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Alzheimer' s disease medications fact sheet

Five prescription drugs are currently approved by the U.S. Food and Drug Administration to treat people who have been diagnosed with Alzheimer's disease (AD). Symptomatic treatment of AD can provide patients with comfort, dignity and independence for a longer period of time and may encourage and support their caregivers. It is important to understand that none of these drugs prevent the disease on their own. Treatment for mild to medium AD Four of these drugs are called cholinesterase inhibitors. These drugs are prescribed for the treatment of mild to medium AD. They can help delay or prevent symptoms from getting worse for a limited time and can help control some behavioral symptoms. The drugs are: Razadyne® (formerly known as Reminyl®) (galantamine), Exelon® (rivastigmine), Aricept® (donepezil) and Cognex® (tacrine). Scientists have yet to fully understand how cholinesterase inhibitors work to treat AD, but current research indicates that they prevent the decomposition of acetylcholine, a brain chemical thought to be important for memory and thinking. As AD progresses, the brain produces less and less acetylcholine; therefore, cholinesterase inhibitors may eventually lose their effect. No published studies directly compare these drugs. Because all four work in the same way, it is not expected that switching from one drug to another will produce significantly different results. However, an AD patient may respond better to another drug. Cognex® (tacrine) is no longer actively marketed by manufacturers. Treatment for medium to severe AD Approved fifth drug, called Namenda® (memantine), is an N-methyl D-aspartate antagonist (NMDA). It is prescribed for the treatment of medium to severe ad. Studies have shown that the main effect of Namenda® is to delay the progression of certain symptoms from medium to severe AD. The drug may allow the patient to maintain some daily functions a little longer. For example, Namenda® can help patients in the later stages of AD maintain the ability to go to the toilet independently for several more months, a benefit for both the patient and the caregiver. Namenda® is believed to work by regulating glutamate, another important brain chemical that, when produced in excessive quantities, can lead to brain cell death. Because NMDA antagonists work very differently from cholinesterase inhibitors, the two drugs can be prescribed in combination. The FDA has also approved Aricept® for the treatment of medium to severe AD. Dosages and side effects Doctors often start patients at low doses of the drug and gradually increase the dosage based on how a patient tolerates the drug. There is some evidence that some patients may benefit from higher doses of breast medications cholinesterase. However, the higher the dose, the more likely it is The recommended effective dosage of Namenda® is 20 mg/day after the patient has successfully tolerated the lower dose. Some additional differences between these drugs are summarized in the table on the other side. Patients may be sensitive to the drug in other ways, and they should be monitored at the beginning of taking the drug. Report any abnormal symptoms to the doctor for immediate prescription. It is important to follow your doctor's instructions when taking any medications, including vitamins and herbal supplements. Also, let your doctor know before adding or changing any medications. Additional Resources Alzheimer's Association 225 N. Michigan Ave., Suite 1700 Chicago, IL 60601 1-800-272-3900 Internet: www.alz.org Alzheimer's Disease Education and Referral (ADEAR) Center PO Box 8250 Silver Spring, MD 20907-8250 1-800-438-4380 Internet: Table — Alzheimer's DRUG NAME DRUG TYPE AND TREATMENT MANUFACTURER'S RECOMMENDED DOSAGE Namenda® (memantine) Prevents toxic effects associated with excess glutamate and regulates glutamate activation. N-methyl D-aspartate (NMDA) antagonist prescribed to treat symptoms of medium to severe AD 5 mg, once a day, available in the form of tablets Increases to 10 mg/day (5 mg twice a day), 15 mg/day (5 mg and 10 mg as separate doses) and 20 mg/day (10 mg twice a day) at a minimum of one week interval if well tolerated. Razadyne® (formerly known as Reminyl®) (galantamine) Prevents the decomposition of acetylcholine and stimulates nicotinic receptors to release more acetylcholine in the brain. Cholinesterase inhibitors prescribed for the treatment of mild to medium symptoms AD 4mg, twice a day (8mg/day, available in the form of tablets or capsules Increase 8mg/day after four weeks to 8mg, twice a day (16mg/day) if well tolerated. After four more weeks, increase to 12mg, twice a day (24mg/day) if well tolerated. Exelon® (rivastigmine) Prevents the decomposition of acetylcholine and butyrylcholine (a brain chemical similar to acetylcholine) in the brain. Cholinesterase inhibitors prescribed for the treatment of mild to medium symptoms AD 1.5mg, twice a day (3mg/day, available in capsules and liquid form Increase 3mg/day every two weeks to 6mg, twice a day (12mg/day) if well tolerated. Aricept® (donepezil) Prevents the decomposition of acetylcholine in the brain. Cholinesterase inhibitors prescribed for the treatment of mild to medium symptoms, and on average to severe AD 5mg, once a day, available in the form of tablets Increase after 4-6 weeks to 10mg, once a day if well tolerated. Cognex® (tacrine) Prevents the decomposition of acetylcholine in the brain. Note: Cognex is still available but is no longer actively marketed by manufacturers. Nausea, diarrhea, possible liver damage NSAIDs should be used with caution in combination with this drug.* * Use of cholinesterase inhibitors can increase the risk of stomach ulcers, and because prolonged use of nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin or ibuprofen can also cause stomach ulcers, NSAIDs should be used with caution in combination with these drugs. Source: National Institutes of Aging, National Institutes of Health Update: December 19, 2006 Alzheimer's Disease Read about the drugs used to treat Alzheimer's disease symptoms. See a handy chart showing common medications, dosages, and side effects. Five prescription drugs are currently approved by the U.S. Food and Drug Administration to treat people who have been diagnosed with Alzheimer's disease (AD). Symptomatic treatment of AD can provide patients with comfort, dignity and independence for a longer period of time and may encourage and support their caregivers. It is important to understand that none of these drugs prevent the disease on their own. for mild to medium AD Four of these drugs are called cholinesterase inhibitors. These drugs are prescribed for the treatment of mild to medium AD. They can help delay or prevent symptoms from getting worse for a limited time and can help control some behavioral symptoms. The drugs are: Razadyne® (formerly known as Reminyl®) (galantamine), Exelon® (rivastigmine), Aricept® (donepezil) and Cognex® (tacrine). 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There is some evidence that some patients may benefit from higher doses of cholinesterase inhibitors. However, the higher the dose, the more likely are side effects. The recommended effective dosage of Namenda® is 20 mg/day after the patient has successfully tolerated the lower dose. Some additional differences between these drugs are summarized in the table on the other side. Patients may be sensitive to the drug in other ways, and they should be monitored at the beginning of taking the drug. Report any abnormal symptoms to a doctor who prescribes Immediately. It is important to follow instructions when taking any medications, including vitamins and herbal supplements. Also, let your doctor know before adding or changing any medications. Additional Resources Alzheimer's Association 225 N. 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Cognex® (tacrine) Prevents the decomposition of acetylcholine in the brain. Note: Cognex is still available but is no longer actively marketed by manufacturers. Cholinesterase inhibitors prescribed for the treatment of mild to medium symptoms AD 10mg, four times a day (40mg/day), in capsule form Increase 40mg/day every four weeks to 40mg, four times a day (160mg/day), if liver enzyme function remains normal

