






















Generic/TRADE (Strength & forms)	Class / Symptoms / Tips	Side effects	Comments / Drug Interactions (DI <sup>3,22,23</sup> ) (✓ = therapeutic use)	INITIAL & MAX DOSE	USUAL DOSE RANGE <sup>geriatric</sup>	\$  /Month
<b>Donepezil</b>   <b>ARICEPT</b> <small>24,25,26,27,28,29,30,31,32,33,34,35,36,37</small> 5 <sup>5</sup> , 10 <sup>5</sup> mg tab acetylcholinesterase activity t 1/2 ~75hr	May temp. <b>stabilize dementia</b> & behavior (& may help apathy, hallucinations & delusions) <b>Slows rate of functional loss</b> <b>Not delay institutionalisation</b> <sup>35</sup> AD2000	(Nausea, vomiting, diarrhea) ~10%; ↑with ↑dose, anorexia, muscle cramps, insomnia, fatigue, wt loss ~3%, other cholinergic effects, agitation initially	✓ <b>Mild to moderate</b> Alzheimer's (MMSE 10-26); ? for mod-severe Alzheimer's <sup>38,39</sup> ; ↑ dose <b>q 1month</b> if needed  DI: ↑ level by erythromycin, grapefruit juice, ketoconazole, paroxetine & quinidine ; ↓ level by carbamazepine, dexamethasone, phenytoin, phenobarbital & rifampin.	5mg 10mg	5mg po <b>od</b> in <b>am</b> 10mg po <b>od</b> in am (with food may ↓SE)	171 171 
<b>Galantamine</b>   <b>REMINYL</b> <small>40,41,42,43,44,45,46,47,48,49,50,51</small> 4,8,12 <sup>5</sup> mg tab acetylcholinesterase & nicotinic activity t 1/2 ~6hr	NNT <b>12</b> minimal improvement <sup>12</sup> NNT <b>42</b> marked improvement <sup>12</sup> <b>NNH 16</b> <b>adverse</b> event-dropout <sup>12</sup>  ↑ ADAS-Cog ~2-3pts vs placebo <sup>8</sup> (~20% ↑ 4pts; ~10% ↑ 7pts vs placebo)	(Nausea, vomiting, diarrhea) ~10%; ↑with ↑dose, ↓HR, anorexia, wt loss ~3%, insomnia, abdominal pain	✓ <b>Mild to mod.</b> Alzheimer's & to reverse neuromuscular blockers ( <b>not</b> effective for mild cognitive impairment; ↑mortality <sup>1.5vs0.5%</sup> ) <sup>52</sup> ↑ dose <b>q 1month</b> if needed; ↓ dose in hepatic/renal dysfx  DI: ↑level by antidepressants (amitriptyline, fluoxetine, fluvoxamine, paroxetine ~30%), cimetidine 16%, erythromycin 10%, ketoconazole 30% & quinidine 30%	4mg 24-32mg	4mg po bid cc 8-12mg po bid cc	178 178 
<b>Rivastigmine</b> <b>EXELON</b> <small>53,54,55,56,57,58,59</small>   1.5, 3, 4.5, 6 mg cap; 2mg/ml <b>soln</b> acetyl & butyrylcholinesterase activity t 1/2 ~2hr	↑ MMSE -1pt vs placebo <sup>8,35</sup>  Takes ~3months Tx → <b>?modest benefit</b>  Taper dose to reduce withdrawal SE Acetylcholinesterase Inhibitor (ChEIs)	(Nausea, vomiting, diarrhea) ~10%; ↑with ↑dose, anorexia, muscle cramps, insomnia, fatigue, wt loss ~3%, asthenia, headache, confusion, other cholinergic effects (stomach, ↓HR, nightmares.)	✓ <b>Mild to mod</b> Alzheimer's (MMSE 10-26), ?Lewy body <sup>60,61</sup> If Tx interrupted for several days → <b>restart</b> 1.5mg bid  Oral soln: stable for <b>4hrs</b> when mixed with juice/soda ↑ dose <b>q 1month</b> if needed. ↓ ↓ DI's but smoking ↓ levels.	3mg 12mg	1.5-3mg po bid cc 4.5-6mg po bid cc 4.5mg(2.25ml) bid	178 178 212 
