NHS Lanarkshire Care Homes Protocol Group

Guideline for review of cognitive enhancing (anti-dementia) medication for clinicians

Author:	**Francesca Aaen, William O'Mailley, Margaret Alexander**
Endorsing Body:	**Care Homes Protocols Group**
Governance or Assurance Committee	**South Lanarkshire Clinical Governance and Risk Management**
Implementation Date:	**July 2017**
Version Number:	**2.1**
Review Date:	**July 2020**
Responsible Person	**Care Homes Pharmacist**

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	• Francesca Aaen – Care Homes Pharmacist • William Ross – Care Home Liaison Nurse, Mental Health • Margaret Alexander– Care Home Liaison Nurse, Mental Health
Consultation Process / Stakeholders:	• Adam Daly, Lead Psychiatrist for Older Adults, NHS Lanarkshire • Rekha Hegde, Consultant in Old Age Psychiatry, NHS Lanarkshire • Christine Carswell, Consultant in Old Age Psychiatry, NHS Lanarkshire • Allison Cavinue, NHS Lanarkshire • Karen Clarke, NHS Lanarkshire • Morag Dixon, NHS Lanarkshire • Graeme Ellis, NHS Lanarkshire • Evelyn Devlin, South Lanarkshire Council • Stephen Gallagher, NHS Lanarkshire • Iain Hathorn, NHS Lanarkshire • Lynn Notman, Langvout Court Care Home • Lea Morris, Aberglen Care Home • Linda Lafferty, South Lanarkshire Council • Liz McPake, Care Inspectorate • Louise Mercer, South Lanarkshire Council • Philip McMenemy, NHS Lanarkshire • Helen Morrow, NHS Lanarkshire • Vijay Sonthalia, NHS Lanarkshire
Distribution:	• To all GPs and care home managers in NHS Lanarkshire • Firstport

GUIDELINE FOR REVIEW OF COGNITIVE ENHANCING (ANTI-DEMENTIA) MEDICATION FOR CLINICIANS i.e. Donepezil (Aricept), Galantamine (Reminyl), Rivastigmine (Exelon), Memantine (Ebixa)

NHS Lanarkshire

For patients prescribed anti-dementia medication, it is appropriate to review the prescription when there is a change in the patient's presentation e.g. evidence of increased frequency of agitation, when there are indicators of poor prognosis or when undertaking polypharmacy review.
Changes to medication must be discussed with the patient if they have capacity. **Where capacity is absent and there is an existing legal proxy i.e. welfare attorney or guardian, they must be consulted/informed of any changes.**
If the patient lacks capacity and if there is no formal legal proxy, the principles of the Adults with Incapacity (Scotland) Act 2000 apply and treatment options should be discussed with relevant others, such as next of kin, carer or patient advocate. In either circumstance, an appropriate Section 47 certificate of incapacity is required.

The following guidance will support the review process but further advice can be sought from Old Age Psychiatry services if required.

There is a change in presentation e.g. new/increased symptoms of stress/distress.

↓

Rule out other possible causes of stress/distress e.g. pain, infection. Refer to management of stress and distress guideline.

↓

Titrate the dose down gradually leaving 4 weeks between dose changes.

↓

During the 4 week period between dose changes monitor for any functional or cognitive deterioration.

↓

If there is deterioration the patient should be returned to the previous dose as quickly as possible.

If there is no change, continue dose reduction until the medication is stopped.

↓

If stress/distress symptoms have not resolved, refer back to Old Age Psychiatry.

There is a marked deterioration in cognitive function or there are poor prognostic indicators.

↓

YES

↓

Titrate the dose down gradually leaving 4 weeks between dose changes.

↓

During the 4 week period monitor for any functional or cognitive deterioration.

↓

If there is deterioration the patient should be returned to the previous dose as quickly as possible.

If there is no change, continue dose reduction

NO

↓

LEAVE UNCHANGED

If the patient is approaching the end of life or is receiving palliative care, it is appropriate to reduce or stop cognitive enhancing medication taking into consideration the individual clinical circumstances.

On a patient's admission to hospital, where possible, these medicines <u>should not be withdrawn abruptly</u>.

The Old Age Psychiatry liaison team can be contacted for advice if required.

Decisions to change, reduce or withdraw cognitive enhancing medication should be recorded in the patient's care plan or GP record and a plan for review clearly documented.