G.7.3.4 Dementia with Lewy bodies – memantine

DLB – memantine vs. placebo: adverse events

Quality assessment						No of patients		Effect		Quality
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Memantine	Placebo	Relative (95% CI)	Absolute (95% CI)	
Any adverse events (probability of experiencing ≥1; follow-up 24 weeks)										
1[1]	RCT	not serious	N/A	not serious	serious[2]	18/34 (52.9%)	17/41 (41.5%)	RR 1.28 (0.79 to 2.07)	116 more per 1000 (from 87 fewer to 444 more)	⊕⊕⊕O MODERATE
Serious adverse events (probability of experiencing ≥1; follow-up 24 weeks)										
1[1]	RCT	not serious	N/A	not serious	very serious[2,3]	6/34 (17.6%)	3/41 (7.3%)	RR 2.41 (0.65 to 8.93)	103 more per 1000 (from 26 fewer to 580 more)	⊕⊕OO LOW
Adverse events requiring treatment withdrawal (probability of experiencing; follow-up 24 weeks)										
1[1]	RCT	not serious	N/A	not serious	very serious[2,3]	5/34 (14.7%)	7/41 (17.1%)	RR 0.86 (0.3 to 2.47)	24 fewer per 1000 (from 120 fewer to 251 more)	⊕⊕OO LOW

[1] Emre 2010; data reported for DLB population only; study also included people with PDD
[2] At a 95% confidence level, data are consistent with appreciable harm, appreciable benefit or no difference
[3] Very small numbers of events

DLB – memantine vs. placebo: cognitive outcomes

Quality assessment	No of patients	Effect	Quality

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Memantine	Placebo	Mean difference (95% CI)	
Clock drawing test (follow-up 24 weeks; range of scores: 0-10; higher is better)									
1[1]	RCT	not serious	N/A	not serious	serious[2]	33	43	1.3 higher (0.51 lower to 3.11 higher)	⊕⊕⊕O MODERATE

[1] Emre 2010; data reported for DLB population only; study also included people with PDD
[2] At a 95% confidence level, data are consistent with appreciable benefit, appreciable harm or no difference

DLB – memantine vs. placebo: global assessment

Quality assessment						No of patients		Effect	Quality
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Memantine	Placebo	Mean difference (95% CI)	
ADCS-CGIC (follow-up 24 weeks; lower is better)									
1[1]	RCT	not serious	N/A	not serious	serious[2]	33	41	0.6 lower (1.22 lower to 0.02 higher)	⊕⊕⊕O MODERATE

[1] Emre 2010; data reported for DLB population only; study also included people with PDD
[2] At a 95% confidence level, data are consistent with appreciable benefit, appreciable harm or no difference

DLB – memantine vs. placebo: activities of daily living

Quality assessment						No of patients		Effect	Quality
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Memantine	Placebo	Mean difference (95% CI)	
ADCS-ADL (follow-up 24 weeks; range of scores: 0-78; higher is better)									
1[1]	RCT	not serious	N/A	not serious	serious[2]	33	41	1.6 higher (4.9 lower to 8.1 higher)	⊕⊕⊕O MODERATE

[1] Emre 2010; data reported for DLB population only; study also included people with PDD
[2] Wide 95% confidence intervals, data are consistent with appreciable benefit, appreciable harm or no difference

DLB – memantine vs. placebo: carer-reported outcomes

Quality assessment						No of patients		Effect	Quality
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Memantine	Placebo	Mean difference (95% CI)	
ZBI (follow-up 24 weeks; lower is better)									
1[1]	RCT	not serious	N/A	not serious	serious[2]	33	41	1.4 lower (6.66 lower to 3.86 higher)	⊕⊕⊕O MODERATE

[1] Emre 2010; data reported for DLB population only; study also included people with PDD
[2] Wide 95% confidence intervals, data are consistent with appreciable benefit, appreciable harm or no difference

DLB – memantine vs. placebo: other non-cognitive outcomes

Quality assessment						No of patients		Effect	Quality
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Memantine	Placebo	Mean difference (95% CI)	
NPI-12 item (follow-up 24 weeks; range of scores: 0-144; lower is better)									
1[1]	RCT	not serious	N/A	not serious	serious[2]	33	41	6 lower (12.23 lower to 0.23 higher)	⊕⊕⊕O MODERATE
UPDRS III (follow-up 24 weeks; lower is better)									
1[1]	RCT	not serious	N/A	not serious	serious[2,3]	33	41	1.4 lower (5.52 lower to 2.72 higher)	⊕⊕⊕O MODERATE

[1] Emre 2010; data reported for DLB population only; study also included people with PDD
[2] Wide 95% confidence intervals, data are consistent with appreciable benefit, appreciable harm or no difference
[3]CI cross the MID between 3.25 (Horvath et al., 2015) and 5 points (Schrag et al., 2006)