**Questionnaire**

1. Do you prescribe Acetylcholinesterase inhibitors?

Yes No

1. How long have you been working in Old Age Psychiatry?

* 0-1 years
* 1-5 years
* 5-10 years
* > 10 years

1. Amongst the three compounds available is there a particular drug which is more widely used in your local practice?

Yes No

1. If you have said ‘Yes’ to question 3, please specify the name of the drug?
2. If you have said ‘Yes’ to question 3, please explain why?

* Clinical preference
* Local procurement/ prescribing policy
* Other (please specify)

Page 1 of 3

1. Up until now in what circumstances would you have considered stopping this medication?

(Tick all that apply)

* Never
* Side Effects
* Cognitive Decline evidenced by information from carers
* MMSE score less than 10
* Entered Institutional Care
* Medical admission/ Physical Decline
* Other (please specify)

1. Up until now has your practice been to consider Memantine after stopping Acetylcholinestearse Inhibitors?

Yes No

1. If you have said ‘yes’ to the previous question , please explain why you considered stopping Acetylcholiesterase Inhibitor in the first place?

* Treatment Failure
* Side effects of Acetylcholiesterase Inhibitors
* Target symptoms deemed more suitable for Memantine
* Other (please specify)

1. Have you ever used Memantine and Acetylcholiesterase Inhibitor together?

Yes No

1. Regardless of your answer to the previous questions will your future practice regarding prescription of Acetylcholiesterase Inhibitors and/or Memantine change in the light of recent evidence published in the DOMINO-AD study, suggesting benefit of continuing Acetylcholiesterase Inhibitors in the severe stages of Alzheimer’s disease?

( Howard R et al, Donepezil and Memantine for moderate to severe Alzheimer’s Disease, N Engl J Med 2012:366,893-903)

Yes No

Page 2 of 3

1. If you have said ‘yes’ to the previous question please explain how?
2. In your locality do you have a shared care agreement covering responsibilities for prescribing and monitoring anti-dementia drugs across primary and secondary care?

Yes No

1. If you have said ‘yes’ to the previous question, are the circumstances of stopping anti-dementia medication outlined in the agreement as a guidance for GPs?

Yes No

1. Do you anticipate your prescribing of anti-dementia medication to change with the advent of generic alternatives?

Yes No

1. If you have said ‘yes’ to the previous question please explain how?

Page 3 of 3