Alzheimer's Disease

Complete assessment as per the Dementia Care pathway, taking into account any physical, sensory or learning abilities, or communication difficulties that could affect the results. Consider equality of access to treatment for patients from different ethnic groups, especially those from different cultural backgrounds.

Mild / moderate Alzheimer's disease

First line: Prescribe donepezil tablets.

Oro-dispersible tablets are recommended for those who are secreting tablets, require supervised administration or have swallowing difficulties (significantly more expensive)

EITHER/OR

Second line:
Rivastigmine capsules.

Patches reserved for those who are unable to tolerate or swallow an oral AChEI, or those with a significant co-morbidity which increases the risk of side effects from oral preparations

Skin reactions to adhesive reported with some brands of patches – ask pharmacy for advice

Second line:
Galantamine MR capsules.

Galantamine oral solution should only be considered for patients who are secreting tablets, require supervised administration or have swallowing difficulties, and do not tolerate Donepezil orodispersible tablets

Moderate / severe Alzheimer's disease

Prescribe memantine in moderate Alzheimer's disease if unable to take AChEIs, or in severe Alzheimer's disease

Severe disease: offer a combination of AChEI and memantine.

As per NG97 recommendation 1.5.5, those taking an AChEI and with an established diagnosis of Alzheimer's disease can have memantine initiated in primary care without advice from secondary care.

As per NG97 recommendation 1.5.5, all anticholinesterase inhibitors and memantine can be initiated in primary care, on the advice of a specialist (Amber-SR)

Lewy Body Dementia (LBD)

Disease severity	1st line treatment	If both 1st line options not tolerated
Mild to moderate	Donepezil* or Rivastigmine*	Galantamine*
Severe	Donepezil* or Rivastigmine*	Memantine*

*unlicensed in Lewy Body Dementia

Parkinson's disease dementia (PDD)

Disease severity	1st line treatment	Not tolerated
Mild, moderate or severe	Rivastigmine	Donepezil* Galantamine*

*unlicensed in PDD

- Memantine – only consider in PDD if AChEI not tolerated or contra-indicated

Vascular Dementia – Only consider AChEI or memantine if co-morbid Alzheimer's disease, PDD or LDB

Fronto- temporal dementia or people with cognitive impairment caused by multiple sclerosis: Do not offer AChEI or memantine

Switching between drugs:

Failure to benefit from one AChEI does not necessarily mean that a patient will not respond to another. Similarly, poor tolerance of one agent does not rule out good tolerance of another

Intolerance - switching to another agent should be done only after complete resolution of adverse effects following discontinuation of initial agent.

Loss of benefit – switching to another AChEI not recommended

See BNF for dose equivalence when switching from oral to transdermal rivastigmine

*Monitoring requirements for anticholinesterase inhibitors and memantine:

(*contact Secondary care for advice if concerned)

Baseline measurement	Monitoring requirements
Weight	Weight loss can occur so a pre-treatment baseline weight is recommended. Periodically review weight for rivastigmine and galantamine, since decreased appetite possible
Pulse	Bradycardia can occur, pulse should be monitored at each review or more frequently if symptomatic / the patient has risk factors for bradycardia Pulse under 50 bpm • Withhold treatment with cholinesterase inhibitor • Review to identify any underlying cause/consider withdrawal of co-prescribed β – blockers and reassessment • If cause found unrelated to drug, or if pacemaker fitted, consider initiation (Patients fitted with cardiac pacemakers do not need pulse checks as pacemakers safeguard from developing bradycardia) 2. Pulse between 50 and 60 bpm and asymptomatic • Start/continue treatment • Review pulse and symptoms after one week • If patient remains asymptomatic continue drug • Check pulse one week after each dose increase 3. Pulse 50-60 bpm and symptomatic (e.g. syncope or 'funny turns') • Withhold or stop treatment with cholinesterase inhibitor • Review to identify any underlying cause/consider withdrawal of co-prescribed β – blockers and reassessment • If cause found unrelated to drug, or if pacemaker fitted, consider retrial of medication, with monitoring of pulse 4. Pulse over 60bpm • Start/continue treatment • Routine pulse checks at baseline, after each dose increase during titration
ECG	Baseline ECG is indicated for unexplained syncope, bradycardia and patients taking concomitant cardiac rate-limiting medication (this list is not exhaustive) e.g. beta-blockers, amiodarone, certain antidepressants, antipsychotics, antibiotics
U&E, LFTs	***Donepezil:*** Caution in mild to moderate hepatic impairment, adjust dose as per BNF advice. No dose adjustment necessary in renal impairment ***Galantamine:*** Avoid if eGFR less than 9 ml/minute/1.73m^2. Caution in moderate hepatic impairment- reduce dose and slower dose titration, avoid in severe impairment (Child-Pugh score greater than 9). Caution in hyperkalaemia or hypokalaemia ***Rivastigmine:*** No adjustment required, but closer monitoring for side effects is advised. Caution in hepatic and renal impairment ***Memantine:*** not recommended in severe hepatic impairment. Dosing in renal impairment: • eGFR 30-49 ml/minute/1.73m^2: if 10 mg tolerated for 1 week, continue titration to 20 mg • eGFR 5-29 ml/minute /1.73m^2: Max 10 mg. • eGFR below 5: Contraindicated
Other considerations:	• Compliance: Is medication still being taken as prescribed • If re- starting medication up to two weeks after stopping oral treatment, AChEIs and memantine are safe to re-start at the previous dose • Impact on global functioning- functional and behavioural assessment by patient and/or carer. Consider cognitive assessment • Is the medication still of overall benefit?

References:

OHFT BPSD Guideline May 2019.pdf (oxfordhealthformulary.nhs.uk)
DRAFT (hey.nhs.uk)
Prescribing Support Document Drugs for the Management of Dementia FINAL_ Version 2.docx (hpft.nhs.uk)
Acetylcholinesterase inhibitors monitoring – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice