NHS
Surrey and Borders Partnership
NHS Foundation Trust

Memantine prescribing guidance for GPs

Treatment with memantine, in addition to an AChE inhibitor, should be considered for people with moderate Alzheimer's disease, and offered to people who have Severe Alzheimer's disease. (1) Examples of when memantine should be considered: when the dementia is significantly impacting on activities of daily living; there are emerging Behavioural and Psychological Symptoms of Dementia (BPSD); or there is increased carer strain due to deterioration of the person's symptoms of dementia.

- The recommended starting dose is 5 mg per day which is increased in steps of 5mg weekly over the first 4 weeks of treatment, until the recommended maintenance dose is achieved.
- It is preferable to prescribe the dose to be taken in the evening (to limit the effect of drowsiness)
- Full prescribing information is available via www.medicines.org.uk

A titration pack is available containing the appropriate strength tablets for the first 4 weeks of treatment.
Alternatively the 10mg tablets can be halved to allow 5mg increments.

Renal impairment - In patients with moderate renal impairment (CrCl 30 – 49 mL/min) the daily dose should be 10 mg per day. If tolerated well after at least 7 days of treatment, the dose could be increased up to 20 mg/day according to the standard titration scheme. In patients with severe renal impairment (CrCl 5 – 29 mL/min) the daily dose should be 10 mg per day.

Hepatic impairment - No adjustment is required for mild or moderate hepatic impairment. Seek specialist advice for prescribing for people with severe impairment.

Information sources - The manufacturer's information leaflet is available via www.medicines.org.uk
Additional information for people taking memantine is available via the Choice and medication website. This website offers information in different formats and languages. (https://www.choiceandmedication.org/sabp/medication/memantine/)

Formulations of memantine other than standard tablets
These formulations are significantly more expensive than the standard tablets.
There is a licensed liquid memantine product available. This is presented either as a pump mechanism; each pumped dose contains 5mg, or an oral solution to be measured in mLs.
Orodispersible and soluble tablets are also licensed in 10mg and 20mg strengths.
Alternatively it is acceptable to crush the tablets well and disperse in water for administration. This would however be "off-label" administration.

Monitoring of treatment - Cognitive, functional and behavioural symptoms can be monitored as part of routine clinical care. It is not necessary to repeat cognitive tests, routinely monitor blood pressure or arrange any haematological monitoring. Refer back those with BPSD symptoms not being managed in primary care. It is appropriate to continue memantine (and acetylcholinesterase inhibitors) into the severe stages of the illness - at the time of end of life care planning or difficulties with swallowing etc it would be appropriate to rationalise and stop these drugs.

(1) Dementia: assessment, management and support for people living with dementia and their carers, NICE guidelines June 2018 (NG97)

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