

## **NICE APPRAISAL OF DONEPEZIL, RIVASTIGMINE, GALANTAMINE AND MEMANTINE FOR THE TREATMENT OF ALZHEIMER'S DISEASE**

### **DEPARTMENT OF HEALTH AND WELSH ASSEMBLY GOVERNMENT COMMENTS ON APPRAISAL CONSULTATION DOCUMENT: FEBRUARY 2006**

**Gateway reference: 6185**

#### **General**

1. At a number of points in the ACD consulted on in 2005, the Committee had acknowledged that there were some concerns around the use of the “cost per QALY approach” in this appraisal. This does not appear to feature in the latest appraisal document. To what extent have the Committee’s previous concerns now been addressed?

#### **Section 1 - summary**

2. Given the lack of licensed treatments for behavioural symptoms of dementia and the potential for significant side effects from other medications commonly used for these symptoms, would NICE consider the possibility of further investigating the potential cost-effectiveness of memantine in treating people with behavioural symptoms of Alzheimer’s disease?

3. We note the distinction that the Appraisal Committee draws between mild and moderate Alzheimer’s Disease **(1.1)**. Is the Committee confident that the evidence robustly supports this distinction, bearing in mind that:

- (a) MMSE scores vary over short periods of time – therefore blurring the divide between mild and moderate dementia; and
- (b) scoring may not be applied consistently by clinicians especially if they are unconvinced of the validity of the mild/moderate distinction?

4. In any event, given the limitations of rigidly applying scores on the MMSE to define eligibility for these medications, would NICE consider rewording their recommendation so that people with language deficits, learning disabilities, and sensory impairments are not disadvantaged, or consider the availability of more clinically based measures to assist in defining severity of disease?”

5. We understand that many professionals consider that better assessments are achieved in people's own homes. Would NICE consider revising its guidance **(1.1.1)** to remove the requirement for diagnosis and assessment to be carried out in a particular setting, as opposed to requiring diagnosis by a specialist memory assessment service which could operate in a community setting?

6. Although the acquisition costs of the cholinesterase inhibitors are clearly an important component in cost-effectiveness **(1.2)**, it is our understanding that there are also differences in adherence to medication regimes, the health service requirements and side effect profile between the medications. Are you content that these factors have been adequately captured in the Committee's deliberations?

**Department of Health  
Welsh Assembly Government  
13<sup>th</sup> February 2006**