# Integrated Medication Guidelines for the use of Donepezil, Galantamine, Rivastigmine and Memantine in Alzheimer’s Disease (Single agent prescribing)

## Donepezil, Galantamine, Rivastigmine and Memantine for the treatment of Alzheimer’s Disease

### NOTES to the GP

The information in the integrated medication guideline has been developed in consultation with CCGs in South East London and it has been agreed that it is suitable for shared care.

This document should provide sufficient information to enable you to make an informed decision regarding the clinical and legal responsibility for prescribing **Donepezil, Galantamine, Rivastigmine and Memantine** for the treatment of **Alzheimer’s Disease**.

Prescribing should follow requirements in the South East London Interface Prescribing Policy. **The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use. The patient’s best interests are always paramount.**

The objectives of these guideline include the following:

- Safe Prescribing in Dementia
- Innovative thinking in dementia prescribing and care
- Prioritising patient and carer convenience
- Improving efficiencies and timely access to services
- Supporting primary care colleagues
- Rapid re-entry to services on discharge

These integrated medication guidelines form part of a wider management pathway for patients with Alzheimer’s disease. Healthcare professionals should also ensure that the patient’s social care needs are taken into consideration and that they are referred to local services as and when appropriate.
1- DEMENTIA MEDICATION PATHWAY

GP identifies possible cognitive impairment
Performs simple cognitive assessment and dementia blood screen (see page 3)

Referral to Memory Clinic

Memory Clinic assessment, diagnosis and further management including suitability for dementia medication

Inform GP of AD (or mixed dementia) diagnosis and initiate treatment or request GP initiation of treatment

Where GP starts prescribing medication to contact Memory Clinic with any concerns regarding recommendations

Memory Clinic monitors patient until dose stabilised (3-6 months)

Memory clinic discharges stable patient to GP.

GP continues prescribing dementia medication with 6-12 monthly review
Medication is continued irrespective of cognitive performance¹
If medication appears to be causing problems discontinue or refer back for advice

Any concerns GP calls for advice or refers back to Memory Clinic

Memory Clinic prioritises re-assessment within 2-4 weeks

South East London Shared Care Prescribing Guideline for Donepezil, Galantamine, Rivastigmine and Memantine for treatment of Alzheimer’s Disease

Date approved: February 2017 Review date: February 2020 (or sooner if evidence or practice changes)

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2. AREAS OF RESPONSIBILITY

Memory Clinic Consultant / Specialist team responsibilities

Investigations, assessments and blood tests
1. Confirm diagnosis & communicate cognitive score to the GP. The sMMSE, ACE or other validated tools may be appropriate.
2. Specialist assessment:
   - Tests of cognitive domain
   - Clinical evaluation of non-cognitive domains (e.g. hallucinations, delusions, agitation, behaviour that challenges)
   - Assessment of activities of daily living (ADLs)
   - Assessment of global function
   - Likely compliance with treatment before drug is prescribed.
   - The main therapeutic targets should be confirmed (Cognition, Psychosis, Behaviour that challenges, ADL)
3. When clinically appropriate request CT or MRI brain scan.

Supporting adherence and ongoing treatment
4. Discuss medication options with patient/carer and provide patient information leaflet (PIL) for drug prescribed.
5. Identify a carer who will undertake monitoring of adherence.
6. Seek agreement that treatment will be stopped if there are adverse effects.
7. Check for interactions with other medicines
8. Contact GP with plan or recommendation to initiate drug treatment.
9. Continue monitoring until patient stabilised on medication at optimum dose.
10. Review treatment at month one and again at month three before discharging patient to GP.
11. Seek carer’s views on patient’s condition at baseline & follow-up.

Adverse effects and deterioration
12. Stop treatment if any of the following occur:
   - Poor concordance
   - Major adverse effects
   - Patient asks to stop
13. Report serious adverse effects to the MHRA via ‘yellow card system’.
14. Advise patient/carer on future care (for patient in their own home or nursing home) in situations where patient needs further care support.

Other
15. If patient is prescribed concomitant antipsychotics, ensure indication (and preferably duration) is communicated to GP.
16. Review medication and cognitive burden with advice to GP
17. Patients discharged to have easy and timely access back in to Memory Clinic/ alternative mental health service.

