

# Drug treatments and dementia

This help sheet discusses some of the drugs used to treat dementia. This includes drugs approved for treatment of Alzheimer's disease which may improve memory and thinking, and also treat accompanying symptoms such as depression and anxiety. It also suggests questions that people with dementia, their families and carers should ask their doctor before being prescribed any of these drugs.

Dementia is the term used to describe the symptoms of illnesses that cause a progressive decline in brain function. While no drug is available that can cure dementia, there are drugs that can help with some of the symptoms.

Dementia Australia provides up to date and detailed information about drug treatments for dementia in its Dementia Q&A help sheets, available at the website [dementia.org.au](http://dementia.org.au).

## Drugs to treat cognitive symptoms of dementia

A number of drugs are currently available in Australia for treating the memory and thinking problems experienced by people with Alzheimer's disease. They may also provide benefits for other types of dementia, especially Lewy body disease and vascular dementia. These drugs fall into two categories, '**cholinesterase inhibitors**' and '**memantine**'.

### Cholinesterase inhibitors

Cholinesterase (colin-est-er-aze) inhibitors are drugs which can lessen the cognitive symptoms of Alzheimer's disease for some people. They may improve memory and thinking for a time. They work by increasing the levels of a brain chemical that is important for memory called acetylcholine. Three cholinesterase inhibitors (donepezil [common name Aricept], galantamine [Razadyne] and rivastigmine [Exelon]) are available for use by people with a diagnosis of Alzheimer's disease. They can also provide benefits for some people with Lewy body disease or vascular dementia. Cholinesterase inhibitors can have side effects, most commonly stomach upsets.

For more information see the help sheet on **Dementia Q&A 1 and 2**.

### **Memantine**

Memantine (meh-MAN-teen) is a different drug that works on a brain chemical called glutamate that is present in high levels when someone has Alzheimer's disease. This drug can help improve thinking and daily functions for a time. Memantine (common name Namenda) is currently available for use by people with moderate to severe Alzheimer's disease. A small number of people taking memantine experience side effects, which are usually mild. Side effects can include hallucinations, confusion, dizziness, headache and tiredness.

For more information see the help sheet on **Dementia Q&A 6**.

### **How to get treatment**

A specialist, such as a neurologist, psychogeriatrician, geriatrician or psychiatrist, will usually be involved in the prescription of cholinesterase inhibitors or memantine. The patient must show improvement on a commonly used test of mental function in the first six months of treatment in order to receive further supplies of subsidised medication.

### **Treating the accompanying symptoms of dementia**

People with dementia often experience behavioural and psychological symptoms which can be very distressing. These may include depression, anxiety, sleeplessness, hallucinations, ideas of persecution, agitation and aggression. These symptoms may respond to reassurance, a change in the environment or removal of the source of any distress such as pain. It is important to determine the causes or triggers of behavioural disturbances and deal with these. Medication should be used as a last resort, but is sometimes necessary.

For more information see the help sheet on **Dementia Q&A 12 and 13**.

## Antipsychotics

Antipsychotics are drugs used to treat severe psychotic symptoms including delusions or hallucinations. In dementia, they may also be used to treat agitation or aggression. The older antipsychotics such as haloperidol are no longer widely used. They can have significant side effects including sedation, dizziness, unsteadiness and symptoms that resemble those of Parkinson's disease (shakiness, slowness and stiffness of the limbs). Older people are more prone to these side effects. The newer antipsychotics such as risperidone and olanzapine have fewer side effects and are more commonly used. Antipsychotics will not always be helpful, and may be associated with an increased risk of stroke. If an antipsychotic drug is used, it is important to regularly and carefully monitor the person. Antipsychotics are particularly dangerous for people with Lewy body disease.

## Drugs for treating depression

Symptoms of depression are extremely common in people with dementia. Significant depression should be treated as it can make cognitive problems worse and diminish the person's quality of life. Depression can usually be effectively treated with antidepressant drugs, but care must be taken to ensure that this is done with a minimum of side effects.

## Drugs for treating anxiety

Anxiety, panic attacks and unreasonable fearfulness can be distressing for a person with dementia, their family and carers. Mild symptoms are often helped by reassurance, adjustments to the environment or an improved daily routine. More severe and persistent anxiety is often related to underlying depression and will usually improve with antidepressants. Antipsychotics and another group of drugs called benzodiazepines are sometimes used to treat anxiety, but both should usually be avoided as a treatment for anxiety in people with dementia. The long term use of benzodiazepines is not recommended, but they may have a role in the short term treatment of restlessness or anxiety in people with dementia.

## Drugs for treating sleep disturbance

Persistent waking at night and night time wandering can cause a lot of difficulties. Some drugs commonly prescribed for dementia can cause sedation during the day, leading to an inability to sleep at night. Increased stimulation during the day can reduce the need for sleep inducing medications at night. Medication to treat sleep disturbance should be a last resort, as people may become dependent on these and withdrawal of the medication may be followed by rebound sleeplessness and anxiety.

### Remember

- All drugs can have side effects, some of which may make the person's symptoms worse.
- Always ask the doctor why the drug is being prescribed and what side effects might occur.
- A drug which is useful may not continue to be effective indefinitely because of the progressive changes to the brain caused by dementia.
- Do not expect immediate results. Benefits may take several weeks to appear particularly with antidepressants. Discuss this with the doctor.
- It is important that treatment is reviewed regularly.
- Keep a record of all medications, including alternative medications and vitamin supplements. Take this record to all medical appointments.
- Many people with dementia take a number of medications for different symptoms. It is important to discuss with the doctor any impact that medications may have on each other.

## Questions to ask the doctor if drugs are prescribed

- What are the potential benefits of taking this drug?
- How long before improvement may be noticed?
- What action should be taken if a dose is missed?
- What are the known side effects?
- If there are side effects, should the drug be stopped?
- Are there any changes that should be reported immediately?
- What other drugs (prescription and over-the-counter) might interact with the medication?
- How might this drug affect other medical conditions?
- How often will a visit to the doctor who prescribed the drug be needed?
- How much will the drug cost?

**This help sheet is provided for your general information only, and does not represent an endorsement of any drug by Dementia Australia.**

### Further Information

Dementia Australia offers support, information, education and counselling. Contact the National Dementia Helpline on **1800 100 500**, or visit our website at [\*\*dementia.org.au\*\*](https://dementia.org.au)



For language assistance phone the Translating and Interpreting Service on **131 450**