

# 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 may be on these medicines for a limited time.

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

- 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 stopping the dementia medicine:

- **Option 1:** Stopping the dementia medicine completely. This gives you the opportunity to try stopping the dementia medicine in the future.
- **Option 2:** Stopping the dementia medicine gradually. This may involve slowly reducing the dose before stopping. You will experience some side effects during the process. However, the medicine's side effects will be less severe.

## 3. What else should I know?

- There is not one "right" decision. It is a right decision for you.
- Stopping the dementia medicine may mean you will be on other medicines.
- Stopping the dementia medicine may mean you will be on other medicines.
- The medicine can be started again if you decide to.

If you are making this decision, what do 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.