Is the person taking the medication for one of the following reasons:

**No**
- ChEIs (donepezil, rivastigmine or galantamine):
  - Alzheimer’s disease, dementia of Parkinson’s disease, Lewy body dementia or vascular dementia.

**Yes**
- Memantine:
  - Alzheimer’s disease, dementia of Parkinson’s disease or Lewy body dementia.

Have they been taking the medication for > 12 months

**No**

Do they fulfill one of the following?

- Cognition +/- function significantly worsened over past 6 months (or less, as per individual).
- Sustained decline (in cognition, function +/- behaviour), at a greater rate than previous (after exclusion of other causes).
- No benefit (i.e., no improvement, stabilisation or decreased rate of decline) seen during treatment.
- Severe/end-stage dementia (dependence in most activities of daily living, inability to respond to their environment +/- limited life expectancy).

**Yes**

Recommend trial deprescribing

Strong recommendation from systematic review and GRADE approach

Engage individuals and caregivers determine their values and preferences and discuss potential risks and benefits of continuation and discontinuation.

**No**

Do they fulfill one of the following?

- Decision by a person with dementia/family/carer to discontinue.
- Non-adherence that cannot be resolved.
- Severe agitation/psychomotor restlessness.
- Non-dementia terminal illness.

**Yes**

Recommend trial deprescribing

Practice Point

Taper and then stop

Halve dose (or step down through available dose forms) every 4 weeks to lowest available dose, followed by discontinuation. Plan this in collaboration with the individual/carer and relevant healthcare professionals.

Continue ChEI/memantine

Consult geriatrician, psychiatrist or other healthcare professional if considering other reason for deprescribing.

Conduct close periodic monitoring (e.g. every 4 weeks)

- cognition, function and neuropsychiatric symptoms.
- Consider other causes of changes (e.g. delirium).
**Monitoring during tapering and after discontinuation**

<table>
<thead>
<tr>
<th>Timing of symptoms after dose reduction/discontinuation</th>
<th>Types of symptoms</th>
<th>Action to be taken by family/nurses/care staff</th>
<th>Possible cause*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 week</td>
<td>Severe symptoms, including agitation, aggression, hallucinations or reduced consciousness</td>
<td>Restart previous dose immediately and contact responsible healthcare professional as soon as possible</td>
<td>Adverse drug withdrawal reaction</td>
</tr>
<tr>
<td>2 to 6 weeks</td>
<td>Worsening of cognition, behavioural or psychological symptoms or function</td>
<td>Contact responsible healthcare professional and consider restarting previous dose and/or make an appointment to see responsible healthcare professional at the next available time</td>
<td>Re-emergence of symptoms that were being treated by ChEI/memantine</td>
</tr>
<tr>
<td>6 weeks to 3 months</td>
<td>Worsening of cognition, behavioural or psychological symptoms or function</td>
<td>Contact responsible healthcare professional at the next available time to make an appointment</td>
<td>Likely progression of condition or possible re-emergence of symptoms that were being treated by ChEI/memantine</td>
</tr>
<tr>
<td>&gt; 3 months</td>
<td>Any</td>
<td>As per usual care</td>
<td>Progression of condition</td>
</tr>
</tbody>
</table>

- *Exclude other causes of change in condition (e.g. infection or dehydration) first.
- Discuss monitoring plan with the individual/family/carer and write it down for them (e.g. frequency and type of follow-up). Ensure they have a way to contact a clinician if needed.

**Engaging individuals and family/carers**

**Determining suitability for deprescribing**
- Discuss treatment goals – what do they value the most (cognition, quality of life, remaining independent)?
- Ask about experience with dementia symptoms when treatment started and over last 6 months.
- Ask about side effects.

**Helping the individual and family/carers to make an informed decision**
- Deprescribing is a trial — medication can be restarted if appropriate.
- There are uncertain benefits and harms to both continuing and discontinuing the medication.
- Tailor discussion about benefits and harms to the individual.
- Explore fears and concerns about deprescribing.
- Consider medication costs and local reimbursement/subsidisation criteria.
- If the recommendation to deprescribe is being made due to progression of dementia, remind family/carers that the person with dementia may continue to decline after deprescribing, and explain why.

**Non-pharmacological management and ongoing care after deprescribing**


**ChEI and memantine availability (Australia)**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donepezil (Aricept®, Aridon®, Arazil®)</td>
<td>Tablet – 5mg, 10mg</td>
</tr>
<tr>
<td>Galantamine (Galantyl®, Gamine XR®, Reminyl®)</td>
<td>Controlled release capsule – 8mg, 16mg, 24mg</td>
</tr>
<tr>
<td>Rivastigmine (Exelon®)</td>
<td>Capsule – 1.5mg, 3mg, 4.5mg, 6mg&lt;br&gt;Patch – 4.6mg/24 hours, 9.5mg/24 hours, 13.3mg/24 hours</td>
</tr>
<tr>
<td>Memantine (Ebixa®, Memanxa®)</td>
<td>Tablet – 10mg, 20mg</td>
</tr>
</tbody>
</table>

**ChEI and memantine side effects**
- Common: include gastrointestinal effects, dizziness, confusion, headache, insomnia, agitation, weight loss and falls.
- Rare (ChEI): may include urinary, cardiovascular (e.g. bradycardia), pulmonary and dermatological (e.g. Stevens-Johnson syndrome) complications, Pisa syndrome, seizures, gastrointestinal haemorrhage and rhabdomyolysis.
- Lack of evidence of potential harms in complex older adults.