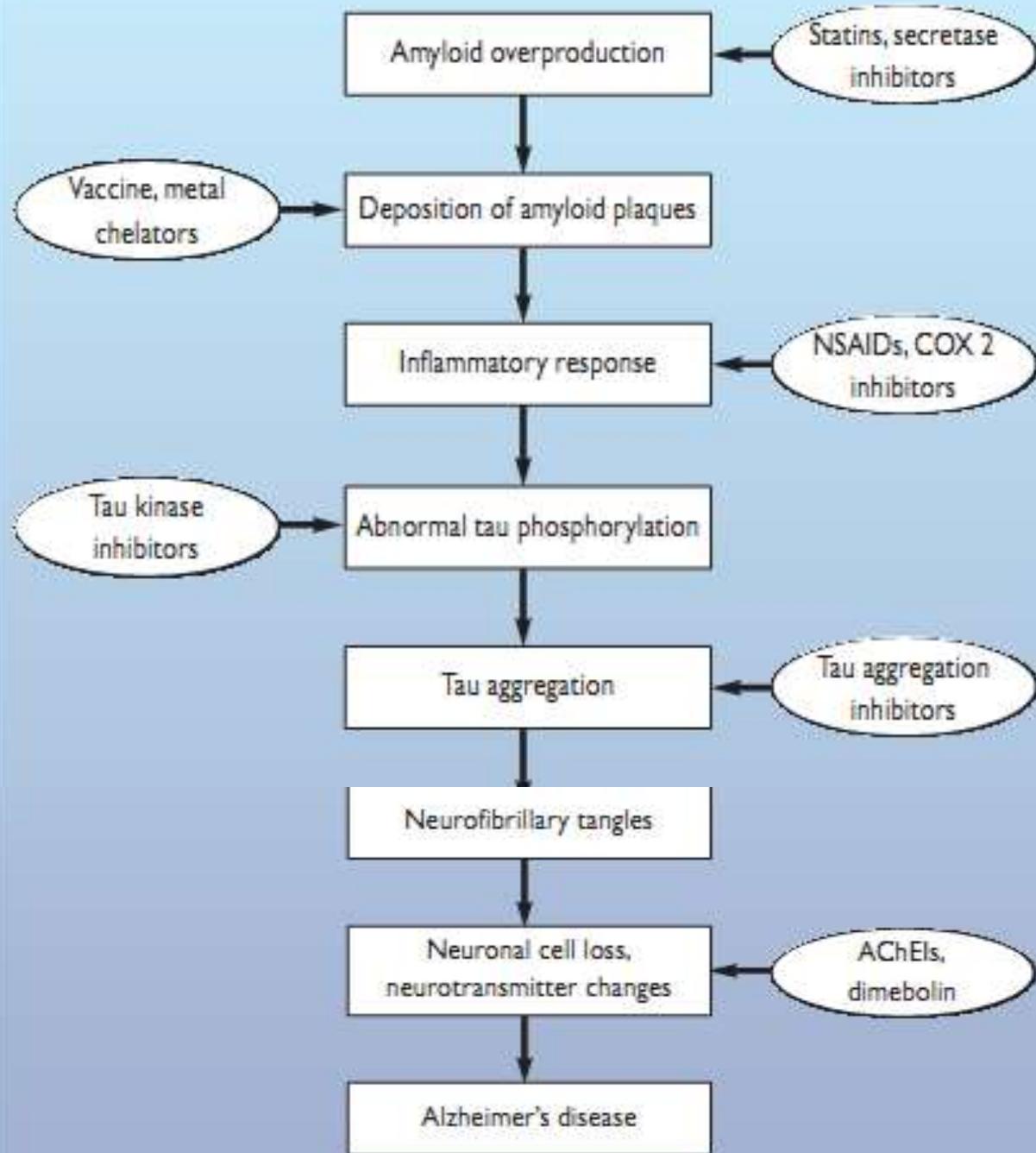


Antidementia

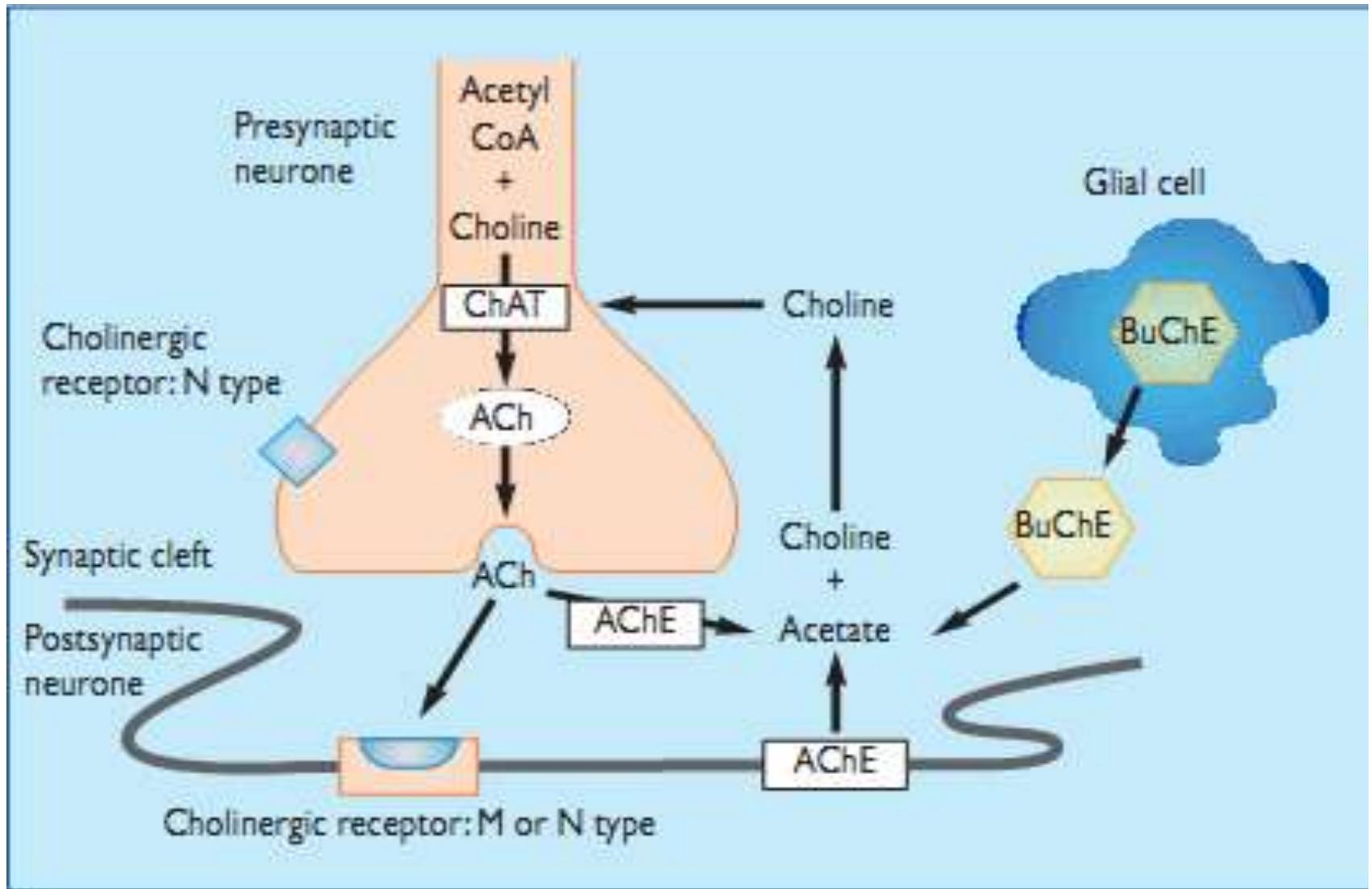
Definisi

- Penyakit Alzheimer (Alzheimer disease /AD) adalah jenis demensia paling umum yang awalnya ditandai oleh melemahnya daya ingat, hingga gangguan otak dalam melakukan perencanaan, penalaran, persepsi, dan berbahasa.
- AD=sindrom dengan apoptosis sel-sel otak pada saat yang hampir bersamaan sehingga otak tampak mengerut dan mengecil.
- ditandai dengan perubahan-perubahan yang bersifat degeneratif pada sejumlah sistem neurotransmitter, termasuk perubahan fungsi pada sistem neural monoaminergik yang melepaskan asam glutamat, noradrenalin, serotonin dan serangkaian sistem yang dikendalikan oleh neurotransmitter

Patofisiologi AD



AChE inhibitor



AChE inhibitor

Characteristic	Donepezil	Rivastigmine	Galantamine	Memantine
Starting dose	5mg daily	1.5mg twice daily	4mg twice daily (or 8mg XL daily)	5mg daily
Usual treatment dose (max dose)	10mg daily	6mg twice daily 9.5mg/24 hrs (patch)	12mg twice daily (or 24mg XL daily)	10mg twice daily or 20mg daily
Recommended minimum interval between dose increases	4 weeks (increase by 5mg daily)	2 weeks (increase by 1.5mg twice daily)	4 weeks (increase by 4mg twice daily)	1 week (increase by 5mg daily)