<p><b>Relative Contraindications:</b> bradycardia, sick sinus syndrome, active peptic ulcer, severe asthma, anesthesia ↑succinylcholine effect, <b>anticholinergic meds</b> antagonistic effects, Parkinson's ↑EPS, Epilepsy <sup>q</sup> ↓Sz threshold &amp; B-blockers <sup>?</sup> ↑bradycardia</p> <p> = <b>EDS</b> <b>New pts:</b> a) Dx of probable Alzheimer's b) MMSE 10-26 within 60 day before coverage c) Functional Activities Questionnaire (FAQ) within 60 days before coverage d) Stop all anticholinergic meds 14 days before MMSE &amp; FAQ e) if intolerant: may switch to another ChEIs. <b>To continue coverage</b> must <b>not</b> have <b>both</b> &gt;2pt ↓MMSE &amp; 1pt ↑FAQ in a 6month period.</p> <p><b>MMSE must always be ≥10.</b> Patients who do not meet criteria to continue can be re-evaluated within 3 months to confirm deterioration before coverage is discontinued. <b>Re-evaluate q 6 months.</b></p>						
<b>Haloperidol</b> <sup>62</sup> <b>HALDOL</b> 0.5 <sup>5</sup> , 1 <sup>5</sup> , 2 <sup>5</sup> , 5 <sup>5</sup> , 10 <sup>5</sup> mg tab; 2mg/ml <b>soln</b> ;  <b>DEPOT</b> 250 & 500mg/5ml Vials, 100mg/1ml Amp <sup>x</sup> ; 5mg/ml amp	Helps delusions & hallucinations & agitation: these occur esp. early in <b>Lewy body</b>  ↑EPS, ↑ALT ≤16%, <b>Weight gain ≤ 1 kg</b>	Delirium, confusion, anticholinergic, sedation, constipation, ↓BP, ↑weight, EPS (extrapyramidal) esp. parkinsonian, akathisia, falls, neuroleptic malignant syndrome & tardive dyskinesia.	<b>Start low dose, go slow</b> Aim for <b>improvement</b> not resolution of hallucinations/delusions Least EPS/ <b>Parkinson</b> effect with <b>quetiapine</b> & clozapine	0.25-100mg po 25-300mg IM q4w	0.25mg po bid 1mg po bid 50-100mg IM q2-4w	10 10 20
<b>Olanzapine</b>   <b>ZYPREXA</b> <small>63-64-65,66,67,68,69</small> 2.5, 5, 7.5, 10, 15mg tab; <b>ZYDIS</b> 5, 10, 15 <sup>5</sup> mg tab;  10mg IM <sup>x</sup> vial (For IM use sterile water for injection; do not mix in same syringe with diazepam, haloperidol or lorazepam)	<b>Antipsychotics</b>  SE: somnolence, dry mouth, dizzy, headache, asthenia, constipation, blurred vision, urinary incontinence, dyspepsia, ↑ALT ≤ 6%, <b>diabetes, weight ↑↑, akathisia</b> >10%, postural hypotension, seizures 0.9%, ?↑ stroke/death, ↑ triglycerides, ↑ cholesterol, ↔ ↑ <b>prolactin</b> effect		Antipsychotics in <b>Lewy body</b> dementia cause significant ↑ in EPS side effects  ↑ weight gain/ <b>diabetes</b> esp. with <b>clozapine</b> & olanzapine <sup>70</sup>	1.25-5mg 10-20mg	2.5mg po od 5-7.5mg po od	67 128-188 
<b>Quetiapine</b> <b>SEROQUEL</b> 25, 100, 150, 200, 300mg tab <sup>71-72</sup>	SE: <b>somnolence</b> , dizzy, drowsy, constipation, dry mouth, <b>lens changes</b> in beagles-annual slit lamp exam, ↓ BP, <b>weight ↑</b> , seizures ≤0.8%, dyspepsia, headache, urinary incontinence, diabetes, ↑ALT ≤ 9%, akathisia >2%, ↑ triglyceride 17%, ↑ cholesterol 11%, hypothyroidism 0.4%, <b>low EPS</b> effect  ↔ <b>prolactin</b> effect			12.5mg 150-750mg	25mg po hs 50-100mg po hs	25 42-54
<b>Risperidone</b>  <b>RISPERDAL</b> <small>73,74,75,76</small> 0.25, 0.5 <sup>5</sup> , 1, 2 <sup>5</sup> , 3 <sup>5</sup> , 4 <sup>5</sup> mg tab; <b>M-TAB</b> <sup>®</sup> 0.5, 1, 2mg tab ; 1mg/ml <b>soln</b> ; <b>Consta</b> 25,37.5,50mg vial.	SE: sedation, headache, dry mouth, constipation, blurred vision, urinary incontinence, insomnia, asthenia, ↓BP, akathisia >10%, ↓ appetite, TTP, seizures ≤0.3%, photosensitive, ?↑ stroke, <b>weight ↑</b> . Oral liquid <b>not</b> mix with cola or tea. ↑ <b>EPS at doses &gt; 2-4mg/day</b> & ↑ <b>prolactin</b> effect			0.25-1mg 2-6mg	0.5mg po hs 1-2mg po hs	34 46-84 

