

Long-Term Study Finds Combination Therapy Helps Patients With Alzheimer's Disease Combination Therapy Treatment Slows Progression Of Disease's Devastating Symptoms

(NAPSA)—Patients with Alzheimer's disease and their caregivers have received encouraging news. Over the long term, treatment with Alzheimer's disease drugs can significantly slow the progression of the disease symptoms, according to a study published in the journal *Alzheimer Disease & Associated Disorders* and supported by the National Institute on Aging (NIA). The study showed that a combination of two different drugs, including memantine (Namenda®) plus a cholinesterase inhibitor, is more effective than monotherapy in slowing cognitive decline and helping patients maintain their ability to perform daily activities. Findings from this study are consistent with the established benefits of combination therapy with memantine (Namenda) and donepezil (Aricept®) on cognition and function in patients with moderate to severe Alzheimer's disease as demonstrated in a clinical trial.



Dr. Alireza Atri

Alireza Atri, M.D., Ph.D., a cognitive neurologist at Massachusetts General Hospital, Bedford VA Medical Center, and Harvard Medical School and lead study author, answers questions about this exciting information.

Q. What is Alzheimer's disease?

A. Alzheimer's disease is a progressive and degenerative brain disorder that causes problems with memory, thinking, behavior and carrying out daily functions. These issues ultimately become severe enough to affect work, life-long hobbies and social life. Although there is no cure for the disease, medications can help.

Q. What is Alzheimer's disease?

A. Alzheimer's disease is a progressive and degenerative brain disorder that causes problems with memory, thinking, behavior and carrying out daily functions. These issues ultimately become severe enough to affect work, life-long hobbies and social life. Although there is no cure for the disease, medications can help.

Namenda® (memantine HCl) is indicated for the treatment of moderate to severe Alzheimer's disease. Namenda is contraindicated in patients with known hypersensitivity to memantine HCl or any excipients used in the formulation. The most common adverse events reported with Namenda vs placebo (≥ 5% and higher than placebo) were dizziness, confusion, headache and constipation. In patients with severe renal impairment, the dosage should be reduced. Please see full prescribing information for Namenda.

Consistent treatment with available therapies—especially combination therapy—can help alleviate Alzheimer's disease symptoms and slow the rate at which the symptoms advance.

Q. How many people are affected by Alzheimer's disease?

A. Over 5 million people 65 and older are affected by Alzheimer's and that figure is increasing. Plus, let's not forget caregivers. Each individual afflicted with Alzheimer's disease or a related dementia can have from one to four people with caregiving responsibilities, who often do so at a huge personal and emotional cost.

Q. How was the study conducted?

A. Patients with Alzheimer's received one of three treatment options:

- Combination therapy with a cholinesterase-inhibitor medication [donepezil (Aricept), galantamine (Razadyne®) or rivastigmine (Exelon®)] plus memantine (Namenda);

- Cholinesterase inhibitor alone;

- No treatment.

Every six months, researchers assessed patients' cognitive abilities and daily activity performance.

Q. What is combination therapy?

A. Two types of medications are approved by the Food and Drug Administration (FDA) for Alzheimer's treatment:

- Cholinesterase inhibitors act by reducing the breakdown of the neurotransmitter acetylcholine and are often started in mild to moderate stages of the disease. There are currently three medications in this category—donepezil (Aricept), galantamine (Razadyne) and rivastigmine (Exelon).

- Memantine (Namenda), avail-

able for treatment of moderate to severe Alzheimer's disease, is the only approved medication that alters the action of another neurotransmitter, glutamate.

A randomized, double-blind, placebo-controlled clinical trial demonstrated that treating patients with moderate to severe Alzheimer's disease with combination therapy of memantine (Namenda) and donepezil (Aricept) yielded important benefits on:

- Functional independence (ability to perform daily activities);

- Behavioral improvements (improved mood);

- Slowing cognitive decline (improved memory, language).

Q. What should health care providers take away from this study?

A: Health care providers should help patients understand that the benefits of these drugs may be long term and may not be apparent in the first months of treatment. Even if a patient's symptoms get worse, it doesn't mean the drug isn't working, since decline would likely be even greater without treatment. Until we have a cure for Alzheimer's disease, it's important to treat patients using all currently available options.

Q. What can I do if I suspect a loved one has Alzheimer's disease?

A. See a doctor right away so your loved one can receive an evaluation and proper diagnosis. Timely diagnosis allows care and treatment to begin as soon as possible to slow the progression of symptoms, maximize function, and best safeguard well-being and quality of life.

For more information, talk to your doctor and visit [Alzheimers ComboCare.com](http://AlzheimersComboCare.com).