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Guidance and Responsibilities for the Prescribing of Medicines to Treat Alzheimer's Type Dementia

Lead executive	Medical Director
Authors details	Consultant Psychiatrist for Older Adults Pharmacy Advisor - MLCSU Chief Pharmacist Deputy Chief Pharmacist

Type of document	Guidance
Target audience	All clinical staff
Document purpose	To provide information on the responsibilities of the General Practitioner and the Consultant (memory service) regarding discharge of patients with dementia back to primary care.

Approving meeting	Medicines Management Group Area Prescribing Committee	Date 16-Jul-16 Date 01-Sept-16
Implementation date	September 2016	

CWP documents to be read in conjunction with	
CC41	CWP Dementia Care Pathway

Document change history	
What is different?	New Document
Appendices / electronic forms	Appendix 1 visually displays the dementia medication pathway
What is the impact of change?	This document will provide GPs with sufficient information to enable them to issue dementia drugs in primary care after treatment has been initiated in secondary care, and the patient is clinically stable.

Training requirements	Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Learning and Development (L&D)

Document consultation	
East locality	N/A
Wirral locality	N/A
West locality	Older Adults Psychiatry Consultants, CMHT Team Manager and Clinical Leads. Old Age Psychiatry and West Locality Clinical Director
Corporate services	CWP Pharmacy Team
External agencies	West Cheshire CCG APC, Integrated Provider Hub, GP Mental Health Local Enhanced Service Network

Financial resource implications	None

External references

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1. BNF 70, BMJ Group & Pharmaceutical Press, London , 2015
2. Stockley Drug interaction online at medicinescomplete.com
3. www.nice.org.uk/guidance/TA217
4. www.nice.org.uk/guidance/CG42
5. www.medicines.org/emc
6. http://www.cwp.nhs.uk/services-and-locations/services/pharmacy-and-medicines/

Equality Impact Assessment (EIA) - Initial assessment	**Yes/No**	**Comments**
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
N/A		
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Was a full impact assessment required?	No	
What is the level of impact?	Select	

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Content **Page**

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Guidance and Responsibilities for the Prescribing of Medicines to Treat Alzheimer's Type Dementia

Background

The aim of this prescribing agreement is to provide information on the responsibilities of the General Practitioner and the Consultant (memory service) regarding discharge of patients with dementia back to primary care.

This document will provide GPs with sufficient information to enable them to issue dementia drugs in primary care after treatment has been initiated in secondary care, and the patient is clinically stable. The information contained in this guideline is issued on the understanding that it is the best available from the resources at our disposal at this time.

This guide relates to patients within the Western Cheshire CCG with a population size of 245,979 with a prevalence of people with dementia of 3,732. The proportion of those people with Alzheimer's Type Dementia (AD) = 2,314 (62%) (NICE HTA costing template tool, March 2011)

This document is for use within the revised guidance specified in NICE TAG 217 (March 2011) and NICE CG42, updated May 2016, which recommend donepezil, galantamine and rivastigmine as options for the management of people with Alzheimer's disease of mild to moderate severity and memantine as an option for moderate disease (if donepezil, galantamine and rivastigmine are not tolerated) and as an option for the management of severe disease. Please see appendix 1 for dementia medication pathway.

Licensed indications:

Donepezil, galantamine and rivastigmine are licensed for the symptomatic treatment of mild to moderately severe Alzheimer's disease.

Memantine is licensed for the treatment of patients with moderate to severe Alzheimer's disease. Consult the summary of product characteristics (SPC) for each medicine for current licensed indications and dosing found on www.medicines.org.uk or current edition of the BNF.

Formulary recommendations

General principles are as follows:

1. All medicines should be prescribed generically,
2. The NICE TAG identifies that all agents are for monotherapy use only,
3. Preparations should only be changed on the advice of a specialist,

Order of Usage:

Acetylcholinesterase Inhibitor (AChI) for mild to moderate AD

1st line – **Donepezil** tablets
2nd line – **Rivastigmine** capsules
3rd line – **Galantamine** tablets

Memantine tablets if AChI not tolerated or for moderate - severe dementia

If Donepezil is not prescribed the rationale for prescribing one of the alternative AChI must be documented and details shared with the GP.