Generic/TRADE (Strength & forms)	Class / Symptoms / Tips	Side effects	Comments / Drug Interactions (DI <sup>3,77,78</sup> ) (√ = therapeutic use)	INITIAL & MAX DOSE	USUAL DOSE RANGE <sup>geriatric</sup>	\$  /Month
<b>Citalopram</b> <sup>79,80,81</sup> = <b>CC</b> <b>CELEXA</b> 20, 40mg scored tabs	Helps <b>depression</b> (mood, appetite, sleep or energy) & apathy which often occurs early in dementia <b>SSRI'S</b> (not too useful for specific phobias)	<b>SSRI'S SE in General (GI &amp; CNS)</b> <b>nausea</b> {21%(F) - 36%(X)}, anxiety, insomnia {~14%}, agitation, anorexia, <b>tremor</b> , somnolence {11-26%}, sweating, dry mouth, headache, dizziness, falls, diarrhea {12%(F,P)-17%(S)}, constipation {13-18%}, sexual dysfx. <sup>88,89</sup> , <b>D/C Syndrome</b>  <b>Serotonergic syndrome</b> with MAOI's -↓BP, tremor, agitation, hypomania	<b>CC &amp; S</b> -few drug interactions  <b>F</b> -most <b>anorexic</b> & stimulating; long half-life <sup>5</sup> week washout  <b>X</b> -most <b>nausea</b> , constipating & sedating SSRI, ↑ <b>DI's</b>  <b>P</b> -most anticholinergic of SSRI's •↑weight & D/C reaction possible <sup>90</sup>  <b>S</b> -most diarrhea & male sexual dysfx of SSRI's  <b>Trazadone</b> 25-50mg hs (helps sleep, sun downing & depression) <b>-flat dose response curve for depression</b> ; however titration to ↑ doses sometimes required for anxiety.  <b>Start low, slow but go.</b> Elderly may need >8week trial.	<b>CC</b> 10-20mg am 60mg/d	20mg po od 40mg po od	<b>29</b> 29
<b>Fluoxetine</b> <sup>82</sup> = <b>F</b> <b>PROZAC</b> 10,20,40 <sup>χ</sup> mg cap & 4mg/ml <b>soln</b>				<b>F</b> 10-20mg od 80mg/d	20mg po od am 40mg po od am	<b>28</b> 49
<b>Fluvoxamine</b> <sup>83</sup> = <b>X</b> <b>LUVOX</b> 50 <sup>ς</sup> , 100 <sup>ς</sup> mg scored tabs				<b>X</b> 25-50mg hs 300mg/d	100mg po hs 150mg po hs	<b>33</b> 45
<b>Paroxetine</b> <sup>84,85</sup> = <b>P</b> <b>PAXIL</b> 10 <sup>ς</sup> , 20 <sup>ς</sup> , 30mg tab				<b>P</b> 10-20mg am 60mg/d	20mg po od am 40mg po od am	<b>32</b> 57
<b>Sertraline</b> <sup>86,87</sup> = <b>S</b> <b>ZOLOFT</b> 25, 50, 100mg cap				<b>S</b> 25-50mg am 200mg/d	100mg po od cc 100mg po bid cc	<b>34</b> 61
