

# Alzheimer's Diagnosis & Treatment

## DIAGNOSIS

- Clinicians can now diagnose Alzheimer's disease with up to 90% accuracy. But it can only be confirmed by an autopsy, during which pathologists look for the disease's characteristic plaques and tangles in brain tissue.
- Clinicians can diagnose "probable" Alzheimer's disease by taking a complete medical history and conducting lab tests, a physical exam, brain scans and neuropsychological tests that gauge memory, attention, language skills and problem – solving abilities.
- Proper diagnosis is critical since there are dozens of other causes of memory problems. Some memory problems can be readily treated, such as those caused by vitamin deficiencies or thyroid problems. Other memory problems might result from causes that are not currently reversible, such as Alzheimer's disease.

## TREATMENTS

- Currently, there is no cure for Alzheimer's disease.
- Researchers are continually testing the effectiveness of various drug therapies that will control symptoms; slow, reduce and/or reverse mental and behavioral symptoms; and prevent or halt the disease. The historic "National Plan to Address Alzheimer's Disease," released by the U.S. Department of Health and Human Services in May 2012 and updated annually, calls for preventing and effectively treating Alzheimer's disease by 2025.
- The U.S. Food and Drug Administration (FDA) has approved several medications for the treatment of Alzheimer's disease.



## CURRENTLY AVAILABLE ARE:

- Donepezil hydrochloride (ARICEPT)-ARICEPT 5mg-10mg are indicated for mild to moderate Alzheimer's disease, and ARICEPT 10mg-23mg are indicated for moderate to severe Alzheimer's disease
- Rivastigmine (EXELON), approved in pill and patch form for mild to moderate Alzheimer's disease, and in a higher dosage EXELON patch for severe Alzheimer's disease;
- Galantamine hydrobromide (RAZADYNE), approved for mild to moderate Alzheimer's disease;
- Memantine hydrochloride (twice-daily oral NAMENDA and once-daily NAMENDA XR capsules) for the treatment of moderate to severe Alzheimer's disease. (The sale of NAMENDA twice-daily tablets was discontinued on August 15, 2014.)
- Some of these medications can be used alone or in combination, and may help slow progression of symptoms and improve quality of life.
- These medications come in various dosages; dispensing requirements (i.e., once or twice a day); formulations (i.e., extended release); and forms, including tablet capsule, liquid and patch.
- Before taking medications, it is advisable to speak with a healthcare provider regarding past and present medical conditions; allergies; and possible side effects.
- Currently, research supports behavioral management interventions for individuals with dementia, as well as education, counseling and other support services for caregivers.
- The National Institute on Aging, in concert with the FDA, tracks private and government-sponsored clinical trials; contact the Alzheimer's Disease Education and Referral Center.