

Prescribing Medications for Alzheimer's Dementia

Medications for dementia have limited efficacy overall, and show no improvement in perceived quality of life in a review of trials. They can make a difference in some individuals. They should be prescribed using shared decision-making with the patient and family. The cholinesterase inhibitors (CHEI) are listed in order of best side effect profile, though one may be better tolerated than another on an individual basis. Discontinuation endpoints should be identified when starting these medications.

Consensus experts suggest stopping CHEI's after 8 weeks if families have noticed no improvement. Memantine may be neuroprotective, and thus could be continued without signs of improvement; there are very few data to support combination therapy. It is illogical to start or continue dementia medications in late-stage dementia, when quality of life and function are severely compromised. Stopping dementia medications may result in a brief increase in confusion, which typically resolves to baseline in several days.

Cholinesterase inhibitor	Starting dose	Maintenance dose	Cash cost -monthly (Good RX Denver)
Donepezil (Aricept™) Approved all stages	5mg orally q day	10mg daily after 6 weeks if tolerated, but 5mg works almost as well	~ \$190.00
Rivastigmine patch (Exelon™) Mild -mod	4.6 mg/24 hours	9.5 mg/24h after 6 weeks, but minimal benefit over starting dose and more side effects	~ \$250.00
Rivastigmine pill (Exelon™)	1.5 mg bid	6mg bid (increase by 1.5 mg bid q 2-4 weeks)	~\$255.00
Galantamine (Razadyne™) Mild -mod	4 mg bid	12 mg bid (increase by 4mg bid q month)	~\$180.00
NMDA antagonist			
Memantine (Namenda™) Mod-severe	5mg q day	10mg bid (increase by 5 mg q 1-2 weeks)	~\$290.00

CHEI side effects (dose-dependent)

- GI (up to 20% prevalence): nausea, vomiting, diarrhea, weight loss; increase risk of GI bleed when on NSAIDS; major reason for non-adherence
- CV: bradycardia, heart block; caution in sick sinus syndrome
- CV: dizziness, insomnia, HA
- Other: fatigue, decreased urinary outflow in predisposed
- Common drug interactions: **ANTI-cholinergics** of any kind will counter effects (be especially aware of bladder meds— some patients prefer to forego dementia meds if bladder meds are helping their QoL); **NSAIDS** increase GI bleeding risk

Memantine side effects

- Small percentage of headache, confusion, dizziness, constipation