<b>Venlafaxine</b> <b>EFFEXOR</b> (Reg 37.5,75mg tab-Co D/C Jul04)  <b>XR</b> 37.5, 75, 150mg caps (contents of XR may be <b>sprinkled</b> )	<b>SNRI</b> <b>5HT &amp; NE</b> (also some dopamine)	<b>As dose ↑: ↑BP</b> , agitation, tremor, sweating, nausea {~37%}, sleep disturbances, headache, "clean TCA", SE similar to SSRIs	<b>Less weight gain</b> ; <b>few drug</b> interactions Caution: <b>D/C Syndrome</b> (e.g. agitation, nausea, fatigue, dizziness, headache, etc.)	18.75-37.5mg bid 375mg/d	75-150mg <b>XR</b> po od 225mg <b>XR</b> po od (if 2-3 cap)	<b>65</b> 126-181 
<b>Desipramine</b> = <b>D</b> <b>NORPRAMIN</b> 10, 25, 50, 75, 100mg tab	<b>TCA's</b>	<b>CNS</b> : agitation initially, confusion, drowsiness, headache, tremors, seizures, <b>anticholinergic</b> : dry mouth, blurred vision, constipation etc.; nausea, sweating, rash, <b>cardiovascular</b> : ↑ heart rate, arrhythmias, ↓ BP; anorgasmia	May ↑ effect of anticholinergic & CNS meds. ~2-3 months for max effect. Trough plasma levels avail. <b>Fatal</b> (≥2gm) <b>overdose</b> → to heart & CNS  •desipramine (the least anticholinergic, helps <b>apathy</b> ) & nortriptyline are generally <b>better tolerated</b> than other TCA's	10-25mg 150-300mg	<b>D</b> 50mg po hs <b>D</b> 75mg po hs	<b>20</b> <b>30</b>
<b>Nortriptyline</b> = <b>N</b> <b>AVENTYL</b> 10, 25mg cap <sup>91</sup>				<b>N</b> 25mg po hs <b>N</b> 50mg po hs	<b>15</b> <b>21</b>	
<b>Buspirone</b> <b>BUSPAR</b> 5,10 <sup>ς</sup> mg tab	<b>Azapirone</b> 5 HT <sub>1a</sub> agonist	Nausea, headache, dizzy; Onset 1wk; Max effect 6 wks	√ Anxiety in Bz naive pt & for alcohol withdrawal; Non-addicting, DI's	5mg; 60-90mg	5-10mg po tid-qid	⊗ 50-69
<b>Clonazepam</b> <b>RIVOTRIL</b> 0.25 <sup>χ</sup> , 0.5 <sup>ς</sup> , 1, 2 <sup>ς</sup> mg tab -long acting benzodiazepine	May help <b>severe anxiety</b> (use <b>cautiously</b> )	<b>Drowsiness</b> (tolerance develops), <b>dizziness</b> , ↓ concentration, anterograde amnesia, ↑ traffic <b>accidents</b> , physical <b>dependence</b> & paradoxical anger/hostility ( <b>disinhibition</b> ). Taper off slowly to ↓ rebound anxiety.	√ Anticonvulsant, Panic attack; Other uses: <b>sedative</b> , social phobia & akathisia, acute mania & neuralgic pain	0.25mg 10-20mg	0.5mg po tid 1mg po bid	<b>15</b> 21
<b>Lorazepam</b> <b>ATIVAN</b> 0.5, 1 <sup>ς</sup> , 2 <sup>ς</sup> mg tab; (0.5,1,2mg sl <sup>†</sup> tab;4mg/ml <b>amp</b> <sup>⊗</sup> ) -short acting benzodiazepine	<b>Benzodiazepines</b>			√ Anxiety, Preanesthetic, Status epilepticus; ↓ <b>DI's</b> ; Other uses: <b>sedative</b> , muscle relaxant, alcohol withdrawal	0.5mg 10mg	0.5mg po tid 1mg po tid

