Treatments for dementia
Alzheimer's Research UK is the UK’s leading dementia research charity. As research experts, we fund world-class pioneering scientists to find preventions, treatments and a cure for dementia.

Our findings improve the lives of everyone affected by dementia now and in the future. We help people to understand dementia and the progress we are making.

Read more about our work and achievements at [www.alzheimersresearchuk.org](http://www.alzheimersresearchuk.org)

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**About Alzheimer's Research UK**

You can help us in our mission to defeat dementia by donating today. To donate, call us on 01223 843899, write to us at the address on the back cover or visit our website [www.alzheimersresearchuk.org/donate](http://www.alzheimersresearchuk.org/donate)

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This booklet gives an overview of the treatments currently available for dementia.

It includes information about the drugs available to treat Alzheimer’s disease, including how they work and their effects.

There are also details of treatments, both drug and non-drug, available to help with some of the symptoms of dementia. These symptoms can occur in Alzheimer’s disease, vascular dementia, dementia with Lewy bodies (DLB) and frontotemporal dementia (FTD) and all of these are covered.

This information is for anyone who wants to know more about the treatments currently available for dementia. This might include people with dementia, their carers, friends and family.

The information here does not replace the advice that doctors, pharmacists or nurses may provide, but gives you information which we hope you will find helpful.

For advice about living with dementia or caring for someone with dementia you can contact one of the organisations listed on page 18.

If you would like more information about dementia that includes diagnosis, symptoms and risk factors, ask us for our booklet ‘All about dementia’.

Sources
If you would like a version of this information including references and sources, please get in touch.

Review dates
This booklet was written in April 2010 and is due to be reviewed in April 2012.
The word dementia is used to describe a group of symptoms - these include memory loss, confusion and mood changes.

Alzheimer’s is a disease that causes dementia. Other diseases that cause dementia include vascular dementia, dementia with Lewy bodies and frontotemporal dementia.

In dementia, brain cells stop working properly. This happens inside specific areas of the brain, which can affect how you think, remember and communicate.

For more information about dementia, please ask us for our free booklet ‘All about dementia’.
If you have been diagnosed with dementia, there are several drugs that could be beneficial. You can find more information about the drugs, how they work and their effects, on the next few pages.

You can talk with your doctor about the treatments available and together you can decide which ones might be best for you. You might also like a carer or member of your family to be involved in these decisions.

If you are prescribed a drug for dementia, treatment should be started by a specialist doctor. Specialist doctors who see dementia patients include old age psychiatrists, geriatricians and neurologists. Once treatment has been started, it may be continued and monitored either by a specialist or by your GP.

Throughout this booklet, the generic or common name of drugs is used, like donepezil. In brackets are the brand names, for example (Aricept).

If you have any concerns about your medicine or if you experience unexpected side effects, you can talk to your doctor, nurse or pharmacist. The NHS Direct helpline can give you advice if you cannot reach your doctor: Tel. 0845 4647 - 24 hours a day
You can talk with your doctor about the treatments available and together you can decide which ones might be best for you.
People with mild to moderate Alzheimer's disease could benefit from taking a cholinesterase inhibitor (ChEIs). Cholinesterase inhibitors are not a cure, but can treat some symptoms in some patients.

There are three cholinesterase inhibitors licensed to treat Alzheimer’s: donepezil (Aricept), rivastigmine (Exelon, Abix) and galantamine (Reminyl). All of these drugs work in a similar way. So far, no difference in the effectiveness of the three cholinesterase inhibitors has been shown.

Effects of cholinesterase inhibitors

People with mild to moderate Alzheimer’s may find that their condition improves by taking a cholinesterase inhibitor. This could be improvement in thinking, memory, communication or day-to-day activities. Others may find that their condition stays the same, when they would have expected to become less able with the progression of dementia. Some people may not notice any effect at all.

