Health Bulletin

FIRST AND ONLY SKIN PATCH FOR MILD TO MODERATE ALZHEIMER'S DISEASE IS APPROVED IN THE U.S.

(NAPSA)—For the first time, people suffering from mild to moderate Alzheimer's disease have a transdermal patch treatment option.

The once-daily Exelon®Patch (rivastigmine transdermal system), approved by the United States Food and Drug Administration (FDA), offers a new approach to the treatment of mild to moderate Alzheimer's disease, providing smooth and continuous delivery over 24 hours. Exelon Patch has also been approved for the treatment of mild to moderate Parkinson's disease dementia in the U.S.

That's good news for Edna Cates, who was diagnosed three years ago with mild Alzheimer's disease when she started having memory problems and difficulty functioning in her life.

"My wife and I have been married 61 years, we are very close, and when she began to have trouble recalling words and names and trouble recalling the tasks that she needed to do, I knew something was wrong. So we went and got medical help to find out what the problem was," says Smokey Cates, Edna's husband.

When Edna's husband Smokey and his daughter, Ann, brought Edna to her doctor, they learned that Alzheimer's disease treatments were limited to oral medications. But now, the FDA has approved the Exelon Patch, the first and only once-daily transdermal patch for the treatment of mild to moderate Alzheimer's disease.

"Patches have been useful for different disease states within the medical community for some time.

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They allow for a smooth way to introduce medication into the body and also allow for effective and optimal dosing to be used in patients," says Dr. Gus Alva, Edna's physician and director of the ATP Group. "Particularly in Alzheimer's disease, we now have a way to provide a visual reminder for the caregiver that the patient has received that day's medication, while making the medication easier to administer than the capsule form of the medication."

Recently-published results from a large, international, multicenter study involving nearly 1,200 patients with mild to moderate Alzheimer's disease support the significance of this new treatment option. According to the study, the Exelon Patch has demonstrated similar efficacy to the highest doses of rivastigmine capsules (12 mg/day) with significant improvements in memory, cognition and the ability to perform everyday activities. Exelon Patch (9.5 mg/24 hours) was generally well tolerated in the clinical study—with three times fewer reports of gastrointestinal side effects (nausea and vomiting) than the oral form of the medication.

In a disease like Alzheimer's, caregivers may have difficulty ensuring that their loved ones take their medication. In a substudy of the clinical trial, 70 percent of caregivers preferred Exelon Patch because it helped them manage day-to-day patient care, while providing visual reassurance that the medication had been administered. The patch can be applied to the upper or lower back or upper arm or chest.

"Before my mom used the Exelon Patch, she would wander around the house and forget what she was doing and why she was going in a certain direction," says Ann Herberts, Edna's daughter. "And after the patch, she would remember she was going to the bedroom to put a sweater away or going to the restroom to get something, so that was the improvement we noticed. Her ability to function, which Alzheimer's sometimes robs, is back—I feel like I have my mom back."

Individual experiences with the Exelon Patch may vary, so for more information, please go to www.ExelonPatch.com or call 1-888-NOW-NOVA (1-888-669-6682). The Exelon Patch is expected to be available in September.

Important Safety Information

Exelon Patch (rivastigmine transdermal system) is indicated for the treatment of mild to moderate dementia of the Alzheimer's type and mild to moderate dementia associated with Parkinson's disease. Exelon Patch is contraindicated in patients with known hypersensitivity to rivastigmine, other carbamate derivatives or other components of the formulation.

At higher than recommended doses, Exelon Patch use is associated with nausea, vomiting, diarrhea, anorexia/decreased appetite and weight loss. For this reason, patients administered the Exelon Patch should always be started at a dose of 4.6 mg/24 hours and titrated to the maintenance dose of 9.5 mg/24 hours.

In a clinical trial, the most commonly observed adverse events occurring at a frequency of at least 5% and greater than placebo with administration of 9.5 mg/24 hours were nausea, vomiting and diarrhea (7 percent, 6 percent, 8 percent for Exelon Patch 9.5 mg/24 hours versus 5 percent, 3 percent, 6 percent for placebo, respectively). Weight should be monitored during Exelon Patch therapy. In clinical trials for dementia associated with Parkinson's disease, Exelon capsules have been observed to increase the incidence or intensity of tremor.

As with other cholinomimetics, caution is recommended in patients with sick sinus syndrome, conduction defects, gastroduodenal ulcerative conditions (including those predisposed by concomitant medications), asthma or chronic obstructive pulmonary disease, urinary obstruction, and seizures.

For prescribing information on the Exelon Patch, log on to www.ExelonPatch.com.