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SAFER USE OF HIGH RISK MEDICINES

Waitemata District Health Board
Best Care for Everyone

DONEPEZIL - SAFE PRESCRIBING - DON'T FORGET

- DISCUSS TREATMENT GOALS WITH PATIENT AND CAREGIVERS
- ENCOURAGE ONGOING ASSESSMENTS AND GOOD ADHERENCE
- START LOW AND GO SLOW
- CHECK PULSE BEFORE PRESCRIBING, AND AT EACH VISIT
- CONSIDER RISK/BENEFIT WHEN CHANGING MEDICINE REGIMES

Donepezil is registered for the treatment of mild, moderate and severe Alzheimer's disease and vascular dementia in New Zealand. Treatment should always be initiated and supervised by a psychogeriatrician, geriatrician, neurologist, or general practitioner with experience in the treatment of dementia.

Note: Prescribers within the Auckland region are encouraged to use the Auckland Regional Cognitive Impairment Pathway.

http://aucklandregion.healthpathways.org.nz

DISCUSS TREATMENT GOALS WITH PATIENT AND CAREGIVERS

Dementia

Clear and realistic goals should be clarified with the patient and their caregivers prior to starting treatment. Donepezil may help to maintain current skills and abilities; improving quality of life temporarily. There is no evidence that donezepil will prevent the onset or progression of Alzheimer's disease.

BPSD

Donepezil may benefit the behavioural and psychological symptoms of dementia (BPSD), although the evidence is weak. It is most effective to identify likely causes or triggers and correct reversible factors such as pain, anxiety, infection or depression.

Delirium

Donepezil is not recommended for the treatment of delirium.

ENCOURAGE ONGOING ASSESSMENTS AND GOOD ADHERENCE

It is important that patients prescribed donepezil are adherent with treatment and able to participate in ongoing assessments of response. Assess for side effects, treatment efficacy and disease progression at baseline, and again at 1, 3 and 6 months. Family and caregivers are an important part of this process.

Any benefit in cognition, global, functional or behavioural symptoms should be seen as a good response and considered as a reason to continue treatment. Individual response cannot be predicted.

Rating scales that are useful for assessments of cognitive function are the Montreal Cognitive Assessment (MoCA), or Addenbrooke's Cognitive Examination, version 3 (ACE-3).

Note: Good adherence is essential; the benefits are rapidly lost if donepezil is stopped and may not be fully regained on re-initiation. If treatment has been interrupted for more than several days, re-initiate with the lowest daily dose.

START LOW AND GO SLOW

The recommended starting dose is 5mg at night. After one month, if tolerated, increase to 10mg, and assess at 3 and 6 months. Continue to assess 6-monthly to determine efficacy and response to treatment goals.

Adverse effects are dose-dependent and the rate of titration may affect their frequency. Gastrointestinal effects such as nausea, vomiting and diarrhoea occur more frequently when the dose is rapidly escalated and can be minimised by using gradual dose increments, taking the tablets with food and ensuring adequate hydration.

Donepezil can cause muscle cramps, dizziness and fatigue; driving ability should be regularly evaluated if the patient is driving. Unusual dreams and nightmares are commonly reported; these may resolve by reducing the dose. Other adverse effects include aggressive behavior, agitation and hallucinations. If the patient cannot tolerate adverse effects, reduce dose back to 5mg or discontinue.

Note: Doses of 23mg per day have been used in the trial setting for moderate to severe Alzheimer's disease. Although higher doses may have some benefit, many participants experience unacceptable side effects.

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DONEPEZIL

Interactions

Avoid prescribing donepezil with anticholinergic medicines including tricyclic antidepressants, sedating antipsychotics, medicines for overactive bladder, and over the counter medicines such as sedating antihistamines and some antiemetics. These medicines will compete for the same receptors, negating the action of donepezil.

Other potential interactions include medicines that could increase the risk of bradycardia such as amiodarone, beta blockers, digoxin or diltiazem.

CHECK PULSE BEFORE PRESCRIBING, AND AT EACH VISIT

Donepezil is associated with rare incidences of heart block and sinus bradycardia. Check heart rate before initiation; if it is under 60 per minute, an ECG is recommended. Check the pulse at monthly intervals during titration and 6-monthly thereafter. If there are any symptoms of dizziness or syncope, organise a clinical review to measure heart rate, blood pressure and arrange an ECG.

Note: There is a detailed flowchart for the management of bradycardia for people prescribed donepezil via the Auckland regional clinical pathway:

http://aucklandregion.healthpathways.org.nz

CONSIDER RISK/BENEFIT WHEN CHANGING MEDICINE REGIMES

Seek specialist advice if considering transferring patients from a non-subsidised acetylcholinesterase inhibitor to donepezil; this may cause destabilisation and loss of treatment efficacy.

Rivastigmine transdermal patch is an alternative acetylcholinesterase inhibitor that may be preferable for patients who experience adverse gastrointestinal effects with donepezil.

When to stop treatment

If the following issues occur, consider discontinuing donepezil

- significant adverse effects
- poor adherence to treatment or monitoring requirements
- treatment goals not achieved

Use individual treatment goals to assess response and guide decisions about continuation of treatment.

Some recommendations suggest discontinuation when there is no longer evidence of a therapeutic effect, but patients with moderate or severe Alzheimer's disease may still receive cognitive and functional benefits with continued treatment.

If donepezil is discontinued, reduce over 2-3 weeks if possible. Beneficial effects usually abate gradually, but there may be a rebound effect with abrupt cessation. If this occurs, consider restarting therapy.

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4. New Zealand Formulary donepezil http://nzf.org.nz/nzf_2881 (Accessed 27-11-15)

CLICK HERE FOR FURTHER INFORMATION ON DONEPEZIL AND A FULL REFERENCE LIST

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