General Practitioner responsibilities

Before referral:
1. Confirm history of cognitive decline from patient or independent informant.
2. Simple initial cognitive assessment
3. Initial dementia blood screening (HbA1c, FBC, U&E, Bone profile, B12, folate, TFTs, LFTs, CRP - HIV and syphilis if indicated)
4. Urinalysis, BP & heart rate.
5. Consider performing ECG if a cardiac caution to cholinesterase inhibitor treatment is suspected (e.g. sick sinus syndrome or other supraventricular conduction abnormalities); or where indicated. Use community ECG hub if available.
6. Ensure that the patient’s social care needs are taken into consideration and that they are referred to local

South East London Area Prescribing Committee. A partnership between NHS organisations in South East London: Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark Clinical Commissioning Groups (CCGs) and GSTFT/KCH /SLAM/ & Oxleas NHS Foundation Trusts/Lewisham & Greenwich NHS Trust
services as and when appropriate.

**After confirmation of diagnosis by Memory Clinic:**

1. Initiate medication as recommended or continue prescribing treatment.
2. Check for interactions with other medicines
3. Highlight the importance of adherence to treatment.
4. Support & educate patients/carers

**Monitoring of adverse effects and deterioration:**

12. Monitor for adverse effects and report any serious reactions to the MHRA via the ‘yellow card system’.
13. Call Memory Clinic for any concerns regarding memory or dementia medication.
14. Refer back to Memory Clinic if reassessment is required.
15. Stop treatment if urgent need arises.
16. If patient is prescribed concomitant antipsychotic drugs – ensure clear indication and duration of therapy is documented and ensure 3 monthly review of antipsychotic.

**Other**

17. Ensure patient is on the QOF dementia register.

### Patient's / Carer's responsibilities

- Ensure adverse effects, deterioration and response to medicines is reported to Mental Health Team/ consultant and GP
- Report any changes in disease symptoms to the GP or specialist.
- Take medicines as agreed and do not share medicines.

### Test Results/ Investigations

Results of all tests and investigations should be copied by/ to both consultant and GP.

### 3. CLINICAL INFORMATION

**NOTE:** The information here is not exhaustive. Please also consult the current Summary of Product Characteristics (SPC) for Donepezil, Galantamine, Rivastigmine or Memantine prior to prescribing for up to date prescribing information, including detailed information on adverse effects, drug interactions, cautions and contraindications (available via www.medicines.org.uk)

**Indication(s)**

Acetylcholinesterase inhibitors are licensed for the treatment of people with Alzheimer’s Disease of mild to moderate severity (and treatment of Parkinson’s Disease Dementia with rivastigmine only). Memantine is licensed for the treatment of moderate to severe Alzheimer’s disease

**Place in Therapy**

Acetylcholinesterase inhibitors (donepezil) for the 1st line treatment of people with Alzheimer’s Disease of mild to moderate severity (and treatment of Parkinson’s Disease Dementia with rivastigmine only). Memantine for severe illness or for moderate illness where acetylcholinesterase inhibitors have not been tolerated.

### Dose & route of administration

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dosing</th>
<th>Titration week and dose (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Donepezil (tablets, orodispersible tablets, oral solution)</td>
<td>Daily (oral)</td>
<td>5mg</td>
</tr>
<tr>
<td>Galantamine (modified release capsules)</td>
<td>Daily (oral)</td>
<td>8mg</td>
</tr>
<tr>
<td>Galantamine (tablets, oral solution- use Reminyl brand oral solution as cheaper)</td>
<td>Twice daily (oral)</td>
<td>4mg</td>
</tr>
<tr>
<td>Rivastigmine (oral capsules, oral solution)</td>
<td>Twice daily (oral)</td>
<td>1.5mg</td>
</tr>
<tr>
<td>Rivastigmine (patch)</td>
<td>Daily (clean dry skin)</td>
<td>4.6mg/ 24hrs</td>
</tr>
<tr>
<td>Memantine (scored tablets, oral solution)</td>
<td>Daily (oral)</td>
<td>5mg</td>
</tr>
</tbody>
</table>
Duration of treatment

Medication is continued even with evidence of cognitive decline so long as it is tolerated and patient is able to take it regularly.

