

TITLE: DOCTORING DEMENTIA: AUGMENTATION VS MONOTHERAPY

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Abstract

Dementia is a common condition seen in the older population. Two most commonly used medications are acetylcholinesterase inhibitors (AChE inhibitors) and N-methyl-D-aspartate (NMDA) receptor antagonist. They are frequently used alone, but evidence for a combination therapy is emerging. This review discusses the use of augmentation therapy for dementia patients.

Keywords: dementia; pharmacotherapy; augmentation strategy

Introduction

Advancement in medical sciences results in people living longer. In some countries, the number of the elderly population is rising faster than the rate of birth. With older population, more morbidities are seen. One of the most common condition afflicting this population is dementia, in particular Alzheimer's Disease.

In most cases, dementia is incurable. However, treatment which slows down the progression of the disease have already been in use for decades with varying degrees of success. Medications are usually the mainstay of treatment in dementia patients. The most common medications are Acetylcholinesterase Inhibitors (AChE inhibitors or anti-cholinesterases) and N-methyl-D-aspartate (NMDA) receptor antagonist. However, if either of them is effective, would a combination therapy work better? This review examines the effect of combining the two most commonly used medications for dementia.

Case Study

Mr. A. is a 65-years-old retired married teacher who initially presented with worsening forgetfulness in the past 4 months. The forgetfulness came on gradually about 4 years ago. It started off with him losing his things and family members were frequently asked to search for them. Lately, the frequency has increased. It then progressed that he started to forget recent activities and events. He was also having difficulty remembering conversations he had and would repeat the same topic again and again.