



Side effects

These medications are generally well-tolerated; however, some people may have adverse reactions to the drugs. It is important that the prescribing doctor be aware of the person's medical history, current medications, and any existing health conditions.

Some possible side effects of cholinesterase inhibitors include nausea, vomiting, diarrhea, fatigue, cramps, weight loss, decreased appetite, and insomnia.

Some possible side effects of Namenda® include headache, constipation, confusion, dizziness and diarrhea. Side effects typically increase with dosage, but decline over time with continued use. Speak to your doctor if you have any concerns.

Since Namzaric™ is a combination of Namenda® extended-release and donepezil, there may be side effects from both drugs.



Which drug is best?

The cholinesterase inhibitors are similar in many respects. However, each type has slight differences in composition and mechanisms that may make one more suitable for an individual than another.

Because Namenda® works very differently from cholinesterase inhibitors, the two types of drugs can be prescribed in combination.

Namzaric™ may be beneficial as a once-a-day medication for people who are already tolerant of both drugs.

For more information

Aricept® (donepezil)

Eisai, Inc.
800.760.6029
www.aricept.com

Exelon® Patch (rivastigmine transdermal system)

Novartis Pharmaceuticals, Inc.
888.669.6682
www.exelonpatch.com

Razadyne® (galantamine)

Janssen Pharmaceuticals, Inc.
800.526.7736
www.janssen.com/us/our-products

Namenda® and Namenda XR® (memantine)

Forest Laboratories, Inc.
800.678.1605
www.namenda.com

Namzaric™ (memantine and donepezil)

Pfizer Inc. and Allergan plc
800.272.5525
www.namzaric.com

Patient Assistance Programs

For information on programs to help pay for some medication costs, contact:

Partnership for Prescription Assistance

888.477.2669
www.pparx.org

The Alzheimer's & Dementia Alliance of Wisconsin (ADAW) will help you navigate the complex maze of issues that can arise when you or someone you know is affected by early memory loss, mild cognitive impairment, Alzheimer's disease or other dementias.

ADAW provides guidance, education, support and advocacy for those who live with a dementia diagnosis. There is not yet a cure, but there are strategies and treatments throughout the course of the disease that can help maximize the quality of life for all affected.

We're here to help through the entire dementia journey.

Alzheimer's & Dementia Alliance of Wisconsin

alzwiss.org
support@alzwiss.org
888.308.6251 toll-free

Main Office
3330 University Ave., Suite 300
Madison, WI 53705
608.232.3400

Serving south-central Wisconsin with offices in Beloit, Green Lake, Lancaster, Madison, Mauston, and Portage. Visit alzwiss.org or call **888.308.6251** for more information.

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Treating Alzheimer's disease

A guide to medications



How they work, how they are administered, common side-effects, and more

Alzheimer's disease (AD) damages nerve cells in the brain, causing a progressive decline in cognitive functioning. This decline is characterized by problems of memory and reasoning as well as personality and behavioral changes. There is currently no cure for the disease, but there are drugs available to help control the symptoms of mild to severe AD.

In some people, these drug treatments may enhance memory and cognitive ability or slow down the rate of cognitive decline. This can help the person function at a higher level for a longer time—potentially improving quality of life and reducing the amount of assistance needed from others.

Five prescription medications approved by the U.S. Food and Drug Administration (FDA) for treatment of AD are commonly prescribed:

- **Aricept® (donepezil)**
- **Exelon® (rivastigmine)**
- **Razadyne® (galantamine)**
- **Namenda® (memantine)**
- **Namzaric™ (memantine extended-release and donepezil)**

Exelon® has also been approved by the FDA for the treatment of mild to moderate Parkinson's disease dementia (PDD).



How do these medications work?

Aricept®, Exelon®, and Razadyne® are drugs known as cholinesterase inhibitors and are approved to treat mild to moderate symptoms of AD. Aricept® has also been approved to treat severe AD.

Each acts in a different way to delay the breakdown of acetylcholine, a chemical neurotransmitter in the brain that facilitates communication among nerve cells and is important for memory, judgment and other thought processes. AD is associated with inadequate levels of this important neurotransmitter. Maintaining levels of acetylcholine may help to compensate for the loss of functioning brain cells associated with the disease.

Acetylcholine levels are also reduced in persons with some other types of dementia. Cholinesterase inhibitors may be prescribed for these diseases as well.



Namenda® works differently than the cholinesterase inhibitors and is known as an NMDA receptor antagonist. It is FDA-approved to treat moderate to severe Alzheimer's disease symptoms.

It appears to work by regulating the activity of glutamate. Excess glutamate leads to death of brain cells.

Namenda® has been approved to be prescribed in conjunction with a cholinesterase inhibitor.

Namzaric™ is a combination of extended-release memantine and donepezil.

Generic equivalents of many of these medications are available. Consult with your physician or pharmacist to learn more.



Other medications

Some medications may help control mood and behavioral symptoms of AD such as sleeplessness, agitation, anxiety and depression, and should be discussed with the person's doctor if these symptoms cannot be managed sufficiently in other ways.

The prescribing physician should be kept aware of all medications a person is taking, including herbal and over-the-counter medications, as well as alcohol and caffeine.

This brochure is provided as a guide only and not intended to be used for treatment purposes. It is important to work closely with an experienced physician in determining the best treatment plan.



How are they administered?

Aricept® (donepezil) is a tablet administered once daily. Generally, the initial dose is 5 mg a day. If well tolerated, the dose is usually increased to 10 mg a day. It is available as a dissolving tablet. After at least three months on the 10 mg tablet, a 23 mg time-release tablet is available.

Exelon® (rivastigmine) is available as a capsule, liquid or skin patch. The oral medication is typically started at 1.5 mg twice daily with food. The therapeutic goal is to increase the dosage gradually to reach 6 to 12 mg a day. The skin patch is a small adhesive patch applied to the back, chest or upper arm. Because it delivers a small, steady dose through the skin, it may produce fewer side effects. It is replaced once a day.

Razadyne® (galantamine) is a tablet or liquid administered twice daily with food. The initial dose is usually 4 mg twice a day. If well tolerated, it is slowly increased up to 24 mg a day. It is also available as a once-a-day, extended-release capsule.

Namenda® (memantine) is a tablet or liquid. The initial dose is 5 mg per day, and may be slowly increased to 10 mg twice a day if kidney functions are good. It is also available as a once-a-day, extended-release capsule.

Namzaric™ (memantine extended-release and donepezil) is available as a once-a-day capsule in two dosage strengths, 14/10 mg (memantine extended release/donepezil) and 28/10 mg for people already stable on these doses.