GUIDANCE for PHYSICAL HEALTH MONITORING of COGNITIVE ENHANCERS

TARGET AUDIENCE	Mental Health teams working with patients with dementia within NHS Lanarkshire hospitals and community settings.
PATIENT GROUP	Patients with dementia in all clinical settings.

Clinical Guidelines Summary

- Cognitive enhancers can have adverse effects that can impact on tolerability
- Patients commencing on cognitive enhancers should have monitoring of physical health at baseline and during titration to mitigate any risks.
- The guidance provides advice for older adult community mental health teams to support the safe use of cognitive enhancers.

Background

It is recommended that all patients commenced on a cognitive enhancer (donepezil, rivastigmine, galantamine or memantine) should initially have basic monitoring of physical health parameters carried out by secondary care services.

Although often well tolerated, these medications can have significant side effects and physical health monitoring is required to mitigate some risks (e.g. bradycardia and weight loss with acetylcholinesterase inhibitors, hypertension with memantine).

Monitoring recommendations

It is recommended the following measures are carried out as a minimum (although some services may wish to carry out additional monitoring):

Baseline (at initiation of medication):

- Blood pressure and pulse.
- Record weight.
- Other physical health checks as felt to be clinically indicated
    - e.g. ECG, physical examination, renal function (particularly when considering memantine)
- Inform patient and carer of potential adverse effects (see table 1)
- Provide Patient Information Leaflet where appropriate.

3 weeks after initiation:

(Cognitive enhancer dose will be in titration phase)

- Blood pressure and pulse.
- Record weight.
- Review of patient for potential adverse effects (see table 1)

8 weeks after initiation:

(Cognitive enhancer will be at maximum dose by this time if BNF guidance is followed)

- Blood pressure and pulse.
- Record weight.
- Review of patient for potential adverse effects (see table 1)

All monitoring of physical observations and adverse effects should be recorded in the patient's MORSE records. Baseline results and any significant change from baseline at follow up visits should be communicated to primary care. For physical observations, figures must be recorded ('normotensive' or 'within range' are not acceptable).

No further routine monitoring is required unless felt to be clinically indicated.

Table 1: Cognitive enhancer prescribing information			
Medication	**Licensed Indication**	**Oral Dose (other doses indicated for patches)**	**Common adverse effects (See SPC and BNF for full details)**
Donepezil	Mild to moderately severe Alzheimer's dementia.	Start at 5mg daily at night. After 4 weeks can be increased to 10mg once daily.	Adverse effects include GI disturbances (nausea, vomiting and diarrhoea), reduced appetite and weight loss, dizziness and syncope, headache, tiredness and fatigue, agitation and anxiety, urinary incontinence, sleep disturbance, muscle cramps. Rarely seizures, bradycardia
Rivastigmine	Mild to moderately severe Alzheimer's dementia Mild to moderately severe dementia in idiopathic Parkinson's disease.	Start at 1.5mg twice daily with morning and evening meals. Increase dose by 1.5mg twice daily at a minimum of two weekly intervals, if tolerated, to maximum of 6mg twice a day. Effective dose is 3 to 6 mg twice a day; to achieve maximum therapeutic benefit patients should be maintained on their highest well-tolerated dose.	As above Transdermal administration (patch) is less likely to cause side effects although may cause skin reaction/rash. Provide instruction to ensure correct use of patches to reduce risks e.g. skin rash, risk of multiple patch application. Advice on switching from oral rivastigmine to an equivalent dose of patch can be found within the summary of product characteristics.
Galantamine – *use modified release preparation*	Mild to moderately severe Alzheimer's dementia.	Starting dose 8mg once daily in the morning for 4 weeks, increasing to maintenance dose of 16mg (minimum effective dose). Should be taken preferably with food. May be increased to 24mg daily after further 4 weeks if tolerated.	As above Rarely serious skin rash
Memantine	Moderate to severe Alzheimer's disease.	Starting at 5mg once daily for 7 days, then 10mg once daily for 7 days, then 15mg once daily for 7 days then 20mg once daily.	Dizziness, headache, constipation, somnolence and hypertension. Rarely seizures, heart failure, venous thromboembolism

References/Evidence

1. Rowland JP et al. Cardiovascular monitoring with acetylcholinesterase inhibitors: a clinical protocol. Adv Psych Treat. 2007: 13(3): 173 -184

2. Dementia; assessment, management and support for people living with dementia and their carers. NICE Guideline NG 87 ; 20 Jun 2018 www.nice.org.uk/guidance/ng97

3. Summary of Product Characteristics for donepezil, rivastigmine, galantamine, memantine www.medicines.org.uk/emc/

4. Patient information leaflet on donepezil, rivastigmine, galantamine, memantine www.choiceandmedication.org/nhs24/

Appendices

1. **Governance information for Guidance document**

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CHANGE RECORD

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