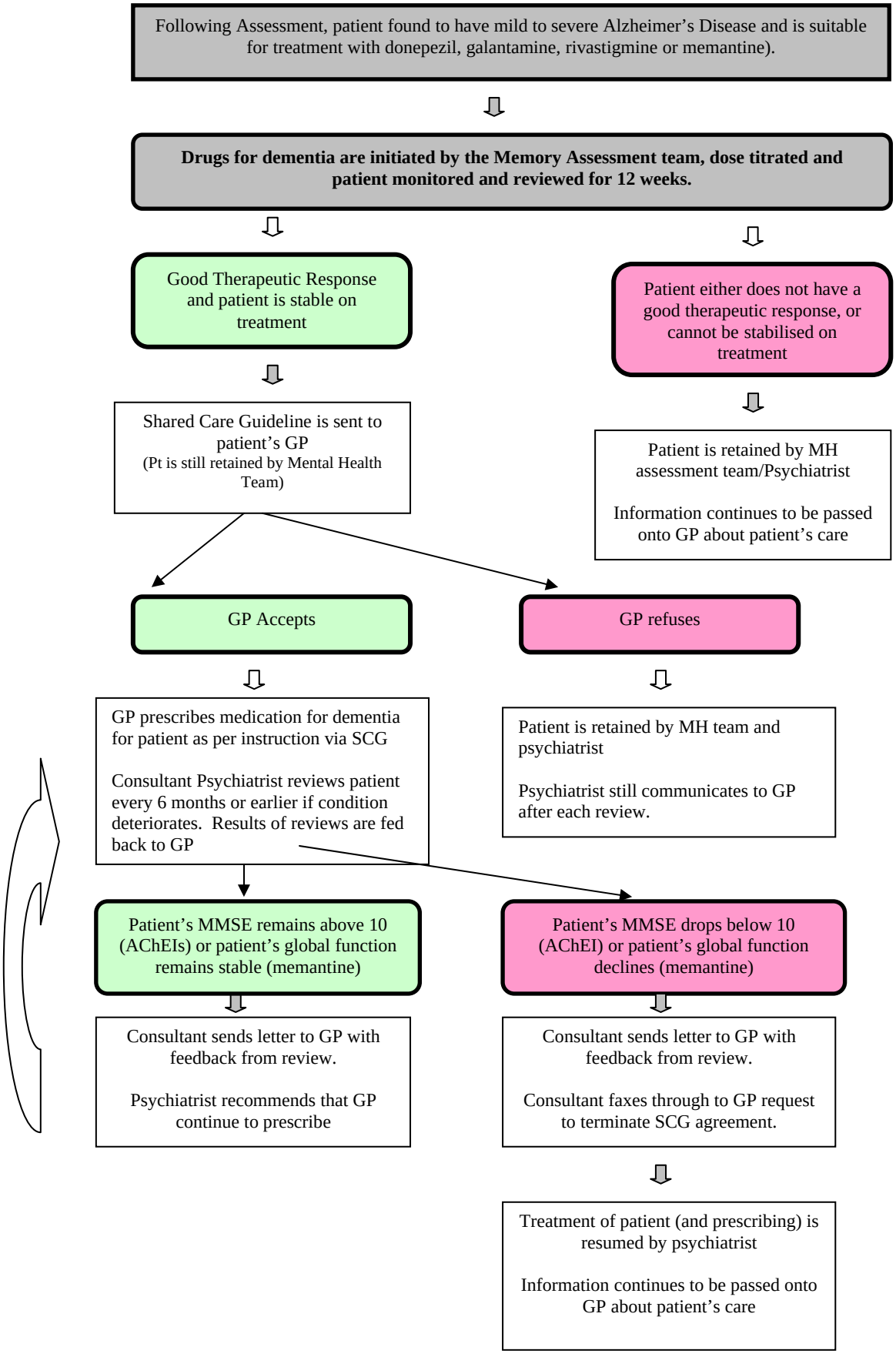
Key contacts	**Name, Address and Telephone and Fax Number**
Consultant Psychiatrist:	
GP:	
Community Mental Health Nurse:	
Carer:	
Any other professional involved in patient's care:	
Memory Clinic:	0207 426 2300

