

The National Institute for Clinical Excellence's recent guidance recommends when and how cholinesterase inhibitors can be prescribed (see box). These guidelines are sensible and will facilitate equitable availability for patients with mild to moderate Alzheimer's disease across the United Kingdom while providing structure for clinical practice which requires standardised monitoring of progress and discontinuation of treatment in the absence of benefit. Nevertheless, it may be hard to observe the guidance's recommendation not to prescribe these agents to patients when their mini-mental state examination score falls below 12—that is, when they enter a more severe stage of illness.

Preliminary evidence indicates that these agents may have value in other dementias, such as dementia with Lewy bodies, and for people with severe dementia and psychiatric and behavioural problems, though the evidence is as yet inadequate for a clear treatment recommendation. We support the institute's view that these are priority areas for further research, as are rigorous studies to determine whether cholinesterase inhibitors can modify the course of disease. However, the wider availability of these drugs will make research into the latter difficult if not impossible.

The wider availability of these treatments will probably have other benefits. Early referral of patients will no longer be seen as pointless, and this may lead to a paradigm shift from care towards treatment. The guidance recognises this by emphasising that secondary care services, particularly memory clinics, need to be developed, though expansion of services needs to be in line with evidence of effectiveness. Although only the first step in the development of treatment for dementia, these drugs have led to a new mood of optimism about the management and future prospects for this devastating illness.

John T O'Brien *professor of old age psychiatry*

(j.t.o'brien@ncl.ac.uk)

Clive G Ballard *professor of old age psychiatry*

(c.g.ballard@ncl.ac.uk)

Institute for the Health of the Elderly, Wolfson Research Centre, Newcastle General Hospital, Newcastle upon Tyne NE4 6BE

JOB and CB were external experts to the NICE appraisal determination and both have accepted hospitality and honoraria for lectures from Novartis, Pfizer, Shire, and Janssen. JOB is on advisory boards for Janssen and Pfizer, CB for Novartis and Shire.

- Hofman A, Rocca WA, Brayne C, Breteler MM, Clarke M, Cooper B, et al. The prevalence of dementia in Europe: a collaborative study of 1980-1990 findings. Eurodem Prevalence Research Group. *Int J Epidemiol* 1991;20:736-48.
- Cognitive function and dementia in six areas of England and Wales: the distribution of MMSE and prevalence of GMS organicity level in the MRC CFA Study. The Medical Research Council Cognitive Function and Ageing Study (MRC CFAS). *Psychol Med* 1998;28:319-35.
- Audit Commission. *Forget me not*. Portsmouth: Holbrooks, 2000.
- Perry EK, Tomlinson BE, Blessed G, Bergmann K, Gibson PH, Perry RH. Correlation of cholinergic abnormalities with senile plaques and mental test scores in senile dementia. *BMJ* 1978;ii:1457-9.
- Rogers SL, Farlow MR, Doody RS, Mohs R, Friedhoff LT. A 24-week, double-blind, placebo-controlled trial of donepezil in patients with Alzheimer's disease. Donepezil Study Group. *Neurology* 1998;50:136-45.
- Corey-Bloom J, Anand R, Veach J. A randomised trial evaluating the efficacy and safety of ENA 713 (rivastigmine tartrate), a new acetylcholinesterase inhibitor, in patients with mild to moderately severe Alzheimer's disease. *Int J Geriatric Psychopharmacol* 1998;1:55-65.
- Rosler M, Anand R, Cicin-Sain A, Gauthier S, Agid Y, Dal-Bianco P, et al. Efficacy and safety of rivastigmine in patients with Alzheimer's disease: international randomised controlled trial. *BMJ* 1999;318:633-8.
- Raskind MA, Peskind ER, Wessel T, Yuan W. Galantamine in AD: A 6-month randomized, placebo-controlled trial with a 6-month extension. The Galantamine USA-1 Study Group. *Neurology* 2000;54:2261-8.
- Tariot PN, Solomon PR, Morris JC, Kershaw P, Lilienfeld S, Ding C. A 5-month, randomized, placebo-controlled trial of galantamine in AD. The Galantamine USA-10 Study Group. *Neurology* 2000;54:2269-76.
- Matthews H, Korbey J, Wilkinson D, Rowden J. Donepezil in Alzheimer's disease—eighteen months results from Southampton Memory Clinic. *Int J Geriatric Psychiatry* (in press).
- Allen H. Anti-dementia drugs [editorial]. *Int J Geriatric Psychiatry* 1999;14:239-43.
- Whitehouse PJ, Winblad B, Shostak D, Bhattacharjya A, Brod M, Brodaty H, et al. First International Pharmacoeconomic Conference on Alzheimer's Disease: report and summary. *Alzheimer Disease and Associated Disorders* 1998;12:266-80.

## BMJ Christmas revue

*Send us your sketches, songs, ravings, and suggestions on saving the NHS*

Last year we held the first ever *BMJ* Christmas revue, and it was a huge success. Phil Hammond, the compere, was on devastating form, teasing mercilessly a cabinet minister who was brave enough to turn up. Many of the sketches were both witty and acutely observed: the word revalidation will forever make me think of a faltering pianist being hit with a frying pan. The singing was brilliant, the dancing irrepressible, and the band funky. The pace hardly faltered, and we all had a great time. So we've decided to do it again. This year's revue will be on Wednesday 28 November at the Conway Hall, Red Lion Square, London WC1.

We've also decided—at Phil's suggestion—to experiment with a theme. Copied from Labour's ludicrous slogan from the last but one election it's "48 minutes to save the NHS." But songs and stumps are still fine: indeed, they may be the best way to save the NHS. We would like you to send us your contributions, which should not be longer than five minutes, by the end of

September.\* You might send us words on paper, audiotapes, or videotapes. You can even send us single sentences on ideas to save the NHS: Phil will then weave them into his badinage. Last year we offered everybody who submitted something a five minute slot, and most accepted. This year we may well have to be more selective. We'll supply Phil, a highly adaptable band, lights, sound systems, a stage manager, and the day to rehearse. You supply the talent. And Phil is pitching the idea on "48 minutes to save the NHS" to Radio 4. So this could be your big break.

Richard Smith *editor, BMJ*

\*Please send contributions to: Mrs Gaby Shockley, BMJ, BMA House, Tavistock Square, London WC1H 9JR.

We ask all editorial writers to sign a declaration of competing interests (bmj.com/guides/confli.shtml#aut). We print the interests only when there are some. When none are shown, the authors have ticked the "None declared" box.

BMJ 2001;323:124