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Recent research has greatly improved our knowledge of Alzheimer’s disease. Treatments for the disease are now available that may help to alleviate some of the symptoms.

The tremendous advances in Alzheimer research have created optimism that more and better treatments are on the horizon. The information provided here is a brief overview of the treatments that are currently available.

**Pharmacological treatment**

Several medications are available that can help with symptoms such as decline in memory, language, thinking abilities and motor skills. Although there is currently no cure for the disease, those who respond to medication can experience improvements in their quality of life that may last for several years. People respond differently to treatments and not everyone will respond to these medications.

**Cholinesterase inhibitors**

In Alzheimer’s disease, nerve cells in the brain become damaged. Cholinesterase inhibitors may help preserve the ability of damaged nerve endings to transmit messages from one nerve cell to another.

The following medications are cholinesterase inhibitors:

- Aricept® (also known as donepezil)
- Rivastigmine (also known as Exelon®)
- Reminyl® ER (also known as extended release galantamine hydrobromide)

These treatments may be considered for people whose symptoms are early to middle stage and Aricept® has been approved for treatment of early, middle and late stage Alzheimer’s disease. Differences among these medications may cause someone to respond to one but not another. Depending on the medication, different side-effects may be experienced. These medications may be helpful for two to three years, possibly longer. Eventually nerve endings degenerate to the point that current medications are no longer helpful.

**Memantine hydrochloride**

Neurotransmitters send messages across the space between nerve cells. As Alzheimer’s disease progresses, the neurotransmitter glutamate leaks out of nerve cells and is re-absorbed at levels that are toxic to the cell. Memantine hydrochloride, known by the trade name Ebixa®, works by blocking the re-absorption of glutamate into nerve cells. It is the first drug therapy approved for individuals whose symptoms are middle to late stage.

Ongoing research suggests that there may be greater benefit to using cholinesterase inhibitors and memantine hydrochloride together.

However, more and larger trials are needed to confirm these results.

Medications are also available to help manage symptoms such as sleep disruption. Talk to your doctor to determine whether other medications may be helpful for you or the person you are caring for.

Medications for people diagnosed with Alzheimer’s disease are only available by prescription to those under the care of a doctor. In provinces where Alzheimer medications are now covered, individuals must meet specific clinical criteria for entitlement. These medications are covered by most private insurance plans.

**Non-pharmacological treatment**

Now available in some specialized centres are treatments for early to middle stage called “Cognitive Behavioural Therapies,” “Cognitive Rehabilitation,” or “Behavioural Therapy.” These therapeutic approaches use a combination of basic behavioural and cognitive training sessions, and are being increasingly used in combination with cholinesterase inhibitor treatments. No adverse side-effects have been reported for these behavioural therapeutic approaches.

Complementary and alternative health care covers a broad range of therapies and healing practices. Acupuncture, chiropractic and naturopathy are some of the most familiar forms.

Some non-pharmacological therapies (such as music therapy, aromatherapy, pet therapy, and massage) may help people with Alzheimer’s disease. However, lack of research prevents us from determining the effectiveness of many alternative treatments. The Alzheimer Society is funding projects in these areas to identify beneficial therapies for people with the disease.

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**Clinical trials**

Medications that may stop the progression of Alzheimer’s disease are currently in clinical trials. While much remains to be found out, the early news from the large number of ongoing vaccine trials is giving hope that within five to seven years there could be a vaccination therapy that could make a difference in the treatment of Alzheimer’s disease. For additional information on research and clinical trials please see the resource list on the reverse of this brochure.
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• Offers information, support and education programs for people with dementia, their families and caregivers
• Funds research to find a cure and improve the care of people with dementia
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