XIV Congresso Brasileiro de Farmácia Hospitalar

Ecossistemas de inovação nos processos de cuidado, valor em saúde & ações sustentáveis

1, 2 e 3 de junho de 2023

Sbrafh

Cuidado Farmacêutico em Pacientes Portadores de Doenças Neurodegenerativas

Gustavo Alves

CRF SP 18316

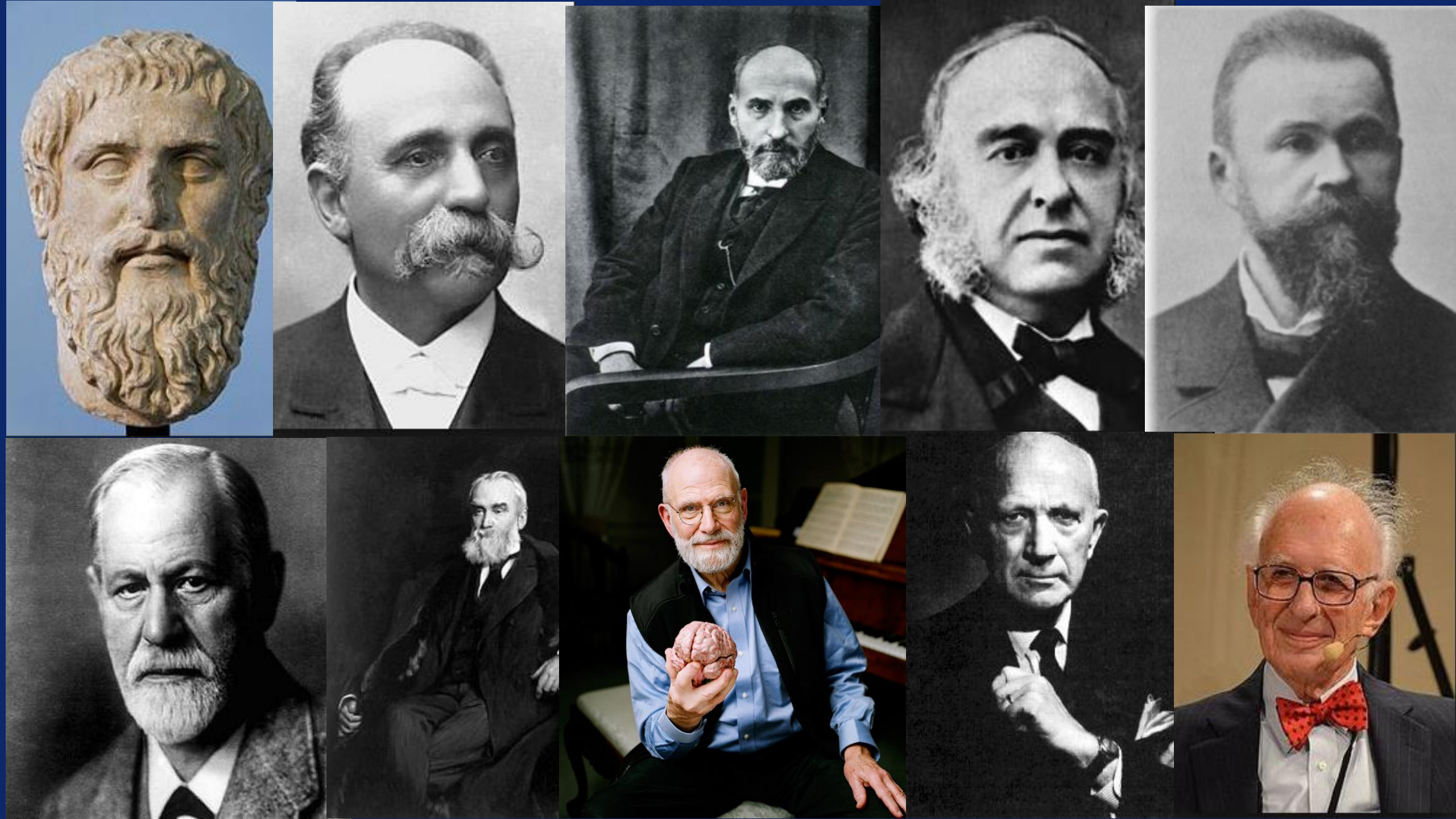
Declaração de conflitos de interesse

Eu, Gustavo Alves Andrade dos Santos, Cientista/Professor, declaro para os devidos fins, que não possuo conflitos de interesse que possam comprometer minha imparcialidade ou isenção em relação às atividades que desempenho relacionadas ao setor farmacêutico e à saúde.

