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Format: Abstract

Neurol Sci. 2012 Feb;33(1):23-31. doi: 10.1007/s10072-011-0618-0. Epub 2011 May 17.

Memantine effects on behaviour in moderately severe to severe Alzheimer's disease: a post-marketing surveillance study.

Clerici F¹, Vanacore N, Elia A, Spila-Alegiani S, Pomati S, Da Cas R, Raschetti R, Mariani C; **Memantine Lombardy Study Group**.

Collaborators (64)**Author information**

Abstract

The aim of this study is to evaluate **memantine** effectiveness on behavioural and psychological symptoms of dementia (**BPSD**) in clinical practice and to identify variables that may predict the therapy effects. The effects of **memantine** on behaviour were analysed in the database of a post-marketing surveillance study promoted by the Lombardy Region Health Office and involving 43 Alzheimer's disease (AD) Units. From July to December 2005, 399 moderately severe-to-severe AD patients free of cholinergic medications were enrolled, treated with **memantine** and followed-up for 6 months. **BPSD** were assessed in a subgroup of 297 patients [mean age 77 ± 8 years; 73% females; mean neuropsychiatric inventory (NPI) score 28 ± 24] for whom the 12-item NPI subscores at baseline, and at 3 and 6 months were available. The 12 **BPSD** were clustered as follows: affect, physical behaviour, psychosis and hypomania. The main outcome measure was the proportion of individual cluster responders at 6 months of therapy. The proportion of individual cluster responders was 30% affect, 24% physical behaviour, 29% psychosis, 27% hypomania. Patients taking 20 mg **memantine** daily during the study period had a statistically significant higher probability to experience behavioural improvement than those who discontinued treatment or did not complete **memantine** titration (affect OR 9.0; 95% CI 3.8-21.6; physical behaviour OR 17.8; 95% CI 5.9-53.6; psychosis OR 23.6; 95% CI 5.1-110.8). The logistic regression analysis was not applicable to the hypomania subsyndrome because of the low cluster prevalence. The standard 20 mg daily **memantine** treatment regimen was found to be associated with a modest 6-month behavioural improvement in the affect, physical behaviour and psychosis domains in 24-30% of patients.

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Format: Abstract

Rev Prat. 2011 Sep;61(7):939-44.

[Treatment of behavioral disorders in Alzheimer's disease].

[Article in French]

David R¹, Piano J, Robert P.

Author information

Abstract

Behavioural and psychological symptoms (**BPSD**) are now known to be frequently associated to cognitive and functional decline in Alzheimer's disease and related disorders. Recommendations for the management of **BPSD** have been proposed. Non-pharmacological interventions should be the first-line treatment. Anti-dementia agents (cholinesterase inhibitors, **memantine**) and psychotropic drugs (antipsychotics, antidepressants and anticonvulsivants) could be associated to non-pharmacological interventions only in case of limited response with non pharmacologic approaches. Low-dose antipsychotics should only be prescribed for limited periods of time, in case of psychotic and/or aggressive refractory symptoms.

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Publication type, MeSH terms, Substances

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