Therapeutics Advisory Group

Improving lives together
Norfolk and Waveney Integrated Care System

Prescribing Guidance Update

Use of Donepezil, Galantamine, Rivastigmine and Memantine in the treatment of Dementia

July 2025 v1.0

Donepezil, Galantamine, Rivastigmine and Memantine can be prescribed for dementia and Alzheimer's disease as per NICE NG97. In Norfolk and Waveney, these treatments have a classification of:

AMBER ADVICE - Primary care initiation following receipt of verbal or written recommendation from specialist. GP will be asked by the Memory Assessment and Treatment Service (MATS) to prescribe during the initiation phase whilst patient is in the care of the MATS and to continue following discharge from specialist service after successful initiation.

NICE Guidance

In June 2018 the National Institute for Health and Care Excellence (NICE) issued revised guidance NG97 on use in Dementia: assessment, management and support for people living with Dementia. This guidance recommended donepezil, galantamine and rivastigmine as monotherapy options for the treatment of mild to moderate Alzheimer's disease.

Memantine monotherapy is recommended as an option for people with moderate Alzheimer's disease who have a contraindication or intolerance to donepezil, galantamine or rivastigmine OR who have severe Alzheimer's disease.

People with an established diagnosis of Alzheimer's disease who are already receiving treatment with one of donepezil, galantamine or rivastigmine may also be offered Memantine if they have severe disease, or Memantine may be offered if they have moderate disease.

Locally, donepezil is the preferred first line option of the treatment choices described above where clinically indicated. Other treatment options may be used where donepezil is not tolerated or contra-indicated.

Currently the available treatments (donepezil, rivastigmine, galantamine or memantine) are licensed **ONLY** for dementia in Alzheimer's disease (all) and dementia in Parkinson's disease (rivastigmine only), however NICE advises use outside of licensed indication as described above.

Use of donepezil, galantamine, rivastigmine or memantine in people with fronto-temporal dementia or people with cognitive impairment caused by multiple sclerosis is **NOT COVERED** by this guidance document.

NICE recommends that primary care prescribers should **only start treatment with these medicines on the advice of a clinician with the necessary knowledge and skills** and that once a decision has been made to start treatment, the **first prescription may be made in primary care.**

Initial Referral to Specialist

- Initial referrals may come from either GPs or another hospital specialist.
- The referring doctor should screen the patient to exclude reversible causes of dementia.
- NG97 advises that clinicians should consider minimising the use of medicines associated with increasing anticholinergic burden when assessing whether to refer a person with suspected dementia for diagnosis.
- Referral should be made to the specialist memory clinic.

Prescribing

Specialist Responsibilities

- Diagnose, assess suitability and safety of drug treatment for patients referred to Memory Services.
- Counsel and inform patients of their diagnosis and treatment options.
- Assess and recommend appropriate dose for prescriber to initiate treatment.
- Follow up until the patient is stable on the maximum tolerated dose of medication; this is usually for a period of one to three months, then seek to discharge to primary care.
- Prior to discharge, identify patients with complex needs and refer onto other services.
- If necessary, supervise withdrawal of treatment and provide supporting advice to patient and carer.
- MATS will retain patients settled on their medication regime for longer periods on a case-by-case basis.
- Ensure prescriber is provided with direct telephone helpline for advice and support.

GP / Primary Care Prescriber Responsibilities

- Prescribe at the dose advised by the MATS at initiation.
- Prescribe for up to three months during the initiation phase whilst patient is in the care of the MATS and continue following discharge from specialist service after successful initiation.
- Consider specialist advice on any changes in treatment.
- Monitor the patient's general health and wellbeing and liaise with the carer or care-worker as appropriate.
- Seek specialist advice if the patient experiences adverse reaction or interaction.
- In the event of deteriorating clinical condition, assess and treat the underlying problem if physical.
- Refer to specialist if deterioration relates to the progression of the condition being treated.
- Report adverse events to specialist and if appropriate to the MHRA. https://yellowcard.mhra.gov.uk/
- Keep the mental health team appraised of progress as appropriate.
- Contact specialist staff if there are any concerns or consider whether the medication should be stopped.

Patient Responsibilities

- Report any adverse effects and share any concerns in relation to treatment with the specialist or GP.
- Report to the specialist or GP if they do not have a clear understanding of their treatment.
- Notify specialist services if the medication is no longer being taken.

Dose / Cautions / Contraindications / Side Effects

Donepezil	BNF	SPC
Galantamine	BNF	SPC
Rivastigmine	BNF	SPC
Memantine	BNF	SPC

Cessation and Withdrawal

- Treatment should be continued only when it is having a worthwhile effect.
- Patients should be reviewed regularly using cognitive, global, functional and / or behavioural assessment.
- Treatment should only be stopped as part of a shared decision-making process if there are signs of significant deterioration or the person is approaching end of life.

When to refer back to Specialist

Patients should not be referred to specialist on the basis of progression of their dementia unless there are significant neuropsychiatric symptoms that require further assessment. NICE recommends that for patients with an established diagnosis of Alzheimer's disease already taking an acetylcholinesterase inhibitor, memantine can be added in primary care. Memantine can also be utilised in primary care for other variants of dementia, where the patient exhibits neuropsychiatric symptoms (BPSD).

Tolerability may change over time consequent upon the ageing process and the emergence of medical co-morbidities and frailty. In this situation it may be appropriate to reduce the dose or discontinue treatment and/or consider an alternative drug. It may be appropriate to make such decisions in consultation with the specialist who initiated treatment.

You may wish to seek telephone advice in the following circumstances:

- Emergent concerns regarding tolerability
- Emergent significant deterioration in hepatic and/or renal function
- To consider whether to discontinue treatment with a cholinesterase inhibitor at an advanced stage of the illness as outlined above.

Specialist Contact Details

- Call the relevant Consultant Psychiatrist via the NSFT switchboard on (01603) 421421.
- NSFT Medicines information (MI) service: medinfo@nsft.nhs.uk

Title	Prescribing Guidance - Use of Donepezil, Galantamine, Rivastigmine and Memantine in the treatment of Dementia
Description of policy	*To inform healthcare professionals*
Scope	*Norfolk and Waveney Integrated Care System*
Prepared by	Original shared care document jointly produced by NSFT and ICB Medicines Optimisation Team on behalf of Norfolk & Waveney ICS
Impact Assessment (Equalities and Environmental)	*Please indicate impact assessment outcome:* *Positive impact* *Adverse impact - low - action plan completed as per guidance* *Adverse impact - medium - action plan completed as per guidance* *Adverse impact - high - action plan completed as per guidance* *No impact* ***No policy will be approved without a completed equality impact assessment***
Other relevant approved documents	
Evidence base / Legislation	Level of Evidence: *A. based on national research-based evidence and is considered best evidence* ***B. mix of national and local consensus*** *C. based on local good practice and consensus in the absence of national research based information.*
Dissemination	Is there any reason why any part of this document should not be available on the public web site? ☐ Yes / No ☒
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1.0	Senior I+F Technician, MO Team, NWICB	New guidance document adapted from previous shared care agreement. To submit to TAG for comment	October 2023 (checked again July 2025 prior to approval). Supported by TAG and MOPB