3.0 Remit of These Guidelines

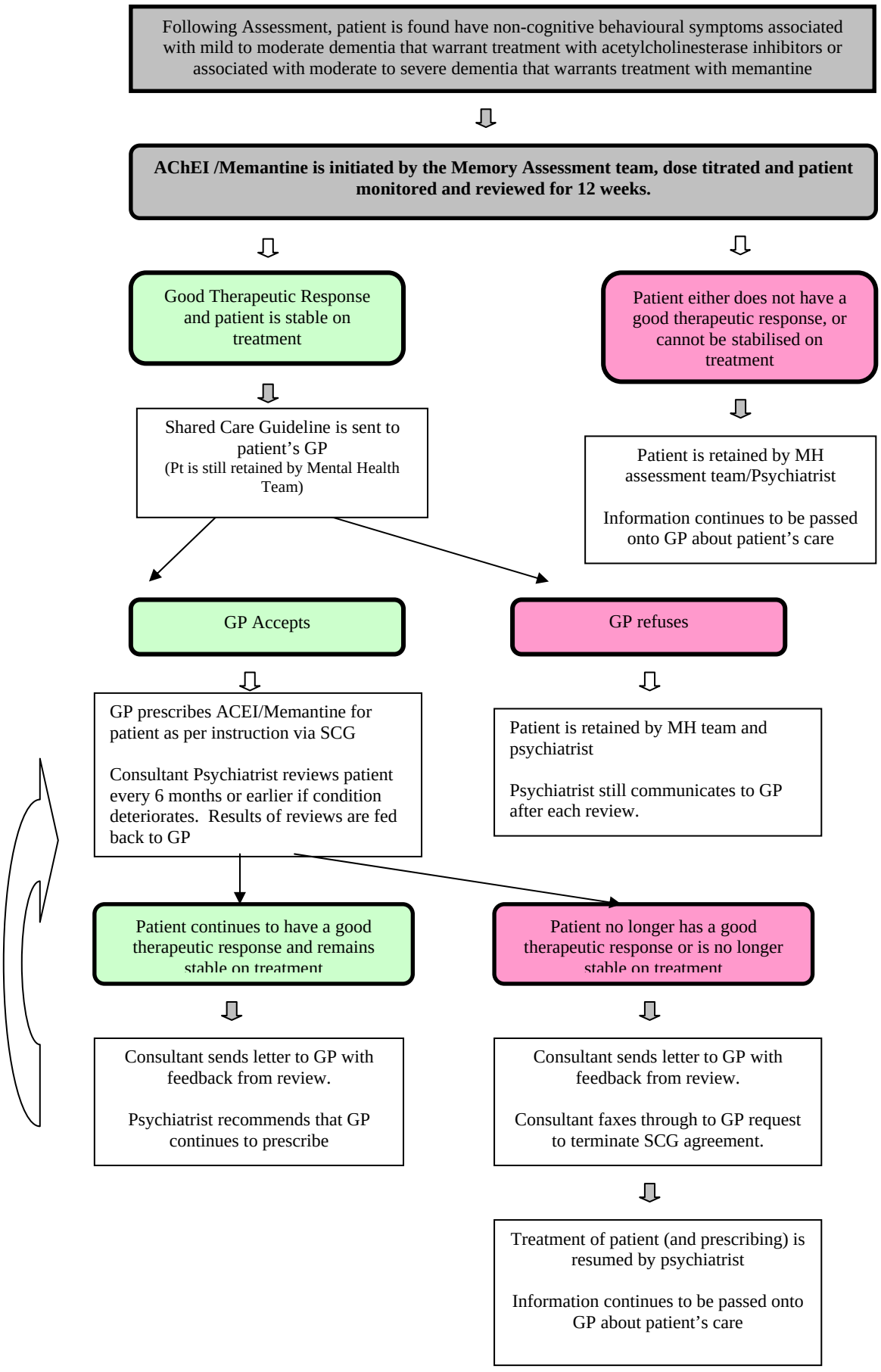
The acetyl cholinesterase inhibitors (Donepezil, galantamine and rivastigmine) and glutamate receptor antagonists (memantine) can be used for a variety of indications. However, within these guidelines, they should be used for the following indications;

1. Treatment of mild Alzheimer's disease (Donepezil, galantamine and rivastigmine only) (NICE Clinical Guideline 42-revised March 2011)
2. Treatment of moderate Alzheimer's disease (Donepezil, galantamine, rivastigmine and memantine) (NICE Clinical Guideline 42-revised March 2011)
3. Treatment of severe Alzheimer's disease (Memantine only) (NICE Clinical Guideline 42-revised March 2011)
4. Treatment of non-cognitive behavioural symptoms associated with mild, moderate and severe Alzheimer's dementia, dementia with Lewy bodies and Vascular dementia. (Donepezil, galantamine and rivastigmine only) ***(Off license)*** (NICE Clinical Guideline 42-revised March 2011)

4.0 Patient Care Pathway for Use of Drugs for Dementia in Mild to Severe Alzheimer's Disease



5.0 Patient Care Pathway for Use of Acetylcholinesterase Inhibitors in Non-Cognitive Behavioural Symptoms Associated With Dementia



6.0 Oral Dose and Administration

- Donepezil – Starting dose 5mg at night, may be increased to 10mg after one month. Some evidence that 10mg dose is more effective, but increases side effects.