 =↓ dose for renal dysfunction **ς**=scored tab **χ**=Non-formulary Sask **⊖**=Excpotional Drug Status Sask. **⊗**=not covered by NIHB **▼**=covered by NIHB **ADAS-cog**=cognitive section of the 70 point Alzheimer's Disease Assessment Scale **Bz**=benzodiazepine **BP**=blood pressure **cc**=with meal **DI**=drug interaction **Dx**=diagnosis **FAQ**=Functional Activities Questionnaire **HR**=heart rate **MMSE**=Mini-mental state examination (Scale 0-30) **NNH**=number needed to harm **NNT**=number needed to treat **Pt**=patient **Sz**=seizure **SE**=side effect **T<sub>1/2</sub>**=half life **Tx**=treatment **wt**=weight

**Other Meds:** See **RxFiles** Charts: **Mood Stabilizers** (Carbamazepine, Divalproex, Lithium,...); **Antidepressants** (Bupropion, Mirtazapine,...).

**Options:** NOT estrogen<sup>92,93</sup>, ?ginkgo<sup>94,95,96</sup>, ?NSAIDs<sup>97,98,99</sup>, ?statins<sup>100,101</sup>, ?Vit E<sup>102</sup> & ?B<sub>12</sub><sup>103</sup>

Memantine **NAMENDA/EBIXA**<sup>χ</sup> ⊗ 10mg scored tab: NMDA antagonist that is available for mod-severe Alzheimer's; 5mg od (↑ q1-2week) → 10mg bid \$160 <sup>104,105,106,107,108,109,110</sup>

SE: dizziness, drowsiness, confusion, insomnia, headache, inner & motor restlessness, akathisia, nausea, ?Cornea changes & over excitation. DI's: amantadine, DM & ketamine since also NMDA antagonists; sodium bicarbonate & acetazolamide.

**Prevention of Dementia:** ↓ cardiovascular risk factors if present by (↓BP<sup>111</sup>, ↓cholesterol, stop smoking, ↑ exercise & use ASA in high risk pts)

**Epidemiologic:** 1.5% of age 65 affected; doubles q4yr; 30% by age 80; average survival 8yr from Dx<sup>6</sup>

**Dementia:** **Types:** Alzheimer's (short term memory, word finding & way finding), vascular, mixture of these, Lewy body (fluctuations in cognition, hallucinations & spontaneous motor features of Parkinsonism), Frontotemporal (disinhibition, behavioral issues, social tactlessness & language changes) & Normal pressure hydrocephalos (rapid progressing, early gait abnormalities & incontinence). Progressive deterioration which requires interventions to ↓ disease progression, ↓ symptoms (cognitive, behavioral & psychological) & ↓ caregiver burden.

**Non Drug:** involve family & other caregivers in **environmental & behavioral therapy**, plan advance health care directive & discourage driving.

## Management of Behavioral & Psychological Symptoms of DEMENTIA (BPSD) <sup>112</sup>

-very common (up to 90% during course of dementia) & cause significant distress to patients, families & caregivers  
-not just agitation but non-agitated Sx (apathy, withdrawal, daytime somnolence {circadian rhythm disturbances}, depression etc.)

### Diagnosis:

♦History, physical exam & nurse observations; collateral evidence from family also essential! ♦Lab Tests-Recommended: CBC, electrolytes, calcium, serum glucose & TSH; Optional: BUN & SCr, magnesium, B12, LFTs, arterial blood gases, ECG, CT if suggestion of structural lesion present ♦Eliminate any source of delirium – e.g. **medication intoxication/withdrawal reactions/ drug interactions**, dehydration & infections (if indicated: urinalysis/C&S, chest x-ray, lumbar puncture if suspicion of meningitis)

### Treatment:

♦Appropriate **environmental & behavioral** measures should be explored! Reserve **drug therapy for situations** where non-pharmacological interventions have been fully explored & implemented or in cases of severe dangerous Sx. Specify the problem behavior (eg. "agitation" is less useful than "screaming", "hitting when bathed"). Identify what brings it on & what makes it go away. Identify whom the behavior is bothering (patient, caregiver/staff or other patients).

♦If drug treatment (ie. Sx have no physical cause, are unrelated to other medications or unresponsive to non-pharmacological interventions), start with **1/3 to 1/2 of usual adult** dose & titrate up slowly individualizing dosages for each patient

♦If receiving treatment, **reevaluate** drug regimen & non-pharmacologic strategies at regular intervals (ie. 3-6 months)

**Start Low,  
Go Slow!**

♦Consider cholinesterase inhibitors in Alzheimer's (**donepezil, galantamine, rivastigmine**) ☞ ⊗; SE: n/v, fatigue, anorexia, ↓ heart rate

### DEPRESSION:

(anxiety often coexists thus use antidepressants with anxiolytic properties)

- ↓ mood, apathy & amotivation

Mild → non pharmacologic

Moderate to severe →

### ANTIDEPRESSANT Tx

SSRI/venlafaxine → **1<sup>st</sup> line**

In general → good for depression, depression assoc. agitation, emotionality & irritability  
Allow >6 week for adequate trial at an adequate dose



**SSRIs:** SE: nausea, vomiting, restlessness, falls, insomnia, weight loss & hyponatremia

**Citalopram** 10-30mg/d, **fluvoxamine** 25-150mg/d, **paroxetine** 10-30mg/d, **sertraline** 25-100mg/d

**Venlafaxine:** 37.5-225mg XR od or **bupropion** ☞ ♂ 100-150mg bid to activate patients with withdrawal or psychomotor retardation

**TCA's:** Avoid anticholinergics → less with **nortriptyline** 10-75mg hs & desipramine 25-150mg/d;

SE: hypotension, blurred vision, urinary hesitancy, cardiac conduction changes

**Mirtazapine:** ⊗ consider if anorexia/anxiety is a problem; 15-45mg/day

**Moclobemide:** role in anxiety & mood dx but may ↑ stimulation; 100mg od-300mg bid

**Trazodone:** low doses used for sedation & some anxiolytic effect;

monitor for hypotension, serotonin syndrome & rare priapism in ♂

**Start Low, Go Slow, But go!**

Consider **ECT** in management of treatment resistant or severe depression

### PSYCHOSIS/AGITATION:

Positive Sx -delusions & hallucinations or paranoia

Negative Sx -poverty of thought, apathy & social withdrawal

Agitation -pacing, chanting, psychomotor agitation etc.

