NHS
Dudley and Walsall
Mental Health Partnership
NHS Trust

NHS
Walsall
Clinical Commissioning Group

Shared care agreement for the pharmacological treatment of dementia between the Dementia Diagnostic Assessment Service (DDAS)* and Walsall General Practitioners.

**formerly the Memory Assessment Service*

This agreement has been updated to reflect the revised NICE guidance published in June 2018 and includes GP prescribing in Primary Care.

GP Responsibilities

1) Conduct a physical examination

2) Take a history from a family member or friend where possible

3) Use a dementia screening tool e.g. 6-CIT

4) ECG is preferred

Cholinesterase inhibitors are contraindicated in heart block and sick-sinus syndrome. They should be used in caution with those with other supraventricular conduction problems and arrhythmias, e.g. atrial fibrillation.

An ECG is indicated prior to initiation, and if patients develop bradycardia, syncope or palpitations during treatment, to exclude heart block. However, the ECG is not just to exclude conduction abnormalities that may affect prescribing, but to also exclude cardiac abnormalities that are previously undetected, and may pre-dispose a person to cognitive impairment of an ischaemic / cerebrovascular nature.

The Service (DDAS/MAS) is available for advice and further guidance, if required, and do not routinely decline referrals without an ECG.

5) MSU using the following criteria:

<u>MSU may not be needed</u>:

- If Dementia is suspected and history is suggestive of memory problems being present for longer than six months. No acute changes or concerns.

- An MSU was done in the last six months and no current symptoms suggestive of UTI.

- Patient is prone to recurrent UTIs and is on prophylactic antibiotics. This factor can be considered in diagnostic discussions.

- Recent episode of a treated UTI

.

MSU is important:

- Acute onset of memory problems within the last three months or earlier.

- Acute onset of psychotic symptoms and especially visual hallucinations.

- Markers of an acute infection on other tests.

6) All of the following blood tests are required prior to referral to the DDAS):

- FBC
- LFT
- ESR or CRP
- U and E's
- Glucose or HbA1C
- Lipids
- Calcium
- B12/folate
- TFTs

7) Prescribe treatment following the DDAS MDT recommendation

8) Adjust the dose as advised by the DDAS

9) Monitor and review the patient and ask the patient/carer about any problems with the medication

10) Report to and seek advice from the DDAS on any aspect of patient care that is of concern and may affect treatment. Refer for a re-assessment if any concerns are not resolved by telephone support

11) Where risks and/or behavioural issues are present that require assessment/intervention/treatment, a referral should be directed to the Duty Desk (during office hours) for the Enhanced Community Mental Health Team for Older Adults – specify older people input

12) Stop treatment on the advice of the DDAS or immediately if an urgent need to stop treatment arises (notify DDAS if not advised by them to stop treatment)

13) Report adverse events to the MHRA (www.yellowcard.gov.uk) and DDAS

14) For GP Primary Care prescribing, **see pharmacological treatment** (referral to DDAS is suggested but NHS England/NICE state that GPs can diagnose themselves). An example may be a patient residing in a nursing home

15) For GP diagnosis, GPs should refer to the Personal Assistants: Dementia (PADs) for post-diagnostic support and the Therapy and Liaison Community Service (TACLS) for Cognitive Stimulation Therapy (CST). Note: The PADs can refer to TALCS.

Dementia Diagnostic Assessment Service (DDAS) Responsibilities

1) Ensure all the appropriate GP responsibility blood tests have been carried out and in the appropriate time scales before proceeding with an assessment (service specification exception for a needle phobia)

2) Assess patient, diagnose sub-type of dementia and assess probability of adherence to treatment

3) Discuss the benefits and side effects of treatment with the patient, seek carer view and gain consent

4) Commence NICE recommended treatment (**see pharmacological treatment**) within six weeks (30 working days) of referral taking into account the stop/pause the clock criteria and report breaches to commissioners monthly

5) Communicate promptly with the GP when treatment is initiated, amended or stopped

6) Provide GP with clinical assessment to demonstrate the benefits of medication

7) Have a mechanism in place to give telephone advice to the GP in the event of a problem with the medication and agree to promptly re-assess patient if this is required

8) Report adverse events to the MHRA (www.yellowcard.gov.uk) and GP

9) Refer patient and carer to the Personal Assistants: Dementia for post-diagnostic support, signposting and information

10) Refer patient to the Therapy and Liaison Community Service for Cognitive Stimulation Therapy (CST)

11) Refer or signpost any social care issues to Walsall Metropolitan Borough Council

12) Produce the first dementia care plan

13) Discharge back to GP and social care where appropriate once treatment is titrated and the DDAS role is complete

Pharmacological Treatment of Dementia (based on NICE June 2018 guidance)

- GPs can add Memantine to Cholinesterase Inhibitor (CEI) without specialist advice
- In severe Alzheimer's disease offer CEI + Memantine
- In moderate Alzheimer's disease consider CEI + Memantine
- In mild Alzheimer's disease offer CEI
- Do not stop CEI because of disease severity alone
- Offer Donepezil or Rivastigmine for people with mild-moderate LBD
- Consider Galantamine if above not tolerated
- Consider Donepezil or Rivastigmine for people with severe LBD
- Consider Memantine for people with LBD if CEI not tolerated/ contraindicated
- Don't offer CEI/ Memantine for FTD
- Consider CEI or Memantine for comorbid vascular dementia plus Alz's/ PDD or LBD
- Transdermal patches should be considered when:

  1) Side effects mean oral treatment is not advisable or tolerated; or

  2) Patient and carer preference to support compliance / concordance

- Nurse Supplementary and Independent Prescribers working in the DDAS may initiate and adjust treatment as required
- The above is guidance and clinicians should use their clinical judgement after assessing the patient when prescribing for dementia
- The prescriber legally assumes clinical responsibility for the drug and the consequences of its use.

<u>Note</u>

NICE guidance makes a distinction between '*Offer*' (prescribe) and '*Consider'* (consider prescribing).

Review date March 2020