



# DEMENTIA NEWSLETTER *for* PHYSICIANS

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JANSSEN-ORTHO

Makers of / fabricants de:

 **Reminyl**  
SALVATIME

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## Rivastigmine (Exelon) in Alzheimer's (AD) and Other Dementias

*Dr. Bill Dalziel*

*Chief, Regional Geriatric Assessment Program*

Studies with Exelon (rivastigmine) have shown benefits similar to those with Aricept and Reminyl for mild to moderate Alzheimer's Disease in terms of cognition, function, global impression and behavior. Exelon has a dual mode of action: inhibition of acetylcholinesterase (AChE) as well as butyrylcholinesterase (BuChE).

BuChE inhibition may be more important in moderate to severe AD and may help to prevent transformation of inert into malignant amyloid plaques. In the healthy brain AChE activity predominates, but in more severe AD, AChE decreases while BuChE stays stable or increases thereby possibly playing a more important role. Two studies have shown cognitive and behavioral benefits in moderate to severe AD nursing home patients. Another study (Anand 2000) showed a 40% reduction in psychotropic use as well.

Exelon is dosed BID starting at 1.5 mgm BID with recommended titration in monthly intervals to 3, 4.5, and eventually 6 mgm BID. The minimum effective dose in studies is a total of 6 mgm daily. GI side effects including nausea, vomiting, anorexia and diarrhea were prominent in the original fast escalation study trials but are much less with titration on a monthly basis.

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*If you would like to receive this newsletter electronically, send your email address to [dglazier@alzheimerott.org](mailto:dglazier@alzheimerott.org)*

## Rivastigmine (continued from page 1)

If present GI side effects can be ameliorated by taking Exelon with food, a more prolonged titration (increases by only 1.5 mgm each month), or use of domperidone. Because of its selectivity to brain over periphery and the G1 form of AChE, there are less "peripheral" side effects such as sleep disturbance, EPS, muscle cramps, and incontinence.

Exelon has the only published randomized controlled trial in Lewy Body Dementia (McKeith 2000) showing both improvement in cognition and behavior including the visual hallucinations so common in Lewy Body Dementia. Exelon has also been studied in open label trials with patients with Parkinson's with associated dementia and

has shown positive results without worsening of Parkinson's disease. A further potential benefit of Exelon especially for elderly patients on many medications is fewer drug/drug interactions because unlike Aricept and Reminyl, Exelon is not metabolized through cytochrome p450 isoenzymes.

In a recent (Auriacombe 2002) open level study of AD patients who were unable to tolerate or were nonresponders to Aricept, 56% responded to Exelon. Lack of efficacy or intolerability with Aricept was not predictive of Exelon response. It should now be standard of care that patients nonresponsive or intolerant to one AChE inhibitor be switched to another. For non-responders, a washout period is not necessary. A more aggressive dose titration than the usual monthly increase may be possible but the dose should be cut back if side effects occur.

### 7th International Geneva/Springfield Symposium on Advances in Alzheimer Therapy, April 2002

From April 3 to 5, 2002, 800 people gathered in Geneva to hear about the latest treatments for Alzheimer Disease (AD) and exchange information on trials, outcomes, and strategies for preventing, arresting or curing the disease. Topics discussed included:

- Advances are being made in the early identification of AD, reflected in the diagnosis of MCI
- Imaging studies have become increasingly useful in determining the atrophic changes occurring in the brains of patients with AD, especially when determined sequentially over time with computer-based registration techniques
- Reduction of beta amyloid production or removal from the brain remains a major therapeutic target for treatment of AD with great potential promise
- Prevention of AD/dementia in a large segment of non-demented people receiving HMGCoA reductase inhibitors (statins)
- Anticholinesterase drugs remain the current cornerstone of therapy for patients with existing AD
- Other potential therapeutic approaches for AD include suppression of inflammation, use of stem-cell therapies and the treatment of behavioral manifestations.

*Excerpted from: Drachman, David. The Treatment of Alzheimer's Disease: Where have we been and where are we going? American Journal of Alzheimer's Disease and Other Dementias. Vol 17, Number 3, May/June 2002*

## First Link: Just One Phone Call

By Inika Anderson,  
First Link Coordinator,  
Alzheimer Society of  
Ottawa

With just one phone call, *First Link* can help you help your dementia patients. In Ottawa, 1800 new cases of dementia will be diagnosed in 2002. Individuals and their families need information and support as soon as possible. The more families learn about Alzheimer Disease the better they will be able to cope. By reaching out to families early through *First Link*, we hope to make their Alzheimer journey smoother, and in turn, make your job as a family physician a little easier too.