### ANTIPSYCHOTIC Tx

-first designate target Sx

-try to minimize **sedation**, ↑ confusion, hypotension & **EPS**  
-**target Sx** (hallucinations, delusions, hostility, aggression, agitation, violent behavior & sleep-wake cycle disturbances)

**haloperidol** 0.25-2mg/day

**risperidone** 0.25-2mg/day

**quetiapine** 12.5-150mg/day

**olanzapine** ☞ ▼ 1.25-10mg/day

monitor for SE

& may attempt med

tapering q6month

♦Newer agents at least as effective but generally better tolerated. Still monitor for **SE**: sedation, hypotension, falls, anticholinergic side effects (dry mouth constipation & delirium), EPS (drooling, rigidity & akinesia), ↑ weight & tardive dyskinesia

♦Patients with **Lewy bodies** (15% of dementias)

demonstrate ↑ sensitivity to neuroleptic medications

**Start Low,  
Go Slow!**

### ANXIETY:

-use non-pharmacological intervention

-minimize provocation

-consider **antidepressant** therapy if anxiety is secondary to depression or very chronic in nature

-consider

### ANTI-ANXIETY Medication

**lorazepam** 0.5-2mg/day

**oxazepam** 5-30mg/day

**bupirone** 10-30mg/day

**trazodone** 25-100mg/day

**alprazolam** 0.125-2mg/day

**clonazepam** 0.125-3mg/day

(caution long-acting)

### Benzodiazepines-SE:

sedation, ataxia, altered sleep architecture, motor & cognitive impairment & propensity to cause withdrawal Sx when D/C. Paradoxical excitation & falls may occur. An intermediate acting such as temazepam/oxazepam/lorazepam can be best used for **short term**, if possible sleep/anxiety states or before planned anxiety provoking situations

### Bupirone: ♂

low sedation, ↓DI's, ↓ withdrawal & ↓ impairment of motor fx; option → chronic anxiety but **onset ~3wk** delay

**MOOD STABILIZERS:** some use in agitation, aggression, hostility, sleep-wake disturbance cycle & mania

♦**divalproex** 125-750mg/day -fewer SE: sedation, diarrhea, tremor, nausea, weight gain, hair loss & ↑ liver tests & fewer DI's, but less evidence for use.

♦**carbamazepine** 100-600mg/day -more SE: sedation, ataxia, falls, skin rash, headache, leukopenia & ↑ liver tests & multiple DI's

**BETA BLOCKER**-propranolol 10-80mg/d; possible ↓ aggression; SE: ↓ heart rate & hypotension CI: asthma, PVD & possibly depression Hx

**CHOLINESTERASE INHIBITORS** -modest cognitive, functional & behavioral benefits; may help apathy, hallucinations & delusions (memantine ✕ ⊗ is a recently approved NMDA receptor antagonist which may have a role similar to cholinesterase inhibitors)

CI contraindication DI drug interaction Dx disorder fx function HR heart rate Hx history n/v nausea/vomiting PVD peripheral vascular disease SE side effect Sx symptom Tx treatment ☞ Exception Drug Status Sask. ✕ non-formulary in Sask. ⊗not covered by NIHB ▼covered by NIHB ♂prior approval NIHB

- <sup>1</sup> Therapeutic Choices 4<sup>th</sup> Edition, 2003
- <sup>2</sup> Ontario Guidelines for the Management of Anxiety Disorders in Primary Care Fall 2000 1<sup>st</sup> Edition
- <sup>3</sup> Micromedex 2004
- <sup>4</sup> **Treatment Guidelines:** Drugs for Psychiatric Disorders. **The Medical Letter:** July, 2003; p. 69-76.
- <sup>5</sup> Kawas CH. Clinical practice. Early Alzheimer's disease. N Engl J Med. 2003 Sep 11; 349(11): 1056-63.
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