

SHARED CARE GUIDELINES

Donepezil for the treatment of mild to moderate Alzheimer's disease

It is vital for safe and appropriate patient care that there is a clear understanding of where clinical and prescribing responsibility rests between Consultants and General Practitioners (GPs).

This guideline reinforces the basic premise that:

- When clinical and / or prescribing responsibility for a patient is transferred from the Wirral Memory Assessment Service (WMAS) to GP, the GP should have full confidence to prescribe the necessary medicines. Therefore, it is essential that a transfer of care involving medicines that a GP would not normally be familiar with, should not take place without the "sharing of information with the individual GP and their mutual agreement to the transfer of care."

These are not rigid guidelines. On occasions, Consultants and GPs may agree to work outside of this guidance. As always, the doctor who prescribes the medication has the clinical responsibility for the drug and the consequences of its use.

Licensed indication:

Donepezil is licensed for the treatment of mild to moderate Alzheimer's dementia.

NICE Guidance recommends that treatment should only be prescribed under the following conditions:

- Alzheimer's disease must be diagnosed and treatment initiated by a specialist; treatment can be continued by general practitioners under a shared-care protocol;
- The carers' views of the condition should be sought before and during treatment;
- Treatment should continue only if it is considered to have a worthwhile effect on cognitive, global, functional, or behavioural symptoms.

Dosage and administration:

Adults/Elderly:

Please follow Cheshire & Wirral Partnership NHS Foundation Trust, Mental Health Medicines Formulary;

First line

Donepezil, orally, 5mg once daily at bedtime, increased if necessary after one month to max. 10mg daily

Orodispersible tablets should be reserved for those with swallowing difficulties or concordance with ordinary tablets. In all cases the **generic orodispersible tablet should be prescribed unless there is a documented reason in the clinical notes for the branded product to be prescribed and supplied.*

Second line

Rivastigmine capsules

Third line

Galantamine tablets

- **If donepezil is not prescribed the rationale for prescribing one of the alternative acetylcholinesterase inhibitors must be documented and details shared with the GP.**

Children: Donepezil is not recommended for use in children and adolescents below 18 years of age.

Contra-indications:

Hypersensitivity to the active substance, piperidine derivatives, soya, peanut or to any of the excipients. Donepezil is also contraindicated in breastfeeding and pregnancy.

Cautions: Cholinesterase inhibitors may have vagotonic effects on heart rate (e.g. bradycardia) so prescribe with care in patients with "sick sinus syndrome" or other supraventricular cardiac conduction conditions, such as sinoatrial or atrioventricular block. In reports of syncope and seizures, the possibility of heart block or long sinus pauses should be considered.

Patients at increased risk for developing ulcers, e.g. those with a history of ulcer disease or those receiving concurrent nonsteroidal anti-inflammatory drugs (NSAIDs), should be monitored for symptoms.

Cholinomimetics may have the potential to exacerbate or induce extrapyramidal symptoms.

Neuroleptic Malignant Syndrome (NMS): NMS, has been reported to occur very rarely, in association,

with donepezil, particularly in patients also receiving concomitant antipsychotics. If a patient develops signs and symptoms indicative of NMS, or presents with unexplained high fever without additional clinical manifestations of NMS, treatment should be discontinued.

Prescribe with care to patients with a history of asthma or obstructive pulmonary disease.

The administration of donepezil concomitantly with other inhibitors of acetylcholinesterase, agonists or antagonists of the cholinergic system should be avoided.

For full information see the current edition of the British National Formulary (BNF)

Adverse effects:

For full information see the current edition of the British National Formulary (BNF).

Common headache, diarrhoea, dizziness, syncope, muscle cramps, fatigue, nausea, vomiting, rash, seizure, urinary continence and insomnia

Less Common abdominal disturbance, bradycardia, anorexia and psychiatric disorders.

Report suspected adverse drug reactions via the Yellow Card Scheme, either online at <https://yellowcard.mhra.gov.uk/> or by using the yellow forms at the back of a current BNF

Monitoring requirements:

Because of the risk of bradycardia, the pulse must be monitored regularly, and discontinued immediately if the pulse falls below 50 beats per minute, or if there is evidence of developing heart block.

The NICE Health Technology Appraisal on these medications mandates the monitoring of cognition, and global functioning. The recommended scales for this locally are the Montreal Cognitive Assessment (MoCA, www.mocatest.org), Mini-Addenbrooke's cognitive Examination (mini-ACE) and the Global Deterioration Scale (GDS).

