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Alzheimer's Reading Room

The Alzheimer's Reading Room is the number one source of life news for the entire Alzheimer's community. The site focuses on Alzheimers, medical science, wellness, and the art of Alzheimers caregiving.

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SATURDAY, JULY 23, 2011

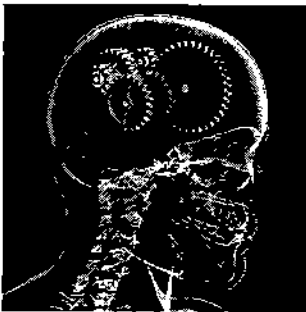
Combination Therapy for Alzheimer's Disease (Aricept and Namenda)

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"It can help to maintain Alzheimer's Disease patients' quality of life by preserving cognitive skills, basic each day activities, social behaviour and communication skills of AD patients".

By Bob DeMarco
Alzheimer's Reading Room



Most Alzheimer's dementia specialist are familiar with Combination Therapy for Alzheimer's. I often wonder how many personal care physicians are aware?

My mother is on the combination of Aricept (Donepezil) and Namenda (Memantine). I am convinced that this combination had a profound positive effect on my mother, Dorothy. It worked for us.

I have written about this many times. For example, [The Combination of Aricept and Namenda Helps Slow the Rate of Decline in Alzheimer's Patients](#), and [Aricept and Namenda from Day One - This is my Belief](#).

This time around I want to make something very clear, the biggest benefits we received from the combination were in the area of behavior and communication skill. I can say that with confidence.

I believe the combination helped slow the loss of memory. However, while I could clearly see the changes in behavior; I have no way of knowing how my mother's memory would have done without the drugs.

I want to make a second issue clear. It is my overall, very strong, opinion that much of the success we have had is due to: combination therapy, exercise, diet, socialization, large doses of bright light, and continuing to live our life.

When I say continuing to live our life you can drill all the way down to what we do when Doty wakes up in the morning. I put the newspaper in front of her, she reads me the day and date from the top of the newspaper, and we discuss either the news or the food section. I get Doty to read to me from the newspaper every morning.

I believe Doty can still speak full sentences and read because of combination therapy and our daily regimen (routine). I believe Doty's improvement in behavior is a direct result of combination therapy, our routine, and because this over all combination helped Doty to become more secure, more confident, and more attached to the world.

What I am describing on this website did not happen in a vacuum.

You have to work hard with Alzheimer's patients. You have to believe you can make a difference as an Alzheimer's caregiver. This belief comes from within and it takes place as you turn each little success into a confidence builder. These successes help to unleash all that is positive in your brain.

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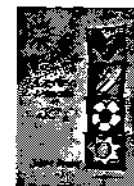
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A Caregiver to Alzheimer's Disease: 300 Making Life

- [The Alzheimer's Action Plan: The I Guide to the Best Diagnosis and Treatment for Memory Problems](#)
- [When Words Have Lost Their Meaning: Alzheimer's Patients Communicate](#)

As I write the words above, I am becoming more and more confident. This year I am receiving greater amounts of email from Alzheimer's caregivers telling me they are making it to, and into, **Alzheimer's World**.

My beliefs are growing stronger based on what I know first hand, the information I am receiving directly from other Alzheimer's patients and caregivers, and feedback I am now receiving via email.

You can read about the recently held *symposium* on combination therapy below. These words did jump right out at me.

- combination therapy is particularly effective in helping patients to retain their verbal and non-verbal skills which are essential to sustain interaction and communication
- donepezil and memantine in combination led to a significant reduction of communication decline in patients with moderate to severe AD compared to donepezil monotherapy.

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Patients With Alzheimer's Disease (AD) Benefit From Combination Therapy – Latest Study Results Presented At ICAD

At a satellite symposium held during the Alzheimer's Association International Conference 2011 (ICAD) in Paris experts agree: **There is increasing evidence that patients with AD benefit from combination therapy with a cholinesterase inhibitor (ChEI) and memantine (AXURA® – an uncompetitive NMDA receptor antagonist).**

Alireza Atri, M.D.;Ph.D., from the Memory Disorders Unit, Department of Neurology at Massachusetts General Hospital, Professor Patrizia Mecocci, Institute of Gerontology and Geriatrics at University of Perugia, Professor Jörg Schulz, Department of Neurology at University Hospital Aachen as well as Professor Jean-Marc Orgogozo, Department of Neurology at University Hospital Pellegrin and chairman of this year's satellite symposium are convinced, **that the positive evidence on combination therapy of memantine plus ChEI is the reason why it is increasingly being prescribed.** It can help to maintain AD patients' quality of life by preserving cognitive skills, basic each day activities, social behaviour and communication skills of AD patients.