Adverse effects * very common: ≥ 1/10; or common: ≥ 1/100	nausea* headache* diarrhoea* vomiting insomnia muscle cramps fatigue	nausea* vomiting* diarrhoea* dizziness* anorexia* agitation confusion	nausea* vomiting* diarrhoea abdominal pain dyspepsia anorexia fatigue	headache dizziness constipation somnolence hypertension
Management of adverse effects	Stop treatment if the following adverse effects occur: bradycardia, gastrointestinal ulceration Reduce dose or discontinue if intolerable if the following adverse effects occur: nausea, vomiting, diarrhoea, muscle cramps, insomnia, fatigue			

Perkembangan Tx AD

Agent(s)	Mechanism of action	Evidence
NSAIDs Cyclo-oxygenase (COX-2) inhibitors	Anti-inflammatory: plaque-associated inflammation causes cellular damage	Results from prospective studies were disappointing
HMG-CoA reductase inhibitors (statins) ³³	Cholesterol depletion strongly inhibits β -amyloid secretion and amyloid precursor protein processing, although exact mechanism for this is not known	Two RCTs suggested that statins slow cognitive decline in AD. Promising results but further studies needed
Secretase inhibitors ^{34,35}	Secretase enzymes are involved in β -amyloid processing. β -amyloid is generated from amyloid precursor protein by β - and γ -secretases	Phase II and Phase III studies underway