Practices will continue to monitor a patient's cognitive level, as per NICE guidelines, using MoCA until certain criteria are met:

The patient is no longer able to complete this test, due to;

- Significant communication difficulties so that they can no longer understand the instructions for the test, or
- Experiencing significant distress as part of the testing process

The patient's cognitive level falls below 10/30 on this test

In these cases, the reason for the cessation of the cognitive testing must be recorded, and an overall assessment of the patient's condition made on the Global Deterioration Scale (GDS)

Action to be taken if abnormal results/adverse effects: In the event of any adverse effects please contact the Wirral Memory Assessment Service (WMAS) for advice on 0151 488 7758. In the case of serious adverse events the medication should not be continued until that advice has been received.

Drug interactions (: CYP3A4 inhibitors, such as ketoconazole, itraconazole and erythromycin, and CYP2D6 inhibitors, such as quinidine and fluoxetine, could inhibit the metabolism of donepezil.

Enzyme inducers, such as rifampicin, phenytoin, carbamazepine and alcohol may reduce the levels of donepezil. Since the magnitude of an inhibiting or inducing effect is unknown, such drug combinations should be used with care.

Donepezil hydrochloride has the potential to interfere with medications having anticholinergic activity and possibly enhances the effects of the muscle relaxant suxanthonium. There is also the potential for synergistic activity with concomitant treatment involving medications such as succinylcholine, other neuromuscular blocking agents, cholinergic agonists, beta-blockers and digoxin.

For full information see the current edition of the BNF.

<p>Specialist responsibilities:</p> <ol style="list-style-type: none"> 1. Confirm the diagnosis of Alzheimer's disease following full assessment. Provide confirmation of this to the patient and carer, and communicate this to the referrer. 2. Ensure that baseline tests and investigations required have been provided by referrer. 3. Initiate and titrate donepezil for six months ensuring that the client is stable on the medication prior to transfer back to the referrer on the shared care protocol. 4. Monitor for side effects 5. Provide the referrer with details needed to continue the care of the client under the shared care protocol, to include details of the monitoring and prescriptions required for the client. 6. Review patients referred back to secondary mental health services through the 'Single Point of Access' due to a deterioration in behaviour or significant risks that cannot be safely managed by the GP.
<p>GP responsibilities:</p> <ol style="list-style-type: none"> 1. Initial referral to the Memory Clinic after an initial assessment that raises the possibility of dementia. This initial assessment should include a test of cognition, physical examination and the agreed initial investigations of Full Blood Count, Chemical Profile, Thyroid Function Tests, B12 and folate, and an up to date Electrocardiogram (ECG). 2. Provide the patient with monthly repeat prescriptions of medication once the specialist has recommended continuation therapy following stabilisation (usually after six months). The patient should allow at least 48 hours for the prescription from the GP to be generated once they have agreed to take on prescribing. 3. Review the patient every six months, including their pulse, cognitive assessment, global assessment, functional assessment, behavioural assessment, mental health and medication. 4. Provide ongoing support and management for physical health issues 5. Report any adverse effects of medication to consultant. 6. Contact the specialist if they do not agree with the treatment recommendation, if there is a perceived problem with compliance or concordance, if deterioration in behaviour or significant risks or if they have any questions about the management plan. 7. Refer on to appropriate agencies e.g. Social Services or the Alzheimer's Society (0151 650 5505 - Wirral) if additional support is needed for the client or their carer.
<p>Patient and parent/carer responsibilities:</p> <ul style="list-style-type: none"> • Agree to request prescriptions from the GP in good time; obtain the first GP prescription within 2 weeks of being informed that shared care will be in operation. • Report any concerns or adverse effects to the GP or Pharmacist.
<p>References: Summary of Product characteristics (SPC) for Aricept® NICE Technology Appraisal – Donepezil, galantamine, rivastigmine & memantine for the treatment of Alzheimer's disease, issued March 2011 (TA217) Mims, March 2016</p>

<p>Availability – please prescribe all donepezil generically due to price difference. Primary care – please see Scriptswitch</p> <p>Donepezil 5mg tablets, 28 tablet pack Donepezil 5mg orodispersible tablets sugar free <i>N.B Aricept 5mg tablets & Aricept Evess orodispersible tablets, 28 tab pack</i></p> <p>Donepezil 10mg tablets, 28 tablet pack costs Donepezil 10mg orodispersible tablets sugar free, 28 tablet pack <i>N.B Aricept 10mg tablets & Aricept Evess orodispersible tablets, 28 tab pack</i></p>		
<p>Back up advice and support - Specialist</p> <p>Dr Andrew Ellis (Consultant Psychiatrist)</p>	<p>Telephone/Fax</p> <p>0151 488 8155</p>	<p>Email address</p> <p>Andrew.Ellis@cwpa.nhs.uk</p>