The beneficial effects can last for several years, but their effects wear off over time. Because they don’t affect the disease progressing in the brain, people can continue to get worse over time even though they are taking medication.

The most common side effects of cholinesterase inhibitors are nausea (sickness), vomiting, diarrhoea, insomnia, muscle cramp, and tiredness. These effects are often mild and usually only temporary. Not everyone will experience side effects.

How cholinesterase inhibitors work

Cholinesterase inhibitors work by helping nerve cells in the brain communicate with each other. This communication is vital to the way we move, think and remember.

During Alzheimer’s disease, nerve cells become damaged and lose their ability to communicate. Cholinesterase inhibitors can keep a chemical used to send messages between nerve cells working for longer. This can improve sending of signals in the brain, reducing the symptoms of Alzheimer’s disease for a time.
Memantine

Memantine (Ebixa or Axura) can help people with moderate to severe Alzheimer’s disease. Like cholinesterase inhibitors, while memantine is not a cure, it can help Alzheimer’s patients with some symptoms.

We don’t know if memantine could benefit people with vascular dementia, dementia with Lewy bodies or frontotemporal dementia until more research is complete.

Effects of memantine

Memantine can help some people with moderate to severe Alzheimer’s. People taking memantine may find their memory, communication, thinking skills or ability to do day-to-day activities improves. Some people may not notice any effect at all. Others may find that their condition stays the same, when they would have expected it to change with the progression of Alzheimer’s.

Some people experience side effects when taking memantine. The most common side effects of memantine are headaches, dizziness, tiredness, constipation and hallucinations. These effects are usually only temporary.

How memantine works

Memantine helps nerve cells in the brain communicate with each other. Alzheimer’s disease causes nerve cells to become damaged and lose their ability to communicate with each other. This communication is essential to the way we move, think and remember. It is thought that memantine helps nerve cells receive messages. This can improve the sending of signals in the brain, reducing the symptoms of Alzheimer’s disease for a time.
Vascular dementia is linked to risk factors for vascular disease. These include high cholesterol, high blood pressure, type 2 diabetes, stroke and heart problems. People with these conditions have an increased risk of developing vascular dementia.

A doctor may prescribe medication to treat high cholesterol, high blood pressure, type 2 diabetes, stroke and heart problems in people with vascular dementia. It’s possible that treating these conditions could slow the progression of vascular dementia – although more research is needed in this area and studies are currently in progress.

A doctor may also advise taking up a healthier lifestyle by stopping smoking, taking exercise and eating healthily to help control these underlying conditions.

Vascular dementia is sometimes caused by a stroke, so a doctor may also recommend physiotherapy, occupational therapy or speech therapy to help a person if appropriate.

Cholinesterase inhibitors (details on page 8) are not usually beneficial for people with vascular dementia. However, they may be helpful for people with both Alzheimer’s and vascular dementia, also called ‘mixed dementia’.

Cholinesterase inhibitors can be helpful for people with dementia with Lewy bodies. Several studies have suggested they might help with cognitive symptoms as well as other symptoms, like visual hallucinations.

There are no specific drugs to treat frontotemporal dementia at the moment, but other drugs may help some symptoms of the disease. For example an antidepressant drug may be considered. More details are in the next sections.
There are several types of cognitive therapy that might be beneficial for people with all types of dementia.

Cognitive skills can be described as thinking skills, and cognition is a word used to describe thought processes.

Cognitive stimulation activities are designed to stimulate thinking skills and engage people who have dementia. They are often group-based and include games, with an emphasis on enjoyment. Cognitive stimulation can be provided by health or social care staff with appropriate training.

The benefits of cognitive stimulation for people with dementia could include improvement in memory, thinking skills and quality of life.

Other types of cognitive therapy are currently being tested to see if they can benefit people with dementia. These include reminiscence therapy, where past activities and experiences are discussed, usually with photographs and other familiar objects from the past.

Cognitive rehabilitation, which involves guided practice on tasks of particular thinking skills like memory or problem-solving, is also being tested to find out if it can help people with dementia.

