

# Dementia NICE–SCIE Clinical Guideline 42

## Amendment

This clinical guideline has been amended to incorporate the updated NICE technology appraisal TA217 on drugs for Alzheimer's disease, published in March 2011 ([www.nice.org.uk/guidance/TA217](http://www.nice.org.uk/guidance/TA217)). The following recommendations replace 1.6.2.1 to 1.6.2.6 on pages 25 to 27 which are repeated on pages 216 to 218 as recommendations 7.9.3.1 to 7.9.3.6. The rest of the guideline remains unchanged.

**1.6.2.1 and 7.9.3.1** The three acetylcholinesterase (AChE) inhibitors donepezil, galantamine and rivastigmine are recommended as options for managing mild to moderate Alzheimer's disease under all of the conditions specified in 1.6.2.3 (7.9.3.3) and 1.6.2.4 (7.9.3.4). [NICE TA 2011]

**1.6.2.2 and 7.9.3.2** Memantine is recommended as an option for managing Alzheimer's disease for people with:

- moderate Alzheimer's disease who are intolerant of or have a contraindication to AChE inhibitors **or**
- severe Alzheimer's disease.

Treatment should be under the conditions specified in 1.6.2.3. [NICE TA 2011]

**1.6.2.3 and 7.9.3.3** Treatment should be under the following conditions:

- Only specialists in the care of patients with dementia (that is, psychiatrists including those specialising in learning disability, neurologists, and physicians specialising in the care of older people) should initiate treatment. Carers' views on the patient's condition at baseline should be sought.
- Treatment should be continued only when it is considered to be having a worthwhile effect on cognitive, global, functional or behavioural symptoms.
- Patients who continue on treatment should be reviewed regularly using cognitive, global, functional and behavioural assessment. Treatment should be reviewed by an appropriate specialist team, unless there are locally agreed protocols for shared care. Carers' views on the patient's condition at follow-up should be sought. [NICE TA 2011]

**1.6.2.4 and 7.9.3.4** If prescribing an AChE inhibitor (donepezil, galantamine or rivastigmine), treatment should normally be started with the drug with the lowest acquisition cost (taking into account required daily dose and the price per dose once shared care has started). However, an alternative AChE inhibitor could be prescribed if it is considered appropriate when taking into account adverse event profile, expectations about adherence, medical comorbidity, possibility of drug interactions and dosing profiles. [NICE TA 2011]

**1.6.2.5 and 7.9.3.5** When using assessment scales to determine the severity of Alzheimer's disease, healthcare professionals should take into account any physical, sensory or learning disabilities, or communication difficulties that could affect the results and make any adjustments they consider appropriate. Healthcare professionals should also be mindful of the need to secure equality of access to treatment for patients from different ethnic groups, in particular those from different cultural backgrounds. [NICE TA 2011]

**1.6.2.6 and 7.9.3.6** When assessing the severity of Alzheimer's disease and the need for treatment, healthcare professionals should not rely solely on cognition scores in circumstances in which it would be inappropriate to do so. These include:

- if the cognition score is not, or is not by itself, a clinically appropriate tool for assessing the severity of that patient's dementia because of the patient's learning difficulties or other disabilities (for example, sensory impairments), linguistic or other communication difficulties or level of education or
- if it is not possible to apply the tool in a language in which the patient is sufficiently fluent for it to be appropriate for assessing the severity of dementia or
- if there are other similar reasons why using a cognition score, or the score alone, would be inappropriate for assessing the severity of dementia.

In such cases healthcare professionals should determine the need for initiation or continuation of treatment by using another appropriate method of assessment. [NICE TA 2011]

*The following recommendation is unchanged but has been renumbered. It is included in this insert for completeness, as it forms part of this set of recommendations.*

**1.6.2.7 and 7.9.3.7** For people with learning disabilities, tools used to assess the severity of dementia should be sensitive to their level of competence. Options include:

- Cambridge Cognitive Examination (CAMCOG)<sup>1</sup>
- Modified Cambridge Examination for Mental Disorders of the Elderly (CAMDEX)<sup>2</sup>
- DMR
- Dementia Scale for Down Syndrome (DSDS)<sup>3</sup>, which can be useful in diagnosis of dementia in people with learning disabilities who do not have Down's syndrome.

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<sup>1</sup> Hon J, Huppert FA, Holland AJ et al. (1999) Neuropsychological assessment of older adults with Down's syndrome: an epidemiological study using the Cambridge Cognitive Examination (CAMCOG). *British Journal of Clinical Psychology* 38: 155–65.

<sup>2</sup> Ball SL, Holland AJ, Huppert FA et al. (2004) The modified CAMDEX informant interview is a valid and reliable tool for use in the diagnosis of dementia in adults with Down's syndrome. *Journal of Intellectual Disability Research* 48: 611–20.

<sup>3</sup> Gedye A (1995) Dementia Scale for Down Syndrome Manual. Vancouver, BC: Gedye Research and Consulting.