

Shared Care Protocol for the Prescription of Acetylcholinesterase inhibitors for dementia

1. REFERRAL CRITERIA *(if not covered/suitable under Rotherham Dementia Pathway LES)*

Patients that are suspected to be suffering from Alzheimer’s disease will be referred to the memory service for assessment. They will also be under the care of their Rotherham sector consultant psychiatrist. Prescribing responsibility will only be transferred to the general practitioner when these assessments are complete and the patient’s dose has been stabilised.

The patient may also be prescribed an acetylcholinesterase (AChEI) inhibitor for the treatment of Parkinson’s disease dementia and Lewy Body dementia which would also be covered by this shared care agreement.

2. AREAS OF RESPONSIBILITY

Primary Care responsibilities	Secondary Care responsibilities
Identifying patients who are suspected to be suffering from Alzheimer’s disease, or related dementias.	Assessment and diagnosis of Alzheimer’s disease, or related dementias.
Referral to specialist mental health services for diagnosis and assessment	Initiation of treatment with donepezil, galantamine or rivastigmine.
Continued prescribing of donepezil, galantamine or rivastigmine following initiation by specialist mental health services; once the dose has been stabilized together with documented evidence of clinical effectiveness.	Dose titration to maintenance.
Liaising with specialist mental health services to share details of annual primary care reviews and of any cardiac changes.	Assessment of effectiveness of drug regularly after reaching maintenance dose.
	Reassessment on a regular basis to ensure continuing benefit.
	Stopping the drug if it is ineffective or no longer indicated.

3. COMMUNICATION AND SUPPORT

Working hours hospital contact:

Chrissy Taylor, Memory Services Manager, Howarth House, Brinsworth Lane, Rotherham, S60 5BX

Tel number: 01709 302955 **Fax:** 01709 830213 **Email:** chrissy.taylor@rdash.nhs.uk

Out of hours contacts and procedures: On call psychiatric staff via the access team

Tel number: 01709 302670

4. CLINICAL INFORMATION

<p>Prescribed indications</p>	<p>The symptomatic treatment of mild to moderate Alzheimer's Disease</p>
<p>Exclusions (not covered by SCP)</p>	<p>"Dual prescribing" of AChEI with Memantine.</p>
<p>Therapeutic summary</p>	<p>Alzheimer's disease and related dementias are associated with reduced production of acetylcholine. Donepezil, galantamine & rivastigmine are acetylcholinesterase inhibitors and raise the concentration of acetylcholine at the sites of acetylcholine neurotransmission. Galantamine also enhances the action of acetylcholine on nicotinic receptors. Rivastigmine also inhibits butrylcholinesterase.</p> <p>As the endogenous acetylcholine that is produced is preserved for longer whilst on one of these drugs, the symptoms of the disease can be alleviated to a varying degree. They are not disease modifying drugs.</p>
<p>Drug, Dose & Route of Administration.</p> <p><i>NICE TA217: If prescribing an AChE inhibitor, treatment should be started with the drug with the lowest acquisition cost (taking into account the required daily dose & the price per dose)</i></p> <p><i>(Prices: April 2015)</i></p>	<p>Donepezil: As tablets - Initially 5mg daily nocte, continued for a month. The dose may be increased to 10mg daily nocte after this time if necessary. Oro-dispersible tablets should be reserved for those patients who have documented swallowing difficulties. (approx. £2/month)</p> <p>Galantamine: As modified release capsules - 8mg daily mane after food for 2 weeks, then 16mg daily mane after food for 2 weeks then 24mg daily mane after food. (approx. £40/month)</p> <p>Rivastigmine: As capsules - 1.5mg bd, increased if tolerated after 4 weeks to a therapeutic dose of 3mg bd. Subsequent increases to 4.5mg bd then 6mg bd should be undertaken if appropriate at 4 weekly intervals depending on patient tolerability. Maximum dose 6mg bd. (approx. £70/month)</p> <p>Rivastigmine transdermal patch - should only be used where there is documented evidence of poor tolerability or a severe adverse event to past AChE inhibitors use, up to the maximum dose (including oral rivastigmine) Initially 4.6mg/24hrs one application every 24 hours for 1 month then titrated to 9.5mg/24hrs one application every 24 hours. 13.3 mg/24hrs should only be considered after a minimum of 6 months of treatment at 9.5mg/24hrs in patients who have demonstrated cognitive deterioration &/or functional decline but continued treatment is considered to have a worthwhile effect. (approx. £80/month)</p>
<p>Duration of treatment</p>	<p>Treatment should only be continued when it is considered to be having a worthwhile effect on cognitive, global, functional or behavioral symptoms.</p> <p>The drug should typically be stopped if the MoCA is 9 or lower.</p>

Cautions and contraindications	<p>They should not be prescribed to those with significant cardiac conduction defects in particular complete heart block, complete left bundle branch block, bifascicular block.</p> <p>They should be used in caution in patients with symptomatic peptic ulcer disease or GORD, asthma, or epilepsy.</p>
Side effects	<p>Asthenia, anorexia, dizziness, nausea, somnolence, vomiting, abdominal pain, accidental trauma, agitation, confusion, depression, diarrhoea, dyspepsia, headache, insomnia, bronchospasm, urinary tract infection, syncope, rash, pruritis, myalgia.</p>
Monitoring Requirements	<p>Regular review of cognitive, global, functional & behavioral symptoms.</p>
Clinically relevant drug interactions	<p>Drugs that reduce heart rate e.g. β blockers (additional risk of bradycardia), succinylcholine type muscle relaxation may be prolonged.</p> <p>Increased side-effects may occur if the donepezil and galantamine are given concomitantly with potent inhibitors of CYP2D6 or CYP3A4 (e.g, quinidine, paroxetine, fluoxetine, fluvoxamine, ketoconazole and ritonavir).</p>
Supply, storage and reconstitution instructions	<p>The drugs are not subject to any special supply, storage or reconstitution instructions.</p>
Prepared by (2011)	<p>Simon Wright – Consultant Psychiatrist Sue Wright – Senior Pharmaceutical & Prescribing Adviser</p>
Updated by (July 2015)	<p>John Bottomley – Consultant Psychiatrist, Clinical Director, RDaSH Chrissy Taylor – Rotherham Memory Services manager, RDaSH Raz Saleem – Prescribing Advisor, NHS RCCG</p>
Review	<p>This document will be reviewed in light of any new evidence / guidelines OR by July 2020</p>
References	<p>NICE Guideline 42 Dementia (CG 42): Supporting people with dementia and their carers in health and social care. November 2006 (revised March 2011).</p> <p>NICE Technology Appraisal 217 (TA 217): Alzheimer’s disease - donepezil, galantamine, rivastigmine and memantine. March 2011.</p>