

What side effects might I get?

Over two thirds of patients (70%) experience at least one side effect, but these are usually mild and short-lived.

They tend to occur within days of starting treatment or increasing the dose. They usually last for a week or two, before subsiding.

The most common are:

- stomach upsets, including nausea, vomiting, stomach cramps or loose stools (25% of patients)
- headache or dizziness (15%)
- insomnia (10%)
- muscle cramps, usually in the legs (7%)

However, fewer than 1 in 5 patients (18%) have unpleasant side effects that result in them stopping the medication.

What should I do if I get side effects?

If the side effects are mild and bearable, it is usually worth persevering for a few weeks, in the hope that they will disappear as your body gets used to the medication.

If they are more unpleasant, it will probably be sensible to stop the medication. If you are unsure what to do, call your doctor at the Memory Service on 822099 extension 5380.

Any more questions?

Please speak to your doctor at the Memory Service on **822099** extension **5380**.

If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

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Patient Information Leaflet

Donepezil, Galantamine and Rivastigmine

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What are these medications?

These medications are known as 'cholinesterase inhibitors'. They increase the amount of a natural chemical called acetylcholine, which some brain cells use to communicate with each other. They are often prescribed for people with two similar illnesses:

- *Alzheimer's disease*, the most common cause of dementia.
- *Dementia with Lewy bodies*, or *Parkinson's disease dementia*, collectively the third most common cause of dementia.

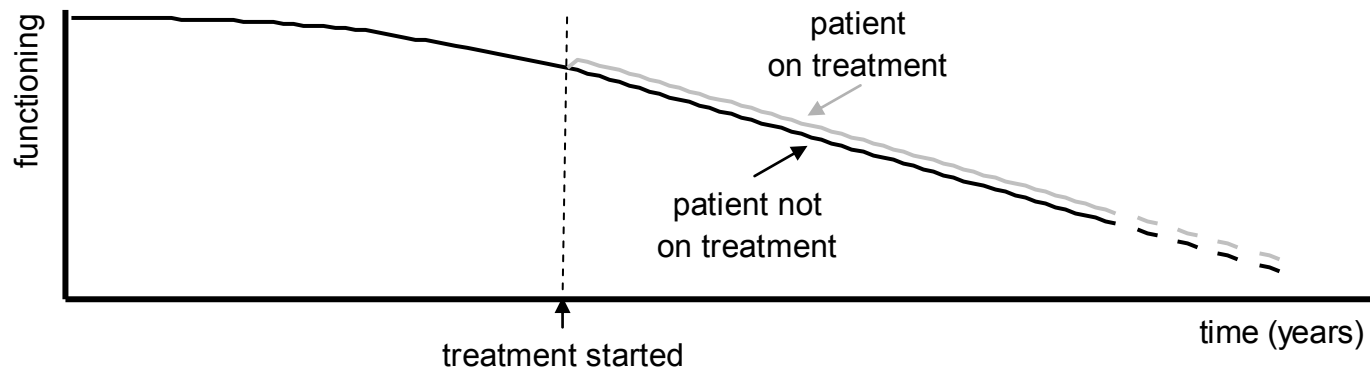
What can the medication do?

Research trials show it can improve 'cognition' (memory and other brain functions). It can also improve the performance of activities of daily living (say, washing yourself or cooking) and lessen troublesome behaviours or psychological symptoms (such as anxiety, irritability, or apathy), if these have been a problem.

What does it not do?

It is often suggested that this medication slows down the progression of the illness. This is *not* true - it has no effect on the gradual loss of brain cells caused by the disease. In this way, it is a bit like a painkiller for, say, toothache, which can lessen symptoms but has no effect on the bad tooth.

The symptoms of *vascular dementia*, the second commonest cause of dementia, are not improved by this medication. Also, it is not effective for very mild memory problems (known as '*mild cognitive impairment*').



How well does it work?

The improvements in brain functioning, activities and behaviour seen after starting medication are usually fairly slight.

The Mini-Mental State Examination (MMSE) is a standard test of memory and brain functioning. On average, patients taking the medication score 1½ points higher on the MMSE than they did before starting it.

So if you scored, say, 22 points out of 30 before starting, the *average* patient might be able to score 23 or 24 points out of 30 after being treated for several weeks.

But very few patients are 'average'! You may not respond to medication at all, or you may respond better than average.

The graph below shows the response to treatment in an average patient as the years progress. At any given point in time, brain functioning may be very slightly better than it would be off medication.

What are the chances it'll help me?

As many as 4 out of 10 patients (39%) show some improvement after starting treatment. But in controlled research trials, only 1 in 4 (25%) patients improve. What's more, so do 15% of patients treated with dummy pills.

This means that if ten patients take this medication, only one of them will show an improvement that is actually due to the drug.

When should treatment be started?

The medication can be started in the mild to moderate stages of the illness. However, as it does not slow progression of the illness, there need not be any hurry to start treatment. If your symptoms are not causing you or your carers any worry or inconvenience, it may be reasonable to hold off treatment, reconsidering if you encounter day-to-day problems in the future.

How long should I take it?

Although the medication is most effective in the earlier stages of illness, some patients seem to deteriorate more if treatment is stopped in the more advanced stages. This suggests that the medication is still doing some good, so it is often reasonable to continue well into the later stages.