- Galantamine – Initially 4 mg twice daily for 4 weeks increased to 8 mg twice daily for 4 weeks; maintenance 8–12 mg twice daily. Dose divided twice a day for liquid and standard tablets, once daily for "XL" prolonged release capsules.

- Rivastigmine – Initially 1.5 mg twice daily, increased in steps of 1.5 mg twice daily at intervals of at least 2 weeks according to response and tolerance; usual range 3–6 mg twice daily; max. 6 mg twice daily.
- Memantine- Initially 5mg once daily, increased in steps of 5mg at weekly intervals to max. 20mg daily.

7.0 Monitoring Standards for Medication at East London NHS Foundation Trust

Pre-treatment	MMSE, global, functional and behavioural assessment, LFTs and U+Es.	
Monitoring	MMSE, global, functional and behavioural assessment	Six monthly
	U+E's	Annually
	LFT's	Annually

8.0 Acetylcholinesterase Inhibitor Adverse Effects and Suggested Actions

Adverse effects	Symptoms/signs	Frequency	Suggested Actions
Gastro-intestinal symptoms	Anorexia, nausea, vomiting and diarrhoea	Very common	Generally mild and transient and disappear within a few days of treatment. Can be minimised by taking drug after food. If symptoms persist dose should be reduced. If this is not successful, switch to alternative acetylcholinesterase inhibitor, or memantine.
	May enhance predisposition to gastric or duodenal ulceration	Uncommon/rare	**Discontinue treatment.** Care with those at risk of or with active gastric or duodenal ulceration. Patient should be regularly monitored for symptoms.
Cardiovascular symptoms	Bradycardia	Uncommon/rare	**Seek urgent review**. Increased risk with 'sick sinus syndrome', sinoatrial or atrioentricular block or those receiving concomitant treatment with **digoxin or beta-blockers.** In such cases, treatment should be stopped and an urgent review undertaken.
Neurological symptoms	Dizziness, headache, insomnia, somnolence	Very common/common	Generally mild and transient. If symptoms persist dose should be reduced. If this is not successful, switch to alternative acetylcholinesterase inhibitor.
	Syncope	Common/ uncommon	Reduce dose. If problem persists discontinue and change.
	Decreased seizure threshold	Rare	Extreme caution in epilepsy
General Disorders	Asthenia, fatigue	Common	Generally mild and transient. If symptoms persist dose should be reduced. If this is not successful, switch to alternative acetylcholinesterase inhibitor.
Respiratory symptoms	May cause bronchoconstriction	No data available	Caution in patients with history of asthma or COPD or those with an active pulmonary infection (pneumonia)
Urinary symptoms	May exacerbate bladder outflow problems	No data available	Use of galantamine should be avoided in urinary retention or history of prostatic condition. Donepezil and Rivastigmine should be used with caution.
Psychiatric symptoms	Agitation, confusion and insomnia	Common	Reduce dose. If problem persists discontinue and change.

9.0 Glutamate Receptor Antagonist Adverse Effects and Suggested Actions

Adverse effects	Symptoms/signs	Frequency	Suggested Actions
Gastro-intestinal symptoms	Constipation	Common	PRN or regular laxative.
Cardiovascular symptoms	Hypertension	Common	Reduce dose and review BP. Consider discontinuation
Neurological symptoms	Dizziness, headache, drowsiness	Common	Reduce dose and review side effects. Consider discontinuation.
Respiratory symptoms	Dyspnoea	Common	Reduce dose and review side effects. Consider discontinuation.

For information on cautions, contra-indications and interactions, please refer to the current British National Formulary and Summary of Product Characteristics.

10.0 Shared Care

Shared care guideline
This is a document which provides information allowing patients to be managed safely by primary / secondary care and across the interface. It assumes a partnership and an agreement between a hospital specialist, GP and the patient/carer and also sets out responsibilities for each party. The intention to shared care should be explained to the patient and accepted by them prior to commencement of shared care. Patients are under regular follow-up and this provides an opportunity to discuss drug therapy. Intrinsic in the shared care agreement is that the prescribing doctor should be appropriately supported by a system of communication and cooperation in the management of patients. **The doctor who prescribes the medicine has the clinical responsibility for the drug and the consequence of its use.**

