Black Country Partnership NHS Foundation Trust

Sandwell and West Birmingham Clinical Commissioning Group

NHS Wolverhampton Clinical Commissioning Group

Shared Care Agreement for Memantine

ESCA: Memantine for the treatment of Alzheimer's disease

SECONDARY CARE SECTION TO BE COMPLETED BY INITIATING DOCTOR

Patient's Name: _____ NHS Number: _____

Date of Birth: _____ ESCA Date: _____

One copy of information leaflet given to patient One copy of agreement sent to general practitioner One copy filed in patients notes

Name of Initiating Doctor: _____ Signature_____ Date_____

Consultant: _____

Speciality: _____

Support contact number: _____

(if not listed overleaf)

Email address / Fax no.: _____

PRIMARY CARE SECTION TO BE COMPLETED BY GENERAL PRACTITIONER

I agree*/don't agree* to enter into a shared care arrangement for the treatment of the above patient with this medicine (*delete as appropriate)

GP Name: _____

Signature: _____ Date: _____

Once signed please email or fax back to the team.

CONSENT SECTION TO BE COMPLETED BY PATIENT / CARER

I agree*/don't agree* to enter into a shared care arrangement for the above treatment (*delete as appropriate)

Patient / Carer Name _____ Signature _____

Date _____

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BACK-UP ADVICE AND SUPPORT

Contact details	Telephone No.
Dr Lowe (Sandwell)	0121 6128203
Dr Curran (Sandwell)	0121 6128202
Dr Abeyagunuratne (Sandwell)	0121 6128211
Dr Blissett (Sandwell)	0121 6128206

Dr Varghese (Wolverhampton)	01902 572572
Dr Prasanna (Wolverhampton)	01902 442397
Dr Griffiths (Wolverhampton)	01902 442396
Dr Viswanathan (Wolverhampton)	01902 442395
Dr Gomez (Wolverhampton)	01902 572572
Memory Clinic (Wolverhampton)	01902 442391

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Patient's Name:_____ NHS Number: _____

Date of Birth:_____ Date treatment commenced:_____

Memantine dosage/formulation:_____

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of **Memantine** for the treatment of Alzheimer's disease can be shared between the specialist and general practitioner (GP). GPs are **invited** to participate. If GPs are not confident to undertake these roles, then they are under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. **If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable. Note that this ESCA does not include the use of any of these medicines outside their licensed indications.**

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the doctor initiating treatment. It is important that patients and carers are consulted about treatment and are in agreement with it.

The doctor/non-medical prescriber who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

RESPONSIBILITIES and ROLES

Specialist responsibilities
• Confirm diagnosis of Alzheimer's disease using cognitive, global, functional and behavioural assessment. • Carers' views on the patient's condition at baseline should be sought. • **Memantine** is 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 • Obtain consent and ensure provision of information on disease, treatment, benefits, side-effects and discontinuation of medication to patient and/or carer. • Initiate treatment in accordance with NICE guidance and provide medication until prescribing is transferred to the GP. Prescribers should only start **Memantine** on the advice of a clinician who has the necessary knowledge and skills (NICE 2016). • Send a letter to the GP to obtain consent to share prescribing responsibility, informing the GP of formal assessments undertaken, results and confirmation that the patient has mild, moderate or severe Alzheimer's disease. Complete the Secondary Care Section of the Shared Care Agreement and send to the GP. • Advise the GP of the medication and dosage to be prescribed and any dosage adjustments required. Liaise with the GP after each review and as necessary. • The Community Mental Health Team (CMHT) will provide ongoing monitoring and support. • Once stabilised, review patient's clinical condition, carer's views, response to treatment, drug compliance and use cognitive, global, functional and behavioural assessment every 6 months. Communicate these results and any dosage adjustments promptly to the GP. • Review and consider discontinuing treatment if there is no clinically significant benefit. Treatment should be continued only when it is considered to be having a worthwhile effect on cognitive, global, functional or behavioural symptoms. • Ensure that backup advice is available at all times. Advise and support patients and their carers. • Notify the GP of patient's failure to attend appointments. • Report adverse events to the Medicines and Healthcare products Regulatory Agency (MHRA) using the yellow card system at **https://yellowcard.mhra.gov.uk**