Declaro ainda que estou ciente das normas regulatórias que tratam sobre conflitos de interesse, em especial a Resolução do Conselho Federal de Farmácia nº 724/2022 e a Resolução da Diretoria Colegiada da ANVISA nº 96/2008, e me comprometo a cumprir todas as disposições legais e éticas relacionadas ao tema.

@gusfarma


CONGRESSO
BRASILEIRO DE
ALZHEIMER
NEUROPSIQUIATRI
GERIÁTRICA
13-15 DE OUTUBRO | 2022 | FREI CANECA | SÃO PAULO
REALIZAÇÃO
PATROCÍNIO OURO
ABRAz
ABNPG
EMS
Roche
PATROCÍNIO
Libbs
Porque se trata da vida
ORGANIZAÇÃO
CCM GROUP
20 ANOS
AGÊNCIA



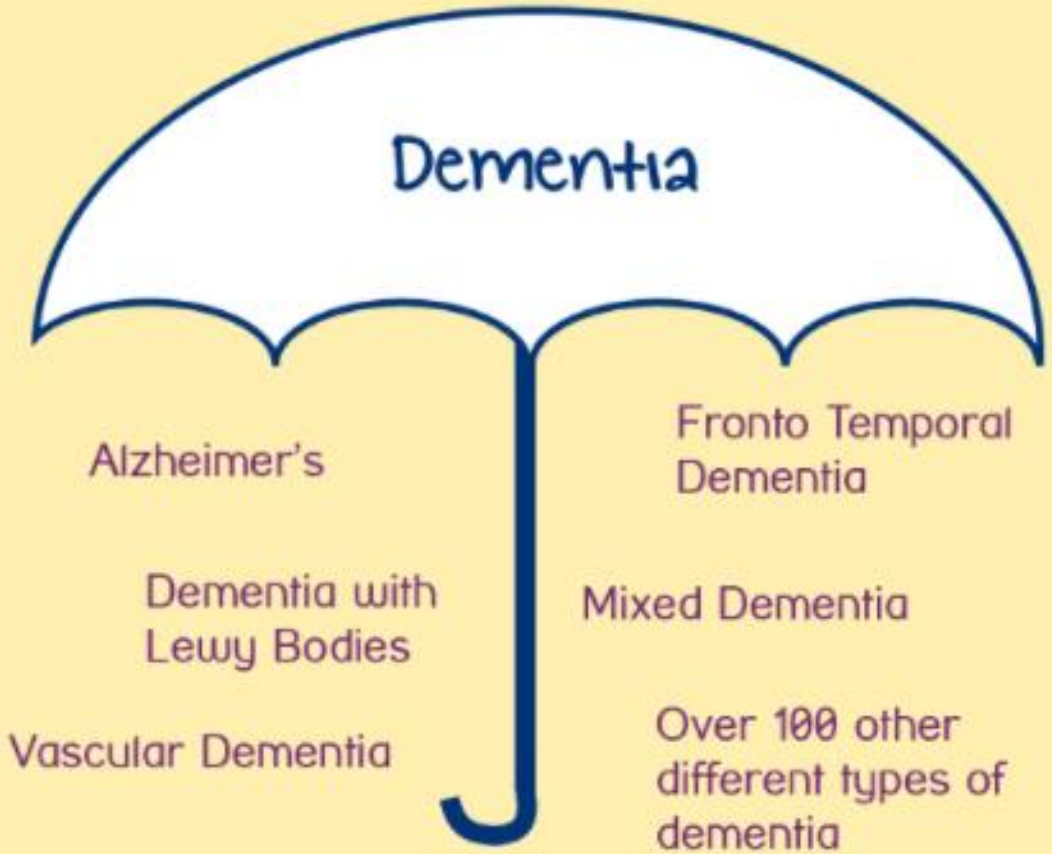
Doenças Neurodegenerativas

- **Parkinson's disease**
- **Alzheimer's disease**
- **Huntington's disease**
- **Amyotrophic lateral sclerosis (ALS)**
- **Motor neuron disease**

Fonte: NIH-https://www.niehs.nih.gov/research/supported/health/neurodegenerative/index.cfm

Demências

There is no difference. Alzheimer's is a type of dementia and the most common. Dementia is the overall term used to describe over 100 different types of dementia – Alzheimer's is just one type of dementia.



