INTERPLAY OF TRANSDERMAL RIVASTIGMINE WITH PRECEDING AND CONCOMITANT MEDICATION IN THE TREATMENT OF ALZHEIMER'S DISEASE

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Introduction: Treatment of Alzheimer's disease (AD) usually involves multiple drugs. Drug tolerance or insufficient efficacy may lead to medication changes. Psychotropic drugs are often used concomitantly to manage behavioral symptoms.

Aims: To explore in daily practice

(a) the effect of rivastigmine patch on co-medication use and

(b) the impact of pre-treatment on its effectiveness.

Methods: This was a prospective, multi-centre, non-interventional study in 1113 patients across Germany. Eligible were patients with AD not previously treated with oral rivastigmine. Once initiated on rivastigmine patch, they were followed for 4 months regarding the clock drawing test (CDT), the mini-mental state examination (MMSE), the caregiver burden scale (CBS), their overall medical condition, treatment adherence, and use of co-medication.

Results: At baseline, 58% of patients were treated for AD for the first time whereas 42% changed therapy. Pre-treated patients tended to escalate earlier to the target dose of 9.5 mg/day, to remain longer in the trial, and a higher proportion was on the target dose after 4 months. MMSE, CBS, and the overall medical condition improved regardless of pre-treatment. Under rivastigmine the proportion of patients taking psychotropic co-medication generally decreased. This decrease was more pronounced in not pre-treated patients (from 27.1% to 22.6% versus 31.8% to 30.3% in pre-treated patients, P< 0.001).

Conclusion: Changing to rivastigmine seemed to improve the overall mental condition whether a patient was pre-treated or not. In addition, it may reduce the use of psychotropic co-medication. Both results warrant confirmation in controlled clinical trials.