2 Treatments

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There is no known cure for dementia, but there are drugs and other therapies that can help with some of the symptoms. With a combination of these, lots of people can live well with dementia for many years.

Four drugs have been developed to treat Alzheimer’s disease. Donepezil (eg Aricept), rivastigmine (eg Exelon) and galantamine (eg Reminyl) are for people in the early and middle stages of the disease; memantine (Ebixa) is for those in the later stages. The names in brackets are common brands of these drugs.

These drugs lessen symptoms of Alzheimer’s disease for a while in some people. They are sometimes given to people with mixed dementia or dementia with Lewy bodies.

These drugs aren’t suitable for people with frontotemporal dementia, who may be given antidepressant drugs for some of their symptoms. A person with vascular dementia will usually be prescribed drugs to treat any underlying conditions, such as high blood pressure or heart problems.

People with dementia can also benefit from approaches that don’t involve drugs. One example is reminiscence therapy, which involves talking about things from the past, using prompts such as photos or music. Another example is cognitive stimulation, which might involve doing word puzzles or discussing current affairs.

People with dementia may experience depression or anxiety. They are often prescribed antidepressant drugs and may be offered talking therapies, such as counselling or cognitive behavioural therapy.
Drugs to treat dementia

Currently, there is no known cure for dementia. Scientists from around the world are involved in research to try to find one. However, there are drugs that can help to improve some of the symptoms or stop them progressing for a while, depending on the type of dementia. Non-drug treatments and support after diagnosis (such as information and advice) are also valuable.

Other physical illnesses need to be treated too – see Staying healthy on page 26.

Alzheimer’s disease

Four drugs have been developed to tackle some of the physical changes in the brain that cause Alzheimer’s disease.

Donepezil, rivastigmine and galantamine

People who have mild to moderate Alzheimer’s disease may be prescribed donepezil (for example Aricept), rivastigmine (for example Exelon) or galantamine (for example Reminyl). The names in brackets are common brands of these drugs. People who have mixed dementia in which Alzheimer’s disease is the main cause may also be prescribed these.

These drugs are initially prescribed by a specialist, such as a geriatrician (for older people) or neurologist (for diseases of the brain and nervous system) in a hospital or a psychiatrist at a memory clinic. The GP will generally then take over routine prescribing with a review by the specialist every six months.

The three drugs all work in a similar way and offer similar benefits. They work by increasing the amount of a chemical called acetylcholine which helps messages to travel around the brain. People with Alzheimer’s disease have a shortage of this chemical.

Possible benefits

Some people find these drugs lessen their symptoms for a while. Possible benefits include improvements in motivation, anxiety levels, confidence, daily living, memory and thinking.

Possible side effects

Side effects are usually minor – often loss of appetite, nausea, vomiting and diarrhoea. If one of the drugs causes problematic side effects, it’s possible to switch and try another.

Memantine

People who have moderate Alzheimer’s disease but can’t take any of the three drugs listed on page 26, for example because of the side effects, might be offered memantine (Ebixa). It is also becoming more common to be offered memantine in the later stages of Alzheimer’s disease when symptoms become severe.

Memantine works by protecting brain cells from the harmful effects of a natural substance called glutamate. People with Alzheimer’s disease often have harmfully high levels of glutamate in their brains.
Possible benefits
Memantine can temporarily slow down the progression of symptoms in people in the middle and later stages of Alzheimer’s disease. It may also help with agitation or aggressive behaviour, both more common in later stages of dementia.

Possible side effects
Memantine usually has fewer side effects than the other three drugs, although it can still cause dizziness, headaches, tiredness, increased blood pressure and constipation.

For more information see factsheet 407, Drug treatments for Alzheimer’s disease

Vascular dementia
The four drugs described in the previous section aren’t recommended for vascular dementia unless this is part of mixed dementia with Alzheimer’s disease.

It may be possible to slow down the progression of vascular dementia by taking drugs that treat the underlying conditions.
The GP will often prescribe drugs for people with vascular dementia who are at risk of having a stroke or heart attack by treating high blood pressure, high cholesterol, diabetes or heart problems.
(In many cases the person will already be taking some drugs to control these conditions.)

Other dementias

Dementia with Lewy bodies
Someone with dementia with Lewy bodies might be offered one of the three anti-Alzheimer’s drugs (donepezil, rivastigmine or galantamine). In particular, they may benefit from one of these if they have distressing symptoms, such as seeing things that aren’t there (hallucinations) or believing things that aren’t true (delusions).

Frontotemporal dementia
The anti-Alzheimer’s drugs haven’t been shown to offer any benefits to people with frontotemporal dementia and may even be harmful. They are not approved for treating frontotemporal dementia and generally shouldn’t be prescribed.

It’s common for people with behavioural variant frontotemporal dementia to be prescribed antidepressant medication. This can reduce inappropriate and obsessive or compulsive behaviours.

For more information visit alzheimers.org.uk
Questions to ask the doctor about medications

- Are there any medications that can help me?
- Why are you offering me this medication?
- How do I take this medication?
  - What happens if I miss a dose?
  - Can I still take my other medication?
  - Can I drink alcohol?
- What are the pros and cons of this medication?
  - How will it help me?
  - How will it affect my symptoms?
  - How will it improve day-to-day life?
  - Might I suffer any side effects?
  - What changes should I tell you about?
- Are there other treatments I could try instead?
- Have you got any information I could take away?

