

## DONEPEZIL - SAFE PRESCRIBING - DON'T FORGET

- ▶ MAKE SURE YOU HAVE A CLEAR DIAGNOSIS
- ▶ DISCUSS EXPECTATIONS AND TREATMENT GOALS WITH PATIENT AND CAREGIVERS
- ▶ 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

Always consider taking advice from a relevant specialist and ruling out other treatable causes of dementia<sup>1</sup>. In New Zealand, donepezil is registered for the treatment of mild, moderate and severe Alzheimer's disease and vascular dementia<sup>2,3</sup>. Treatment should be always initiated and supervised by a prescriber with appropriate experience in the management of these diseases<sup>1</sup> such as psychogeriatricians, geriatricians, neurologists, or general practitioners with expertise in the management of dementia.

### DISCUSS EXPECTATIONS AND TREATMENT GOALS

Clear and realistic treatment goals and endpoints should be clarified with the patient and their caregivers prior to starting treatment<sup>1</sup>.

The management of dementia is currently focused on symptomatic treatment. Donepezil may help to maintain current skills and abilities, therefore improving quality of life. There is no evidence that any treatment available can prevent the onset or progression of Alzheimer's disease.

There may be some benefit in using donepezil to manage 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. This includes identifying unmet needs, or treating specific causes like infection or depression (eg with antibiotics or antidepressants respectively), prior to considering the use of donepezil<sup>4</sup>.

Psychosocial interventions should be used throughout treatment<sup>5</sup>.

### ONGOING ASSESSMENTS AND GOOD ADHERENCE ARE IMPORTANT

Patient suitability should be considered prior to treatment, such as whether they are able to participate in ongoing assessments of response and be adherent with their medication. The family and caregivers are an important part of this process<sup>1</sup>.

Please note that the benefits of treatment are rapidly lost when treatment is interrupted and may not be fully regained on re-initiation, so good adherence is important.

### START LOW AND GO SLOW

The recommended starting dose is 5mg at night. After one month, if tolerated, increase to 10mg<sup>2</sup>, and assess at three and six months. Further assessments should continue on a six-monthly basis to determine ongoing efficacy and response in respect to the predetermined treatment goals. Discontinue if no clinical benefit is achieved.

If the patient is intolerant of adverse effects (nausea, vomiting, diarrhoea), reduce dose back to 5mg or discontinue<sup>1</sup>. Adverse effects are dose dependent, and the rate of titration may affect the frequency of these<sup>2</sup>. When initiating or increasing the dose, donepezil can cause muscle cramps, dizziness and fatigue; driving ability should be regularly evaluated if the patient is still driving<sup>2</sup>. If treatment has been interrupted for longer than several days, re-initiate with the lowest daily dose<sup>6</sup>.

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### CHECK PULSE AT EACH VISIT

Donepezil is associated with rare incidences of heart block and sinus bradycardia<sup>2</sup>. Routine ECG is not indicated, but the pulse should be checked at baseline, at monthly intervals during titration, and then six-monthly thereafter. If the pulse rate is below 50 bpm, or between 50–60 bpm with symptoms of syncope, it is recommended to withhold donepezil and review the patient to identify the underlying cause of bradycardia. If it is considered to be unrelated to donepezil, or if a pacemaker is subsequently fitted, then consider recommencing donepezil<sup>4</sup>.

Note the incidence of bradycardia is increased in combination with beta blockers, digoxin, amiodarone and calcium channel blockers<sup>1</sup>. Other precautions with donepezil include asthma, COPD, urinary retention, a history of peptic ulcers, and concomitant anticholinergic agents<sup>2</sup>.

### REGULARLY ASSESS COGNITIVE FUNCTION

Baseline assessments of cognitive function, such as the Mini Mental State Examination (MMSE)<sup>7</sup> and activities of daily living, should be carried out and repeated six-monthly to help assess treatment efficacy and disease progression. The decision whether to continue with donepezil should be based on these regular assessments<sup>1,2</sup>.

### CONSIDER RISK/BENEFIT WHEN CHANGING MEDICINE REGIMES

Health professionals may be asked about transferring patients from a non-subsidised acetylcholinesterase inhibitor to Donepezil-Rex<sup>®</sup>. Although there may be cost advantages, the changeover may cause destabilisation and loss of treatment efficacy. Specialist advice should be sought prior to any changes being made<sup>1</sup>.

### REFERENCES:

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