



PBO 930022142 NPO 049-191

Aricept, Exelon and Reminyl—the new drugs for Alzheimer’s disease

Aricept, Exelon and Reminyl are not cures for Alzheimer’s disease. However, they can temporarily slow down the progression of symptoms in people in the early to middle stages of the disease.

How do these new drugs work?

Research has shown that there is not enough of a chemical called acetylcholine in the brains of people with Alzheimer’s disease. Acetylcholine is one of the chemicals nerve cells use to communicate.

Aricept, Exelon and Reminyl are called acetylcholinesterase inhibitors. They prevent an enzyme known as acetylcholinesterase from breaking down acetylcholine in the brain. Increased concentrations of acetylcholine lead to increased communication between nerve cells which may in turn temporarily improve or stabilize the symptoms of Alzheimer’s disease.

How do the drugs differ from each other?

Aricept, Exelon and Reminyl work in similar ways. However, Reminyl also appears to act on the nicotinic neuronal receptors in the body, making them release more acetylcholine. It is possible that one of these drugs might suit an individual better than another. The specialist should be able to advise whether there is any advantage associated with a particular drug.

Are they effective for all people with Alzheimer’s disease?

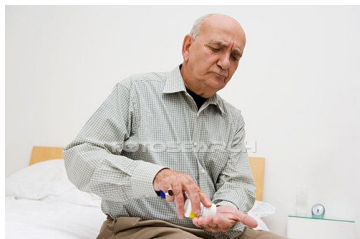
At present Aricept, Exelon and Reminyl are only used in people with mild to moderate Alzheimer’s disease. They are not effective for everyone and will only temporarily improve memory or delay memory loss.

Research is being undertaken to find out whether any of these drugs may be effective in the later stages of Alzheimer’s disease.

Please contact the DEMENTIA SA Office

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Are there any side effects?

Not everyone has the same side effects or has them for the same length of time. The most frequent side effects include nausea and vomiting, diarrhoea, stomach cramps and headaches, dizziness, fatigue, insomnia and loss of appetite.

How and where can these drugs be obtained?

These drugs need to be prescribed by your Psychiatrist or Neurologist.

It is also important to discuss with the doctor any possible benefits, risks or side effects.

- ***Some people will improve, some will not, while others will continue to deteriorate.***

Are these drugs effective for other types of dementia?

This type of drug was developed specifically to treat Alzheimer's disease. We do not yet know whether they can be helpful for people with other forms of dementia, although there is evidence that they may be effective in dementia with Lewy Bodies and even vascular dementia. Research is continuing.

What are the benefits of the drugs?

It is impossible to predict the potential benefits of using any of these drugs. Some people will improve, some will not, while others will continue to deteriorate. In cases where these drugs prove effective they appear to slow down the progression of symptoms, including memory loss. They can also improve mood, reduce anxiety and restore confidence. People who do not show an improvement or slowing down in the first few months are unlikely to show any benefit later on. In these cases the drugs will be stopped.

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Taking the drugs

It may be helpful if the consultant seeks the carer's views of the person's condition before treatment and during follow-up appointments.

The patient's views should also be sought. The consultant will also need to be sure that the patient takes their medication regularly. Dosages vary. Usually a patient will start on a low dose, which will be increased later to maximize effectiveness. It is important to be on the highest tolerable dose to get the maximum effect.

Aricept is administered once a day and can be taken with or without food. It is available in 5mg or 10mg tablets.

Exelon is taken twice a day, normally in the morning and evening. People start with 3mg per day which will usually increase to a dosage of between 6mg to 12mg.

Reminyl is taken twice daily with food and is available in 4mg, 8mg and 12mg tablets. The recommended starting dose is 8mg to be taken daily for at least four weeks.

What questions should you ask your doctor?

What are the potential benefits of taking these drugs?

How long will it be before I see a result?

How often do these drugs need to be taken?

What should I do if a dose is missed?

If there are side effects should the drug be stopped immediately?

What happens if the drug is stopped suddenly?

What other treatments (prescription and over-the-counter) might interact with these drugs?

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Any changes in health should be reported immediately

How often will visits to the clinic/surgery be needed?

Can someone with Alzheimer's disease living in a residential or nursing home take these drugs?

Are there any costs associated with taking these drugs?

Why is one drug prescribed rather than another?

If one drug proves ineffective can another drug be tried?

Notes on drugs

Aricept (donepezil hydrochloride), produced by Eisai and co-marketed with Pfizer, was the first drug to be licensed in the UK specifically for Alzheimer's disease.

Exelon (rivastigmine), produced by Novartis Pharmaceuticals, was the second drug licensed in the UK specifically for Alzheimer's disease.

Reminyl (galantamine) was co-developed by Shire Pharmaceuticals and the Janssen Research Foundation. Originally derived from the bulbs of snowdrops and narcissi, Reminyl was the third drug licensed in the UK specifically for Alzheimer's disease.

Notes :

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