DSM-V: Demência foi renomeada como Transtorno Neurocognitivo Maior, que "reconhece" estágios anteriores de declínio cognitivo como "Transtorno neurocognitivo leve".

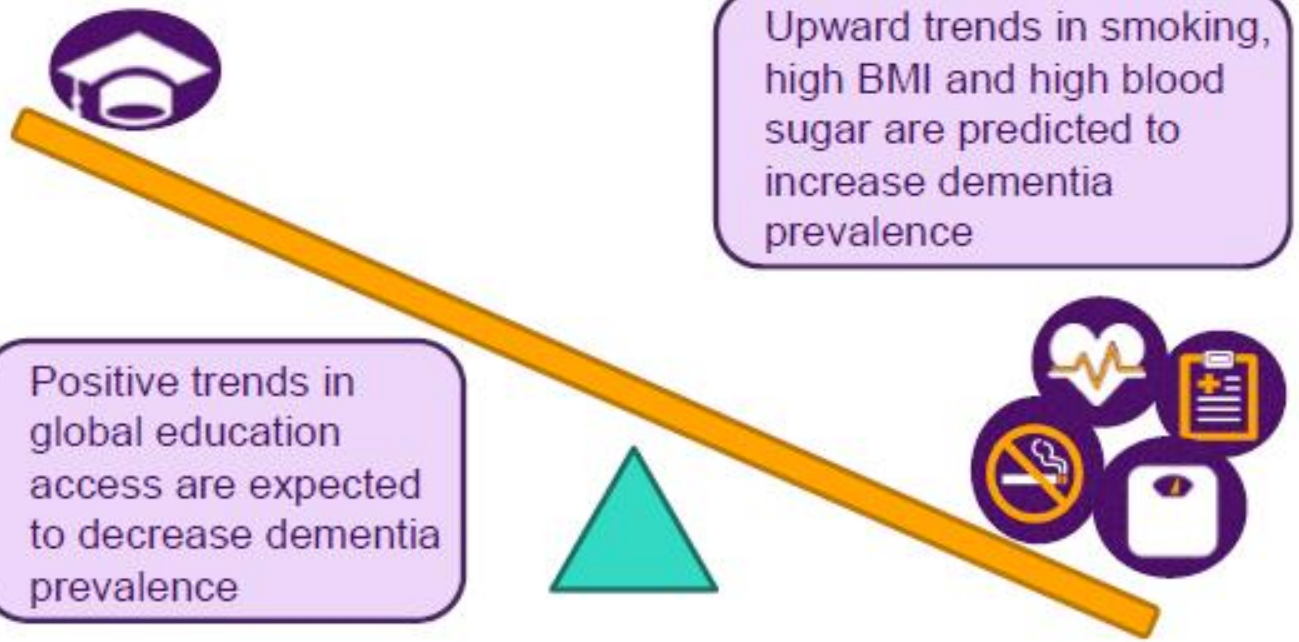
A demência é uma síndrome causada por uma enfermidade no cérebro, geralmente de natureza crônica ou progressiva, que existe uma alteração de múltiplas funções corticais superiores , incluindo a memória, o pensamento , orientação , compreensão , llinguagem, capacidade de aprender, executar cálculos e tomada de decisão .

OPAS, 2013

GLOBAL PREVALENCE

alzheimer's association
AAIC 21

Researchers estimate the number of people with dementia globally will nearly triple to more than 152 million by 2050.



