



*Dementia & Medicines*  
**What You Need to Know**



## Dementia & Medicines

# What You Need to Know



Dementia is a general term for a decrease in mental ability (memory and thinking) that interferes with daily life. The most common cause of dementia is Alzheimer's disease, but there are also other dementias, such as vascular dementia or Lewy Body dementia. Dementia can also occur in Parkinson's disease or Huntington's disease or in other medical illnesses.

Common symptoms of dementia are having trouble around:

- memory loss such as forgetting new information, dates or events
- following a recipe or keeping track of bills
- following a conversation or taking part in social activities
- being mixed up about people, places or time
- poor judgment
- changes in mood, behavior or personality

This handout highlights medications that may be given to patients with dementia once this condition has been diagnosed. It also highlights medications that are not necessarily recommended to treat dementia symptoms and have been known to be misused. These include antidepressants, sedatives and antipsychotics. Antipsychotics, for example, have been misused to treat behaviors such as yelling and hitting, but studies have shown that using these types of medications do not help and can also be extremely harmful. Take caution should these drugs be prescribed to treat dementia symptoms.

The medicines in this table are FDA-approved to treat Alzheimer's disease or dementia. These drugs help to regulate chemicals in the brain that are involved with learning and memory. They can't cure these illnesses or stop the cells in the brain from eventually dying.

CLASS OF MEDICINES	PRODUCT NAMES	SYMPTOMS THAT CAN BE HELPED	PROS	CONS
<b>CHOLINESTERASE INHIBITORS</b>	Donepezil (Aricept®) Galantamine (Razadyne®) Rivastigmine (Exelon®)	Memory loss, confusion, problems with thinking or reasoning	<ul style="list-style-type: none"> <li>• Can slow the progression or decline of the dementia for 6-12 months or longer</li> <li>• Can allow a loved one to remain at home longer</li> <li>• Exelon® comes in a patch form for those who have trouble swallowing</li> </ul>	<ul style="list-style-type: none"> <li>• Can cause sleep troubles or vivid dreams</li> <li>• Can cause urinary symptoms</li> <li>• Can cause nausea, diarrhea, or loss of appetite</li> <li>• Can cause fainting or dizziness</li> <li>• Don't work in everyone</li> </ul>
<b>NMDA RECEPTOR AGONIST</b>	Memantine (Namenda®)			

People with dementia may have changes in their behaviors, sleep patterns, or mood. This table lists some common medicines that have been potentially harmful to treat these types of symptoms, and are highly recommended to be used as a last resort. The severity of the reactions and interactions from these drugs can vary from person to person. Ask your or your loved one's doctor questions to be clear on why these drugs are prescribed. Please be aware of the harmful effects should the following be used to treat symptoms of dementia.

MEDICINES	EXAMPLES	SYMPTOMS THAT CAN BE HELPED (TAKE CAUTION)	POTENTIAL HARMFUL EFFECTS	
<b>ANTIDEPRESSANTS</b>	Citalopram (Celexa®) Sertraline Zoloft® Escitalopram (Lexapro®)	Depression Anxiety Panic attacks	<ul style="list-style-type: none"> <li>• May help with depression, low mood, hopelessness, sadness</li> <li>• May help with anxiety, fear, restlessness</li> <li>• Citalopram may help with sleep</li> <li>• Sertraline may increase energy</li> </ul>	<ul style="list-style-type: none"> <li>• Takes about 6 weeks to fully work</li> <li>• May increase the risk of falling</li> <li>• May cause diarrhea</li> <li>• Sertraline may cause insomnia</li> <li>• Citalopram may cause sedation (p.m. OK)</li> </ul>
<b>SEDATIVES*</b>	Lorazepam (Ativan®) Alprazolam (Xanax®) Temazepam (Restoril®)	Aggressive behavior Alcohol withdrawal	<ul style="list-style-type: none"> <li>• May help ease End-of-Life care</li> <li>• Lorazepam may be used very rarely for serious, dangerous, aggressive behaviors</li> </ul>	<ul style="list-style-type: none"> <li>• In dementia, may increase confusion, aggression, paranoia, falls</li> <li>• May lead to sleeping problems with prolonged use</li> <li>• May be habit forming (Alprazolam is extremely dangerous for this reason)</li> </ul>
<b>ANTIPSYCHOTICS**</b>	Risperidone (Risperdal®) Olanzapine (Zyprexa®) Quetiapine (Seroquel®) Haloperidol (Haldol®)	Terminal delirium Extremely dangerous behaviors, hallucinations or paranoia	<ul style="list-style-type: none"> <li>• In very rare instances, may alleviate hallucinations, paranoia, delusions, behaviors that are extremely distressing, aggressive or dangerous</li> </ul>	<ul style="list-style-type: none"> <li>• May increase the risk of stroke and/or death</li> <li>• May make confusion worse</li> <li>• May increase the risk of falls</li> <li>• May increase sedation</li> <li>• May interfere with Parkinson's treatment</li> <li>• May increase blood sugar</li> <li>• May increase restlessness</li> </ul>

\* **SEDATIVES** are not recommended as a first choice for problems with sleep or for anxiety problems in dementia. If used, sedatives should only be used for a very short period of time.

\*\* **ANTIPSYCHOTICS** are to be used as a last resort if other methods and treatments are not successful. Antipsychotics are not Food Drug Administration (FDA) approved to treat dementia behaviors, and have been associated with an increased risk of death in the elderly with dementia. However, there are very rare times where some behaviors pose a greater risk to patients (distressing, debilitating thoughts) and families (aggressive, dangerous behaviors) living with dementia than using the antipsychotic medicines. The use of antipsychotics for these situations are rare and should be taken with extraordinary caution.



## Balancing Benefits & Risks of Medicines

- Always use non-drug treatments first and continue them with the medicines. Non-drug treatments include changes in lifestyle, environment, and caregiver approach.
- Talk with your provider about which type of medication may be best. Keep a careful record of behaviors or other symptoms to help with the discussion, and keep up with follow-up appointments.
- Your provider knows that other diseases play a part in behaviors, so treating all medical problems is important. Pain, for example, can play a big role in behaviors in those with dementia, and should always be treated first. Narcotic medications may be needed to treat serious pain. Long Acting Tylenol 3 times a day and ice cream for arthritis pain, for example, go a long way to helping decrease difficult behaviors.
- Ask your physician or pharmacist to review all the medications being prescribed, plus any herbals and over-the-counter medicines. Sometimes drug interactions or medicine side effects can cause problems such as clouded thinking that are mistaken for dementia but can be stopped by adjusting, changing or stopping the medicines. Avoid anti-cholinergic medications.
- There are other medicines not listed in these tables that may be used. As with all medicines, be clear on
  - the directions for taking it
  - the outcome to expect
  - the side effects to look for
  - the reason for taking it
  - how long it will take

There are many things that caregivers or family members can do to help a loved one with dementia that do not involve drugs. Support groups for patients, families and caregivers can also help. Making decisions early is best.

## Web Resources for Consumers & Family Members

Alzheimer's Association | [www.alz.org](http://www.alz.org)

California Advocates for Nursing Home Reform | [www.canhr.org](http://www.canhr.org)

California Culture Change Coalition | [www.calculturechange.org](http://www.calculturechange.org)

California Partnership to Improve Dementia Care | [www.dementiacarerresourceCA.org](http://www.dementiacarerresourceCA.org)

HelpGuide.org | [www.helpguide.org](http://www.helpguide.org)

The Consumer Voice for for Quality Long-Term Care | [www.theconsumervoice.org](http://www.theconsumervoice.org)

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