



Combination Treatment With Memantine Has Long-Term Benefits

Combining memantine with the cholinesterase inhibitor (ChEI) donepezil is better than the ChEI alone for patients with moderate-to-severe Alzheimer disease (AD) in all key domains, including cognition, function, behavior, global outcome, and care dependency, according to researchers from McGill Centre for Studies in Aging in Montreal, Canada, and the Clinical Institute of Neurosciences, Hospital Clínic, in Barcelona, Spain. And the benefits seem to accumulate over time.

The researchers, who reviewed studies comparing memantine with donepezil, rivastigmine, or galantamine, say observational research supports the theory that more persistent drug exposure to symptomatic drugs for AD is associated with a slower rate of decline in key measures

of cognition, global function, and basic activities of daily living (ADL). When treatments are combined, the positive effects of memantine and ChEIs on cognitive and functional symptoms seemed to be sustained in the long-term and even to increase over time in patients beyond the mild stages of the disease. The researchers say it isn't clear whether those findings are due to a disease-modifying effect or a variation in sustained symptomatic effects.

Detailed post hoc analyses have helped to define the specific benefits that combination treatment offers to patients and caregivers. For instance, promoting independence through positive effects on language, memory, and ADL; delaying the emergence of challenging behaviors such as agitation and aggression; and reducing overall care dependency are all likely to have a meaningful impact on daily life with AD, the researchers say. Moreover, the positive

effects may mean nursing home admission can be delayed.

The combination therapy was well tolerated in all reviewed studies. Based on the available data, therefore, the authors recommend use of combination therapy for treatment of AD from moderate stages onward. Patients with mild AD should start their treatment with ChEIs, adding memantine when entering the moderate stage or later when the response to ChEIs declines. The authors suggest combination therapy can be initiated when patients are first diagnosed in the moderate stage, although one of the treatments should be started and titrated first. The treatment choice should be individualized, depending on the personal and clinical characteristics of the patient. ●

Source: Gauthier S, Molinuevo JL. *Alzheimers Dement*. 2013;9(3):326-331.
doi: 10.1016/j.jalz.2011.11.005.