Metal chelators	Dissolve amyloid plaques Copper and zinc are implicated in the formation of amyloid plaques	More data on safety and efficacy are required

Perkembangan Tx AD

Immunisation (vaccine)	Production of β -amyloid antibodies Lowering of amyloid burden	Phase II of vaccine suspended following cases of meningoencephalitis
Antibiotics, eg tetracyclines, rifampicin	Reduce inflammatory cytokines Interfere with plaque development	More data on efficacy are required
Tau kinase inhibitors, ³⁶ eg lithium	Reduce tau hyperphosphorylation Prevention of tangles	No data published as yet; however, preliminary data were not positive
Tau aggregation inhibitors ³⁷	Facilitate the proteolytic degradation of tau aggregates	
Oestrogens	Possibly neurotrophic and enhances neurotransmission	Conflicting evidence showing both benefit and harm
Curcumin (extract of turmeric) ³⁸	Anti-inflammatory and anti-oxidant properties. May inhibit the formation of β -amyloid fibrils and induce dissociation of pre-formed ones	Clinical trials sponsored by the National Institutes of Health are underway
Dimebolin ³⁹	Weak inhibitor of butyrylcholinesterase and acetylcholinesterase. Also weakly blocks NMDA receptor signalling pathway	Studies have shown significant benefits. Further RCTs underway