
National Institute for Health and Clinical Excellence

**Donepezil, galantamine, rivastigmine and memantine for the treatment of
Alzheimer's disease (Review of TA 111)**

Royal College of Nursing

Introduction

The Royal College of Nursing (RCN) was invited to review the Appraisal Consultation Document (ACD) for Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease (Review of TA 111)

Nurses caring for patients with Alzheimer's disease reviewed the documents on behalf of the RCN.

Appraisal Consultation Document – RCN Response

The Royal College of Nursing welcomes the opportunity to review this document. The RCN's response to the four questions on which comments were requested is set out below:

i) **Has the relevant evidence has been taken into account?**

The evidence considered seems comprehensive.

ii) **Are the summaries of clinical and cost effectiveness reasonable interpretations of the evidence, and are the preliminary views on the resource impact and implications for the NHS appropriate?**

The summaries of the clinical and cost effectiveness on the use of this health technology seem appropriate.

iii) **Are the provisional recommendations of the Appraisal Committee sound and do they constitute a suitable basis for the preparation of guidance to the NHS?**

The Royal College of Nursing welcomes the recommendations of the Appraisal Committee on the use of these drugs for the treatment of Alzheimer's disease. It is welcome that people in earlier stages of the

disease are now being offered treatment. This decision would be a huge relief for patients and carers of people with Alzheimer's disease for whom early access to these treatments have helped reduce the devastating effect this disease can have on them.

We would, however like to suggest a minor change to recommendation 1.1 (bullet 3rd point) which we believe could have bigger implications for clinical practice. We felt that the clause 'and' should be replaced by 'or' in respect of the guidance for continuation of treatment after monitoring response. The current sentence reads that there should be benefit in cognition, functioning **and** behaviour. We considered that this should be amended to reflect that any symptomatic relief in any of the domains is an important factor and can have a profound effect in improving quality of life for people with dementia and their family and carers.

iv) **Are there any equality related issues that need special consideration that are not covered in the ACD?**

We are not aware of any specific issue at this stage. We would however, ask that any guidance issued should show that equality issues have been considered and that the guidance demonstrates an understanding of issues concerning patients' age, faith, race, gender, disability, cultural and sexuality where appropriate. Guidance on the use of this technology should also be mindful of the impact it may have on reducing socio-economic inequalities.