

GUIDELINES FOR THERAPY OF ALZHEIMER'S DISEASE

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Diagnosis

The syndrome of dementia is diagnosed in association with behavioral assessment, neuroimaging and laboratory investigations. Alzheimer's disease (AD), the commonest cause of dementia, is diagnosed according to the National Institute of Neurological and Communicative Disorders and Stroke – Alzheimer's Disease and Related Disorders Association criteria (NINCDS/ADRDA). AD is preceded by a long pre-clinical period, which include: benign senescent forgetfulness (BSF), age associated memory impairment (AAMI), age-consistent memory impairment (ACMI), age-associated cognitive decline (AACD), mild cognitive impairment (MCI), cognitive loss no dementia (CLOND) and cognitive impairment but not dementia (CIND).

Therapeutic goals

- 1. Prevention of onset of AD**
Active lifestyle, control of co-morbidity (diabetes, hypertension, hypercholesterolemia), healthy nutrition
- 2. Symptomatic treatment of AD**
Maintenance or improvement of the current cognitive, behavioral, functional, or caregiver status while on active treatment
- 3. Delay in the progression of AD**
 - Maintenance or improvement of current cognitive, behavioral, functional, or caregiver status, which is sustained even when the drug is withdrawn
 - Alteration of the rate of decline of the disease progression, even when the drug is withdrawn

Strategy

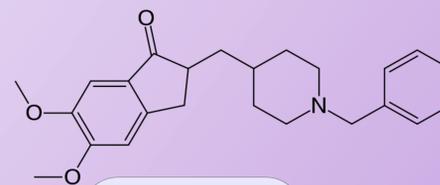
Monitor changes in daily functioning, cognitive status, medical conditions, behavioral, psychotic and depression symptoms, medications etc.

Reassess frequently - at least every 6 months

Identify support of the primary caregiver, family and other support systems

Assess capacity - assess the patient's decision-making capacity and determine whether a surrogate has been identified

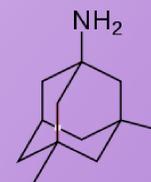
Develop treatment plan - use non-pharmacological treatment first
- treat behavioral symptoms
- treat co-morbid conditions



Cholinesterase inhibitors
(Donepezil, Galantamine, Rivastigmine)

Anti-dementia pharmaceuticals

NMDA-receptor modulators
(Memantine)



Phytotherapy
(Ginkgo biloba EGb761)

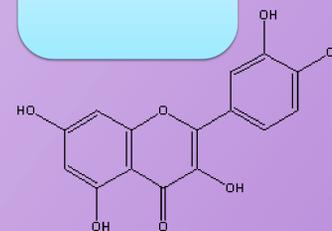


Table 1. Doses of anti dementia drugs

Generic name	Starting dose (mg/day)	Standard dose (mg/day)
Donepezil	5 for at least 4 weeks	10
Galantamine	8 for 4 weeks	16-24
Rivastigmine	3 minimally for 2 weeks 4.6 mg patch	12 9.2
Ginkgo biloba EGb761	240	240
Memantine	5 (weekly increase by 5 mg)	20

From Ihl et al., *The World Journal of Biological Psychiatry*, 2011; 12: 2–32

Table 2. Side effects of anti-dementia pharmaceuticals

Generic name	Contraindication	Nausea/gastro-intestinal	Sleep	Behavior	Neurological	Others
Donepezil	Hypersensitivity on piperidin derivates	Diarrhea, nausea, vomiting, loss of appetite	Tiredness, sleeplessness	Hallucinations, agitation, aggressive behavior	Headache, muscle cramps, syncope, dizziness, ache	Cold, accidents, rash, itch, incontinence of the bladder, dyspnea
Galantamine	Severe liver and renal dysfunction	Nausea, vomiting, reduced appetite, weight gain, abdominal pain, dyspepsia	Sleeplessness, somnolence	Asthenia, confusion, depression, fatigue, indisposition	Dizziness, syncope, tremor, headache	Rhinitis, uro-genital infections, falls, injury, dyspnea
Rivastigmine	Severe liver dysfunction, hypersensitivity on Carbamate derivates	Nausea, vomiting, diarrhea, loss of appetite, abdominal pain, dyspepsia, loss of weight	Somnolence, tiredness	Agitation, confusion, asthenia	Dizziness, headache, tremor, syncope	Increased sweating, dyspnea
Ginkgo biloba Egb761	None	None	None	None	None	None
Memantine	Severe liver and renal dysfunction	Constipation	Tiredness	Irritability	Dizziness, headache	Increased blood pressure

From Ihl et al., *The World Journal of Biological Psychiatry*, 2011; 12: 2–32