

## DONEPEZIL - SAFE PRESCRIBING - DON'T FORGET

- ▶ MAKE SURE YOU HAVE A CLEAR DIAGNOSIS
- ▶ DISCUSS EXPECTATIONS AND TREATMENT GOALS WITH PATIENT AND FAMILY
- ▶ ONGOING ASSESSMENTS AND GOOD ADHERENCE ARE IMPORTANT
- ▶ START LOW AND GO SLOW
- ▶ CHECK PULSE AND INTERACTIONS AT EACH VISIT - HEART BLOCK AND SINUS BRADYCARDIA CAN OCCUR
- ▶ REGULARLY ASSESS COGNITIVE FUNCTION
- ▶ CONSIDER RISK/BENEFIT WHEN CHANGING MEDICINE REGIMES

**Make sure you have a clear diagnosis;** take advice from a relevant specialist. In New Zealand donepezil is registered for the treatment of mild, moderate and severe Alzheimer's disease and vascular dementia.

**Discuss expectations and treatment goals** with the patient and caregivers prior to starting treatment. Donepezil may help to maintain current skills and abilities therefore improving quality of life. Donepezil may also be of some benefit in managing the behavioural and psychological symptoms of dementia, however the first step is to determine the cause of the symptoms and attempt to correct reversible factors (e.g. depression, underlying infection) before donepezil is considered.

**Ongoing assessments and good adherence are important.**

Patients must be able to participate in ongoing assessments and be adherent to treatment. The family and caregivers are an important part of this process. The benefits are lost when treatment is interrupted and may not be fully regained on re-initiation.

**Start low and go slow.** Start with 5mg at night, and increase after one month to 10mg if tolerated. Further assessments should occur at three and six months, and then six-monthly thereafter to determine ongoing response as per initial treatment goals. Discontinue if no clinical benefit is achieved. Nausea, vomiting and diarrhoea are common side effects experienced as the dose of donepezil is initiated or increased. Adverse effects are dose-related and the rate of titration may affect the frequency of these. If the patient is intolerant of these side effects, reduce the dose back to 5mg or discontinue.

**Check pulse at each visit** as donepezil has been associated with heart block and sinus bradycardia. Check the pulse at baseline, monthly intervals during titration and then six-monthly. If the pulse rate is below 50 bpm, or between 50-60 bpm with symptoms of syncope, withhold donepezil and investigate the underlying cause. Recommence if it is found to be unrelated or if a pacemaker is fitted.

Note the incidence of bradycardia is increased in combination with beta blockers, digoxin, amiodarone and calcium channel blockers. Other precautions with donepezil include asthma, COPD, urinary retention, a history of peptic ulcers, and concomitant anticholinergic agents.

**Regularly assess cognitive function** using tools such as the Mini Mental State Examination (MMSE). Assess at baseline and six-monthly to determine treatment efficacy and disease progression.

**Consider the risk/benefit when changing medication regimes** and consult with a specialist. Although there may be cost advantages by changing from an existing non-subsidised medication to Donepezil-Rex<sup>®</sup>, this may cause destabilisation and loss of treatment efficacy.

### KEY REFERENCES

The pharmacological management of Alzheimer's disease: The place of donepezil. BPJ 2010;30:28-35 [http://www.bpac.org.nz/magazine/2010/august/docs/BPJ\\_30\\_alzheimers\\_pages28-35\\_pt.pdf](http://www.bpac.org.nz/magazine/2010/august/docs/BPJ_30_alzheimers_pages28-35_pt.pdf) [Accessed 26-05-11]

Rex Medical Limited. Donepezil data sheet: <http://www.medsafe.govt.nz/profs/Datasheet/d/donepeziltab.pdf> Date of preparation 09-09-2010; [Accessed 26-05-11]

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