Amantadine for fatigue in Multiple sclerosis: prescribing notes

NICE guidance 2014 (from CG 186) gives the following recommendations

**Fatigue**

1.5.2 Assess and offer treatment to people with MS who have fatigue for anxiety, depression, difficulty in sleeping, and any potential medical problems such as anaemia or thyroid disease.

1.5.3 Explain that MS-related fatigue may be precipitated by heat, overexertion and stress or may be related to the time of day.

1.5.4 Offer amantadine\(^{(4)}\) to treat fatigue in people with MS.

1.5.5 Consider mindfulness-based training, cognitive behavioural therapy or fatigue management for treating MS-related fatigue.

1.5.6 Advise people that aerobic, balance and stretching exercises including yoga may be helpful in treating MS-related fatigue.

1.5.7 Do not use vitamin B12 injections to treat fatigue in people with MS.

1.5.8 Consider a comprehensive programme of aerobic and moderate progressive resistance activity combined with cognitive behavioural techniques for fatigue in people with MS with moderately impaired mobility (an EDSS\(^{(5)}\) score of greater than or equal to 4).

\(^{(4)}\)At the time of publication (October 2014), amantadine did not have a UK marketing authorisation for this indication. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council’s [Good practice in prescribing medicines – guidance for doctors](https://www.gmc-uk.org/guidance/good-practice-prescribing-medicines-overview-2010.pdf) for further information.

Further information:

NICE guidance does not give the dose used, though information in the Evidence Statements on amantadine in multiple sclerosis in the NICE Evidence statements at [https://www.ncbi.nlm.nih.gov/books/NBK328181/](https://www.ncbi.nlm.nih.gov/books/NBK328181/) indicate that all the identified clinical trials used a dose of amantadine 100mg twice daily.

Several clinical trials comparing amantadine with placebo in this indication found evidence of benefit using the Fatigue Severity Scale or other scoring methods, though others did not. Clinical trials of the drug lasted only a few weeks (a maximum of 6 weeks).

Combined data from three of the trials involving 338 patients found more side effects in those taking amantadine than the group taking placebo.

**LMSG guidance and recommendations:**

- Amantadine remains unlicensed for fatigue in multiple sclerosis, but as this is recommended in NICE guidance it is appropriate to prescribe it for this indication.
- Patient consent and agreement to unlicensed use should be documented when the drug is first started.
- Neurologists may recommend starting at a dose of 100mg daily, increasing to 100mg twice daily after several weeks.
- Treatment should be reviewed after 4-6 weeks and periodically afterwards to confirm continuing efficacy and to identify any side effects. Multiple sclerosis specialist nurses may follow patients up for this purpose.

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