Specialist's responsibilities:
[1] Ensure the patient / carer is well informed about their therapy and accepts shared care.
[2] Ensure that the patient/carer understand the treatment regime and any monitoring or follow up that is required (using advocacy if appropriate).
[3] Initiate treatment and prescribe until the patient is stable on treatment and the GP formally agrees to share care. – At least for the first 12 weeks of treatment. The patient will be reviewed at the end of 12 weeks prior to transfer to primary care.
[4] Ensure that a copy of the shared guideline is sent to the GP and that Appendix A (Shared Care Request form) has been returned by the GP confirming acceptance prior to initiating agreement.
[5] Clinical and laboratory supervision of the patient by blood monitoring and routine clinical follow up on a regular basis.
[6]Ensure patient is reviewed at a minimum of every six months. Following review send;

a) letter detailing current drug, dose and frequency and whether treatment should be continued.
b) most recent relevant blood results via lab-links
c) notification of DNAs to the GP after each clinic
d) If treatment should not be continued, then send appendix B of this guideline to the GP.

[7] Evaluation of any reported adverse effects reported by GP or patient.
[8] Advise GP on review, duration or discontinuation of treatment where necessary.
[9] Ensure that back-up advice is available at all times.

GP's responsibilities:
[1] Send completed Shared Care Request form (Appendix A) to the psychiatrist regardless of accepting/declining to prescribe under shared care. Ensure that entire share care protocol is filed in the patient's notes and scanned into electronic records.

[2] Check and re-enforce patients/carers understanding of the nature, effect, potential side effects of the drug and any monitoring requirements before prescribing and contact the specialist for clarification where appropriate.
[3] Monitor patients overall health and well-being.
[4] Report any adverse events to the consultant and/or CSM, where appropriate.
[5] Help in monitoring the progression of the disease.
[6] Prescribe the drug treatment as described

Patient/Carer responsibilities:
[1] Ensure they have a clear understanding of their treatment.
[2] Report any adverse effects to their GP or specialist.
[3] Report any changes in disease symptoms to the GP or specialist.

PCT responsibilities:
[1] To provide feedback to Trust via Trust Medicines Committee.
[2] Support GPs to make the decision whether or not to accept clinical responsibility for prescribing.
[3] To support Trusts in resolving issues that may arise as a result of shared care.

11.0 References

1. Social Care Institute for Excellence and National Institute for Health and Clinical Excellence. (amended March 2011). Dementia. A NICE–SCIE Guideline on supporting people with dementia and their carers in health and social care.
2. British Medical Association and Royal Pharmaceutical Society. (September 2011). British National Formulary. Edition 62.
3. East London NHS Foundation Trust. (2009). Guidelines for the Use of Antidementia Drug Treatment.

12.0 Appendix A: Notification of Termination of Shared Care Agreement

Please fax this form through to the GP prescribing under the Shared Care Guideline on fax number listed on Page 3 of this document

Dear Dr……..			
Patient Name :			
DOB:		**Hospital Number:**	
The above named patient no longer fits the criteria specified in the SCG. Therefore please terminate prescribing medication under this SCG effective immediately			
Name: **Signed:** **Dated:**			

GP, please sign the acknowledgement slip below and fax this page back to the psychiatrist on 0207 426 2492 to acknowledge receipt

GP Acknowledgment	
I acknowledge receipt of this request for termination and will stop prescribing the acetylcholinesterase inhibitor.	**Name:** **Signed:** **Date:**

13.0 Appendix B: Patient and/or Carer information on medicines used to treat Alzheimer's disease/dementia

What is this new medicine and why am I taking it?

This medicine is used to treat the symptoms of dementia.

People with dementia may have a range of symptoms that affect memory, behaviour and ability to carry out usual day to day things. These drugs do not cure Alzheimer's disease or dementia but can help to treat some of the symptoms and keep them under control.

At the time of reading this information leaflet, you will have been taking this new medicine for a trial period of a minimum of three months. During this period you will have had a good response to the medication and your consultant believes it is in your best interest to continue to take it. Your consultant has now asked your GP to continue prescribing it.

Why is my GP going to take over prescribing this medicine?

The NHS is working to help people to get care closer to where they live. This means that your GP will be able to prescribe these medicines along with any other medicines you are currently taking.
It also means that you will hopefully be able to get all your prescribed medicines from one place-your local pharmacy.

Will I still be reviewed by my Consultant?

Yes. Although your GP will be prescribing this medicine, you will still continue to see your consultant at regular intervals in outpatient clinic appointments. Your consultant will be working in partnership with your GP and will update them on your progress following these appointments.

Is there anything else I need to do?

It is important that you report any new side effects to your GP or Consultant and let them know if you start to feel any worse. If you need any more information, please contact your Consultant, GP or Pharmacist.