

# Medication for Alzheimer's disease and dementia



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Dementia is the umbrella term for a range of progressive conditions that affect the brain. There are over 200 types. Each stops the brain cells working in specific areas that affect the person's ability to remember, think and speak.

The most common types of dementia are:

- Alzheimer's disease
- vascular dementia
- frontotemporal dementia
- Lewy body dementia
- mixed dementia (a combination of two or more types)

Dementia gets worse over time, and currently, there is no known cure. However, for some types of dementia, medication may help to relieve some of the symptoms or even slow its progression.

### How do medications work for dementia?

Dementia medications, which we will describe on p3-4, can help to slow down the decline in a person's cognition (their ability to think, understand and remember). They may help with:

- anxiety
- concentration
- memory
- motivation
- the ability to manage daily living activities

Dementia medications are mainly used for Alzheimer's disease, which is the most common form of dementia.



People with dementia often also benefit from non-medical treatments and therapies. These include occupational therapy, cognitive stimulation therapy, counselling and reminiscence/ life story work (please see Sources of support on p14 for more information).

### **Medications for Alzheimer's disease**

The main types of medication for Alzheimer's disease are called 'acetylcholinesterase inhibitors' (also known as 'cholinesterase inhibitors').

It is thought that Alzheimer's disease may be linked to declining levels of a brain chemical called acetylcholine, which is needed for memory and learning. As levels of acetylcholine fall over time, the symptoms of dementia get worse.

Cholinesterase inhibitors block the breakdown of acetylcholine in the brain. This may help to reduce some dementia symptoms

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and is usually most effective in the first six to 12 months of taking the medication.

There are three types of cholinesterase inhibitor that may be used for Alzheimer's disease:

- donepezil (also known as Aricept)
- rivastigmine (Almuvira, Alzest, Erastig, Exelon, Prometax, Zeyzef)
- galantamine (Gaalin, Galzemic, Gatalin XL, Gazytan, Lotprosin, Luventa, Reminyl)

There is one other type of medication for Alzheimer's disease, called memantine (Ebixa, Nemdatine). This is an 'NDMA receptor antagonist'. It limits excess levels of calcium in the brain, which may reduce the rate of damage to the brain cells.

### Who do these medications work for?

Donepezil, rivastigmine, galantamine and memantine are mainly prescribed for people with Alzheimer's disease. They can also be prescribed for Lewy body dementia, Parkinson's dementia and mixed dementia (a combination of types of dementia) that includes Alzheimer's disease.

Donepezil, rivastigmine and galantamine are usually only prescribed for people with early to middle stage dementia (also known as mild to moderate).

Memantine may be used for people with middle stage dementia who cannot take cholinesterase inhibitors, usually due to side effects or other medical conditions, for example some heart and lung conditions. It may also be used alongside a cholinesterase inhibitor for middle or late stage (severe) dementia.



Dementia medicines are not effective for everyone. Some people may need to try several types to see which works best for them, and some may find there is no benefit at all.

### **Medication for other forms of dementia**

Dementia medications are not suitable for all forms of dementia. For example, the medicines used for Alzheimer's disease do not help with frontotemporal dementia and could even make the symptoms worse.

However, people with frontotemporal dementia may benefit from taking a class of antidepressant called 'selective serotonin reuptake inhibitors' (SSRIs) which could help with uninhibited behaviour, overeating and compulsive behaviours.

People living with vascular dementia – which is caused by problems with blood supply to the brain, for example as the result of a stroke or transient ischaemic attack (TIA, or 'mini stroke') – may be

prescribed medicines to help with the underlying causes. These include medication for high blood pressure, high cholesterol and heart disease.

It is very important that a person with dementia takes any medications for other health conditions (such as diabetes, high blood pressure and depression) as prescribed to help them stay as physically and mentally healthy as possible.

In some situations, the prescriber may decide to use a medication outside of its 'licensed' indication, also known as 'off-label' – for example, memantine in vascular dementia. This is not common, but if it does happen, the prescriber should discuss the potential risks and benefits with the person and their family member/carer. The reason for the decision should be clearly stated in the person's medical record.

### **What to consider before deciding to try medication**

Before starting medication for dementia, it is important to weigh up the pros and cons. The prescriber will carefully consider:

- whether the medication is suitable for the person's type of dementia
- the likelihood of side effects (see p7-8 for more information), and whether they will be outweighed by the benefits
- any other pre-existing health conditions
- potential interactions with other medicines the person is already taking
- their ability to take the medication as prescribed

### How to tell if medication is working

The person living with dementia should be reviewed by the memory clinic to see how well their medication is working, usually after four to six weeks. The healthcare professional may:

- see how well the person performs in cognitive tests (tests of memory and thinking)
- ask the person and their family carer how they think the medication is working
- assess the person's overall physical and mental health

If a dementia medication works for the person with the diagnosis, their symptoms will usually remain stable for around six to 12 months, after which it is likely they will gradually get worse. However, the person will usually be advised to continue taking the medication even if the benefits have reduced as it may still slow the rate of progression.