It is best to be wary of ‘herbal’, ‘alternative’ or ‘complementary’ products that claim to benefit people with dementia, or claim to improve memory. There has been very little high quality research into these products, and some may not be safe for people with dementia.

The most important thing when considering taking a complementary therapy is to consult a doctor. Some alternative or complementary products interact with conventional medication, so a doctor needs to know about anything being taken. These products should never be taken as a substitute for prescribed medicines.

Despite common belief, there is no convincing evidence that the herbal supplement ginkgo biloba can benefit people with dementia.
In England, Wales and Northern Ireland, cholinesterase inhibitors are available on NHS prescription for people with moderate stage Alzheimer’s. Memantine is not currently available on an NHS prescription.

In March 2011 these drugs should be more widely available on NHS prescription. Cholinesterase inhibitors will be available on NHS prescription for people with mild or moderate Alzheimer’s and memantine for people with moderate to severe Alzheimer’s. This booklet will be updated to give the latest details.

In Scotland cholinesterase inhibitors are available on an NHS prescription for people with mild or moderate Alzheimer’s disease. Memantine is not currently available on an NHS prescription in Scotland.

In the whole of the UK, patients with mild to moderate dementia, of all types, should have the opportunity to participate in cognitive stimulation if it is available. It should be offered irrespective of any drug prescribed.
Over the next few pages you will find information about non-drug and drug treatments that could help people with dementia and depression, anxiety, agitation or aggression.

These symptoms are often experienced by people in the later stages of dementia, including those with Alzheimer’s disease, vascular dementia, dementia with Lewy bodies and frontotemporal dementia.

Your doctor may advise a non-drug treatment to help with these symptoms first. Non-drug treatments could include exercise, cognitive therapy or group activities. For more details of these, see page 16.

You can discuss your treatment options with your doctor. Organisations on page 18 can give you advice about caring for someone with dementia and where to access local support and care services.

**Depression**

Depression is common in all forms of dementia including Alzheimer’s disease, vascular dementia, dementia with Lewy bodies and frontotemporal dementia.

A doctor may offer treatment with an antidepressant medicine. There are different types, or classes, of antidepressant; some are not suitable for people with dementia. Your doctor will be able to advise you if an antidepressant could help and which type would be best.

As well as an antidepressant, your doctor may recommend cognitive behavioural therapy (CBT). There may be other therapies offered in your local area that could help. These might include exercise or group activities.
Some people with dementia experience agitation, aggression, delusions, psychosis, severe anxiety, hallucinations, sleep disturbances and other behavioural symptoms.

These symptoms can be difficult to manage by a carer and you might hear them called ‘challenging behaviours’. They are also known as neuropsychiatric symptoms or behavioural and psychological symptoms of dementia: ‘BPSD’.

While these symptoms may be difficult to handle, there are simple things that might help. It may be possible to uncover the cause, or trigger, of aggression or agitation. It could be that someone’s physical health, environment or their feelings towards certain situations is causing their behaviour.

Finding out if there are triggers that cause aggressive or agitated behaviour means it might be possible to remove, treat or avoid them. Mild behavioural symptoms can often be helped with adjustments to physical surroundings, reassurance or changes in daily routine. Possible triggers could include:

- undetected pain or discomfort
- infection
- depression
- social situations
- things in the environment

For advice and support for coping with challenging behaviours and caring for someone with dementia, you can contact one of the organisations on page 18. Your doctor or psychiatric nurse will also be able to offer you advice.
Non-drug treatments

To help someone with agitation, their doctor or healthcare worker may consider offering a non-drug therapy. What is considered depends on someone’s preferences, skills and abilities. It also depends on what is available in your local area. They might include:

- aromatherapy
- therapeutic use of music or dancing
- animal-assisted therapy
- massage
- multi-sensory stimulation

A person’s response to these therapies should be carefully monitored and the approach changed if needed. These therapies might be given by a trained health or social care worker with appropriate training and supervision.

