Call the National Dementia Helpline on 1800 100 500
3 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 the right combination, lots of people can live well with dementia for many years.

Developing a strong relationship with your doctor is an important step in managing your illness. Your GP can also be a valuable source of information and support.

As your dementia progresses, you may rely on medical experts in a variety of different areas including geriatricians, neurologists and psychiatrists. Your GP will refer you to see each of these people when appropriate during the course of your dementia (this could be right at the start for assessment and confirmation of diagnosis, right through to treatment).

Allied health clinicians will form an integral part of your healthcare team. They will provide support at different stages of the disease to help you maintain your quality of life and independence. These may include counsellors, dental therapists, dieticians, occupational therapists, optometrists, psychologists and social workers.

Your pharmacist can also play an important role in helping you manage your medication by offering a variety of support services.
A number of drugs have been developed that can lessen the symptoms of Alzheimer’s disease for a while in some people. Sometimes they are also given to people with mixed dementia or Lewy body disease. However, they are not suitable for people with frontotemporal dementia, who may be given other 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, such as counselling or cognitive behavioural therapies. Reminiscence therapy, which involves talking about things from the past, using prompts such as photos or music can also be helpful. Staying mentally active, for instance doing word puzzles or discussing current affairs, is important, as is remaining socially connected and continuing to be engaged in enjoyable activities.

Depression or anxiety are commonly experienced by people with dementia. The symptoms of withdrawal, apathy and agitation are sometimes put down to dementia, and consequently it may be some time before depression is recognised and treated.
Working together with your doctor

**Developing a strong relationship with your doctor** is important to effectively manage your condition. General practice and primary care teams play a vital role in supporting people living with dementia, their families and carers, from identification and diagnosis, through to ongoing management and care.

Help your doctor and practice nurses get to know you, and be open and honest with them. Answer all questions truthfully and, if you don’t know the answers, let them know. This will help them understand how your dementia is affecting your brain, health and relationships, as well as what referrals and treatments are appropriate.

Often a family member or carer has a unique insight into your needs, preferences and symptoms. Include them in discussions with your doctor about diagnosis and care management. Doctors and nurses can also provide valuable support to carers themselves.

**When preparing for an appointment, it may be helpful to make a list of questions you would like to ask**, as it can sometimes be more difficult to remember these things during the appointment itself.

**Consider booking a longer appointment** than usual, so that you have time to discuss everything in detail.

**Make a list of all the medications, vitamins and supplements you take**, including dosages, and keep a log of any changes you or your family and friends have noticed.

**Take a family member or friend into the appointment with you.** They may ask questions that you hadn’t thought of and could write things down to help you remember anything you forget or explain anything you don’t understand. This can also provide a way of helping those around you understand your condition.

**Discuss a treatment plan.** Ask your doctor about the medications or treatment options available to you, as well as the associated benefits and risks. You can also discuss whether you would be an appropriate candidate to participate in clinical studies. For more information, visit dementia.org.au/research
Ask about the support services available that will help you live well with the disease, for as long as possible.

Make sure you take notes, ask for information to take away with you, and request written details of your condition so that you can refer back to these later.

For more information see Help Sheet, Information for people with dementia 9: Talking with your doctor. Available at dementia.org.au

Your multidisciplinary team

During the different stages of dementia, you may be treated by a number of different health professionals. Together, they will make up what is known as your multidisciplinary team.

Your doctor will arrange for you to see different experts relevant to different aspects of your care. Medical specialists such as geriatricians, neurologists and psychiatrists, as well as allied health clinicians such as nurses, social workers, psychologists, occupational therapists, physiotherapists and counsellors might all be involved in your treatment at some stage.

Make sure you know the different roles and functions of each health professional involved in the ongoing care and management of your condition.

Medical specialists

A geriatrician is a medical doctor who specialises in the diagnosis, treatment and prevention of disease and disability in older adults.

A psychogeriatrician is a medical doctor who specialises in diagnosing and treating mental and emotional disorders in older adults.

A neurologist is a medical doctor who specialises in the detection, diagnosis and treatment of people with neurological conditions i.e. abnormalities of the brain and central nervous system.

A neuropsychiatrist is a medical doctor who has trained in the field of psychiatry and has a special interest in the behavioural and psychological effects of neurological diseases or injury to the brain.
A **psychiatrist** is a medical doctor who has obtained additional qualifications to become a specialist in the diagnosis, treatment and prevention of mental illness and emotional problems.

It is important to keep looking until you find the medical specialists for you. Make sure you feel comfortable with them and they are a good fit for you and your family. Your doctor will help you keep looking until you find the right specialists.

**Getting a second opinion**

At any time, you can request a second opinion or referral to a specialist, if your GP has not already done so. Don’t worry about offending your doctor. Most medical professionals understand the benefit of a second opinion, and should be happy to refer you to another doctor.

