

Treatments and Research

The more you know about Alzheimer's medications, the better prepared you will be to discuss them with your physician and make informed choices about your treatment plan. Although current medications cannot cure Alzheimer's, some drugs target the underlying biology, and change the disease progression, benefitting cognition and function. Other medicines may help lessen the symptoms associated with memory or confusion, without slowing or stopping the underlying disease progression, for a limited time

FDA-approved drugs for Alzheimer's

The U.S. Food and Drug Administration (FDA) has approved medications that fall into two categories: drugs that change disease progression in people living with Alzheimer's, and drugs that may temporarily mitigate some symptoms of the disease.

Treatments may be available in different forms (pill, patch or other). When considering any treatment, it is important to have a conversation with a health care professional to determine whether it is appropriate. A physician who is experienced in using these types of medications should monitor people who are taking them and ensure that the recommended guidelines are strictly observed.

Drugs that change disease progression

Drugs in this category slow disease progression by going after the underlying biology of the disease process. They aim to slow the decline of memory and thinking, as well as function, in people living with Alzheimer's disease.

The treatment landscape is rapidly changing. For the most up-to-date information on FDA-approved treatments for Alzheimer's disease, visit [alz.org/medications](https://www.alz.org/medications).

Anti-amyloid treatments work by attaching to and removing beta-amyloid, a protein that accumulates into plaques, from the brain. Each works differently and targets beta-amyloid at a different stage of plaque formation.

Aducanumab (Aduhelm™)

The anti-amyloid antibody drug aducanumab (Aduhelm™) was the first approved therapy to demonstrate that removing beta-amyloid, one of the hallmarks of Alzheimer's disease, from the brain reduces cognitive and functional decline in people living with early Alzheimer's.

Aducanumab is indicated for the treatment of Alzheimer's disease. The drug was studied in people living with early Alzheimer's disease — which includes people with mild cognitive impairment (MCI) or mild dementia due to Alzheimer's disease who also have evidence of a buildup of amyloid plaques in the brain.

As of January 2024, aducanumab is being discontinued by its manufacturer, Biogen.

Lecanemab (Leqembi™)

Lecanemab (Leqembi™) is an anti-amyloid antibody intravenous (IV) infusion therapy approved for early Alzheimer's with confirmation of elevated beta-amyloid. It works by attaching to and removing beta-amyloid in the brain.

This drug is approved for people with early Alzheimer's disease (mild cognitive impairment (MCI) or mild dementia due to Alzheimer's disease). These people should also have confirmation of elevated beta-amyloid plaques in the brain.

The most common reported serious side effects were infusion-related reactions and amyloid-related imaging abnormalities (ARIA), a common side effect that does not usually cause symptoms but can be serious. It is typically a temporary swelling in areas of the brain. It usually resolves over time.

Name (Generic/Brand)	Approved for	Common side effects
Lecanemab Leqembi™	Alzheimer's disease (MCI or mild dementia)	Infusion-related reactions, ARIA and headache

Drugs that treat symptoms

Cognitive (memory and thinking) symptoms

These medications are prescribed to treat symptoms related to memory and thinking. While these drugs cannot stop the damage Alzheimer's causes to brain cells, they may help lessen or stabilize symptoms for a limited time by affecting certain chemicals involved in carrying messages between the brain's nerve cells.

The drugs currently approved to treat cognitive symptoms are cholinesterase inhibitors and glutamate regulators.

Name (Generic/Brand)	Approved for	Common side effects
Donepezil Aricept®	Mild to severe dementia due to Alzheimer's	Nausea, vomiting, loss of appetite, muscle cramps and increased frequency of bowel movements.
Galantamine Razadyne®	Mild to moderate dementia due to Alzheimer's	Nausea, vomiting, loss of appetite and increased frequency of bowel movements.
Rivastigmine Exelon®	Mild to moderate dementia due to Alzheimer's or Parkinson's	Nausea, vomiting, loss of appetite and increased frequency of bowel movements.
Memantine Namenda®	Moderate to severe dementia due to Alzheimer's	Headache, constipation, confusion and dizziness.

<p>Memantine + Donepezil Namzaric®</p>	<p>Moderate to severe dementia due to Alzheimer's</p>	<p>Nausea, vomiting, loss of appetite, increased frequency of bowel movements, headache, constipation, confusion and dizziness.</p>
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Non-cognitive (behavioral and psychological) symptoms

Alzheimer's affects more than just memory and thinking. A person's quality of life may be impacted by a variety of behavioral and psychological symptoms that accompany dementia, such as sleep disturbances, agitation, hallucinations and delusions. Some medications focus on treating these non-cognitive symptoms for a time, though it is important to try non-drug strategies to manage behaviors before adding medications.

The FDA has approved one drug to address symptoms of insomnia that has been tested in people living with dementia and one that treats agitation.

Sleep changes may include difficulty sleeping, taking daytime naps and/or experiencing other shifts in sleep pattern. Learn more about sleep changes and available drug and non-drug treatments to address symptoms.

Suvorexant (Belsomra®), approved for treatment of insomnia, has been shown to be effective for that purpose in people living with Alzheimer's (mild to moderate).

It works by blocking the activity of a chemical messenger involved in the sleep-wake cycle.

Atypical antipsychotics are a group of antipsychotic drugs that target the serotonin and dopamine chemical pathways in the brain. These drugs are largely used to treat schizophrenia and bipolar disorder and as add-on therapies for major depressive disorder. The FDA requires that all atypical antipsychotics carry a safety warning that the medication has been associated with an increased risk of death in older patients with dementia-related psychosis.

Many atypical antipsychotic medications are used "off-label" to treat dementia-related behaviors. Brexpiprazole (Rexulti®) is currently the only FDA-approved atypical antipsychotic for treatment of agitation associated with dementia due to Alzheimer's.