Upward trends in smoking, high BMI and high blood sugar are predicted to increase dementia prevalence

Positive trends in global education access are expected to decrease dementia prevalence

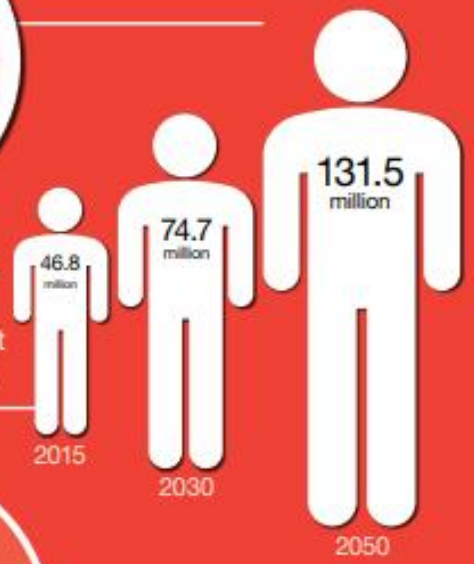
Dementia may disproportionately impact rural communities, especially in the U.S. South. People may have lower socio-economic status, higher levels of chronic disease, less access to health care services

INFOGRAPHIC

The global impact of dementia

Around the world, there will be 9.9 million new cases of dementia in 2015,

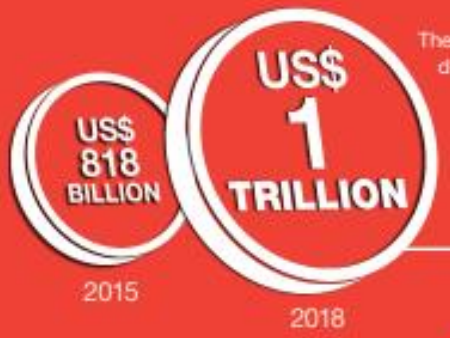
one every 3 seconds



46.8 million people worldwide are living with dementia in 2015.

This number will almost double every 20 years.

Much of the increase will take place in low and middle income countries (LMICs): in 2015, 58% of all people with dementia live in LMICs, rising to 63% in 2030 and 68% in 2050.



The total estimated worldwide cost of dementia in 2015 is US$ 818 billion. By 2018, dementia will become a trillion dollar disease, rising to

