MID MERSEY MEDICINES MANAGEMENT BOARD (4MB)

SHARED CARE AGREEMENT

Acetylcholinesterase Inhibitors and Memantine for the Treatment of Alzheimer's Disease

Endorsed by the Mid Mersey Medicines Management Board

Specialist details	Patient Identifier
Name……	
Location……	
Tel:……	Date:

INTRODUCTION

Both primary and secondary care has an important role to play in the care of patients with severe and enduring mental illness. Communication and collaboration are vital, in particular:-

- Timely communication between primary and secondary care
- Adequate information on diagnosis and medication regimes including dose, duration and monitoring
- Clear contact details for liaison, advice and prompt assessment for those patients who become acutely unstable whilst under the shared care agreement.

This Shared Care Agreement covers prescribing of the acetylcholinesterase (AChE) inhibitors donepezil, galantamine and rivastigmine and of memantine in accordance with NICE guidance (TA 217)

NICE does not recommend the use of memantine in combination with AChE Inhibitors. Combination prescribing is not supported by this shared care document

Alzheimer's Disease is classified based on the Mini Mental State Examination (MMSE)

- Mild MMSE 21-26
- Moderate MMSE 10-20
- Moderately severe MMSE 10-14
- Severe MMSE less than 10

The three AChE Inhibitors donepezil, galantamine and rivastigmine are recommended as options for managing mild to moderate Alzheimer's Disease whose MMSE remains at or above 10 points and/or their global, functional or behavioural condition remains at a level where the drug is considered to be having a worthwhile effect

Memantine is recommended as an option for managing Alzheimer's disease for people with

- Moderate Alzheimer's who are intolerant of or have a contraindication to AChE inhibitors or
- Severe Alzheimer's disease

Health care professionals should not rely, or solely rely upon the MMSE score in the following circumstances – where the MMSE is not clinically appropriate because of the patients learning or other disabilities or where it is not possible to apply the MMSE in a language in which the patient is sufficiently fluent. In these cases another more appropriate assessment should be applied.

CRITERIA FOR SHARED CARE

An agreement must be reached between the Consultant and the GP before the patient will be transferred to shared care prescribing.
If the GP does not feel it is appropriate to take on the prescribing then the prescribing responsibilities will remain in secondary care.

Patients will be considered suitable for transfer for GP prescribing when:

- The patient's condition is stable
- The side effects from medication are manageable
- Drug concordance is established

Treatment should be initiated and supervised by specialists.

DOSE AND ADMINISTRATION	**Donepezil:** Initially 5mg once a day at bedtime, increased if necessary after one month to a maximum 10mg once a day. **Rivastigmine:** Initially 1.5mg twice a day, increased in steps of 1.5mg twice a day at intervals of at least two weeks, according to response and tolerance. Usual dose range is 3-6mg twice a day. Maximum dose is 6mg twice a day. **Rivastigmine Patches**: Initially 4.6mg daily, increased to 9.5mg daily after at least 4 weeks. *-* Rivastigmine patch is restricted to those unable to tolerate oral medication or those with swallowing difficulties*. **Galantamine:** Initially 8mg/day four weeks, increasing to 16mg/day. Dose may be further increased to 24mg/day after four weeks. **Memantine** Week One: 5mg daily, Week Two: 10mg daily, Week Three: 15mg daily, Week Three 20mg daily. Recommended maintenance dose 20mg daily.
MONITORING	***The following information should be read in conjunction with the manufacturer's summary of product characteristics (SPC) and the British National Formulary (BNF).*** Treatment should be reviewed every 6 months to assess benefits of continued medication.
PRECAUTIONS	**AChE inhibitors** should be prescribed with care in patients with asthma and obstructive airways disease, hepatic or renal impairment, cardiovascular conditions, e.g. heart block or supraventricular conduction abnormalities, urinary outflow obstruction, or gastrointestinal obstruction or peptic ulceration. **Memantine** should be prescribed with care in patients with a history of convulsions. Reduce dose in severe renal impairment.
CONTRAINDICATIONS	**AChE inhibitors are contraindicated** in cases of known hypersensitivity and in breast-feeding. Donepezil is also contraindicated in pregnancy; galantamine in severe renal impairment and/or hepatic impairment and rivastigmine in severe liver impairment. **Memantine is contraindicated** in cases of known hypersensitivity and in severe hepatic impairment
INTERACTIONS	**Acetylcholinesterase inhibitors** adversely interact with CYP3A4 and 2D6 inhibitors (e.g. ketaconazole, itraconazole, erythromycin, paroxetine, fluvoxamine, fluoxetine, rifampicin, phenytoin, and carbamazepine), cholinergic and anticholinergic drugs, neuromuscular blocking agents, anaesthetics, beta-blockers and digoxin. **Memantine** Anaesthetics, dextromethorphan, anticoagulants, antiepeleptics, antipsychotics, barbiturates, dopaminergics and selegiline, amantadine, baclofen, dantrolene.
ADVERSE EFFECTS	**Acetylcholisterase inhibitors** nausea, vomiting, anorexia, diarrhoea, fatigue, muscle cramps, insomnia and weight loss. *Less commonly*: headache, common cold, dizziness, syncope, psychiatric disorders, cardiac disorders. **Memantine** constipation, hypertension, dyspnoea, headache, dizziness, drowsiness; *less commonly* vomiting, thrombosis, heart failure, confusion, fatigue, hallucinations and abnormal gait.

