Medication for Dementia (Acetylcholinesterase Inhibitors)
What are they?

A group of medications used to help treat the symptoms of dementia in the mild to moderate stages. Occasionally they may be used in the later stages of dementia following a clinical assessment. However, most people would not expect to stay on these tablets for life.

The symptoms associated with dementia are believed to be related to a lack of a substance called acetylcholine in the brain, which is responsible for sending messages between brain cells. Acetylcholinesterase inhibitors work by increasing the amount of acetylcholine in the brain.

It is usual to start on a low dose which is gradually increased. Alternative medication for dementia may be used if the person is experiencing many side effects. For example Memantine (please see separate information leaflet). The medication needs to be taken regularly as instructed to have the best effect.

What they are called?

Acetylcholinesterase inhibitors is a collective name for the medications listed below and may be abbreviated to AChEls. You may see several medicines under this heading, and these include-

- **Donepezil (Aricept)**
  Tablets and orodispersible tablets. Dosage 5mgs – 10mg daily

- **Galantamine (Reminyl XL)**
  Tablets, capsules and liquid. Dosage 8mgs – 24 mg once daily

- **Rivastigmine (Exelon)**
  Tablets and liquid. Dosage 1.5mgs - 6mgs twice daily. Transdermal patches. Dosage 4.6mg or 9.5mg once daily
Who prescribes?

Medication for dementia should only be started by a specialist medical practitioner following thorough assessment adhering to NICE guidelines (National Institute for Health and Clinical Excellence). These clearly recommend that both patient and carers’ views should be taken into account.

Before starting on medication for dementia your doctor is likely to request blood tests and possible further physical investigations such as an ECG (heart recording) or a CT scan (brain scan).

Medications for dementia are not suitable for everyone and the prescribing doctor will require a detailed medical history (provided by your GP) and a list of all the medications you are currently taking. These will include both prescribed and 'over the counter preparations'.

Benefits

Research shows that about 50% - 60% of people, when prescribed medication for dementia show some improvement or stay the same.

Some people have said that they feel “more alert”, “brighter in mood” and “more motivated/active”. This improvement may be maintained for some time or only a few weeks.

The benefit of taking this medication may not be immediately apparent to you but a clinician may notice a hidden positive effect.

The medication may help you to manage your memory changes and more effectively cope with day to day living.
What they won’t do

- Reverse the underlying processes causing dementia
- Maintain improvement of memory and function indefinitely.
- Extend life

Side effects

Side effects should reduce after a few weeks. If you are concerned about side effects do contact your doctor and if you experience episodes of faintness or falls it is advisable to seek medical advice straight away.

It is best to plan a quiet day the first time you take the medication so if you do experience any side effects you can remain at home and seek medical advice if necessary.

<table>
<thead>
<tr>
<th>Common side effects</th>
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<tr>
<td>Reduced appetite</td>
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<tr>
<td>Nausea /vomiting</td>
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<tr>
<td>Weight loss</td>
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<tr>
<td>Stomach discomfort and diarrhoea</td>
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<tr>
<td>Headaches/dizziness</td>
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<tr>
<td>Sleep disturbance/fatigue</td>
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<tr>
<td>Palpitations</td>
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<tr>
<td>Skin irritation/rashes</td>
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<td>Function and behaviour affected in a negative way ie: increased agitation and/or challenging behaviours</td>
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<td>On rare occasions urinary retention and seizures have been reported.</td>
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Monitoring

When started on medication for dementia you will be regularly reviewed by a health practitioner while you are stabilised.

You may then expect to have follow-up reviews on a six monthly basis by either a specialist service practitioner or a clinician from the GP practice where you are registered.

Always make any new medical practitioners you see aware of the medication for dementia you are being prescribed as some medications should not be taken together.

When are they no longer helpful?

Stopping these medications may be considered if on assessment by a health practitioner –

- The medication for dementia does not seem to have had any useful effect on the progression of the dementia
- Side effects are outweighing the benefits
- Behaviour has become altered in a negative or problematic way
- An individual has difficulty with remembering to take the medication regularly
- The dementia has progressed to a stage when the medication is no longer useful
Alternative management strategies for dementia

- Try to eat a nutritionally balanced diet and maintain a healthy lifestyle - stop smoking and reduce alcohol consumption
- Take regular exercise - at least 30 minutes daily is recommended
- Keep busy with activities which promote independence - helping with tasks around the home/garden
- Keep Stimulated - with games, reading, crosswords, puzzles etc.
- Socialise - maintain your social life.
- Keep oriented – buy a daily paper, use a diary, keep up to date.
- Maintain existing routines as much as possible
- Use validation therapy – a method of communicating which respects and values the reality of the person's own experience/feelings
- Use other therapies - relaxation, dance, music, pets
- Access anxiety management
- Make use of alternative therapies - aromatherapy and massage
- Access carer support
- Use assistive technology/occupational therapy aids and memory prompts
- Avoid criticism and try to create a calm environment
- Access problem solving and skills training
- Access help and support in the home
- Access locally based support services
- Access support with decision making
- Access respite care
- Access residential and nursing care
- Access advocacy support and advice

Fact sheets regarding these treatments are available from

[www.alzheimers.org.uk/factsheets](http://www.alzheimers.org.uk/factsheets)
Telephone: 0845 3000 336

[www.ageuk.org.uk/publications](http://www.ageuk.org.uk/publications)
Telephone: 08001696 565
Useful contacts

Alzheimer’s Society- For support and guidance with all types of memory impairment
Cambridge locality office Tel 01223 884031
Peterborough Office Tel 01733 893853
Helpline (8.30am – 6.30pm Mon-Fri) Tel 0845 3000 336 - Website www.alzheimers.org.uk

Age UK Cambridgeshire
South Cambridgeshire Office Tel 01223 221921
North Cambridgeshire Office Tel 01354 696677
Peterborough Office 01733 564185
Age UK Advocacy Service Office - Tel 01354 696541

Crossroads Support and Respite for Carers Tel 01223 415600

Carers UK-
Ely and Cambridge Tel 01353 663928
Huntingdon Tel 01480 420615
Carers Centre Peterborough
Tel 01733 342683

Social Services
Cambridgeshire Direct Tel 0345 0455 202
Peterborough Direct Tel 01733 747474
Information Services Website www.cambridgeshire.net

Those people not eligible for a Social Care Package of Support, can access services offered through Your Life Your Choice website, which supports people to remain independent in the community.

Care Quality Commission Tel 0300 0616 161
Website www.cqc.org.uk

Citizens Advice Bureaux Tel 0844 8487979 Website www.adviceguide.org.uk

Lifeline-evening mental health helpline Tel 0808 808 2121 (7pm-11pm)
References

NHS Choices

National Institute for Health and Clinical Excellence

British National Formulary


With many thanks to the Alzheimer’s Society Co-ordinator, Wendy Dunn, the service users and carers for their help with compiling this leaflet.

If you have any concerns about any of CPFT’s services, or would like more information please contact our Patient Advice and Liaison Service (PALS) on:
- freephone: 0800 376 0775
- e-mail: pals@cpft.nhs.uk

This information leaflet was written by Carolyn Fuller and Karen Moore, Clinical Nurse Practitioners.

CPFT out-of-hours helpline
Contact Lifeline on 0808 808 2121
7pm-11pm
365 days a year

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