It can be very disappointing for the person with dementia and their family if medication does not work or seems to have stopped working, but there are other things they can do to look after their physical and mental health. Please see Sources of support on p14-15 for information on things that may help, including staying healthy, good sleep habits, eating and drinking well, and making the home safe and comfortable.

### Side effects

All medications have some risk of side effects. These are listed in the patient information leaflet which comes in the packaging.

Common side effects of cholinesterase inhibitors (donepezil, galantamine and rivastigmine) include:

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- diarrhoea, nausea and/or vomiting
- headaches
- dizziness
- loss of appetite
- muscle cramps
- fatigue
- insomnia

Common side effects of memantine include:

- constipation
- drowsiness
- headache
- hypertension (high blood pressure)
- dizziness

Some of these side effects may only occur when first starting the drug or when increasing the dose. To minimise the risk, the prescriber will often start with a low dose of medication and gradually increase it until the person reaches the maximum recommended dose, or the maximum dose that they can tolerate. This is known as ‘titration’.

Tablets should not be crushed or capsules opened without seeking medical advice first as this increases the risk of side effects of dementia medications, particularly stomach upset.

For advice around side effects, you can speak to the person’s doctor or a community pharmacist.





### Medication and frailty

Many people with dementia become frail as their condition progresses. The signs of frailty include:

- weight loss
- poor nutrition
- hydration issues
- fatigue
- weakness
- reduced physical activity
- a general slowing down

Frailty is a particular issue for older people, but it can also affect people with young onset dementia (where symptoms develop before the age of 65).

People who are frail are more vulnerable to the side effects of medications and may struggle to recover from minor illnesses or injuries. This may mean the person's medications need to be reviewed regularly and adjusted to suit their needs.

If you have any concerns about frailty in a person with dementia or how their medications are affecting them, please contact their GP. Please see Sources of support on p14 for information on frailty and dementia.

### Stopping medication

People may decide to stop taking dementia medicines for a variety of reasons. These might include:

- unpleasant side effects
- the perception that the medication is not working
- difficulty in taking the medication as prescribed, even with support, eg forgetting doses or taking too much

Stopping medication may be a personal choice or advised by the person's healthcare professional. Ideally, it should be a joint decision, and the doctor should ask the person and their carer for their opinions.

There is very little research into the effect of stopping dementia medications after several years. However, some evidence suggests that many people who no longer seem to be benefiting from their medication may experience a further deterioration if they stop taking

it. For this reason, the prescriber may recommend that the person with dementia continues taking medication even if it does not seem to be having an obvious benefit.

It is important that if a person wishes to stop taking their medication, they speak to their prescriber first. This ensures it is done in a safe and supervised way, often by reducing it gradually. This will help to avoid complications such as a sudden worsening of symptoms.

### **Missed doses of dementia medication**

It is essential to take all medications as prescribed to ensure the full benefit. The person with dementia may need help remembering to take their medication. You may need to remind them, or you could try setting an alarm/alert on their mobile phone or a smart speaker, writing it on a whiteboard for them to tick off, or using a pill organiser with an audible reminder.

If the person forgets to take their dementia medication for one or two days, it is generally okay to resume it without a problem. If they take donepezil, galantamine, memantine or rivastigmine and miss it for three days or more, they could experience side effects if they restart it (unless they were on the lowest available dose). In these situations, it is best to speak to a prescriber for advice.

If the person with dementia is struggling to remember to take their medication, it is a good idea to discuss this with a pharmacist. Our leaflet on Managing medication for a person with dementia has more advice on supporting someone to take their medication as prescribed: please see Sources of support on p15.

### **Different brands**

Sometimes, the person with dementia may be given a different brand of their medication by the pharmacy. All brands of the same

drug contain the same ingredients in the same proportions so there is unlikely to be any difference in how the person responds to a different brand, but please speak to the pharmacist if you have any concerns.

### **Antipsychotics and dementia**

Antipsychotic drugs are primarily prescribed to treat psychosis (delusions, hallucinations, disordered thought, paranoia etc). They are mainly used for schizophrenia, bipolar disorder, psychotic depression and treatment resistant depression. However, two types of antipsychotic – risperidone and haloperidol – are licensed for severe agitation or distress in dementia. Haloperidol may also be prescribed for people with delirium.

Research has shown that if antipsychotics are taken by a person with dementia over a sustained period, it increases the risk of heart attacks and strokes. They may also cause side effects that increase the chance of falls and fractures. For this reason, it is important for the prescriber to discuss the risks and benefits with the person's carers.

If antipsychotics are required, the person should start by taking a low dose that is increased gradually. They should take the minimum dose that is effective for them for the shortest period necessary. They should be reviewed regularly to monitor side effects and assess whether they can stop taking them. If you have any concerns about the side effects or risks, you should discuss these with the prescriber.

People with Lewy body dementia are particularly susceptible to side effects from antipsychotics so they should only ever be prescribed as a last resort.