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General Practitioner responsibilities
• Reply to the specialist requesting shared care. • Complete the Primary Care Section of the Shared Care Agreement and return to the Specialist. • Provide repeat prescriptions following initiation by specialist, at dose advised, ensuring no interacting drugs are prescribed. It is recommended that no more than one month's prescription should be issued at a time. • Report to and seek advice from the specialist on any aspect of patient care that is of concern to the GP and may affect treatment. • Act upon results communicated by specialist. • Encourage patient's ongoing engagement with secondary care services. • If patient's condition deteriorates the GP should advise the specialist for earlier review. • Ensure all relevant staff within the practice are aware of the shared care guidelines.
Patient's role
• Report to the GP/specialist if they do not have a clear understanding of the treatment. • Ensure regular attendance at appointments for review and monitoring. • Be aware of side effects and report any adverse effects to the GP/specialist. • Inform the GP/specialist if health problems arise.

SUPPORTING CLINICAL INFORMATION
See current edition of the British National Formulary (BNF) and Summary of Product Characteristics (SPCs) for **Memantine** at **http://www.emc.medicines.org.uk** for full details of licensed indications, dosage and administration, contraindications, cautions, side-effects and drug interactions.
MEMANTINE:
Indications
Moderate to severe dementia in Alzheimer's disease
Dosage and Administration
Initially 5mg once daily, increased in steps of 5mg at weekly intervals to maximum 20mg daily. If standard formulation not appropriate, **Memantine** oral solution may be prescribed.
Contraindications
Hypersensitivity to the active substance or to any of the excipients.
Cautions
History of convulsions. Avoid in severe hepatic impairment – no information available. Dose adjustment required in renal impairment. Avoid if eGFR less than 5ml/minute/1.73m^2.
Side Effects
Constipation, hypertension, dyspnoea, headache, dizziness, drowsiness. Less commonly vomiting, thrombosis, heart failure, confusion, fatigue, hallucinations and abnormal gait.

This Shared Care Agreement should be read in conjunction with the Summary of Product Characteristics (SPC) for Donepezil

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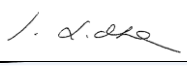
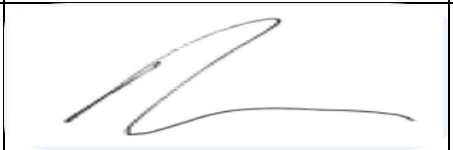
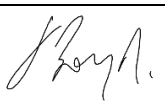
Interactions
Increased risk of CNS toxicity when **Memantine** given with ketamine or dextromethorphan (manufacturer advises avoid concomitant use). **Memantine** also: • possibly enhances anticoagulant effect of warfarin. • possibly enhances effects of antimuscarincs. • possibly reduces effects of antipsychotics. • possibly enhances effects of dopaminergics and selegiline. • possibly modifies effects of baclofen and dantrolene. Increased risk of CNS toxicity when **Memantine** given with amantadine (manufacturer advises avoid concomitant use).

Version Control

Version	Date of Issue	Author/s	Brief Description of Changes
1.0	September 2011	Sr. Clinical Pharmacist	Updated NICE Guidance to include memantine (remove for ACHE treatment)
2.0	August 2013	Sr. Clinical Pharmacist	Review, minor alterations, supporting information separate for individual drugs inclusion of Sandwell Consultants, Wolverhampton CCG and Sandwell and West Birmingham CCG.
3.0	November 2017	Deputy Chief Pharmacist	Separate ESCA's developed for individual medications for treatment of dementia. Review/ updates taking into account NICE guidance update May 2016 noted and SPC updates.

This shared care agreement has been approved for use in Wolverhampton and Sandwell by:		Signature	Date
Black Country Partnership NHS Foundation Trust – Medicines	Dr J Lidher		15/10/18
Wolverhampton City CCG Prescribing Lead	Dr A Stone		02/01/2019
Sandwell & West Birmingham CCG Head of Medicines Quality	Jonathan Boyd		15/10/18

This Shared Care Agreement should be read in conjunction with the Summary of Product Characteristics (SPC) for Donepezil