Criteria for stopping treatment and how to stop

If a patient does not tolerate one Acetylcholinesterase inhibitor (e.g. due to diarrhoea), it may be reasonable to try another acetylcholinesterase inhibitor (see SPC for full details) prior to changing to memantine.

Stop treatment if any of the following occur:
- Poor concordance
- Major adverse effects
- Patient asks to stop

If stopping treatment, a gradual withdrawal over 1-4 weeks (depending on drug, preparation and dose) is suggested where possible. Keep the patient under regular review. If serious adverse effects occur, stop immediately. Contact specialist or Medicines Information for advice if needed.

Monitoring Requirements including frequency

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Frequency of monitoring</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini Mental State Examination (sMMSE) / global, functional and behavioural assessment</td>
<td>At diagnosis and review within three-six months after commencing treatment (specialist).</td>
<td>Continue acetylcholinesterase inhibitor (AChEI) treatment unless medication not tolerated. Continue prescribing even where an sMMSE is less than 10, particularly where the medication is tolerated and the score does not represent severe dementia, e.g. patients with learning difficulties, speech problems or where English is not the first language.</td>
</tr>
<tr>
<td>Heart rate (HR)</td>
<td>By primary or secondary care before starting treatment and then as and when clinically indicated and annually during a patient medication review.</td>
<td>If HR is less than 50bpm do not initiate AChEI. If AChEI associated bradycardia occurs (less than 50bpm) stop treatment. Cardiology assessment/ opinion may be required.</td>
</tr>
<tr>
<td>Blood Pressure (BP)</td>
<td>By primary or secondary care before starting treatment and then as and when clinically indicated and annually during a patient medication review.</td>
<td>Review medication, adjust dose (consider discontinuing) and refer to secondary care for advice if: (a) syncope occurs (donepezil and galantamine) or (b) hypertension occurs (galantamine and memantine)</td>
</tr>
<tr>
<td>ECG (in patients with cardiac history)</td>
<td>By primary or secondary care before initiation of treatment where there are suspected cardiac cautions (e.g. sick sinus syndrome or other supraventricular conduction abnormalities); or where indicated. Where there is access to a community hub refer there for ECG.</td>
<td>If ECG abnormal, suitability for dementia medication will be considered in secondary care. Cardiac re-assessment/ opinion may be required.</td>
</tr>
<tr>
<td>Renal and liver function</td>
<td>By GP before starting treatment.</td>
<td>If deterioration in renal or liver function, follow recommendation for individual medicine. Liaise with specialist if required.</td>
</tr>
<tr>
<td>Side effects</td>
<td>Review regularly at start of treatment by specialist and GP. By GP annually, or as requested by patient/carer by appointment.</td>
<td>Persist with treatment if mild side effects are experienced during initiation or up-titration of treatment. Stop treatment if severe persistent gastro-intestinal side effects and refer to Memory Clinic specialist. Serious side effects should be reported to the MHRA through the yellow card scheme (yellowcard.mhra.gov.uk)</td>
</tr>
</tbody>
</table>

NB Teams will work together to make sure tests and monitoring are done in a patient-centred way.
### Summary of Adverse Effects

Reminder: this list is not exhaustive - for full details of adverse effects and all potential drug interactions refer to latest Summary of Product Characteristics (SPC) for the drug, available via www.medicines.org.uk.

