

584

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Pharmacotherapy of Alzheimer's Dementia

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The drugs in current use can be broadly divided into those that are designed to enhance cholinergic function, those that reduce the synthesis of free radicals, the anti-inflammatory agents, the oestrogens, and a miscellaneous group of natural products which include the Ginkgo biloba alkaloids. In addition, some drugs are in development which are aimed at counteracting the possible causes of neuronal cell loss by blocking the neurotoxic effects of amyloid beta peptide (AB). The diagnosis of AD is primarily based on symptoms and signs, according to DSM V and ICD-10 diagnostic criteria. Tacrine was the first cholinesterase inhibitor approved by the Food and Drug Administration (FDA) for the symptomatic treatment of AD but was subsequently withdrawn from the market place due to hepatotoxicity, resulting in an unacceptable risk benefit profile for the drug. Other cholinesterase inhibitors - donepezil, rivastigmine and galantamine have better safety and tolerability profiles.

Memantine is a drug with neuroprotective and cognition-enhanced properties, which can be combined with other treatments for AD.

Depressive symptoms are present in two thirds of patients with dementia. It is necessary to apply antidepressants in those cases. Selective serotonin reuptake inhibitors (SSRI's) are the first treatment choice. Tricyclic antidepressants (TCA's) should be used cautiously. Nortriptylin has better tolerance in comparison to other TCA's. On the other hand, amoxapine should be avoided because of potential of causing extrapyramidal side effects (EPS). Monoamine oxidase inhibitors should also be used cautiously because of their potential of causing orthostatic hypotension, and also because their application requires special diet which can be a limitation to difficult for some patients. Antipsychotics are indicated in cases of psychotic symptoms in demented patients. Atypical antipsychotics are the preferred treatment for symptoms such as delusions, hallucinations, agitation and aggressive behaviour. The most widely used are olanzapine and risperidone. Benzodiazepines are used in the treatment of anxiety and agitation. Anticonvulsive medications are used as mood stabilizers in non-psychotic patients with behavioral disorders.