RESPONSIBILITIES	**CONSULTANTS** **Stage 1 Assessment (0 Months)** Assess and diagnose Obtain views of patient & carer on treatment and evaluate compliance. Prescribe when compliance assured. Prescribe initial treatment and undertake appropriate monitoring. Communicate with GP about initial assessment and prescribing. GP is assured that the patient/carer is aware that current treatment will be stopped if no convincing evidence at 12-16 weeks. Manage suitable dosage increments based on response and tolerability. **Stage 2 Assessment (3- 4 months)** Assess patient: Prescribing with the same drug to continue only where there has been an improvement, or no deterioration in MMSE and ADAS-COG score, together with evidence of global improvement on the basis of behavioural and/or functional assessment. If these conditions are not met, the consultant should consider prescribing an alternative anti dementia drug and treat as Stage 1. Communicate with GP about assessment. If treatment is deemed effective and well tolerated issue a prescription for a further 28 days and contact GP with appropriate forms and information to request handover (appendix 1) Await GP response and if in agreement, inform patient to see GP for repeat script. Consultant will inform the patient if drug treatment has to be stopped. **Stage 3 Assessment (10 months)** Review patient to assess benefit and any deterioration. Specialists will review and stop anti dementia drugs if MMSE is above 10 points but the patient is clearly no longer responding. Specialists will review and consider stopping acetylcholinesterase inhibitor drugs if MMSE is below 10 points and there is no other causative factor found. Specialists will review and stop memantine following appropriate assessment if the benefit cannot be identified. Communicate with GP about assessment. **Follow Up** Review patient every 6 months to assess benefit and any deterioration Communicate to GP assessment at follow up stages. If a patient does not attend review clinic then the consultant must communicate with the G.P to advise on prescribing continuation or discontinuation and intended follow up arrangements. If rapid progression, consider switching to a different anti dementia drug. New treatment prescribing will be continued for at least 4 months and until the patient is stable before asking for shared care. **Ceasing Treatment** Stop treatment on carers request or negotiated decision with carers and patient. Treatment should only continue where it is considered to be having a worthwhile effect on cognitive, global, functional or behavioural symptoms. Communicate with GP about cessation of treatment. **Taking back prescribing responsibility** If at any time the GP feels it to be in the best interest of the patient for prescribing responsibility to transfer back to the Consultant the Consultant will accept such a transfer immediately.

RESPONSIBILITIES CONTINUED

CONSULTANTS

Responsibility for investigations

All tests and investigations undertaken by or in the name of the Consultant as part of the diagnostic process or during monitoring will remain the Consultant's responsibility. The Consultant will follow them up and report the outcome of any further appropriate investigations or opinions to the GP.

Where abnormalities arise that are beyond the Consultant's field or capabilities, such as increased BP or unexplained weight loss, the patient will be referred to the GP by means of a fully informed letter from the Consultant.

GP RESPONSIBILITIES

Please note - advice on tests that are useful pre-referral are given in appendix 2 for information.

Stage 1 Report

GP to record communication from the Consultant and that the patient is taking an anti-dementia drug.

Stage 2 Report

GP to record communication from the Consultant and ongoing effect of the treatment.
Providing the treatment is effective and well tolerated the GP will be approached to continue prescribing **after** an initial 4 - 5 months of treatment.
GP receives a written request from Consultant to start prescribing in patients who are benefiting from the treatment.
GP replies to Consultant with written agreement (within 14 days) to continue prescribing
GP adds the appropriate drug to repeat prescribing system and continues to prescribe on a monthly basis.

Stage 3 Report

GP to record communication from the Consultant and ongoing effect of the treatment.

Follow Up

GP to record communication follow up reports from the Consultant and ongoing effect of the treatment.
GP can request an earlier assessment for the patient by Consultant if they consider treatment is not benefiting.
GP will not alter doses without prior discussion with the Consultant.