<table>
<thead>
<tr>
<th>Adverse effect</th>
<th>Frequency</th>
<th>Management</th>
</tr>
</thead>
</table>
| **Acetylcholinesterase inhibitors** (See Summary of Product Characteristics (SPC) for full list or BNF) |           | Very common: >1/10  
Common: >1/100, <1/10  
Uncommon: >1/1000, <1/100  
Rare: >1/10,000, <1/1000 |           | Generally mild and transient and disappear within a few days of treatment. Can be minimised by taking drug after food. If symptoms persist discuss with/refer to specialist who may reduce dose or try an alternative acetylcholinesterase inhibitor or switch to memantine. |
| Gastro-intestinal symptoms (incl. anorexia, nausea, vomiting, diarrhoea)     | Very common | | |
| Headache, fatigue, dizziness and muscle cramps                               | Common    | Generally mild & transient. The ability of the patient to continue driving or operating complex machinery should be evaluated. Consult specialist if problematic for the patient. May need dose reduction/discontinuation. |
| Agitation, confusion, insomnia, abnormal dreams and nightmares                | Common    | Consult specialist if problematic for the patient. May need dose reduction/discontinuation. |
| Syncope                                                                       | Common    | Consult specialist. May need dose reduction/discontinuation. In investigating seizures, the possibility of heart block or long sinusual pauses should be considered. |
| Bradycardia                                                                   | Common/Uncommon | Seek urgent review. Stop treatment and consult specialist. Caution in “sick sinus syndrome”, sinoatrial or atrioventricular block or concomitant treatment with digoxin or beta-blockers. |
| May enhance predisposition to peptic ulceration                               | Uncommon/rare | Care with active or predisposition to gastric or duodenal ulcers. Consult specialist to consider discontinuation of treatment. Patient should be regularly monitored for symptoms. |
| May lower seizure threshold                                                   | Uncommon/rare | Extreme caution in epilepsy. Review treatment with specialist if seizures develop as may be caused by underlying disease. The possibility of heart block or long sinusual pauses should be considered. |
| May cause bronchoconstriction                                                 | No data available | Caution in COPD or asthma, consult specialist to review treatment. |
| May exacerbate bladder outflow problems                                       | No data available | Caution if history of prostatic conditions, urinary retention. (Avoid galantamine in urinary retention or post bladder surgery). |
| Hepatic impairment                                                            | No data available | Avoid in severe impairment, caution in mild/moderate impairment. See BNF guidance for each drug and seek advice from consultant hepatologist. |
| Renal impairment (galantamine, rivastigmine)                                  | No data available | Avoid in severe impairment (except donepezil which is not affected by renal impairment). Caution in mild/moderate impairment. See BNF guidance for each drug and seek advice from consultant nephrologist. |
South East London Shared Care Prescribing Guideline for Donepezil, Galantamine, Rivastigmine and Memantine for treatment of Alzheimer’s Disease

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### Memantine

(See [Summary of Product Characteristics (SPC) for full list or BNF](#))

<table>
<thead>
<tr>
<th>Side Effect</th>
<th>Frequency</th>
<th>Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somnolence</td>
<td>Common</td>
<td>The ability of the patient to continue driving or operating complex machinery should be evaluated. Consult specialist if problematic for the patient.</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Common</td>
<td>Caution in those with uncontrolled hypertension or cardiac disease. Review treatment with a specialist if this develops. May need dose reduction/discontinuation</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Common</td>
<td>Caution in those with COPD or asthma, consult specialist to review treatment.</td>
</tr>
<tr>
<td>Dyspnoea</td>
<td>Common</td>
<td>Refer back to specialist if severe or is not self limiting.</td>
</tr>
<tr>
<td>Constipation</td>
<td>Common</td>
<td>Refer back to specialist if severe or is not self limiting.</td>
</tr>
<tr>
<td>Headache</td>
<td>Common</td>
<td>Refer back to specialist if severe or is not self limiting.</td>
</tr>
<tr>
<td>Elevated liver function test</td>
<td>Common</td>
<td>Refer back to specialist for review.</td>
</tr>
<tr>
<td>Drug hypersensitivity</td>
<td>Common</td>
<td>Stop and refer back to specialist</td>
</tr>
<tr>
<td>Fungal infections</td>
<td>Uncommon</td>
<td>Refer back to specialist if severe.</td>
</tr>
<tr>
<td>Gait abnormal</td>
<td>Uncommon</td>
<td>Refer back to specialist if severe.</td>
</tr>
<tr>
<td>Venous thrombosis/thromboembolism</td>
<td>Uncommon</td>
<td>Refer for treatment of VTE, and review memantine with a specialist.</td>
</tr>
<tr>
<td>Confusion, hallucinations, psychosis, fatigue</td>
<td>Uncommon</td>
<td>Refer back to specialist for review.</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td>Unknown</td>
<td>Stop if severe, refer back to specialist.</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Uncommon</td>
<td>Stop if severe, refer back to specialist.</td>
</tr>
<tr>
<td>Cardiac failure</td>
<td>Uncommon</td>
<td>Stop and refer back to specialist.</td>
</tr>
<tr>
<td>May lower seizure threshold</td>
<td>Very rare</td>
<td>Extreme caution in epilepsy. Review treatment with specialist if seizures develop as may be caused by underlying disease.</td>
</tr>
<tr>
<td>Hepatic impairment</td>
<td>No data available</td>
<td>Avoid in severe impairment. Stop treatment and consult hepatologist.</td>
</tr>
<tr>
<td>Renal impairment</td>
<td>No data available</td>
<td>See BNF guidance: Avoid if eGFR &lt;5mL/min/1.73m²; reduce dose to 10mg/day if eGFR 5-29mL/min/1.73m²; reduce dose to 10mg/day if eGFR 30-49mL/min/1.73m² and if well tolerated after 7 days increase to 20mg in 5mg steps.</td>
</tr>
</tbody>
</table>

