

Dementia Medications



Dementia medications are often prescribed to slow the progression of the illness. Many patients see mild improvement in cognitive and behavioral symptoms when dementia medications are started.

Common examples include:

- Aricept (Donepezil)
- Exelon (Rivastigmine)
- Razadyne (Galantamine)
- Namenda (Memantine)

Considerations for stopping

- Burdens and risk associated with taking oral medications – difficulty swallowing and decreased appetite
- Increased risk of bradycardia and syncope
- Clinical benefit exhausted: is the medication still helping?
- Lack of supporting research for continued use for end-stage dementia
- Prioritize important medications
- Memantine risk with renal disease
- Increased risk for drug – drug interactions

Significant side effects

- Loss of appetite
- Weight loss and anorexia
- Drowsiness
- Dizziness
- Insomnia

If you need help with your symptoms, call VNA 24hrs a day:

214-689-0000

Steps for discontinuation

- Understand treatment goals and concerns
- Stop one medication at a time
- Taper by decreasing the dose by half for two weeks, then stop
- Observe for changes in behavior or symptoms and re-evaluate until all medications are stopped

Non-pharmacological approaches for symptom management

- Establish routine and simplify environment
- Monitor for personal comfort: pain, incontinence
- Provide a security object
- Avoid confrontation
- Provide stimulation: music, companion

Alternative medications for symptom management

- Anxiety, restlessness – Ativan (Lorazepam), Xanax (Alprazolam)
- Depression – Celexa (Citalopram), Zoloft (Sertraline), Desyrel (Trazodone), Remeron (Mirtazapine)
- Mood stabilization – Depakote (Divalproex)
- Mania, psychosis, distress – Seroquel (Quetiapine), Risperdal (Risperidone)

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