**Allied health clinicians**

Allied health clinicians form an integral part of your multidisciplinary healthcare team. They provide support at all different stages of the disease and work with others health professionals to help you maintain your quality of life, independence, self care and mobility, while helping to reduce the risk of complications due to other conditions or injuries.

**Counsellors and dementia consultants** can help maintain your wellbeing by talking to you about adjusting to change and feelings such as loss and grief.

An **occupational therapist** can focus on the things you do in everyday life such as eating, dressing and showering, as well as things like driving and socialising. They can help you identify your skills and abilities, and what help you might need to continue to do the things you want to do.

A **psychologist** can provide counselling and help you and those around you cope with feelings and adjustments to change.

A **neuropsychologist** will work with you and your family to help find strategies to cope with the changes in behaviour that might happen as a result of the changes in your brain.
A social worker can provide emotional support during times of stress and practical support with things like money, accessing support services and appointing powers of attorney.

A physiotherapist can help you improve your strength, balance and the way you move around.

Dental therapists, dental hygienists and oral health therapists work alongside dentists to help keep your mouth, teeth and gums in good condition.

A dietitian can focus on the relationship between your health and the food you eat, providing advice and strategies for maintaining a nutritious diet.

A diversional therapist can design leisure and recreation programs appropriate for your tastes and abilities, by getting to know about your history, interests and culture.

An exercise physiologist can work with you to improve your fitness, strength and balance.

A music therapist can help improve your health, functioning and wellbeing using music.

An optometrist can check your eyesight and monitor for any eye conditions.

An osteopath can offer treatment and advice to help improve mobility, circulation and balance.

A podiatrist can check and help maintain the health of your feet.

A speech pathologist can help you find ways to communicate with others if speaking has become difficult.

These professionals are found in both private and public health care settings. Speak to your doctor for advice on how to access these services as part of your dementia care plan.

You may also wish to contact your private health insurer to find out what entitlements you are eligible for as part of your cover.

For more information, Dementia Australia’s resource ‘Allied health professionals and you’ is available at dementia.org.au
Partnering with your pharmacist

The cognitive issues associated with dementia mean people living with the condition are more likely to have problems managing their medication. Appropriate medication management is important to ensure you receive the greatest benefit from your treatment, while minimising the risk of harm.

Your pharmacist can play an important role in supporting you and your carer, by offering a variety of services, including:

- packing and organising drugs on your behalf
- providing simplified administration instructions, including verbal, written and visual material
- minimising the generic substitution of brand-named drugs
- managing the maintenance of current scripts
- conducting telephone follow-ups
- providing dose administration boxes, with the days of the week marked on them
- using ‘reminder’ pill packaging
- providing dose-dispensing units of medication and medication charts
- offering appointment and prescription refill reminders
- providing memory aids including planners or calendars, and medication or pill box timers

Drugs to treat dementia

Currently, there is no known cure for dementia. Scientists around the world are involved in research to try and 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, advice and counselling) are also valuable.

And remember, it is important to maintain other areas of your general health. See Looking after your general health on page 66.
All drug treatment information was correct at the time of printing

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 (e.g. Aricept), rivastigmine (e.g. Exelon, Exelon Patch) or galantamine (e.g. Reminyl, Galantyl). The names in brackets are the common brand names of these drugs. People who have mixed dementia in which Alzheimer’s disease is the main cause may also be prescribed these drugs.

These drugs are usually initially prescribed to a person living with Alzheimer’s disease by a specialist such as a neurologist, geriatrician or psychiatrist. The person’s doctor will generally then take over routine prescribing.

These three drugs all work in a similar way and offer similar benefits. They increase the amount of a chemical called acetylcholine, which helps messages travel around the brain and assists us to make memories. 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 and can include loss of appetite, nausea, vomiting, diarrhea and vivid dreams. Lowered heart rate is another possible side effect, meaning an electrocardiogram (ECG) is sometimes recommended before a person trials these drugs. They can also be problematic for people with asthma. If one of these drugs causes problematic side effects, it may be possible to try another.
**Memantine**

People who have moderate Alzheimer’s disease but are unable take any of the three drugs listed on page 43, might be offered memantine (e.g. Ebixa, APO-Memantine, Memanxa). It is also becoming more common to be offered memantine in the later stages of Alzheimer’s disease when symptoms become more severe.

Memantine works by protecting brain cells from the harmful effects of a natural substance called glutamate. People with Alzheimer’s disease often have damagingly 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, and may improve language and communication.

**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.

Memantine is only available under the Pharmaceutical Benefit Scheme (PBS) for moderately severe dementia. Speak to your doctor to find out whether you are eligible for this drug.

