

Table 6.3 Medications Used to Treat Alzheimer's Disease

Medication	Indications	Dosing	Side effects affecting rehab	Other side effects or considerations
Acetylcholine esterase inhibitors				
Tacrine (Cognex)	Second-line therapy for AD and DLB after failure of other acetylcholine esterase inhibitors	40-160 mg/day in 4 divided doses. Decrease dose for liver disease.	Cog: ++ S: ++ A: + Motor: ++ D: +++ Com: ++ F: +++	Nausea, vomiting, abdominal pain, diarrhea, dyspepsia, anorexia. Monitor for hepatotoxicity. Not used as first-line therapy due to higher risk of hepatotoxicity and the requirement for frequent dosing.
Donepezil (Aricept)	First-line therapy for AD and DLB	Start at 5 mg/day in the evening, titrate to 10 mg/day over 4-6 wk. May be taken with or without food. Decrease dose for liver or renal disease.	Cog: ++ S: 0 A: ++ Motor: + D: +++ Com: ++ F: ++	Nausea, vomiting, abdominal pain, diarrhea, dyspepsia, anorexia. Start at the lowest dose and slowly titrate. Take with food.
Rivastigmine (Exelon) Capsules, oral solution, and transdermal patch	First-line therapy for AD and DLB	Oral formulations: Start at 1.5 mg twice/day and increase by 3 mg every 2 wk to 6-12 mg/day. Transdermal patch: Start at 4.6 mg every 24 h; after 4 wk, increase to 9.5 mg every 24 h.	Cog: ++ S: 0 A: ++ Motor: + D: +++ Com: ++ F: ++	Nausea, vomiting, abdominal pain, diarrhea, dyspepsia, anorexia. Start at lowest dose and slowly titrate, or use alternative dosage forms such as the transdermal patch. Take with food.
Galantamine (Razadyne) Tablets, oral solution, and extended-release capsules	First-line therapy for AD and DLB	Immediate-release formulations: Start at 4 mg twice/day. Extended-release product: Start at 8 mg once/day in the morning with food and increase by 8 mg every 4 wk to maximum dose of 16-24 mg once/day. Decrease dose for severe renal disease or liver disease.	Cog: ++ S: 0 A: ++ Motor: + D: +++ Com: ++ F: ++	Nausea, vomiting, abdominal pain, diarrhea, dyspepsia, anorexia. Start at lowest dose and slowly titrate. Take with food.
N-methyl-D-aspartate antagonist				
Memantine (Namenda) tablets and oral solution	Adjunctive therapy in treatment of AD or DLB with acetylcholine esterase inhibitors	Start at 5 mg once/day and increase by 5 mg weekly to a maximum dose of 20 mg/day. Decrease dose for renal impairment.	Cog: +++ S: ++ A: +++ Motor: 0 D: +++ Com: ++ F: ++	Diarrhea, constipation, altered mental status, sedation, urinary incontinence. Avoid concurrent use with dextromethorphan and other medications that affect the N-methyl-D-aspartate receptor (amantadine).

Cog = cognition; S = sedation; A = agitation or mania; Motor = discoordination; D = dysphagia; Com = communication; F = falls; AD = Alzheimer's disease; DLB = Lewy body dementia.

The likelihood rating scale for encountering the side effects is as follows: 0 = Almost no probability of encountering side effects. + = Little likelihood of encountering side effects. +/++ = Low probability of encountering side effects; however, probability increases with increased dosage. ++ = Medium likelihood of encountering side effects. +++ = High likelihood of

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encountering side effects, particularly with high doses. ++++ = Highest likelihood of encountering side effects; best to avoid in at-risk patients.