

Appraisal Consultation Document – Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer’s disease (review of NICE technology appraisal guidance 111)

Comments from [REDACTED] (British Geriatrics Society)

We welcome the Appraisal Consultation document as a balanced and thorough summary of the current evidence and would strongly support the Committee’s preliminary recommendations. These provide practical guidance to promote clinical and cost effective use of the drugs. The emphasis on decisions being based on holistic assessment of severity and response, rather than bound by a score on one particular measure, reflects good clinical practice and will help to ensure equality of access to treatment for all who will benefit.

Minor changes/corrections to the document that the Committee might consider are:

- Page 3, 1.1, 2nd para (and Page 4, 1.2, 3rd para): “Only specialists in the care of patients with dementia (that is **old age** psychiatrists **and** those specialising in learning disability...”)
- Page 6, 2.3: The recent paper in the BMJ (Rait et al. BMJ 2010; 341: c3584) provides recent UK data on survival. This showed that median survival of people in primary care aged 60-69 years at dementia diagnosis was 6.7 (interquartile range 3.1-10.8) years, falling to 1.9 (0.7-3.6) years in those aged 90 years and over.
- Page 9, 3.4: Galantamine is now given once daily as prolonged release capsules, so should now read “It is given initially at **8mg prolonged release capsule once daily** for 4 weeks and then increased to **16mg once daily** for at least 4 weeks. Maintenance treatment is **16-24mg once daily** depending on”
- Page 9, 3.7: Need to add “**Alternatively rivastigmine transdermal patches are available, initially using a 4.6mg patch/day, that may be increased to a 9.5mg patch/day for at least 4 weeks**”
- Page 10, 3.10: Delete unnecessary sentence “In 2005, the license was extended to include moderate disease”
- Page 11, 4.1.1: “the British **Geriatrics Society**”
- Page 21, 4.1.28: “The **highest** dose (9.5mg/day) transdermal patch produced fewer side effects than the **highest dose** capsule (12mg/day)”

- Page 62, 4.3.34: “the impact of memantine on behavioural ..”