

# Treatments for dementia



**Alzheimer's  
Research  
UK**

**The Power  
to Defeat  
Dementia**

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## About Alzheimer's Research UK

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)

## How you can help

You can help us in our mission to defeat dementia by donating today. To donate, call us on **0300 111 5555**, write to us at the address on the back cover or visit our website.

We rely on donations from individuals, companies and charitable trusts, money raised by individuals and gifts in people's Wills to fund our vital research.

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.

## Introduction

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.

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 16.

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 updated in April 2014 and is due to be reviewed in April 2016.

## What is dementia?

The word dementia is used to describe a group of symptoms – these include memory loss, confusion, mood changes and difficulty with day-to-day tasks.

Alzheimer's is a disease that causes dementia. Other common 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**'.

**Alzheimer's disease is the most common cause of dementia, affecting about**

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**500,000**  
people in the UK





## Drug treatments for dementia

If you have been diagnosed with dementia, there are several drugs that could help. 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).

The NHS 111 service can give you advice if you cannot reach your doctor.

**Telephone: 111 - 24 hours a day.**

## Treatments for Alzheimer's

People with mild to moderate Alzheimer's disease could benefit from taking a cholinesterase inhibitor. Cholinesterase inhibitors are not a cure, but can treat some symptoms in some patients.

### Cholinesterase inhibitors

There are three cholinesterase inhibitors licensed to treat Alzheimer's:

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**donepezil (Aricept)**

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**rivastigmine (Exelon)**

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**galantamine (Reminyl).**

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All of these drugs work in a similar way. So far, no difference in the effectiveness of the three cholinesterase inhibitors has been shown, but some people may seem to respond better to one drug than another or have fewer side effects.

These treatments are normally given as tablets or capsules. Donepezil is also available as a tablet that dissolves on the tongue and galantamine can be given in liquid form. Rivastigmine is available in liquid form or in patches, where the drug is absorbed through the skin. Your doctor will discuss the most suitable form for you.

### 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 as the condition develops. Some people may not notice any effect at all.

As these drugs don't stop the disease from progressing in the brain, symptoms can continue to get worse over time. However they can help people to function at a slightly higher level than they would do without the drug.

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 for a time.

## Treatments for Alzheimer's *(continued)*

### Memantine

Memantine (Ebixa or Axura) is recommended for people with severe Alzheimer's disease, and for people with moderate Alzheimer's if cholinesterase inhibitors don't help or are not suitable.

Memantine is normally given as tablets, but it is also available as a liquid. Your doctor will discuss the most suitable form for you. Like cholinesterase inhibitors, while memantine is not a cure, it can help with some symptoms.

Memantine is currently only recommended for people with Alzheimer's disease, but research is underway to learn more about whether it might be beneficial for people with vascular dementia, frontotemporal dementia or dementia with Lewy bodies.

### Effects of memantine

Some people taking memantine may not notice any effect at all. Others may find that their condition stays the same, when they would have expected it to decline.

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

### How memantine works

Memantine also helps nerve cells in the brain communicate with each other. It helps them receive messages and this can improve the sending of signals in the brain, reducing the symptoms of Alzheimer's disease for a time.





## Treatments for other types of dementia

Vascular dementia can occur when blood flow to the brain becomes reduced. This type of 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 development 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 7) 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 may be helpful for people with dementia with Lewy bodies. Several studies have suggested they might help with memory loss and confusion as well as other symptoms, like visual hallucinations.

There are no drugs specifically 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.

## Non-drug treatments for dementia

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 is also being tested to find out if it can help people with dementia. This technique aims to improve how people manage everyday tasks by setting personal goals and finding ways to achieve them. The focus is on developing the person's strengths and helping them to overcome their individual challenges.

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. For example, despite common belief, there is no convincing evidence that the herbal supplement ginkgo biloba can benefit people with dementia.

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

## Availability of dementia treatments

Cholinesterase inhibitors are currently available across the UK on NHS prescription for people with mild and moderate stage Alzheimer's disease. Memantine is available on NHS prescription for people with severe Alzheimer's, and for people with moderate Alzheimer's if cholinesterase inhibitors don't help or are not suitable.

People 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.



## Treatments for other symptoms of dementia

Over the next few pages you will find information about non-drug and drug treatments that could help people with dementia and related 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 14.

You can discuss your treatment options with your doctor. Organisations on page 16 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.

Your doctor may consider recommending cognitive behavioural therapy (CBT). CBT provides an opportunity for people to talk about their worries and concerns with a specialist practitioner, and aims to help people develop different ways of thinking and behaving. There may also be other therapies offered in your local area that could help; these might include exercise or group activities.

If you have more severe symptoms, you may be offered an antidepressant drug. 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.



### Agitation, anxiety and aggression

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. A person's physical health could affect their behaviour – they may be constipated or need to pass urine. The environment around someone can also affect their behaviour, as well as their feelings towards certain situations.

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 to daily routine.

Possible triggers could include:

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**undetected pain or discomfort**

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**infection**

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**depression**

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**social situations**

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**factors in the environment**

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**disruption to routine.**

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For advice and support for coping with challenging behaviours and caring for someone with dementia, you can contact one of the organisations on page 16. Your doctor or nurse will also be able to offer you advice.