### New medications

While there is currently no cure for dementia, scientists are continually working on new treatments. When these are reported in the media it can feel very promising, and it can be disappointing to hear that they are not being made available on the NHS. However, the decision about whether a treatment should be made widely available depends on many factors, including how effective it may be and whether its potential benefits outweigh the drawbacks, including side effects and cost.

This leaflet does not cover treatments that are not currently available on the NHS, such as donanemab and lecanemab. These may be available on prescription from a private specialist, but at present, the evidence for their effectiveness and the balance of risks and benefits is not considered strong enough for them to be available on the NHS.

If you do consider accessing these treatments, you should ensure you discuss this thoroughly with the prescriber to ensure you understand the risks, benefits and chance of them being effective.

There are some non-prescribed medications/treatments that you may hear about through word of mouth or online, for example on social media. However, if they are not offered by your prescriber, it is probably because there is insufficient evidence of their benefits and/or safety. If you have any questions about these, always discuss them with a prescriber.

It is hoped that in time, new medications may be developed and made available to support people with dementia .

## Sources of support

If you are living with dementia or caring for someone with the condition, register for our free online sessions, ‘Dementia: what next?’ at [▶ dementiauk.org/dementia-what-next](https://dementiauk.org/dementia-what-next)

To speak to a dementia specialist Admiral Nurse, call our free Helpline on **0800 888 6678** (Monday–Friday 9am–9pm, Saturday and Sunday 9am–5pm, every day except 25<sup>th</sup> December) or email [▶ helpline@dementiauk.org](mailto:helpline@dementiauk.org)

If you prefer, you can book a phone or video call with an Admiral Nurse at a time to suit you: please visit [▶ dementiauk.org/book](https://dementiauk.org/book)

### Dementia UK resources

#### Alzheimer’s disease

[▶ dementiauk.org/alzheimers-disease](https://dementiauk.org/alzheimers-disease)

#### Eating and drinking

[▶ dementiauk.org/eating-and-drinking](https://dementiauk.org/eating-and-drinking)

#### Frailty and dementia

[▶ dementiauk.org/frailty](https://dementiauk.org/frailty)

#### Frontotemporal dementia

[▶ dementiauk.org/frontotemporal-dementia](https://dementiauk.org/frontotemporal-dementia)

#### Lewy body dementia

[▶ dementiauk.org/dementia-with-lewy-bodies](https://dementiauk.org/dementia-with-lewy-bodies)

#### Life story work

[▶ dementiauk.org/life-story](https://dementiauk.org/life-story)

### **Making the home safe and comfortable for a person with dementia**

➤ [dementiauk.org/making-the-home-safe-and-comfortable](https://dementiauk.org/making-the-home-safe-and-comfortable)

### **Managing medication for a person with dementia**

➤ [dementiauk.org/medication-management](https://dementiauk.org/medication-management)

### **Sleep and dementia**

➤ [dementiauk.org/dementia-and-sleep](https://dementiauk.org/dementia-and-sleep)

### **Stages of dementia**

➤ [dementiauk.org/stages-of-dementia](https://dementiauk.org/stages-of-dementia)

### **Staying healthy**

➤ [dementiauk.org/staying-healthy](https://dementiauk.org/staying-healthy)

### **Vascular dementia**

➤ [dementiauk.org/vascular-dementia](https://dementiauk.org/vascular-dementia)

### **Other resources**

#### **NHS: about donepezil**

➤ [nhs.uk/medicines/donepezil/about-donepezil](https://nhs.uk/medicines/donepezil/about-donepezil)

#### **NHS: about memantine**

➤ [nhs.uk/medicines/memantine/about-memantine](https://nhs.uk/medicines/memantine/about-memantine)

#### **NHS: antidepressants**

➤ [nhs.uk/mental-health/talking-therapies-medicine-treatments/medicines-and-psychiatry/antidepressants](https://nhs.uk/mental-health/talking-therapies-medicine-treatments/medicines-and-psychiatry/antidepressants)

#### **NHS: how pharmacies can help**

➤ [nhs.uk/nhs-services/pharmacies/how-pharmacies-can-help](https://nhs.uk/nhs-services/pharmacies/how-pharmacies-can-help)

#### **Yellow Card Scheme: report medication side effects**

➤ [yellowcard.mhra.gov.uk](https://yellowcard.mhra.gov.uk)

**To speak to a dementia specialist Admiral Nurse  
about any aspect of dementia:**

Contact our Helpline:

**0800 888 6678** or [▶ helpline@dementiauk.org](mailto:helpline@dementiauk.org)

Book a virtual appointment:

[▶ dementiauk.org/book](https://dementiauk.org/book)

**Our charity relies entirely on donations to fund our  
life-changing work. If you would like to donate to help us  
support more families:**

- Call **0300 365 5500**
- Visit [▶ dementiauk.org/donate](https://dementiauk.org/donate)
- Scan the QR code



**Thank you.**



**DementiaUK**

Helping families face dementia



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