Name (Generic/Brand)	Approved for	Common side effects
Brexpiprazole Rexulti®	Agitation associated with dementia due to Alzheimer's disease	<p>Weight gain, sleepiness, dizziness, common cold symptoms, and restlessness or feeling like you need to move.</p> <p>Warning for serious side effects: increased risk of death in older adults with dementia-related psychosis. Rexulti is not approved for the treatment of people with dementia-related psychosis without agitation that may happen with dementia due to Alzheimer's disease.</p>
Suvorexant Belsomra®	Insomnia, has been shown to be effective in people living with mild to moderate Alzheimer's disease	Impaired alertness and motor coordination, worsening of depression or suicidal thinking, complex sleep behaviors, sleep paralysis, compromised respiratory function.

Before beginning a new medication, make sure your physician, pharmacist and care team are aware of all medications, alternative remedies and dietary supplements currently being taken (including over-the-counter). This is important to ensure that medications will not interact with one another, causing side effects.

Be sure to discuss all medications you take with your doctor to understand why they were prescribed and how to take them.

To learn more, visit [alz.org/medications](https://www.alz.org/medications)

Alternative treatments and supplements

Research suggests that lifestyle habits, such as eating a healthy diet, may reduce a person's risk for cognitive decline and dementia. However, there isn't a single food, ingredient or supplement that has been shown to prevent, treat or cure Alzheimer's or other dementias.

There are remedies, supplements and "medical foods" that are often referred to as alternative treatments. Alternative treatments are not regulated and do not need to adhere to the same standards as FDA-approved treatments. Claims about their safety and effectiveness are based largely on testimonials, tradition or a small body of scientific research.

If you are considering taking an alternative treatment or dietary supplement, it's important to talk to your physician. He or she can provide you with the best possible advice for your situation and make you aware of any risks. Even if advertised as "natural," alternative treatments can involve potentially powerful substances that have not met FDA standards for effectiveness or safety, and some alternative medicines can cause unintended reactions when taken with prescription medications.

Here is a list of questions to ask when considering an alternative treatment or supplement:

Has the FDA approved this product for the treatment of Alzheimer's or dementia symptoms?

The FDA may have reviewed the data on a product, but found it to be ineffective for the intended purpose. In this instance, the company may still release the product as a medical food, either with or without changes. In the United States, a product can only be considered a medical food if it is designed to treat a condition that has a “distinctive nutritional requirement.” According to the FDA, Alzheimer's, as currently understood, does not have distinctive nutritional requirements, and therefore, in the United States, no product can legitimately be described as a medical food for Alzheimer's.

Is there independent research to support the safety and effectiveness of this product for treating Alzheimer's or other dementia?

If the testing entity has a vested interest in the outcome (e.g., testing done by the company developing the product), the results may not be reliable. To best serve individuals living with Alzheimer's and their families, the Alzheimer's Association strongly encourages makers of products that claim to be beneficial for those with Alzheimer's or other dementia to conduct definitive clinical trials.

Does the developer of the product or the person recommending it to you have a potential financial gain from the use of the medication?

If so, use extreme caution. Check with your care team to see if they have any questions or concerns with your plan to use it.

Does the FDA oversee how dietary supplements are manufactured?

No. It is up to each manufacturer and distributor of dietary supplements to meet all safety and labeling requirements of the Dietary Supplement Health and Education Act of 1994 (DSHEA) and the FDA. Most in the industry act responsibly, but some adulterated or misbranded products have made it to market. Therefore, people with Alzheimer's and their

families have no absolute guarantee that supplements contain the ingredients listed on the label in the specified amounts.

Is the product compatible with the other medications you are taking or with your diagnoses?

Be sure to check with your doctor or pharmacist to find out whether the product could cause negative outcomes given your diagnoses and any FDA-approved medications you are taking.

The lack of rigorous research for these products means little (or nothing) is known about the effects, both when taken alone or in combination with approved drugs. We often don't know whether the products will interact with, and possibly decrease, the effectiveness of approved drugs taken for Alzheimer's and other dementia.

Research into future treatments

Researchers are conducting studies to find new interventions and treatments for Alzheimer's. Because the disease is complex and not fully understood — with a multitude of factors that may contribute to risk — today's research focuses on several areas of study.

Many drugs and medical devices in development aim to interrupt the disease process by impacting one or more of the brain changes associated with Alzheimer's. These changes offer potential "targets" for new drugs or devices to slow or stop the progress of the disease. These promising targets include the buildup of beta-amyloid and tau protein (hallmarks of Alzheimer's), neuroinflammation, immune response, metabolic changes and more.

Researchers believe that future treatments will involve a combination of medications or devices aimed at several targets, along with risk reduction strategies similar to current treatments for many cancers and AIDS.

As the leading nonprofit funder of Alzheimer's research, the Alzheimer's Association has played a vital role in every significant development in dementia science.

Participate in clinical trials

Recruiting and retaining clinical trial participants is now the greatest obstacle, other than funding, to developing the next generation of Alzheimer's treatments. Individuals with dementia, caregivers and healthy volunteers are all needed to participate in clinical studies focused on Alzheimer's and all other dementia.

If you are interested in participating in a current clinical study, Alzheimer's **Association TrialMatch**® is a free, easy-to-use clinical studies matching service that generates customized lists of studies based on user-provided information.

The TrialMatch database includes:

- Trials for new drugs or non-drug-based dementia treatments.
- Studies on new tests or procedures for diagnosis.
- Trials that investigate ways to prevent the onset of diseases.
- Studies exploring ways to improve quality of life for individuals living with a chronic illness, their caregivers and family members.
- Online studies.

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