

Prescribing tip for information only

Prescribing in Dementia patients – LMMG Prescribing information sheet

Lancashire Medicines Management Group (LMMG) have produced a [prescribing information sheet](#) to guide prescribers when considering the prescribing of dementia medication.

Options for treatment include

- Acetylcholinesterase inhibitors (AChEI), donepezil, galantamine and rivastigmine – suitable for use as monotherapies and recommended as options for managing mild to moderate Alzheimer's disease.
- Memantine - option for managing Alzheimer's disease for people with moderate Alzheimer's disease who are intolerant of or have a contraindication to AChEI (e.g. if there are cardiac conduction problems or bradycardia).
- Memantine **in combination with** an AChEI should be offered to patients with severe Alzheimer's disease.
- All preparations are RAG rated Amber 0 (**Suitable for GP prescribing following recommendation / initiation by specialist**).

General advice for prescribers

1. Prescribers should only start treatment on the advice of a clinician who has the necessary knowledge and skills and in line with local primary and secondary care protocols where they exist. [NICE guidance](#) states that this could include
 - **secondary care medical specialists such as psychiatrists, geriatricians and neurologists**
 - **other healthcare professionals such as GPs, nurse consultants and advanced nurse practitioners with specialist expertise in diagnosing and treating Alzheimer's disease**
2. [NICE guidance](#) states that the **first prescription may be made in primary care. To support prompt access to treatment it is recommended that the first prescription is issued within LSCFT where patients have been seen in clinic.**
3. Clinicians should consider memantine in addition to an AChEI in patients with moderate disease and offer memantine in addition to an AChEI if they have severe disease. **The NICE clinical guideline states that primary care prescribers may start treatment with memantine without taking advice from a specialist clinician where an AChEI is already prescribed.**
4. **In such circumstances where a GP does not feel confident to initiate memantine, LSCFT psychiatrists, nurse or pharmacist prescribers or advanced nurse practitioners may be contacted for advice without the need to automatically refer patients back into secondary care services for treatment advice.** Please see [the prescribing information sheet](#) for contact details of Memory Assessment Service (MAS) clinics in each locality. **Where LSCFT are making recommendations only, the prescription should be issued by the GP to support prompt access to treatment.**
5. Treatment with an AChEI should normally be started with the drug with the lowest acquisition cost (Generic donepezil tablets have the lowest acquisition cost and should be considered as the 1st line AChEI) However, an alternative AChEI could be prescribed if it is considered appropriate when taking into account adverse event profile, expectations about adherence, medical comorbidity, possibility of drug interactions and dosing profile. **For more specific guidance on the most suitable treatment to choose for a patient please consult the [specific product SPC](#).**
6. **Do not stop AChEI in people with Alzheimer's disease because of disease severity alone.**

To contact the Medicines Optimisation Team please phone 01772 214302