and if well tolerated. NAME DRUG SIDE EFFECTS CAN OFTEN INTERACT NAMENDA® (memantine) Prevent toxic effects associated with excess glutamate and regulate glutamate activation. Dizziness, headache, constipation, confusion Other NMDA antagonist drugs, including amantadine, an antiviral drug used to treat influenza, influenza, is prescribed to relieve cough caused by a cold or flu, and ketamine, sometimes used as an anesthetic, has not been systematically evaluated and should be used with caution in combination with this drug. Razadyne® (formerly known as Reminyl®) (galantamine) Prevents the decomposition of acetylcholine and stimulates nicotinic receptors to release more acetylcholine in the brain. Nausea, vomiting, diarrhea, weight loss Some antidepressants such as paroxetine, amitriptyline, fluoxetine, fluvoxamine and other drugs that have anti-cholinergic effects can cause excess razadyne retention® (formerly known as Reminyl®) in the body, leading to complications; NSAIDs should be used with caution in combination with this drug.* Exelon® (rivastigmine) Prevents the decomposition of acetylcholine and butyrylcholine (a brain chemical similar to acetylcholine) in the brain. Nausea, vomiting, weight loss, abdominal pain, muscle weakness No one has observed in laboratory studies; NSAIDs should be used with caution in combination with this drug.* Aricept® (donepezil) Prevents the decomposition of acetylcholine in the brain. Nausea, diarrhea, vomiting No one observed in laboratory studies; NSAIDs should be used with caution in combination with this drug.* Cognex® (tacrine) Prevents the decomposition of acetylcholine in the brain. Note: Cognex is still available but is no longer actively marketed by manufacturers. Nausea, diarrhea, possible liver damage NSAIDs should be used with caution in combination with this drug.* * Use of cholinesterase inhibitors can increase the risk of stomach ulcers, and because prolonged use of nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin or ibuprofen can also cause stomach ulcers , NSAIDs should be used with caution in combination with these drugs. Source: National Institutes of Aging, National Institutes of Health Update: December 19, 2006 2006

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