## Treatments for other symptoms of dementia

### Non-drug treatments

To help someone with agitation, a 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:

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**aromatherapy**

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**therapeutic use of music or dancing**

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**animal-assisted therapy**

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**massage**

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**multi-sensory stimulation.**

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A person's response to these therapies should be carefully monitored and the approach changed if needed. These therapies might be given by a 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.

### Antipsychotic drugs

If non-drug measures have not worked and someone is very distressed they may be offered treatment with an antipsychotic drug. Antipsychotics 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. While they can be helpful in certain circumstances, antipsychotics can also have serious side effects and so other methods should be tried first.

Anyone prescribed an antipsychotic drug should be closely and regularly monitored by a doctor. If you have any concerns about antipsychotics being used you can talk to your doctor.

**To help someone with agitation, a doctor or healthcare worker may consider offering a**

**non-drug therapy**

### Effects of antipsychotic drugs

There are several different antipsychotic 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 antipsychotic drugs at a low dose may be considered if someone is extremely violent or aggressive. Lorazepam (Ativan, Temesta), a type of drug called a benzodiazepine, may be used for a short time to help reduce very aggressive behaviour. Haloperidol (Haldol, Serenace) is another antipsychotic which might be considered for a very short term (one week).

All antipsychotics can have serious side effects. Long term use of antipsychotic drugs is associated with an increased risk of stroke and may worsen memory and thinking in people with Alzheimer's disease. For this reason, antipsychotics should not usually be used for longer than three months and the benefits of prescribing them need to be carefully weighed up against the risk of side effects for each person.

Antipsychotics can be particularly dangerous for people with dementia with Lewy bodies and should only be prescribed in severe circumstances. They can cause symptoms to worsen and in some cases, sudden death.

Different antipsychotic 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.

### Cholinesterase inhibitors

A cholinesterase 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.



## Caring for someone with dementia

# 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 257 9406**.

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**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 169 6565**.

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**Alzheimer Scotland** provides the National Dementia Helpline **0808 808 3000** in Scotland as well as local services all over Scotland for people with dementia and their carers.

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**Alzheimer's Society** provides the National Dementia Helpline in England and Wales on **0300 222 1122**, offering information, support, guidance and signposting to other appropriate organisations. In Northern Ireland call **028 9066 4100**.

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**Guideposts Trust** runs the Dementia Information Service for Carers. Its National Information Line is **0845 120 4048** and it provides information, advice and support to carers.

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The **NHS** provides free, confidential information and advice for carers through Carers Direct on **0300 123 1053**.

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The **Lewy Body Society**, in partnership with Parkinson's UK, provides support and advice to people with dementia with Lewy bodies, their families and carers. You can contact a helpline advisor on **0808 800 0303**.

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The **Frontotemporal Dementia Support Group** (formerly Pick's Disease Support Group) provides support and information for people with frontotemporal dementia, their families and carers. Regional contacts can be found by ringing **07592 540555**.

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There are organisations  
that provide  
information  
and support  
to people affected by  
dementia

Volunteers, both with and without dementia, who take part in research studies or clinical trials play an essential role in helping scientists to understand dementia and test potential new treatments.

### Taking part in research

Clinical Research Networks operate across the UK and can help you to get involved in dementia research in your area.

'Join dementia research' is a national service that allows you to register your interest in taking part in dementia research studies in England and Scotland. It is funded by the National Institute of Health Research in partnership with Alzheimer's Research UK, Alzheimer's Society and Alzheimer Scotland.

Visit [www.joindementia\\_research.nihr.ac.uk](http://www.joindementia_research.nihr.ac.uk) or call the **Dementia Research Infoline** on **0300 111 5 111**. If you live in Wales or Northern Ireland, our Infoline staff can put you in touch with Clinical Research Networks in your area.





## The research we fund

Alzheimer's Research UK has funded over £13 million of pioneering research across the UK to promote the development of new treatments for dementia.

Through the work we fund into the causes of dementia, our scientists are building a detailed picture of what happens in the brain in these diseases – essential for developing new treatments to stop them.

We are supporting research to improve the detection of dementia – aiming to help the right people get into the right clinical trials at the right time. This will mean potential new drugs can be tested in people when they are most likely to have the greatest benefit.

We believe that dementia can only be defeated through research. Thanks to the generosity of our supporters, we will continue to nurture and support the ideas of scientists who will take us one step closer to a cure.



### Find out more

If you have questions about research or want to get involved, contact the **Dementia Research Infoline** on **0300 111 5 111** or email **[infoline@alzheimersresearchuk.org](mailto:infoline@alzheimersresearchuk.org)**

You can also write to us at the address on the back of this booklet.

The Infoline operates 9.00-5.00pm Monday to Friday. Calls cost no more than national rate calls to 01 or 02 numbers and should be included in any free call packages. Interpreter services are available.

# We are the UK's leading research charity aiming to defeat dementia.

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.



## Contact us

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## General enquiries

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## Dementia Research Infoline

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