

Medicine for mild cognitive impairment

This guide is for people who have mild cognitive (thinking) impairment from Alzheimer's disease. It's also for their caregivers.

It will help you understand medicines. And think about which pros and cons are most important to you.

By age 80, 1 in 4 people have mild cognitive impairment.



Of those with mild cognitive impairment, **1 in 7 people develop dementia** over 2 years.

What is mild cognitive impairment?

Trouble with thinking is more common with age. Mild cognitive impairment is a health condition. It's where people have slight trouble with thinking. But it's noticeable. It does not get in the way much with daily life. It can include problems like:

- Forgetting things more often
- Missing appointments
- Trouble following a conversation, book or movie
- Trouble finding a place you know well
- Making poor choices

Mild cognitive impairment is often missed. That's why it's important to bring up any trouble thinking to your care team.

What causes mild cognitive impairment?

Many things can cause mild cognitive impairment. Some of these causes are reversible. Thinking may return to normal for mild cognitive impairment related to:

- Sleep disorders
- Depression or anxiety
- Side effects of medicine
- Hearing or vision loss
- Lack of vitamins
- Thyroid conditions

Other causes like dementia cannot be reversed. Dementia is a long-term condition that causes severe problems with thinking. They get in the way of daily life.

Alzheimer's disease is the most common cause of dementia worldwide.

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Medicine may **slightly help with thinking or slow down** mild cognitive impairment from Alzheimer's.

Medicine cannot cure it.

Options for medicine



Monoclonal antibodies include:

- Lecanemab (Leqembi)
- Donanemab (Kisunla)

They are new medicines for Alzheimer's. They are only for people with **cognitive impairment from Alzheimer's** and other things.

These medicines change the body's defense (immune) reaction. They get rid of toxic protein buildup between nerve cells in the brain. This is related to loss of nerve cells. So, they might slow down the illness.

Monoclonal antibodies are given by infusion every 2 to 4 weeks. Infusion means the drug is put directly into a vein. For at least 6 months to a year and a half.

Medicines that don't work for mild cognitive impairment

Cholinesterase inhibitors include donepezil (Aricept), rivastigmine (Exelon) and galantamine (Razadyne). They help with thinking for people with **mild, moderate or severe dementia from Alzheimer's** disease. But not mild cognitive impairment.

Memantine (Namenda) is for **moderate to severe Alzheimer's dementia**. It does not work in patients with mild cognitive impairment.

Some **drugs and supplements have not been proven to work** for people with mild cognitive impairment.

These include the following:

- Vitamin E
- Ginkgo Biloba
- Aspirin
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Cyclo-oxygenase-2 inhibitors
- Piracetam
- Cerebrolysin
- Selegiline
- Estrogen
- "Statin" medicines

What else can I do to care for mild cognitive impairment?

Staying physically and mentally active may help how we think. Although more research is needed:



Exercise may improve thinking and how the brain works. Exercise also has general health positives and limited harms.



Brain training may also help people with mild cognitive impairment.

Limit or stop alcohol use. Drinking alcohol may worsen thinking problems in mild cognitive impairment.

Who can take monoclonal antibodies?

Only 1 or 2 out of every 10 people with mild cognitive impairment or mild dementia due to Alzheimer's.

These are people who:

