New intravenous drugs for Alzheimer's disease: A closer look

What you and your family should know about two new anti-amyloid medications for Alzheimer's disease.

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Learn more about Alzheimer's disease

Discuss the disease with your healthcare professional

- **Ask what to expect** over the course of the condition.
- **Talk about treatment options.**
- **Make plans for future care** as Alzheimer's disease worsens. Speaking with loved ones and documenting wishes can help patients with dementia get the care they want and can help healthcare professionals guide treatment discussions and reduce stress.

Caregiver resources

Find local supports to help with coping and caregiver stress.

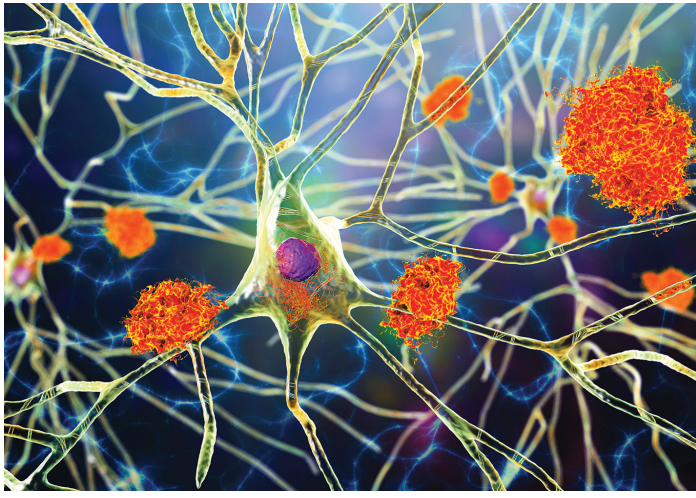
- **Caregiver Center:** qrco.de/Alz_caregiving
- **Best programs for caregiving:** bpc.caregiver.org
- **Caregiver Health:** qrco.de/Alz_caregiver_health
- **'Stress-busting' for caregivers:** qrco.de/Stressbusting
- **Powerful tools for caregivers:** powerfultoolsforcaregivers.org

Alzheimer's disease affects 6.5 million Americans.

Older drugs, like donepezil (Aricept) and memantine (Namenda), slow the rate of mental decline slightly and temporarily, but they do not stop or reverse the process.

What is amyloid?

Amyloid is a protein that has been found in the brain of people with Alzheimer's disease; many but not all scientists believe that it is the main cause of this condition. **Amyloid creates debris in and around nerve cells** that can affect how the cells work. Some researchers believe that reducing amyloid can slow the progress of the disease.



An artist's rendition of nerve cells with amyloid (orange clumps).

What do anti-amyloid drugs do?

These medications are antibodies produced in the lab that are **designed to attack and destroy amyloid in the brain.**

Two anti-amyloid medications are available:

- donanemab (Kinsula)
- lecanemab (Leqembi)

What do we know about these drugs?

- Both are given by an **intravenous (IV) infusion,** donanemab every 4 weeks, lecanemab every 2 weeks.
- **Neither drug stops or reverses Alzheimer's disease**; they just slow the rate of deterioration by a small amount.
- Neither have been shown to work in people with **moderate or advanced** Alzheimer's disease.
- **Donanemab can be stopped when amyloid is removed;** we don't know how long patients need to keep taking lecanemab.

What are the risks?

- For both drugs, **swelling or bleeding in the brain** was seen on brain scans (MRIs) more with the drug than placebo. In severe cases, the infusions were held or stopped.
- Patients reported **problems caused by the IV infusion** (such as flushing, headache, or chills). This was more common in patients getting lecanemab than donanemab.
- **More research is needed on the risk of stroke** in patients taking these medications, especially in those taking blood-thinning medications.

What testing is required?

Specialized brain scans (positron emission tomography) **or a lumbar puncture** (spinal tap) are recommended before these medications are started. **Other scans are required several times a year** to monitor for brain swelling or bleeding.

What are other limits of these drugs?

Some experts question whether the small slowing of the rate of memory loss in people taking either donanemab or lecanemab is large enough to be noticed by patients or caregivers.

This material is provided by Alosa Health, a nonprofit organization which accepts no funding from any pharmaceutical company. It was supported by the PACE Program of the Department of Aging of the Commonwealth of Pennsylvania.

Additional support provided by The John A. Hartford Foundation and Aetna.

These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition.

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Jul 2024
AH-002-0024 Rev 1