For more information see Help Sheet, About dementia 9: Drug treatments and dementia. Available at dementia.org.au

**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. A doctor 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.
Other dementias

Lewy body disease

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

Drugs that are used to treat Alzheimer’s disease are not available under the Pharmaceutical Benefit Scheme (PBS) for Lewy body disease. However, they may be prescribed if Alzheimer’s disease cannot be excluded. Speak to your doctor to find out whether you are eligible for these drugs.

Frontotemporal dementia

Existing drugs for treating Alzheimer’s disease haven’t been shown to offer any benefits to people with frontotemporal dementia and it is thought they might even be harmful.

Often people with behavioural variant frontotemporal dementia are prescribed psychiatric medications to reduce the associated problematic behaviours, or an antidepressant if they are experiencing depression.

Possible questions to ask your 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?
- Can I still drive my car?
- Will it impact my work?
- 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?
- How can I reduce potential 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 for dementia

Living well

Dementia can be difficult to live with at times. Fortunately, there are lots of ways to maintain a good quality of life following diagnosis.

Keeping the body and mind active is essential, while people who remain engaged with their day-to-day activities, interests and social groups often feel more satisfied and fulfilled. Research suggests that exercise and eating well can be beneficial and may even slow down changes in the brain.

For more information see Living Well on page 51.

Information, support and counselling

People who have been diagnosed with dementia, their families and friends usually benefit from information that helps them understand the diagnosis and what they can expect as the dementia progresses.

There is a range of useful resources and programs available that offer up-to-date information in an accessible way.

- dementia.org.au includes Help Sheets on a variety of topics
- livingwellwithdementia.org.au includes personal stories, resources, information and tips on how to make the most of life with dementia
- Educational programs like Dementia Australia's Living With Dementia program
Counselling can also be helpful, and is available specifically for the person with dementia individually or in conjunction with a partner or family members. Dementia Australia staff are specifically trained to provide dementia-related support, tailored to the needs of the particular person or group.

Counselling might include discussions about reactions to the diagnosis, ways to live well with dementia, strategies to deal with role changes and changes to relationships, or planning for the future.

To access any of the support outlined above, contact the National Dementia Helpline on 1800 100 500.

**Other approaches**

There are a number of other approaches that may assist the person with dementia as their condition progresses.

**Reminiscing and life story work**

Reminiscing involves talking about events from the past, using prompts such as photos, familiar objects or music.

In some dementia cases, people experience memory loss associated with recent events, but are still able to recall events that occurred earlier in their lives. Reminiscing with a person who has dementia can therefore help them to feel connected, engaged and valued.

Life story work is a shared experience between the person with dementia and a family member, friend or support worker. A scrapbook, photo album or some form of digital media is used to develop a physical record of the person’s life experiences, values and beliefs.

There is evidence to suggest that reminiscing and life story work can improve mood, wellbeing and some cognitive abilities such as memory. Call the National Dementia Helpline on 1800 100 500 for details.

**Complementary therapies**

The term complementary therapies refers to a broad range of treatments used to prevent or treat illness and promote wellbeing. They are not the same as conventional medicines.
Some complementary therapies that may help people with dementia include aromatherapy, acupuncture, massage, bright light therapy, herbal medicines and listening to preferred music.

While there have been many indications that complementary therapies can impact positively on the overall wellbeing of a person living with dementia, there is no definitive evidence to suggest that complementary therapies can be used to effectively treat symptoms such as memory loss.

Practitioners of complementary therapies should not be viewed as a substitute for your doctor. A good practitioner of complementary therapies should encourage continued input from your doctor during any program of treatment, and many even liaise directly with them.

To find about more about complementary therapies, speak to your GP or visit the The National Institute of Complementary Medicine website at nicm.edu.au

For more information see Help Sheet, Caring for someone with dementia 2: Therapies and communication approaches. Available at dementia.org.au

Treating depression and anxiety

People with dementia, their families and carers may experience depression or anxiety, particularly in the early stages.

Non-drug treatments

There are ways to treat depression and anxiety that don’t involve drugs. These include talking therapies such as counselling, reminiscence activities and life story work. See Other approaches on page 47.

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

Drugs are just one approach when it comes to treating depression and anxiety.

Antidepressant drugs work by correcting the levels of some chemicals in the brain. It can take several weeks for someone to notice the benefits of taking an antidepressant. It is important to discuss your options with your doctor.

Many people experience some side effects to begin with, but these usually lessen after a week or two.

A doctor might advise people to try different antidepressants, at different doses, to find out what works best.

Things to consider

- Are you clear about the questions you will ask your doctor when discussing your treatment plan?
- What are some things you would like your doctor to know about you?
- Would some additional written or online information, support or counselling assist you at this time? If so, have you called the National Dementia Helpline on 1800 100 500?
- Have you considered the possibility of group counselling with your family and carers?
- Would you consider collecting photographs and memorabilia from your past to assist reminiscence?
- What activities have you always enjoyed doing that you would like to continue with?