BRAIN TALK LIVE

TUESDAY, May 5th
2:00 PM/ Eastern

Questions about the event? Call 404-712-1416 or email cdorbin@emory.edu

Tuesday’s topics: Exercise demonstration, Early detection of Alzheimer’s disease and other dementias during your annual wellness visit, managing behavioral symptoms in dementia, avoiding scams and fraud targeting seniors, COVID-19 - how to flatten the curve while shelter at home orders are being lifted.

Audio only: Dial 1-929-205-6099
Enter meeting ID: 817 5081 8206
Press # and Pause for the verbal prompts

Sign up or access your Zoom account to register for the webinar: www.alzheimers.emory.edu
Treating Memory Loss, Dementia and Alzheimer’s:

Monica W. Parker, MD
Director, Minority Engagement Core

Alzheimer’s Disease Research Center
Treatment

There is no known cure for brain degenerative disease. Medications prescribed are used to treat symptoms.
What Are the Main Goals of Treatment?

- Disease arrest
- Slowed progression
- Symptomatic benefit
- No effect

Diagram:
- Time axis
- Function axis
- Treatment implemented
- Disease progression lines
Medications

- Cholinesterase inhibitors
  - Aricept – donepezil
  - Razadyne (galantamine)
  - Exelon (rivastigmine)

- NMDA Antagonists
  - Namenda- Memantine

- Antidepressants to manage mood/sleep
  - Zoloft, Citalopram, Lexapro, Trazodone, Mirtazepine

- Antipsychotics to manage psychosis
  - Risperdal; Seroquel; Geodon
AD Treatment Domains

**Symptom improvement**
- FDA-approved
  - Acetylcholinesterase inhibitors
  - NMDA-receptor antagonist
- Experimental
  - Multiple clinical trials underway

**Disease modification**
- No FDA-approved medications, but clinical trials are in progress on a variety of mechanisms
  - Neuronal protection
  - Protein synthesis or aggregation inhibition
  - Immunologic priming with antibodies
  - Vaccines
  - Secretase inhibition

NMDA = N-methyl-D-aspartate.
# Dosing for AChEIs and Memantine

<table>
<thead>
<tr>
<th>Medication</th>
<th>Starting Dose</th>
<th>Dosing Range</th>
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<tbody>
<tr>
<td><strong>Donepezil</strong></td>
<td>5 mg/day for 4–6 weeks</td>
<td>5–15 mg/day</td>
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<td>After 3 months, consider <strong>23 mg</strong> dose</td>
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<tr>
<td><strong>Rivastigmine</strong></td>
<td>1.5 mg BID, increasing by 1.5 mg every 2 weeks</td>
<td>6–12 mg/day</td>
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<tr>
<td><strong>Rivastigmine patch</strong></td>
<td>4.6 mg/day for 4 weeks</td>
<td>9.5 mg/day; if worsening, consider <strong>13.3 mg</strong> maximum dose</td>
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<tr>
<td><strong>Galantamine</strong></td>
<td>4 mg BID (8 mg once daily for XR) for 4 weeks</td>
<td>8–24 mg/day</td>
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<tr>
<td><strong>Memantine (immediate release)</strong></td>
<td>5 mg/day, increasing by 5 mg every week</td>
<td>10–20 mg/day</td>
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<tr>
<td><strong>Memantine XR</strong></td>
<td>7 mg/day, increasing by 7 mg every week</td>
<td>14–28 mg/day</td>
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XR = extended release.
# Common Side Effects Associated With Available Therapies for AD

<table>
<thead>
<tr>
<th>Cholinesterase Inhibitors</th>
<th>Memantine</th>
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<tbody>
<tr>
<td>Nausea/vomiting</td>
<td>Confusion</td>
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<tr>
<td>Diarrhea</td>
<td>Sedation</td>
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<tr>
<td>Loss of appetite</td>
<td>Constipation</td>
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<td>Dizziness</td>
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<td>Syncope</td>
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<tr>
<td>Leg cramps</td>
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<tr>
<td>Ulcers</td>
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<tr>
<td>Cardiac arrhythmias</td>
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**Point: Counterpoint**

**POINT**
Combination therapy with AChEIs + Mem (vs AChEIs alone vs no treatment in 382 AD patients) showed significantly lower rates of annual decline in cognition and function.¹

**COUNTERPOINT**
A review of 22 DB, RCTs of AChEIs vs placebo found methodological flaws and small clinical benefits that did not warrant a clear recommendation for their use.²

Mem = memantine; DB = double blind; RCT = randomized controlled trial.

Aducanamab

- Interventional medication developed by Biogen
- Monoclonal Antibody
- Completed phase III trials which were halted because there was no “disease reversal”
- Alzheimer’s patients receiving high doses of the trial drug demonstrated decreased clinical decline
- FDA Approval pending for sale of the drug in the USA
Summary

Dementia symptoms may be caused by medications, chronic illness, heart or lung disease

There is no medical cure dementia

Medications in use treat symptoms only

Research is needed to understand the disease process and find effective treatments
Websites

- [www.alzu.org](http://www.alzu.org) Tutorial about the disease
- [www.alz.org](http://www.alz.org) Resources for caregivers
- [http://www.alzheimers.emory.edu](http://www.alzheimers.emory.edu) Emory Alzheimer’s Disease Research Center
Staying Well While Staying in Place While Living Alone
Make Four Promises: I will

• Stay Safe
• Stay Sane
• Stay Social
• Stay Engaged
Stay Safe

Overprotect
But do not
Overreact
Maintain the Integrity of Your Bubble

• Leave your home mindfully, but leave it
• Use distancing strategies when out
• Mask if you wish
• Sanitize on your return
• Establish “rules”
  • What to do about deliveries
  • Whom to let in and with what precautions
Stay Sane

• Acknowledge the threats of isolation

• Inventory self-care strategies

• Actively commit to continuing these strategies

• Adapt them to fit the circumstances

• Don’t binge watch COVID news
Stay Social

• Be deliberate:
  • Schedule calls, FaceTime, Skype, Zoom

• Email and text friends and family
  • Send pictures

• Say hello to neighbors
  • At a distance
Stay Engaged

• Maintain artistic and intellectual pursuits

• Seek Virtual Versions of Important Activities
  • Worship services
  • Book and movie groups
  • Other discussion groups
  • Group physical activities