Rivastigmine capsules should be prescribed 1st line for lewy body dementia / dementia in Parkinson's disease

Formulation recommendations are detailed in the CWP medicines formulary http://www.cwp.nhs.uk/services-and-locations/services/pharmacy-and-medicines/

Cautions and contraindications & Adverse effects

Please refer to current edition of BNF or www.medicines.org.uk

Monitoring relevant to both Primary and Secondary Care

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- **Adverse effects:** Most common side effects are gastrointestinal disturbance (nausea, vomiting, and diarrhoea).
- **Concurrent medication:** Medication should be reviewed at each visit in order to identify potential drug interactions.
- **Weight / BMI:** Weight loss is associated with Alzheimer's disease but acetylcholinesterase inhibitors are also reported to cause weight loss. Patients weighing <50kg may experience more adverse effects and are more likely to discontinue treatment as a result.
- **Cardiovascular health:** Acetylcholinesterase inhibitors may have vagotonic effects so baseline cardiovascular function must be monitored before starting treatment and repeated when indicated, for example, when additional drugs with vagotonic effects (e.g. beta blockers) are added or in the event of emerging cardiovascular problems.

Secondary Care Responsibilities

Only specialists in the care of dementia should initiate treatment and treatment should be continued only when it is considered to be having a worthwhile effect on cognitive, global, functional or behavioural symptoms. Treatment will be initiated and dose titrated in secondary care.
The Consultant, Specialty Doctor or Advanced Nurse Practitioner will:

- Assess and diagnose
- Discuss the nature, purpose and likely effects of treatment with the patient and carer and obtain views of patient and carer on treatment and evaluate compliance
- Assess the patient's mental capacity to consent to taking anti-dementia medication, and make a best interests decision if appropriate
- Prescribe initial treatment and undertake appropriate monitoring as per CWP Dementia Care Pathway (https://www.westcheshireccg.nhs.uk/staff/medsmanagement/login.aspx or http://www.cwp.nhs.uk/resources/policies/)
- Patients with renal or hepatic impairment should have doses titrated slowly and be monitored closely for adverse effects
- The prescriber will have a good knowledge of the medication and the medicine's contra-indications and cautions have been considered and that the medicine is safe to prescribe.
- Once compliance assured they will communicate with GP about the outcome of initial assessment and the plan of care.
- After initial diagnosis the patient will be reviewed at 10-12 weeks in secondary care and a decision made about response to treatment. The dose will be titrated to the maximum tolerated.
- Inform the patient and carer if the medicine has to be stopped due to tolerability issues, and changed to an alternative agent. Patients will be considered suitable for discharge to primary care when:
    - The patient's condition and treatment are stable
    - The side effects from medication are manageable
    - Medicine concordance is established
    - Patient is on maximum tolerated dose
- Contact GP with a written request to handover prescribing and discharge patient to primary care with a suitable care plan, to include indications for when treatment should be stopped. The specialist will issue a prescription for a further 28 days before GP picks up the ongoing prescribing.

Post discharge responsibility:

- Ensure a mechanism is in place to receive rapid response to a patient if a GP feels there are adverse effects or a deteriorating clinical condition
- Ensure clear arrangements exist for GPs to obtain advice and support regarding patients taking anti-dementia medication (contact Consultant secretaries – see details on page 7)

GP responsibilities:

On initial referral to specialist

- Initial blood and screening tests ie FBC, U&E, LFT, TFT, B12, folate, vitamin D levels before referral. Undertake ECG if there is cardiac history, bradycardia or irregular pulse.
- See Dementia Care Pathway for full referral details (https://www.westcheshireccg.nhs.uk/staff/medsmanagement/login.aspx or http://www.cwp.nhs.uk/resources/policies/)

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On Discharge to GP

- An agreement must be reached between the Consultant and the GP before the patient will be discharged back to primary care
- When a GP receives a written request from the Consultant to take over the care of patients who are benefiting from treatment after an initial period of up to 6 months; they will accept this and continue prescribing. If they do not agree then they should provide a reply to the consultant to decline.

