

Should I continue or stop my dementia medicine?

This information sheet helps people living with dementia, their carers and family to have a conversation with their doctor about continuing or stopping their dementia medicine.

1. Why is this choice being made?

Donepezil (Aricept[®]), rivastigmine (Exelon[®]), and galantamine (Razadyne[®]) are used to treat the symptoms of dementia. These medicines are called cholinesterase inhibitors. Some people find these medicines helpful for a limited time.

In some situations, it may be worth considering a trial of stopping the dementia medicine if:

- It has not been helpful since it was started or is no longer helpful
- The condition has progressed to later stages of dementia (e.g. receiving palliative care)
- The harms of the medicine (side effects) outweigh the benefits

2. What are the options?

There are two options for the dementia medicine:

- **Continue the dementia medicine**
This option allows you to continue taking the dementia medicine in the future.
- **Stop the dementia medicine**
This option involves stopping the dementia medicine. You will experience some withdrawal symptoms during the process. However, the medicine will not be in your system for long.

3. What else should I know?

- There is not one "right" decision. A right decision for you depends on your values and what you value the most.
- Stopping the dementia medicine may lead to a change in your symptoms.
- The medicine can be started again if you decide to change your mind.

If you are making this decision, you should consider the following:

- What you value the most?

Design and methods:
Development involved defining the purpose, scope and target audience, and assembling a steering group to review the prototype draft's content and format. It also involved conducting one-on-one interviews with healthcare professionals and consumers.

Results: A steering group composed of clinicians and consumer representatives was assembled. The group reviewed the prototype and changes were made for further testing. One-on-one interviews were conducted with 3 General Practitioners and 7 consumers (one person living with dementia and 6 carers). The research team synthesised the findings to complete two rounds of modification. Iterative changes to improve the content, format and structure of the decision aid were made.