Ceasing Treatment

GP receives communication from the Consultant informing them of cessation of treatment.
Slow withdrawal is recommended.
GP to remove from repeat prescribing system.
GP will need to support decision by the Consultant to suspend treatment.

DO NOT ABRUPTLY STOP TREATMENT WITHOUT DISCUSSIONS WITH CLINIC

SUPPLEMENTARY/INDEPENDENT NON MEDICAL PRESCRIBERS

Where the community mental health nurse (CMHN) with responsibility for the client has supplementary prescribing status;

The supplementary prescriber will:
Draw up a clinical management plan (CMP) with the consultant and the patient.
The Consultant will sign off a copy of the plan which will be provided to the GP so that the GP can check that any subsequent advice from the CMHN is issued in accordance with the plan.
Liaise with the consultant and GP as appropriate in accordance with the CMP
Amend the prescription according to the CMP.
Advise the GP on the appropriate medication, dose of medication, or continuation of therapy as appropriate and according to the CMP.
Inform the GP of any other relevant changes or other necessary information.
Monitor patient compliance.

Consultant's name	Telephone	Facsimile

RESPONSIBILITIES CONTINUED

Halton GPs contact numbers		
Dr P DeCalmer	01928 753912	01928 753095
Dr D Watson	01928 753916	01928 753095
Medicines Information	01925 662238 (Pharmacy, Warrington General)	
Specialist MH Pharmacist	01928 753 400	
St Helens GPs contact numbers		
Dr Raju	01744 646827	01744 646922
Dr Lindon	01744 646825	01744 646922
Medicines Information	0151 430 1565 (Pharmacy, Whiston Hospital)	
Specialist MH Pharmacist	01744 646115	
Knowsley GPs contact numbers		
Dr A Baldwin	0151 290 4619	0151 430 1572
Dr Conway	0151 430 1810	0151 430 1572
Medicines Information	0151 430 1565 (Pharmacy, Whiston Hospital)	
Specialist MH Pharmacist	0151 430 1807	
Warrington GPs contact numbers		
Dr W Braude	01925 664123	01925 664145
Dr A Blakey	01925 664126	01925 664145
Medicines Information	01925 662238 (Pharmacy, Warrington General)	
Specialist MH Pharmacist	01925 664453	

COMMUNICATION

Crisis Resolution Teams, for out of hours advice: use local referral pathways	
Brooker Centre, Halton	01928-753 990 (direct)
Hollins Park, Warrington	01925-664 000 switch ask for Crisis Team
St.Helens & Knowsley	0151-426 1600 switch ask for Crisis Team

Agreed communication should include a telephone contact number for use when problems arise, and fax and email numbers if appropriate. Progress reports should be produced to an agreed time-scale with regular review.

ADVICE & SUPPORT

Appendix 1: Shared care proforma for acetylcholinesterase inhibitors / memantine

Patient details **Date**: .....

Name: .....

DOB: .....

NHS No: .....

Address: .....

.....

Patient contact number: .....

GP: .....

Consultant: .....

Key worker: .....

Condition and indication for acetylcholinesterase inhibitor / memantine

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Other relevant medical and psychiatric conditions

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.....

Medication (Current Medication and doses)

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Areas of concern for this patient

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Date: .....

Dear Colleague,

I am requesting that you take part in shared care prescribing for this patient.

The patient is currently in a stable condition and compliant with medication.

I will notify you if any changes are necessary to his/her drug regime.

I request that:

- you prescribe his/her acetylcholinesterase inhibitors / memantine
- you inform the hospital if you are aware of any prescribing problems such as non compliance or if the treatment is changed or stopped or any deterioration occurs in the mental or physical health of the patient.

Psychiatric follow-up arrangements:

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Yours faithfully

Dr ..... Contact Telephone number:

Reply from GP

Fax to: .....

☐ **I accept this patient for shared care prescribing of acetylcholinesterase inhibitors / memantine in accordance with the agreed protocol.**

☐ **I do not accept shared care of prescribing in this case for the following reason:**

.....

.....

Signed by GP:..... Date:

GP name (Block capitals) .....

GP postcode and contact phone number: .....

APPENDIX 2 – INFORMATION TO GPs

Referral

The following tests are recommended where possible to identify appropriate patients for referral:

- Physical examination to rule out possible causes of confusion (eg UTI or Chest Infection) and routine haematological investigations such as FBC, ESR, U&E, Random Lipids, Calcium, Phosphate, LFTs, TFTs, Random Glucose, B12 and Folate.

- ECG or Chest X-ray if indicated due to cardiac or respiratory problems but only if clinically appropriate for the patient.

- A cognition screen using a nationally recognised rating scale e.g. MMSE or 6CIT (six cognitive item test)

Please provide the information to the consultant on referral via the assessment documentation or by letter.
Also include details of current medication.