Monitoring

- The GP or primary care professional will monitor pulse every 12 months in those patients taking an AChI (donepezil, rivastigmine, galantamine), or earlier if there are possible symptoms of bradycardia.
- If the patient has a pulse below 50, the AChI should be stopped unless an alternative cause for bradycardia is identified. If the pulse is 50-60, the ACI should be stopped if the patient has symptoms relating to bradycardia, unless an alternative cause for bradycardia can be found.
- Renal and hepatic function: annual review required
- Cognitive, global, functional and behavioural assessment**:** Patients who continue on treatment should be reviewed at least annually by the GP (or primary healthcare professional). If any concerns regarding cognition, functioning or behaviour are noted, the GP (or primary healthcare professional) is encouraged to contact the memory service to discuss possible referral. Especially in more advanced dementia where benefits of cholinesterase inhibitors may cease to outweigh risks of continued treatment, an assessment of well-being and functioning may be important. Carers' views on the patient's condition at follow-up should be sought
- The GP can re-refer to secondary via a fast track re-referral system (via Consultant secretaries - see contacts page 7)
- GP can also telephone to discuss concerns without re-referring the patient (via Consultant secretaries - see contacts page 7)

Community Pharmacist Responsibilities

- Report regular uncollected prescriptions to the GP / Specialist
- Inform the GP about any adverse effects reported to them from the carer / patient

Preparations available and drug costs per person

Preparation	Annual cost minimum dose	Annual cost maximum dose
Donepezil tablets	£14 (5mg)	£18 (10mg)
Donepezil orodispersible tablets	£88 (5 mg)	£112 (10mg)
Galantamine tablets	£366 (8mg)	£963 (24mg)
Galantamine MR capsules	£674 (8mg)	£1037 (24mg)
Rivastigmine capsules	£68 (3mg)	£405 (12mg)
Rivastigmine patches	£935 (4.6mg)	£300 (9.5mg)
Memantine tablets	£18 (5mg)	£22 (20mg)

Prices based on drug tariff July 2016.

NB: Due to generic introduction for donepezil, galantamine and rivastigmine costs will vary month on month so the Drug Tariff should be consulted for current prices.

References

BNF 70, BMJ Group & Pharmaceutical Press, London , 2015

Stockley Drug interaction online at medicinescomplete.com viewed 2/1/2016

SPC for Aricept viewed 08/07/16

SPC for Ebixa viewed 08/07/16

SPC for Exelon viewed 08/07/16

SPC for Reminyl viewed 08/07/16

www.nice.org.uk/guidance/TA217

www.nice.org.uk/guidance/CG42

www.medicines.org/emc

http://www.cwp.nhs.uk/services-and-locations/services/pharmacy-and-medicines/

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Contacts

Consultant and medical staff can be contacted via the CMHT to give advice and can be contacted as follows:

Contact	Hospital/base	Telephone	Email
Older Peoples Community Mental Health Team (Consultant Secretaries)	Chester CMHTOP Upton Lea Resource Centre Bowmere Hospital Liverpool Road Chester CH2 1BQ	01244: 397438 397464 397434	 Sarah-jane.bradley@cwp.nhs.uk (Secretary to Dr Rao) Lesley.atherton@cwp.nhs.uk (Secretary to Dr Gaur) Suzanne.garner@cwp.nhs.uk (Secretary to Dr Watkin) Or alternatively, team manager: Fiona.devine@cwp.nhs.uk
MLCSU Medicine Management Team	1829 Building Countess of Chester Health Park Liverpool Road Chester CH2 1HJ	01244 385089	Medsmanagementwestcheshire@nhs.net
Pharmacy Dept CWP Clinical Pharmacy Team	2nd Floor Offices Bowmere Hospital Liverpool Road Chester CH2 1BQ	01244 397494	Medicine.Management@cwp.nhs.uk

The doctor who prescribes the medication assumes legal responsibility for the medicine in the individual it is prescribed for.

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Appendix 1

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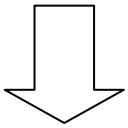
DEMENTIA MEDICATION PATHWAY

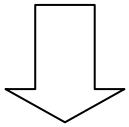
GP identifies possible cognitive impairment
Performs brief cognitive assessment such as 6 CIT



Referral to
memory clinic

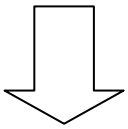
Memory Clinic: Assessment, Investigation (neuroimaging or neuropsychology), Diagnosis, Post-diagnostic support and Signposting

Memory clinic assesses suitability for medication, monitors for side effects and reviews for up to 6 months until the dose is stabilised



Memory clinic discharges
stable patient to GP

GP continues prescribing dementia medications irrespective of cognitive performance. If medication appears to be causing problems discontinue or refer back for advice



Any concerns GP calls for
advice or refers back to
Memory Clinic via fast track

Memory Clinic prioritises re-assessment

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