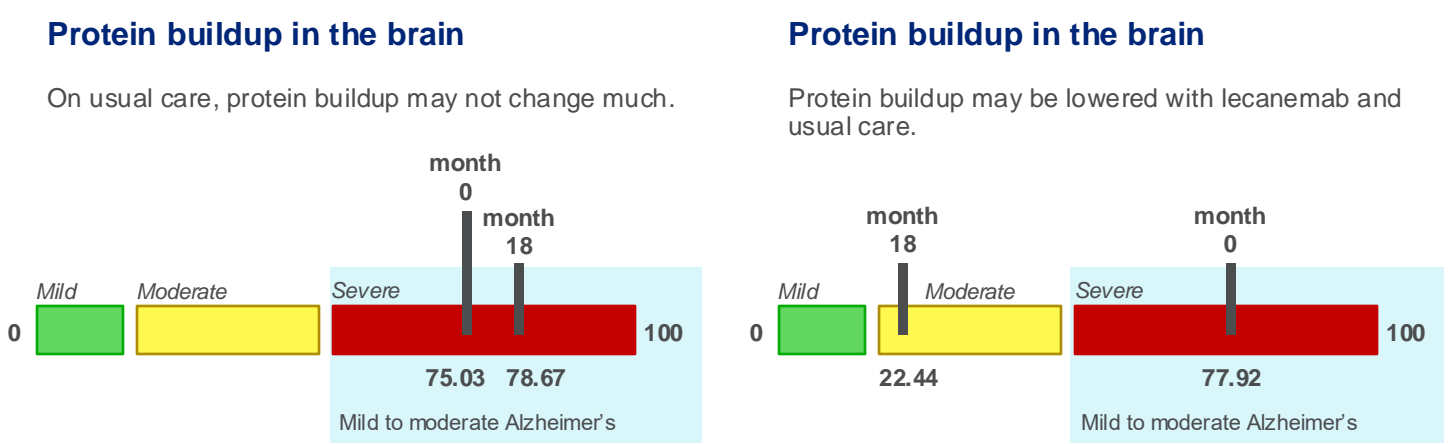
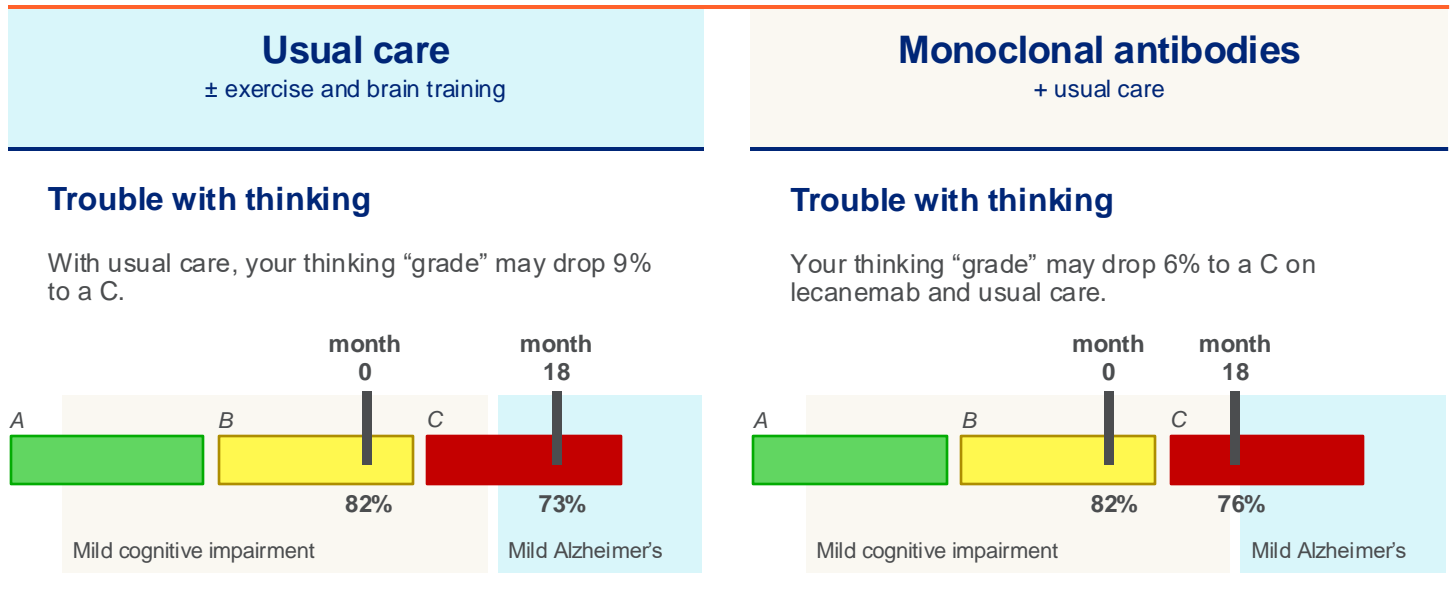
- Have low genetic risk for side effects
- Have not had a recent stroke
- Are not on blood thinners
- Are not taking other drugs that change the body's defense (immune) response
- Have no other life-limiting conditions (like cancer spread throughout the body)

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These charts look at the positive effects, side effects and costs of usual care for mild cognitive impairment. Usual care may include exercise and cognitive training. And of adding monoclonal antibodies (for example, lecanemab) to usual care.

