Amber with Guidance= To be initiated and titrated to a stable dose in secondary care with follow up prescribing and monitoring by primary care where deemed appropriate.







Drugs for Dementia (donepezil, rivastigmine, galantamine and memantine)

<u>memantine)</u>			
Background Information	 NICE NG 97 and TA 217 recommends that:- The three acetylcholinesterase (AChE) inhibitors donepezil, galantamine and rivastigmine as monotherapies are recommended as options for managing mild to moderate Alzheimer's disease under all of the conditions specified in 1.4 and in recommendation 1.5.5 of the NICE guideline on dementia. Memantine monotherapy is recommended as an option for managing Alzheimer's disease for people with: moderate Alzheimer's disease who are intolerant of or have a contraindication to AChE inhibitors or severe Alzheimer's disease For people with an established diagnosis of Alzheimer's disease who are already taking an AChE inhibitor: consider memantine in addition to an AChE inhibitor if they have moderate disease offer memantine in addition to an AChE inhibitor if they have severe 		
BNF therapeutic class	disease Acetylcholinesterase Inhibitors (donepezil, rivastigmine, galantamine) NDMA receptor antagonist (memantine)		
Indication	Alzheimer's disease and Dementia		
Dosage and administration	Donepezil: Initially 5 mg once daily for one month, then increased if necessary up to 10 mg daily, doses to be given at bedtime Rivastigmine: By mouth Initially 1.5 mg twice daily, increased in steps of 1.5 mg twice daily, dose to be increased at intervals of at least 2 weeks according to response and tolerance; usual dose 3–6 mg twice daily (max. per dose 6 mg twice daily), if treatment interrupted for more than several days, retitrate from 1.5 mg twice daily. By transdermal application using patches (preferred brand Alzest®) Apply 4.6 mg/24 hours daily for at least 4 weeks, increased if tolerated to 9.5 mg/24 hours daily for a further 6 months, then increased if necessary to 13.3 mg/24 hours daily, increase to 13.3 mg/24 hours patch if well tolerated and cognitive deterioration or functional decline demonstrated; use caution in patients with body-weight less than 50 kg, if treatment interrupted for more than 3 days, retitrate from 4.6 mg/24 hours patch. Galantamine: By mouth using immediate-release medicines Initially 4 mg twice daily for 4 weeks, increased to 8 mg twice daily for at least 4 weeks; maintenance 8–12 mg twice daily. By mouth using modified-release capsules (preferred brands Luventa® XL and Gatalin® XL) Initially 8 mg once daily for 4 weeks, increased to 16 mg once daily for at least 4 weeks; maintenance 16–24 mg daily Memantine: Initially 5 mg once daily, then increased in steps of 5 mg every week; usual data function and point point and point and point point point point point and point and point		
Cautions and Contraindication	usual maintenance 20 mg daily; maximum 20 mg per dayDonepezilAsthma; chronic obstructive pulmonary disease; sick sinus syndrome; supraventricular conduction abnormalities; susceptibility to peptic ulcersRivastigmine:Bladder outflow obstruction; conduction abnormalities; duodenal ulcers; gastric ulcers; history of asthma; history of chronic obstructive pulmonary disease; history of seizures; risk of fatal overdose with patch administration errors; sick sinus syndrome; susceptibility to ulcersGalantamineAvoid in gastro-intestinal obstruction; avoid in urinary outflow obstruction; avoid whilst recovering from bladder surgery; avoid whilst recovering from gastro-intestinal surgery; cardiac disease; chronic obstructive pulmonary disease;		

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	congestive heart failure; electrolyte disturbances; history of seizures; history of severe			
	asthma; pulmonary infection; sick sinus syndrome; supraventricular conduction			
	abnormalities; susceptibility to peptic ulcers; unstable angina			
	Memantine: Epilepsy; history of convulsions; risk factors for epilepsy			
Adverse Drug	Donepezil: Abnormal dreams; aggression; agitation; anorexia; diarrhoea; dizziness;			
Reactions	fatigue; hallucinations; headache; insomnia; muscle cramps; nausea; pruritus; rash;			
	syncope; urinary incontinence; vomiting			
	<u>Rivastigmine</u> : Abdominal pain; agitation; anorexia; anxiety; bradycardia; confusion;			
	diarrhoea; dizziness; drowsiness; dyspepsia; extrapyramidal symptoms; headache;			
	increased salivation; insomnia; malaise; nausea; sweating; tremor; urinary			
	incontinence; vomiting; weight loss; worsening of Parkinson's disease			
	Galantamine: Abdominal pain; bradycardia; decreased appetite; depression;			
	diarrhoea; dizziness; dyspepsia; fatigue; hallucination; headache; hypertension;			
	malaise; muscle spasm; nausea; syncope; tremor; vomiting; weight loss			
	Memantine: Balance disorders; constipation; dizziness; drowsiness; dyspnoea;			
	headache; hypertension			
	NB: this list is not exhaustive please consult BNF for further details			
Monitoring	Disease monitoring requirements are set out in NICE NG 97			
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Interactions	The list of interactions for these products is extensive – please consult the BNF for			
	details.			

Contact names and details

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References

Nice Guideline 97 Dementia: assessment, management and support for people living with dementia and their carers; June 2018 <u>https://www.nice.org.uk/guidance/ng97</u> *Nice Technology Appraisal 217* Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease: June 2018 <u>https://www.nice.org.uk/guidance/ta217/chapter/1-Guidance</u> British National Formulary: Accessed on line 22/10/20

Development Process

This guidance has been produced following the Amber- G classification of Donepezil, Rivastigmine, Galantamine and Memantine by the Barnsley Area Prescribing Committee. This guideline has been subject to consultation and endorsement by the Area Prescribing Committee on 16th December 2020.