

RGH Pharmacy E-Bulletin

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A joint initiative of the Patient Services Section and the Drug and Therapeutics Information Service of the Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia. The RGH Pharmacy E-Bulletin is distributed in electronic format on a weekly basis, and aims to present concise, factual information on issues of current interest in therapeutics, drug safety and cost-effective use of medications.

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Other therapies for prevention/treatment of dementia (part 1)

Cholinesterase inhibitors and memantine are the main classes of medications currently available to help manage cognitive symptoms of dementia, but neither of these alters the underlying pathology of the dementia, and neither is indicated for prevention of dementia. A number of other drugs/therapies have been suggested as having possible benefits in the prevention and treatment of dementia, but evidence is limited. Next week's E-bulletin will also outline evidence for ginkgo biloba, statins, hormone therapy, NSAIDs, and vitamin E.

Antihypertensives

Hypertension is a risk factor for cognitive impairment & dementia (both vascular dementia & Alzheimer's disease). Whether antihypertensives are effective in reducing the risk of cognitive decline and dementia, however, remains unclear. A 2006 Cochrane systematic review found no significant difference in the incidence of dementia between antihypertensive treatments and placebo in patients with hypertension and no history of cerebrovascular disease. Further trials are needed.

Aspirin

Some epidemiological studies have shown that patients receiving aspirin are less likely to have Alzheimer's disease than those not taking aspirin. However, a meta-analysis of cohort & case-control studies found no significant benefit of aspirin in reducing the risk of Alzheimer's disease. Evidence from trials also does not support the use of aspirin in the treatment of Alzheimer's disease and highlights the greater risk of serious bleeding with aspirin compared to placebo. Although aspirin is widely prescribed for patients with a diagnosis of vascular dementia, evidence to support this practice is currently lacking.

Exercise

Data from some, but not all, observational studies and randomised trials suggest physical activity (including walking) may delay the onset of dementia in healthy older adults, in addition to slowing cognitive decline in people with mild cognitive impairment. For patients with existing dementia, evidence for the effect of exercise is inconclusive. However, given the numerous health benefits of exercise, it is reasonable to encourage all people to undertake sufficient exercise.

Folic acid, vitamin B6 and vitamin B12

Increased homocysteine levels in conjunction with low concentrations of folate, vitamin B6 and vitamin B12 have been reported to correlate with decreased performance on cognitive tests. However, systematic reviews and randomised controlled trials have found insufficient (or no) evidence that any of these vitamins alone or in combination have beneficial effects on cognitive function in either healthy people, or in those with cognitive impairment or dementia. Regardless, if vitamin B12 deficiency is detected it should be corrected. The three year FACIT trial, which included 818 predominantly cognitively intact patients aged 50–70 years, with raised total homocysteine and normal serum vitamin B12 levels at baseline, found significant benefits on some measures of cognitive function (but not others) with folic acid supplementation. Further large, well conducted trials are warranted.

Omega-3 fatty acids

Some, but not all, observational/epidemiological studies suggest a link between low dietary intake of omega-3 fatty acids and risk of dementia. However, evidence from trials to support the use of omega-3 fatty acids for the prevention or treatment of dementia, is inconclusive.

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FOR FURTHER INFORMATION – CONTACT THE PHARMACY DEPARTMENT ON 82751763 or email: chris.alderman@rgh.sa.gov.au
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