Some people with dementia may find one of these therapies helpful. There is some research that shows these treatments might be beneficial for people with dementia. However, the studies done so far have been small so more research is needed.

Anti-psychotic drugs

If non-drug measures have not worked and someone is very distressed they may be offered treatment with an antipsychotic drug. These are also known as neuroleptics or major tranquillisers.

These drugs should only be offered if there is severe distress or immediate risk of harm to the person themselves or others around them. They should only be prescribed as a last resort, when other methods have been tried and failed.

Anyone prescribed an anti-psychotic drug should be closely and regularly monitored by a doctor. If you have any concerns about anti-psychotics being used you can talk to your doctor.
There are several different anti-psychotic drugs. One, called risperidone (Risperdal), is licensed to treat severe agitation, aggression and psychosis in people with dementia. Short term treatment might reduce these symptoms.

Rarely, other anti-psychotic drugs at a low dose may be considered if someone is extremely violent or aggressive. Lorazepam (Ativan, Temesta) or haloperidol (Haldol, Serenace) might be considered for a very short term (one week). The treatment may help reduce very aggressive behaviour.

All anti-psychotics can have serious side effects. They should not usually be used for longer than three months. Long term use of antipsychotic drugs is associated with an increased risk of stroke and may worsen cognitive decline in people with Alzheimer’s disease.

All anti-psychotics can be very dangerous for people with dementia with Lewy bodies and should not normally be prescribed for them. They can cause symptoms to worsen and in some cases, sudden death.

Different anti-psychotic drugs have been used in the past to treat dementia symptoms, but they are not recommended or licensed for this. You can, and should, talk with your doctor about what type of medication is being prescribed and why.

**Acetylcholinesterase inhibitors**

An acetylcholinesterase inhibitor may be considered for people with dementia with Lewy bodies who have symptoms that are causing distress or leading to challenging behaviour.

They also might be considered for people with Alzheimer’s who have behavioural symptoms that are causing significant distress. They may be considered if a non-drug approach is inappropriate or has been ineffective, and antipsychotic drugs are unsuitable or have been ineffective.
Accessing services and support can make a big difference to someone with dementia and their family. Some services will be provided by local authorities and others can be arranged through GPs. For advice, contact your local authority social services department. The number will be in the phone book. Everyone with dementia should be entitled to an assessment that establishes their needs and suggests how those needs can be met.

The following organisations provide information, support and care services to people affected by dementia as well as their families and carers.

**Admiral Nursing DIRECT** is a telephone helpline, provided by Admiral Nurses and supported by the charity Dementia UK. It offers practical advice and emotional support to people affected by dementia on 0845 2579406.

**Age UK** can give you information about help available through social services, as well as advice about issues faced by older people. Their helpline is 0800 1696565.

**Alzheimer Scotland** provides the National Dementia Helpline 0808 8083000 in Scotland as well as local services all over Scotland for people with dementia and their carers.

**Alzheimer’s Society** provides the National Dementia Helpline in England and Wales on 0845 3000336 which can give you information, support, guidance and signposting to other appropriate organisations. In Northern Ireland call 028 9066 4100.

**Guideposts Trust** run the Dementia Information Service for Carers. Their National Information Line is 0845 1204048, which can provide information, advice and support to carers.

**The NHS** provides free, confidential information and advice for carers through Carers Direct on 0808 8020202.
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All our reviewers for their help.
If you’re interested in helping us by reviewing our information booklets, please get in contact using the details on the back cover.
Have your say

We welcome your comments to help us produce the best information for you. You can let us know what you think about this booklet by contacting us using the details below.

About us

Alzheimer’s Research UK is the UK’s leading dementia research charity. Help us to defeat dementia by donating today [www.alzheimersresearchuk.org/donate](http://www.alzheimersresearchuk.org/donate)

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