

Prescription Medications for Dementia: Pros, Cons & Watchouts

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Our Speaker



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Pros, Cons & Watch-outs



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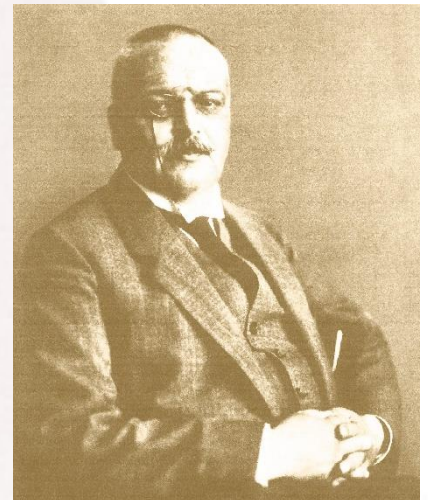
DISCLOSURES – No relevant financial disclosures

OBJECTIVES

- **List the two types of medications currently available to treat dementia**
- **Understand possible medication side effects**

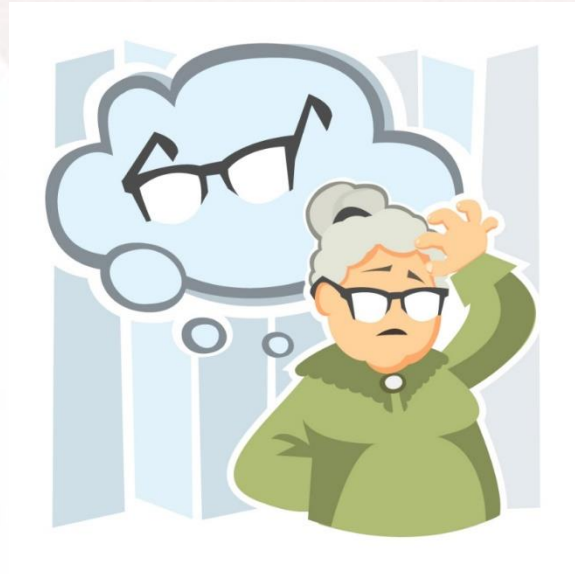
NO MEDICATION CURE

- **Medications may lessen cognitive symptoms for limited time**
- **Medications slow illness in 30-50% of those that take them**



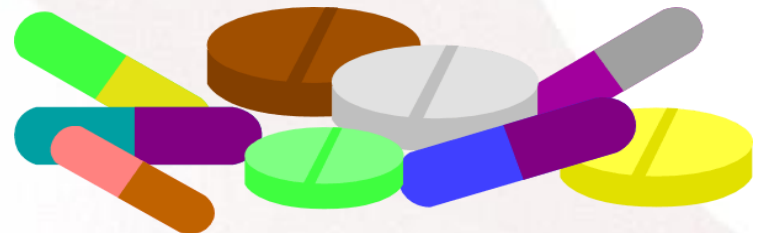
FDA APPROVED MEDS

- **Cholinesterase inhibitors (several)**
- **NMDA antagonist (Memantine)**



CHOLINESTERASE INHIBITORS

- **Donepezil (Aricept)**
- **Rivastigmine (Exelon)**
- **Galantamine (Razadyne)**



NMDA ANTAGONISTS



- **Memantine (Namenda)**
- **Combination Memantine + Donepezil (Namzaric)**

POSSIBLE BENEFITS

- **Reduce rate of decline**
- **Fewer overall hospitalizations**
- **Longer time to nursing home placement**
- **Longer time till death**
- **?Fewer behavioral issues?**

USING MEDICATIONS

- **Meds work best when started early in illness**
- **Diminishing returns as disease progresses**
- **Length of treatment is debatable**

SIDE EFFECTS

- **Usually well-tolerated**
- **Nausea, vomiting, diarrhea**
- **Loss of appetite, weight loss**
- **Insomnia, vivid dreams**
- **Headache, dizziness**

DOSING

- **Donepezil – 10 mg per day; high dose available – 23 mg per day**
- **Rivastigmine – 6 mg twice a day, patch available**
- **Galantamine – 12 mg twice a day, XR available**
- **Memantine – 10 mg twice a day, XR available**
- **Memantine + donepezil – either 14 + 10 mg or 28 + 10 mg**

COST

- **Usually covered by Medicare & all health care plans**
- **All available in generic except Namzaric (combination)**



BEST RECOMMENDATIONS

- **Mild-moderate disease – start with cholinesterase inhibitor only**
- **Moderate-severe disease – start with memantine or high-dose donepezil; if already on cholinesterase inhibitor, add memantine**
- **Severe disease – stop cholinesterase inhibitor, continue memantine**
- **Terminal disease – stop all dementia meds**

ALTERNATIVE TREATMENTS

- **Vitamin E – minimal benefit, high dose harmful**
- **Coenzyme Q10 (ubiquinone) – no benefit**
- **Ginkgo biloba – no better than placebo**
- **Omega-3-fatty acids (DHA & EPA) - no better than placebo although more study needed**
- **Caprylic Acid (Axona, Ketasyn) – not enough evidence to evaluate**

ALTERNATIVE TREATMENTS

- **Coral Calcium – no reliable evidence**
- **Huperzine A – no better than placebo**
- **Phosphatidylserine – little evidence of benefit**
- **Tramiprosate (ViviMind, Alzheme) – evidence inconclusive**

NON-MEDICATION OPTIONS

- **Cognitive stimulation**
- **Exercise & physical activity**
- **Social interactions & supports**
- **Mediterranean diet**

NON-MEDICATION OPTIONS

Maintaining heart-health

- Blood pressure controlled
- Cholesterol controlled
- Blood sugars controlled
- Normal weight
- No smoking



MORE INFORMATION

- **Alzheimer's Association has up-to-date information sheets available either at local offices or on-line**
www.ALZ.org
- **Alzheimer's Association has lists of current clinical trials in your area**

Resources

Helpline: 800.272.3900

Support Groups

Education Programs

ALZ.org

Resources

ALZWebinars.org

ALZPhonePrograms.org

ALZ.org/LEARN

Thank You

Questions