Thinking “grade” is based on a 100-point scale like school. The test shows any trouble with thinking. It’s a 90-minute interview of a patient and caregiver by a health care provider. This type of test is used for research.

Positive effects after 18 months



What we don’t know yet:

- If patients will notice a 3% change in thinking “grade” by adding monoclonal antibodies to usual care. Meaningful change to clinicians is about 6-11%.
- If lessening this protein buildup in the brain is enough to slow the illness down.
- If people taking monoclonal antibodies are able live at home safely for longer.
- If you need to keep taking monoclonal antibodies past 18 months.
- How Black/African American people may respond to lecanemab. (They are under-represented in these data.)

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Usual care

± exercise and brain training

Side effects

Brain bleeding or swelling



Of these 11, less than 1 may have symptoms. No matter the care, brain bleeding or swelling is more common with a certain gene.

Infusion-related reactions



Without infusions, there's no chance of reactions.

Costs

Total costs for gym membership



several hundred dollars
per year

Total costs for exercise and brain training will vary by program and activity.

Monoclonal antibodies

+ usual care

Side effects

Brain bleeding or swelling



Of these 30, 3 or 4 may have symptoms like dizziness, headaches, visual disturbances, confusion. It's more common with a certain gene. Medicine may be stopped.

Infusion-related reactions



Reactions may include fever, chills, nausea, flushing, low blood pressure. People are usually able to continue the infusion. Or reactions stop once the infusion stops.

Costs

Total costs for lecanemab



tens of thousands of dollars
per year

Total costs include:

- Advanced imaging. This includes a PET scan and several MRIs.
- Genetic testing
- Infusion fees every 2 or 4 weeks
- Drug costs

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Positive effects from these new medicines are typically small. So, it's important that your goals of care are clear prior to starting.

What is most important to you?

Everyone has different values. And each person's situation is different. Think about which positives and negatives matter most to you. How important is it to:

- Keep from getting common side effects?
- Keep from getting serious side effects?
- Take a longshot? (A small chance of benefit and a high chance of harm.)
- Stay away from needles?

You might want to talk about these preferences with friends and family. And make sure to share them with your caregiver and health care team. That way, you can make the best choices about your medicine.

Making choices

If you are interested in monoclonal antibodies. Ask your doctor to send you to the best neurologist or geriatrician for you. They will help figure out if monoclonal antibodies are right for you. Figuring this out takes time.

If you aren't sure about medicine, that's OK. Here are some next steps.

- Learn more about mild cognitive impairment due to Alzheimer's disease and monoclonal antibodies.
- Clarify what's important to you about the options.
- Reach out to friends and family for support.
- Talk about it more with your primary care doctor.



Good questions to ask a neurologist or geriatrician about monoclonal antibodies

- How many patients have you cared for with monoclonal antibodies?
- How many of your patients have had side effects?
- How do you decide if monoclonal antibodies are an option for someone?
- Are they an option for me?
- How do you keep track of safety? When do you stop the medicine for safety?
- How do you measure success?

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What other resources are there?

Your primary care doctor may have suggestions for local resources.

The Alzheimer's Association website can help you find more resources. There's a 24/7 Helpline (1-800-272-3900, TTY 711), local support groups, an online community and a virtual library:

<https://www.alz.org/alzheimers-dementia/what-is-dementia>

Some people with mild cognitive impairment may want to take part in research studies. If so, ask your primary care doctor how to find them. Or you and your caregiver can search for studies:

Alzheimer's Association TrialMatch

Matching service for research studies on Alzheimer's disease:

https://www.alz.org/alzheimers-dementia/research_progress/clinical-trials/trialmatch

ClinicalTrials.gov

Collection of research studies around the world:

<https://clinicaltrials.gov/>

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