
Major Neurocognitive Disorder (MND): Medication Treatment of Cognitive Impairment

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There's no "cure" for MND, but several medications help mitigate the progression of cognitive and functional decline. Most medications are FDA approved for Alzheimer's dementia but are often used off-label for other memory disorders. Educate patients and caregivers about the importance of medication adherence: missing doses, even briefly, can cause significant memory deterioration, which may not be reversible even after resuming the medication.

For Mild to Moderate Dementia:

- **Cholinesterase inhibitors:**
 - Donepezil (Aricept):
 - Most data and experience are with this agent.
 - Start with 5 mg daily for a month, increase to 10 mg if well-tolerated.
 - If the cognitive decline continues, increase to 15 or 20 mg daily.
 - Galantamine (Razadyne, Razadyne ER)
 - Extended-release: Start with 8 mg, increase to 16 mg after a month (equivalent to 10 mg of donepezil). If required, increase to 24 mg.
 - Immediate-release (if patient experiences vivid dreams): Start with 4 mg, increase to 8 mg if tolerated.
 - Oral solution of 4 mg/ml is good for patients who have trouble swallowing pills.
 - Rivastigmine and Rivastigmine patch (Exelon, Exelon Patch):
 - Patch form is suitable for patients who have trouble swallowing medications.
 - More expensive than other agents and requires assistance to apply or remove.
 - Doses:
 - Oral form: 1.5 mg twice daily with meals, increase after every 4 weeks up to 6 mg twice daily with meals
 - Patch: start with 4.6 mg/24 hours, potentially increase to 9.5 mg. The 13.3 mg dose is rarely used due to GI side effects.
 - Also is FDA-approved for dementia associated with Parkinson's disease.

For Moderate to Severe Dementia:

- **Memantine IR, Memantine XR (Namenda, Namenda XR):**
 - Memantine IR: 5-10 mg daily or twice daily; or high-dose donepezil (combine two 10 mg tablets or use the 23 mg version).
 - If a patient doesn't tolerate the IR, consider switching to the more expensive memantine ER (Namenda XR) at 7-28 mg daily.
- **Donepezil high dose:**
 - Combine two 10 mg tablets or use the 23 mg version).

Alternative approach:

Use the same protocol regardless of the severity of dementia.

- Prescribe a combination of donepezil and memantine at doses mentioned above
- Or consider Namzaric, a combination pill of donepezil and memantine. Patients on memantine 10 mg twice daily and donepezil 10 mg daily would take 28/10 mg Namzaric qpm.

Side effects for all these meds: Mainly, gastrointestinal issues, headaches, and abnormal dreams.

Reminder: Review your patients' medications for their potential cognitive impact. Agents that may worsen cognition include benzodiazepines, non-benzo Z drugs, and anticholinergic agents.

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