

## Alzheimer's Disease and dementia

### A handy chart to help you compare the medicines to help the symptoms of Alzheimer's Disease

**Please note:** You are **unique** and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to be able to choose between the many medicines. There are many other ways you can be helped e.g. art therapy, and help with coping with the symptoms.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

#### What the sections in the table mean:

**Medicine** – these are the main medicines to help treat the symptoms of **Alzheimer's Disease**, and a few others that are sometimes used.

- Donepezil, galantamine and rivastigmine are usually the first choice medicines
- We have listed them as their "generic name" (the name of the actual medicine). We have also mentioned the trade name where possible
- This is only a short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.

**Usual dose per day** – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a medicine slowly; it's kinder to your brain.

**How we think it might work** – this is how we think the medicine works in the brain. There is more on this on our website. Taking two medicines with the same way of working doesn't often help much. Acetylcholine is one of the brain's chemical messengers. It helps control memory.

**How long it takes to work** – this is just a guide as some people may get better quicker or slower. But don't give up too early.

**Some of the main side effects** – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Nausea** – feeling sick, but not usually being sick
- **Headache** – can be mild
- **Muscle stiffness** – can be stiffness of the legs or arms
- **Tremor** – a slight shake, usually the hands

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

**How long you could or should take it for** - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

**How to stop it** – some medicines can be stopped quickly. Others should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder to your brain.

#### Tips on how to get the best out of medication:

- Read our website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

## A handy chart to help you compare the medicines to help the symptoms of Alzheimer's Disease

Medicine	Usual dose	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsiness	Nausea	Headache	Muscle stiffness	Tremor		
<b>Main medicines</b> (licensed or which are proven to help)										
Donepezil (e.g. Aricept®)	5-10mg a day	Stops the breakdown of acetylcholine, the brain's chemical messenger for memory	May get some improvement, or the person may stop getting worse, over several weeks or a month or so	●	●●	●●●	0	0	Usually life-long	Should be no problem but the person usually gets worse when stopped
Galantamine (e.g. Reminyl®, Reminyl XL®)	Up to 24mg a day			●	●●	●●●	0	0		
Rivastigmine (Exelon®)	6-12mg a day			●	●●	●●●	0	0		
Memantine (Ebixa®)	Up to 20mg a day			●●	●	●●●	0	0		
<b>Others</b> (these can sometimes help with some symptoms of dementia e.g. being aggressive, irritable or not sleeping)										
Risperidone † (licensed)	0.5mg to 2mg a day for up to 6 weeks	May cause some sedation and can reduce agitation.	Within a few days. Usually only used if required or regularly at a low dose to help with behaviour problems or agitation.	●●	0	0	●●	●●	They should be stopped every few weeks to check they are not making things worse	There should be no problem
Quetiapine † (Seroquel®, Seroquel XL®)	Up to about 100mg a day	May cause some sedation and reduces agitation.		●●●	0	0	0	0		
Other antipsychotics†	Pericyazine up to about 5mg a day. Sulpiride up to 200mg a day. Amisulpride up to 200mg a day	These are usually only used when required or regularly at low dose to help with behaviour problems or agitation.		●●	0	0	●●	●●		

† Quetiapine and other antipsychotics should only be used with great care, especially during the first 4 weeks of treatment.