Non-drug treatments

Drugs aren’t the only way to treat or manage the symptoms of dementia. There are many other things that can help people to live well. These include a range of therapies such as talking therapies, reminiscence therapy, cognitive stimulation therapy and complementary therapies.

Talking therapies
Talking therapies, such as counselling (see below) or psychotherapy (see page 19), give people the chance to speak in confidence to a qualified professional about problems or issues that might be bothering them. They might help someone to come to terms with a diagnosis and identify ways to live well with dementia. Talking therapies may also help with symptoms of depression or anxiety (see page 21).

Talking therapies typically involve regular sessions with a therapist, either one-to-one or sometimes in a group. They can be face-to-face, over the phone or online. Some people will have just one session while others will have therapy that continues for many months.

Counselling
Counsellors listen to problems in a non-judgemental and supportive way. They support people to talk about their difficulties and identify solutions.
Psychotherapy

Psychotherapists help people to understand how their personalities and life experiences influence relationships, thoughts, feelings and behaviour. Understanding this can make it easier for people to deal with difficulties.

There are several different types of psychotherapy. One of the most common types is cognitive behavioural therapy (CBT) (see below). Family therapy can also be helpful to resolve problems arising due to changes in relationships.

Psychotherapy may help to treat depression, anxiety and problematic behaviour in people with dementia.

CBT aims to help people make changes to how they think (cognition) and what they do (behaviour). These changes can improve the way people feel. CBT suggests ways of making things easier by focusing on the here and now. It’s widely used to treat depression and anxiety, and there is growing evidence that it can also help people with dementia and depression. CBT usually involves between five and 20 sessions. A carer might attend the sessions too so they can then help the person with dementia to use the techniques at home.

Finding a therapist for talking therapies

For therapy to be successful, people need to build a good relationship with a therapist they trust. A person with dementia will benefit from seeing a therapist who has experience and understanding of the condition.

The GP, memory service or local social services department should have details of local therapists. Ask about a referral. Some talking therapies are available free through the NHS while private therapists will charge.

When choosing a private therapist it’s important to ask about what they can offer that will help, their approach, confidentiality and fees, and whether they are accredited by a professional organisation.

For more information see factsheet 445, Talking therapies (including counselling, psychotherapy and CBT)

‘Before his diagnosis I thought it was me, that I was imagining things. It helped me to talk to a counsellor at the time. [My husband] went to see him a few times too. We both found it useful.’

Wendy, Powys, carer for a person with dementia
Other non-drug treatments
There are other non-drug treatments that may be helpful as dementia progresses. Some of the more common approaches are reminiscence therapy or life story work and cognitive stimulation. However, what is available and how to be referred can vary around the country. Ask your GP, memory service or local Alzheimer’s Society for details.

Reminiscence therapy and life story work
Reminiscence therapy involves talking about things from the past, using prompts such as photos, familiar objects or music.

Life story work is usually shared between the person with dementia and a family member, friend, or support worker. A scrapbook or photo album is used to record details of the person’s life experiences, values and beliefs.

Sometimes these approaches are combined using a memory box of favourite possessions or memorabilia. Techniques like this are popular because they draw on early memories, which people with dementia tend to retain best.

There is evidence that reminiscence therapy and life story work, particularly when done one-on-one, can improve mood, wellbeing and some mental abilities such as memory. By talking about who they are, people with dementia can help others focus on them, and not their dementia.

Cognitive stimulation therapy
Cognitive stimulation therapy (CST) is done in small groups and initially involves a programme of themed activity sessions over several weeks. It might involve doing word puzzles or discussing current affairs in one session and playing an instrument along to music in another. CST also includes elements of reminiscence therapy. There is evidence that cognitive stimulation approaches such as CST improve mental abilities and quality of life.

Complementary therapies
Complementary therapies are a broad range of treatments, which are outside of conventional medicine. They are used to treat or prevent illness and promote health and wellbeing.

Some complementary therapies that may help people with dementia are:
• aromatherapy – particularly with lemon balm and lavender
• massage
• bright light therapy (sitting in front of a light box)
• music therapy.

Complementary therapy should be used alongside (not instead of) conventional medicines. Anyone thinking about trying these therapies should tell their GP. The GP might be able to make a referral through the NHS or suggest practitioners in the local area.

For more information see factsheet 434, Complementary and alternative therapies and dementia
Treating depression and anxiety

People with dementia – particularly vascular dementia or Parkinson’s disease dementia – may experience depression or anxiety.

Depression and anxiety – mood disorders – are more common in the early stages of dementia. In later stages someone is more likely to develop behaviour that seems out of character.

Drug treatments
Drugs are just one approach to treating depression and anxiety. Antidepressant drugs work by correcting the level of some chemicals in the brain. However, research shows that common antidepressants don’t work as well for depression in people with dementia as for those without dementia.

It can take several weeks for someone to notice the benefits of taking an antidepressant. Many people experience some side effects to begin with, but these usually lessen after a week or two. The GP might advise people to try different antidepressants, at different doses, to find what works best.

Benzodiazepines (another type of drug commonly used to treat anxiety) aren’t generally suitable for people with dementia because they can cause severe drowsiness or increase confusion, and are addictive if used for more than two weeks. Alternative drugs for anxiety are available – speak to your GP.

Other treatments
There are other ways to treat depression and anxiety that don’t involve taking drugs. These include talking therapies (such as CBT), reminiscence activities and life story work. To find out more, see Non-drug treatments on page 18.

Other simple things that can help with depression and anxiety include keeping active, doing enjoyable activities and talking to friends and family. Eating a healthy diet and not having too much alcohol or caffeine can also help.