It is pretty difficult for a person to hear that they have Alzheimer Disease. The person and their family may be just too overwhelmed to pick up the phone and call

*First Link*  *Premier lien*



the Alzheimer Society. You can remove this barrier by making the link for them.

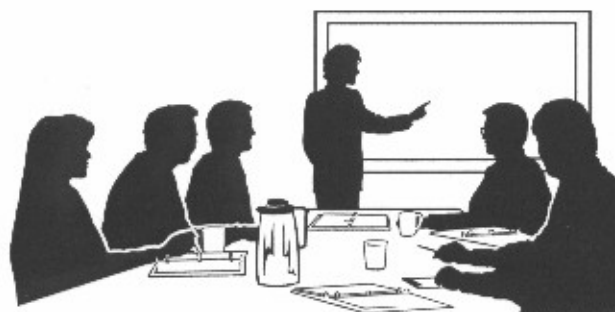
When you refer a newly diagnosed person to *First Link*, they will receive a phone call from the Alzheimer Society's *First Link* Coordinator. *First Link* will connect individuals and families to a progressive learning series and to a peer support program. *First Link* participants will also be connected with the Alzheimer Society's Family Support and Education staff who can offer one-to-one support, information about dementia, and referrals to support services. As the referring physician, you will receive a letter

keeping you informed.

*First Link* is a coordinated education and support initiative of the Alzheimer Society of Ottawa, in collaboration with the Dementia Network of Ottawa. The Alzheimer Society of Ottawa gratefully acknowledges the financial support of the Ontario Trillium Foundation, an agency of the Ministry of Tourism, Culture & Recreation, which received annually \$100 million in government funding generated through Ontario's charity casino initiative.

Refer your patients to *First Link* by simply phoning the Alzheimer Society today at 523-4004. All we need is the patient's name, contact name and phone number. You can also call and ask us for your *First Link* Physician Referral Kit.

## Innovative Physician Education for You



We will come to your office and do a one to one session with you (20 – 30 minutes) or a 4 – 6 member breakfast or lunch and learn session (40 – 60 minutes). We will provide the food!

Physician educators will include:

Anna Byszewski, Bill Dalziel, Tony Guzman, Barbara Power, Inge Loy-English and Tilak Mendis.

This innovative Dementia Education Program for Family Physicians is designed to:

- improve your recognition, diagnostic assessment and treatment of dementia
- improve your management of associated problems or issues in dementia care
- improve your knowledge on monitoring for the benefits of acetylcholinesterase therapy
- improve your understanding of the

Alzheimer Society's programs and services available for patients/caregivers/family members.

Please fill out the enclosed *Dementia Education Program for Family Physicians Contact Form* and we will mail out a Needs Assessment so that your session can be tailored to meet your needs. Please call 613-523-4004 if you need further clarification.

*We gratefully acknowledge the unrestricted educational grant generously provided by:*

- Novartis
- Pfizer
- Janssen-Ortho

## THANK YOU

The Dementia Network of Ottawa would like to thank Novartis for sponsoring this edition of the Dementia Newsletter for Physicians.

 NOVARTIS

# DEMENTIA NETWORK OF OTTAWA

## DEMENTIA EDUCATION PROGRAM for FAMILY PHYSICIANS

### **This program provides:**

- *Individualized Academic Detailing*, one-on-one sessions which will be needs based with a follow-up session provided approximately three months later. Each session is 20-30 minutes in length and is tailored to your needs.
- *Small Group Breakfast or Lunch and Learn sessions* with one teacher for four to six learners which will be provided in your office. A second visit will be arranged to deal with issues or questions arising from the first visit.

### **Physician Educators will include:**

Anna Byszewski, Bill Dalziel, Tony Guzman, Barbara Power, Inge Loy-English and Tilak Mendis.

If you are interested in this program, please fill in the Contact Information and you will be sent an Educational Needs Assessment Form in order to determine your learning needs.

### CONTACT INFORMATION

#### **Please check off the following:**

**1. One-to-one visit**

How long?      ☐ 15 min.      ☐ 20-25 min.      ☐ 30 min.

Preferred start times (Please list 2 or 3 including day/time):

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**2. Small Group Session (maximum 6 physicians)**

How long?      ☐ 30 min.      ☐ 45 min.

Number of Attendees? \_\_\_\_\_

Preferred start times (Please list 2 or 3 including breakfast, lunch or other indicating start times):

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### TO ARRANGE A SESSION:

Name of Contact Person \_\_\_\_\_

Contact information: Please indicate preferred method of contact:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please fax this form to Alzheimer Society of Ottawa at: 613-523-8522

**We gratefully acknowledge the unrestricted educational grant generously provided by:  
Novartis, Pfizer and Janssen-Ortho.**