

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.

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 have any queries or concerns about the content of this leaflet please call (01983) 524081 and ask to speak to the relevant department.

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues online at: www.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 PALS Team. If you wish to contact them directly, telephone on **01983 534850**.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on **03000 61 61 61** or at enquiries@cqc.org.uk

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

Patient Information Leaflet

Donepezil, Galantamine and Rivastigmine

Produced by:
Memory Service

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If you are unable to read this leaflet because English is not your first language, please ask someone who speaks English to telephone PALS on 01983 534850 for further information and help.

Polish:

Jeśli nie jesteś w stanie przeczytać tej ulotki bo angielski nie jest pierwszym językiem, poproś kogoś, kto mówi po angielsku, o kontakt telefoniczny z (PALS 01983 534850) aby uzyskać więcej informacji i pomoc

Russian:

Если вы не можете прочитать этот буклет на английском языке потому что не является первым языком, пожалуйста, попросите кого-нибудь, кто говорит на английском языке для телефонного (PALS 01983 534850) для получения дополнительной информации и помощи

Turkish:

Eğer İngilizce ana diliniz değilse, çünkü bu broşürü okumak için yapamıyorsanız, daha fazla bilgi için 01983 534850 üzerinde PALS telefon İngilizce bilen birine sormak ve yardım lütfen

Bulgarian:

Ако не сте в състояние да прочетете тази листовка, тъй като английският не е първи език, попитайте някой, който говори английски, за да телефонирам (PALS на 01983 534850) за повече информация и помощ

Czech:

Pokud nejste schopni přečíst tuto příbalovou informaci, protože angličtina není vaším rodným jazykem, zeptejte se někoho, kdo mluví anglicky na telefonní PALS na 01983 534850 pro další informace a pomoc

Bengali:

আপনি ইংরেজি আপনার প্রথম ভাষা না থাকার কারণে এই লফিলটে পড়তে অক্ষম হন, তাহলে আরও তথ্যের জন্য 01983 534850 নভেগেশন PALS টেলিফোনে ইংরেজি কথা কড়ে জিজ্ঞাসা করুন এবং সাহায্য করুন

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.

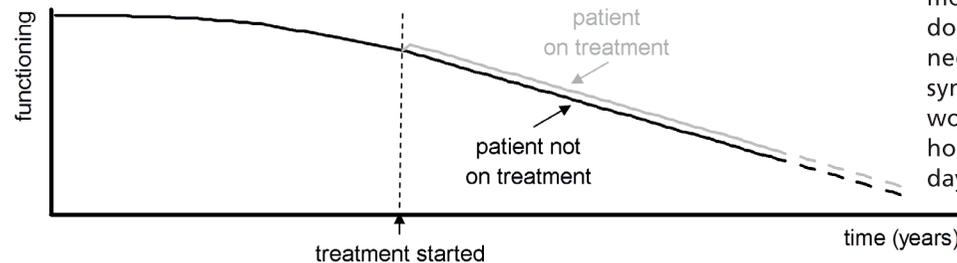
What can the medication do?

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.