### Drug-drug interactions

<table>
<thead>
<tr>
<th>Drug</th>
<th>Metabolism</th>
<th>Plasma levels increased by</th>
<th>Plasma levels decreased by</th>
<th>Pharmacodynamic interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donepezil (Aricept®)</td>
<td>Substrate at 3A4 and 2D6</td>
<td>Ketoconazole, Itraconazole, Erythromycin, Quinidine, Fluoxetine</td>
<td>Rifampicin, Phenytoin, Carbamazepine, Alcohol</td>
<td>Antagonistic with anticholinergic drugs. Potential for synergistic activity with cholinomimetics such as neuromuscular blocking agents (e.g. succinylcholine), cholinergic agonists and peripherally acting cholinesterase inhibitors eg neostigmine. Beta blockers, amiodarone or calcium channel blockers may have additive effects on cardiac conduction.</td>
</tr>
<tr>
<td>Rivastigmine (Exelon®)</td>
<td>Non-hepatic metabolism</td>
<td>Metabolic interactions appear unlikely.</td>
<td>Rivastigmine may inhibit the butyryl-cholinesterase mediated metabolism of other substances e.g. cocaine.</td>
<td>Antagonistic effects with anticholinergic and additive effects cholinomimetic drugs, succinylcholine - type muscle relaxants, cholinergic agonists (e.g. bethanecol) or peripherally acting cholinesterase inhibitors eg neostigmine. Synergistic effects on cardiac conduction with beta blockers, amiodarone, calcium channel blockers.</td>
</tr>
</tbody>
</table>
Drug-drug interactions cont’d

<table>
<thead>
<tr>
<th>Drug</th>
<th>Metabolism</th>
<th>Plasma levels increased by</th>
<th>Plasma levels decreased by</th>
<th>Pharmacodynamic interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Galantamine</td>
<td>Substrate at 3A4 and 2D6</td>
<td>Ketoconazole Erythromycin Ritonavir Quinidine Paroxetine Fluoxetine Fluvoxamine Amitriptyline</td>
<td>None known</td>
<td>Antagonistic effects with anticholinergic and additive effects with cholinomimetics, succinylcholine - type muscle relaxants, cholinergic agonists and peripherally acting cholinesterase inhibitors eg neostigmine. Possible interaction with agents that significantly reduce heart rate e.g. digoxin, β blockers, certain calcium-channel blockers and amiodarone. Caution with agents that can cause torsades de pointes (manufacturers recommend ECG in such cases).</td>
</tr>
<tr>
<td>Memantine</td>
<td>Primarily non-hepatic metabolism Renally eliminated</td>
<td>Cimetidine Ranitidine Procainamide Quinidine Quinine Nicotine</td>
<td>None known</td>
<td>Effects of L-dopa, dopaminergic agonists and anticholinergics may be enhanced. Effects of barbiturates and neuroleptics may be reduced. Avoid concomitant use with amantadine, ketamine and dextromethorphan - risk of pharmaco-toxic psychosis. Published case report on possible risk for phenytoin and memantine combination Dosage adjustment may be necessary for antispasmodic agents, dantrolene or baclofen when administered with memantine.</td>
</tr>
</tbody>
</table>

