Aylesbury Vale Clinical Commissioning Group
Bracknell and Ascot Clinical Commissioning Group
Chiltern Clinical Commissioning Group
Newbury and District Clinical Commissioning Group
North and West Reading Clinical Commissioning Group
Oxfordshire Clinical Commissioning Group
South Reading Clinical Commissioning Group
Slough Clinical Commissioning Group
Windsor, Ascot and Maidenhead Clinical Commissioning Group
Wokingham Clinical Commissioning Group

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 134b	**Donepezil, galantamine and rivastigmine for the treatment of dementia and associated with Parkinson's disease or Lewy Bodies**
PCT Clinical Executive Decision	**May 2009**
Date Approved by CCG	**March 2013**
Date of issue:	**May 2009 (including update if appropriate), August 2016 No change to policy**

The South Central Priorities Committees have considered the evidence of clinical and cost-effectiveness of the acetylcholinesterase inhibitors (AChEIs) donepezil, galantamine and rivastigmine in patients with dementia associated with Parkinson's disease (PDD) or Lewy Body Dementia (LBD), and recommend that these drugs should be available as an option to treat patients with dementia associated with Parkinson's disease or dementia with Lewy Bodies if they have non-cognitive symptoms causing significant distress to the individual (for example visual hallucinations).

Other uses of the AChEIs donepezil, galantamine and rivastigmine in patients with PDD or LBD are LOW PRIORITY.

Parkinson's disease dementia (PDD) is diagnosed when dementia develops within the context of established Parkinson's disease – usually at least one year after the appearance of Parkinson's motor symptoms. This is an arbitrary definition, as when dementia occurs, it is usually after many years of Parkinson's disease.

Dementia with Lewy Bodies (LBD) is generally believed to be the second most common cause of degenerative dementia in the elderly, accounting for approximately 15% of dementia cases.

Some clinicians believe that PDD and LBD are part of the same spectrum of disease. Similar pathological changes (Lewy Bodies) are present in the brain, but in PDD these tend to be located in the basal ganglia, whereas in LBD they tend to be distributed through the cortex.

In both PDD and LBD there may be severe non-cognitive symptoms e.g. fluctuations in level of alertness and visual hallucinations.

Donepezil and Galantamine are not currently licensed for the treatment of patients with PDD or LBD. Rivastigmine is licensed for the treatment of patients with mild to moderately severe dementia associated with Parkinson's disease.

Clinical studies show that, for the majority of PDD or LBD patients, AChEIs produce only modest cognitive improvement. There is limited evidence of cost-effectiveness. However, there is evidence of significantly greater clinical benefit in patients with non-cognitive symptoms causing significant distress (e.g. visual hallucinations). This is in keeping with NICE-SCIE Clinical Practice Guideline 42.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE
- **Please check you are using the most recent version of this policy**
- This Policy was recommended to all Thames Valley CCGs. Consult individual CCG websites for date of adoption
- Thames Valley clinical policies can be viewed at http://www.fundingrequests.cscsu.nhs.uk/
- Oxfordshire CCG clinical polices can be viewed at http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/lavender-statements