Chairman Professor Orgogozo remarks that Alzheimer's disease leads to continuous deterioration of cognitive and functional abilities. Therefore early treatment appears to be essential in helping patients to remain independent as long as possible and thus reduce the pressure on caregivers. There is increasing evidence that memantine, in combination with a ChEI, may slow down loss of several cognitive abilities.

Professor Atri explains that combining memantine with a ChEI is logical due to both theoretical considerations, and pre-clinical observations which suggest complementary effects of these agents at the neurotransmitter level. More importantly, data from clinical trials demonstrate safety, tolerability and superior efficacy of combination therapy with memantine and a ChEI in patients with moderate to severe AD.³

Professor Mecocci amplifies that **combination therapy is particularly effective in helping patients to retain their verbal and non-verbal skills which are essential to sustain interaction and communication.** In a 24 week trial of 403 patients, results show that the ChEI donepezil and memantine in combination led to a significant reduction of communication decline in patients with moderate to severe AD compared to donepezil monotherapy.

The results were measured with the help of common tools as the language items of the Severe Impaired Battery (SIB) and the functional communication items from the AD Cooperative Study – Activities of Daily Living scale (ADCS-ADL19).

Professor Schulz clarifies that according to the respective stage of the disease communication skills as well as cognition can be affected differently, while episodic memory often is impaired already in the early stage of dementia. A randomized controlled trial shows the treatment effect of memantine in combination with donepezil on cognition using the SIB scale to measure cognitive functions: SIB values of patients receiving memantine stayed above baseline during the trial. The results demonstrate a significant effect compared to donepezil monotherapy at endpoint.³ Further support comes from the examination of the SIB subscales which showed a statistically significant effect in favour of memantine plus donepezil therapy for memory, language and practice.⁵

The experts conclude: Stage-appropriate early combination therapy with a ChEI and memantine seems to be today's ideal pharmacological treatment option to optimally preserve cognition and the capability to communicate.

¹ Satellite symposium "Alzheimer's disease: understanding and overcoming treatment challenges" chaired by Jean-Marc Orgogozo, held in conjunction with the Alzheimer's Association International Conference 2011, 19th July 2011, Paris, France.

through Art

- [The 36-Hour Day: A Family Guide to Caring for People with Alzheimer's, Other Dementias, and Memory Loss Later in Life](#)
- [Alzheimer's from the Inside Out](#)
- [The Alzheimer's Project - Maria Sh DVD](#)
- [The Art of Dementia Care](#)
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3 Tariot PN, Farlow MK, Grossberg GT et al. Memantine Treatment in patients with moderate to severe Alzheimer disease already receiving donepezil. JAMA 2004;291:317-324.

4 Saxton J, Tariot PN, Tocco M et al. Memantine prevents worsening of communication capabilities in patients with moderate to severe Alzheimer's disease: mean change- and responder analysis. Poster presented at the 10th International Hong Kong/Springfield Symposium on Advances in Alzheimer Therapy, Feb. 28 - March 01, 2008, Hong-Kong.

5 Schmitt FA, van Dyck CH, Wichems CH, Olin JT; for the Memantine MEM-MD-02 Study Group. Cognitive response to memantine in moderate to severe Alzheimer disease patients already receiving donepezil: an exploratory reanalysis. Alzheimer Dis Assoc Disord 2006;20(4):255-62.

Memantine is an NMDA-receptor antagonist, the first in a class of AD medications with a unique mechanism of action that focuses on the glutamatergic system. Glutamate is the most common excitatory neurotransmitter in the CNS and the modulation of the glutamatergic neurotransmission is a major target for the treatment of Alzheimer's disease. Memantine was developed by Merz and licensed to Forest for the U.S. to Lundbeck for selected European and international markets, and to Daiichi-Sankyo for Japan. Memantine is marketed under the brands Axura® and Akatinol® by Merz, Namenda® by Forest, Ebixa® by Lundbeck and Memary® by Daiichi-Sankyo.

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- ADVICE AND INSIGHT... ALZHEIMER'S READING ROOM
- DEMENTIA AND THE EIGHT TYPES OF DEMENTIA
- DOES THE COMBINATION OF ARICEPT AND NAMENDA HELP SLOW THE RATE OF DECLINE IN ALZHEIMER'S PATIENTS
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Bob DeMarco is the Founder of the [Alzheimer's Reading Room](#) and an Alzheimer's caregiver. The blog contains more than 2,800 articles with more than 602,100 links on the Internet. Bob lives in Delray Beach, FL.

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