NB - This list is not exhaustive - caution with other drugs that are also inhibitors or enhancers of CYP 3A4 and 2D6 enzymes

Information provided to the patient

Patient information leaflets (from NHS Choices)  
- NHS Choices Dementia  
- NHS Choices donepezil  
- NHS Choices galantamine  
- NHS Choices rivastigmine  
- NHS Choices memantine

Patient information leaflets for specific medicines available at [www.medicines.org.uk/leaflets](http://www.medicines.org.uk/leaflets)

Evidence Base for treatment and key references

1. NICE Clinical Guideline 42, Dementia: supporting people with dementia and their carers in health and social care (updated September 2016)
4. COMMUNICATION AND SUPPORT

### Memory Services

<table>
<thead>
<tr>
<th>Southwark &amp; Lambeth Memory Service (SLMS)</th>
<th>Bexley Memory Service</th>
<th>Bromley Memory Service</th>
<th>Greenwich Memory Service</th>
<th>Lewisham Memory Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>151 Blackfriars Road, London SE1 8EL</td>
<td>Bexleyheath Centre 4 Emerton Close, DA6 8DX</td>
<td>Bridgeways, Turpington Lane, BR2 8JA</td>
<td>Memorial Hospital Shooters Hill, SE18 3RZ</td>
<td>91 Granville Park, Lewisham, SE13 7DW</td>
</tr>
<tr>
<td>Tel: 020 3228 0570 <a href="mailto:slmsreferrals@slam.nhs.uk">slmsreferrals@slam.nhs.uk</a></td>
<td>Tel: 020 8301 7900 Fax:020 8301 7926</td>
<td>Tel: 020 8629 4900 Fax:020 8462 3183</td>
<td>Tel: 020 8836 8519 Fax:020 8836 8862</td>
<td>Tel: 020 3228 0939 Fax:020 3228 0933</td>
</tr>
</tbody>
</table>

### Consultant/specialist team

- **South London and Maudsley (SLAM)**
  - Dr Justin Sauer, Consultant Psychiatrist
  - Tel: 0203 228 1640
  - Email: Justin.sauer@slam.nhs.uk

- **Medication-Prescribing advice, interactions etc**
  - Delia Bishara, Consultant Pharmacist, MHOA
  - Tel: 020 3228 1642/ 1621
  - Email: delia.bishara@slam.nhs.uk (Tue, Thu & Fri)

### Medicines Information

- Tel: 020 3228 2317

### Oxleas NHS Foundation Trust

- Carol Paton
  - Chief Pharmacist
  - Oxleas NHS Foundation Trust
  - Tel: 01322 917053

### Medicines information:

- 01322 625002 or oxl-tr.medicinesinfo@nhs.net

### Links and Referral Options to other Services

These integrated medication guidelines form part of a wider management pathway for patients with Alzheimer’s disease. Healthcare professionals should also ensure that the patient’s social care needs are taken into consideration and that they are referred to local services as and when appropriate.

- **Social services:** Lambeth Duty phone : 0207 9265555
  - Southwark Duty phone: 0207 5253324

- **Alzheimer’s Society:**
  - Tel: 0207 7355850 southwarkandlambeth@alzheimers.org.uk
  - You can request a dementia advisor at the society branch who can signpost and organise peer support, carer support and advice

- **Age UK :**
  - [http://www.ageuk.org.uk/lewishamandsouthwark/](http://www.ageuk.org.uk/lewishamandsouthwark/)
  - Ring 0207 346 6800 Lambeth
  - Ring 0207 701 9700 Southwark

- **National dementia helpline:** 0300 222 1122 can provide information, support, guidance and signposting to other appropriate organisations. The Helpline is usually open from:
  - 9am - 8pm Monday to Wednesday
  - 9am - 5pm on Thursday and Friday
  - 10am - 4pm on Saturday and Sunday

- **Link to Bromley dementia support hub:** [https://www.bromleydementiasupporthub.org.uk/](https://www.bromleydementiasupporthub.org.uk/)