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Some Drugs Slightly Improve Cognition in People with Dementia; Effects on **Behavioral or Psychological Symptoms**

Remain Unclear

PRESENTING QUESTION

Can drug treatments improve outcomes in people with dementia?

INTERVENTION

Two authors screened possible articles for inclusion. One author performed data extraction, which was verified by a second author. The authors assessed risk of bias and only analyzed results from studies with low or medium risk, removing 97 of the 163 unique studies they identified.

COMPARATOR

Placebo

OUTCOMES

The researchers found a small improvement in cognition (standardized mean difference = 0.30) with a low strength of evidence for cholinesterase inhibitors, although there was no effect on overall function or global clinical impression.



Meta-analysis (randomized controlled trials)

SYNOPSIS

The authors searched four databases, including the Cochrane Library, a clinical trials database, and bibliographies of other systematic reviews, to identify all English-language studies of drug treatments for cognition, function, or behavioral and psychological symptoms associated with Alzheimer-type dementia. The most frequently studied cholinesterase inhibitor was Donepezil (Aricept). In patients with moderate to severe disease, adding Memantine (Namenda) to a cholinesterase inhibitor improved cognition and overall clinical impression, but not function compared with placebo. Withdrawal from treatment because of adverse effects was higher with cholinesterase inhibitors Galantamine (Razadyne) and Rivastigmine (Exelon) compared with placebo. The likelihood of publication bias was not reported.

KEY TAKEAWAY

- Some treatments can improve cognition on research scales, but daily function will not be affected in a noticeable way.
- Managing behavioral or psychological issues with medication is not supported by current evidence.
- No treatments had sufficient evidence of their benefit on behavioral or psychological symptoms.
- There was not significant heterogeneity among the studies.

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