The article gives an insight of the effectiveness of Cholinesterase on the treatment of the Alzheimer’s condition or dementia. The effectiveness is assessed on the basis of cost effectiveness and clinical evidence. The article states that so far the data collected on the quality of life improvement and on economic viability on the effectiveness of the drug is inadequate to draw conclusions from, health economists have therefore be forced to create effectiveness models for prediction on the effectiveness of cholinesterase, Sharpd, Sorensesc & Ballarda (2007).

Clinical evidence, evidence from people with the condition and their caregivers however indicate that the cholinesterase inhibitors should be administered to people with mild dementia whose score in the health utility index is more than 12 points. This conclusion was made by the NICE from empirical data collected from manufacturers, the UK department of health and patients having with the condition. NICE recommends the three cholinesterase inhibitors to be administered to mild occurrences of dementia, problems of ascertaining the mild and severe symptoms of the condition however abound.

The recommendation of the NICE is however unwarranted because it is based on many assumptions because of the lack of adequate data to draw conclusions on the usage of the drug. The recommendation ignores the costs of concurrent medications which will be incurred; the data from the care givers was also not given the preference it deserves in drawing the conclusions; NICE however based its recommendations on multiple inadequacies presented by the Alzheimer’s condition, for example the quality of life of the patients can not be established, this makes it even more difficult to ascertain the effectiveness of the drug.

The HUI scale used by NICE has six scales; pain, emotion, cognition, sensation, fertility,
mobility and self-care. These scares except self care and cognition are not related to dementia. Using this scale to make recommendations on the appropriate drugs was therefore inefficient. The scale has not been recommended by medical experts for use with the Alzheimer’s disease too. 68% of the patients who have tried the ant cholinesterase drugs have portrayed improvement too. This contradicts the recommendations of NICE too. More evidence is therefore necessary in drawing the right recommendations on the effectiveness of the Cholinesterase inhibitors in the treatment of the condition.

The recommendations should be drawn from evidence gotten from medical experts, caregivers, and patients of dementia, the NICE recommendations have been drawn from inadequate data and therefore its effectiveness is in high doubt. According to the NICE recommendations 2001, people with mild Alzheimer’s condition are denied access to drugs when they value them the most. This is considered unethical in the practice of medicine.

In depth empirical research therefore needs to be done with urgency to establish the truths about dementia from the assumptions so that knowledgeable assistance can be provided to the patients. The NICE 2006 recommendations are in contradiction with data from caregivers, medical experts and patients of dementia, the model of NICE is majorly created from the economist’s point of view, O’Brien (2006).

References


