
NICE appeal decision on drug treatments for Alzheimer's disease

- **The appeal decision has been announced and the decision to partially withdraw effective drug treatments for Alzheimer's disease has not been overturned**
- **Small adjustments will be made to the wording but these do not affect the final outcome**
- **The final decision is**
 - **Anticholinesterase drugs should be withdrawn from the early stages of Alzheimer's disease and only be prescribed to people in the moderate stages (with an MMSE score of 10-20)**
 - **The prescription of Ebixa on the NHS is completely prohibited**
 - **People who are currently taking one of the drug treatments should continue to take it until they, their carer and/or specialist considers it appropriate to stop**
 - **NICE guidance applies to the NHS in England and Wales but may also be implemented in Northern Ireland.**

The appeal

Five appeals were lodged from:

- **Alzheimer's Society, Age Concern, Counsel and Care, Dementia Care Trust, Royal College of Nursing (joint appeal)**
- **Royal College of Psychiatrists and British Geriatric Society (joint appeal)**
- **Lundbeck (Ebixa manufacturer), Eisai (Aricept manufacturer), Shire (Reminyl manufacturer)**

The Alzheimer's Society joint appeal concentrated on:

- **NICE's failure to take important benefits of the drugs into account, particularly benefits to carers and reduced need for harmful neuroleptic drugs**
- **Failures in the economic model, for example they have not been able to measure quality of life properly.**
- **The decision is contrary to good practice in dementia care because treatment in the early stages is what people most value and NICE have also disregarded the importance of Ebixa in treating behavioural symptoms in the later stages.**
- **We highlighted how using the MMSE to govern access to drugs is completely inappropriate and discriminatory.**

The appeal panel dismissed all these points, but recommended small changes in the wording to make explicit that people with learning disabilities would be exempt from this guidance.

What is wrong with the appeal?

- We have no confidence in the appeal process. It is neither independent and appears to ignore sound evidence.
- NICE have not listened to the carers, people with dementia and professionals who have written in their thousands to explain why the decision is the wrong one.
 - NICE have been told about the importance of stabilising the progression of the disease at an early stage, but claim that 'they have no evidence of this'.
 - NICE have also heard how much carers value these drugs, but also ignore this evidence
- NICE's remit appears too narrow to capture the complexities of Alzheimer's disease. They have not been able to access data on a range of issues including:
 - Real impact on quality of life
 - Benefits of the drug treatments to carers
 - Proper costs of full time care
- The guidance remains discriminatory. People with a first language other than English, who are from a different culture or who have a particularly high or low level of education will score outside 10-20 on the MMSE despite being in the moderate stages. NICE claim that discrimination is justified, but we do not believe it can be.
- NICE claim that doctors have the flexibility to prescribe outside NICE guidance, so risk of discrimination is small. But we know that in reality clinicians follow guidance and are under pressure from PCTs – especially in the current climate of huge pressure to reduce spending.
- The partial withdrawal of access to the four drug treatments for Alzheimer's contradicts the policy of the government to promote the independence and wellbeing of people in all stages of their lives. NICE claim they do not have to consider the government's clinical priorities.

Publication of guidance

The technology appraisal guidance and clinical guideline will be published together on **22 November 2006**. PCTs will have three months to fund the guidance. Therefore, they can start refusing to fund treatment to newly diagnosed people with MMSE above 20 from 22nd November 2006, but they must also fund treatment until people reach MMSE 10 (rather than 12 as now).