US$ 2 trillion by 2030

If global dementia care were a country, it would be the

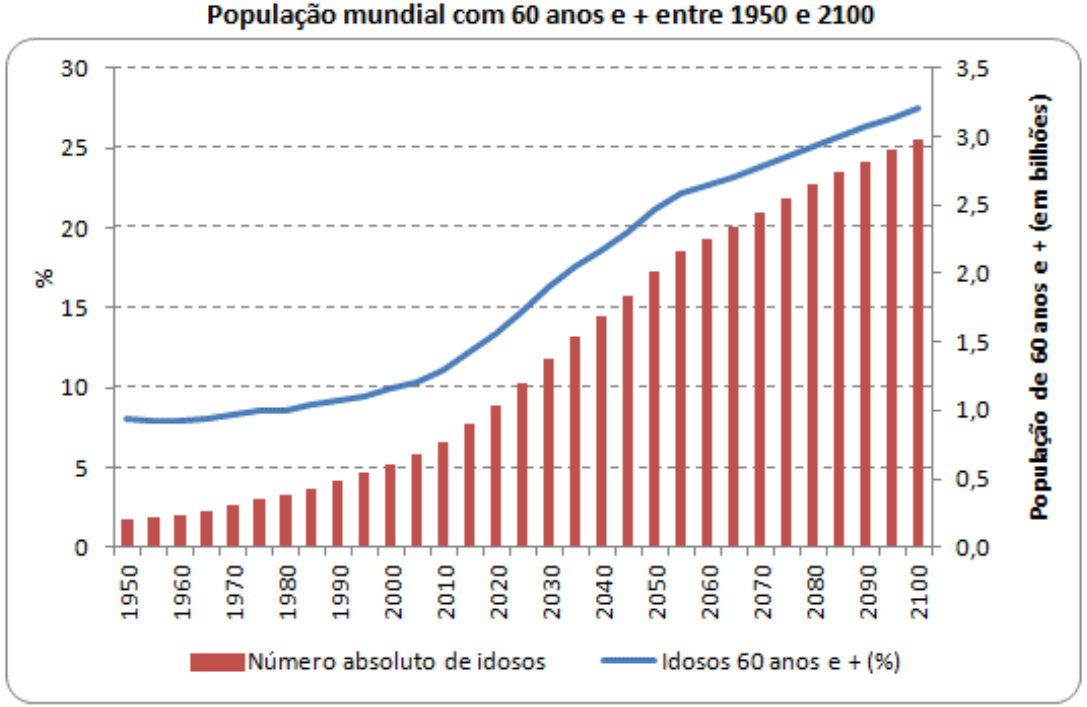
18th largest economy

in the world exceeding the market values of companies such as Apple and Google

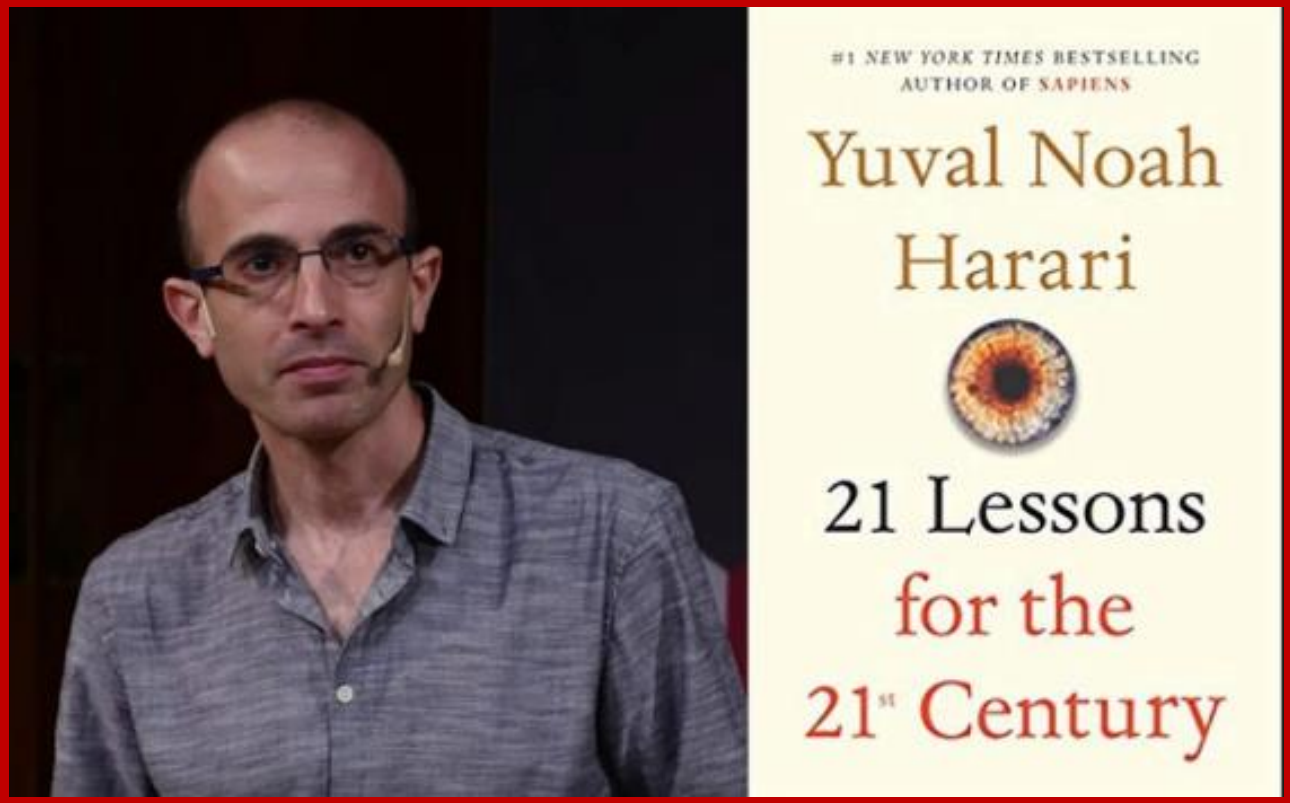
(source: Forbes 2010 ranking)

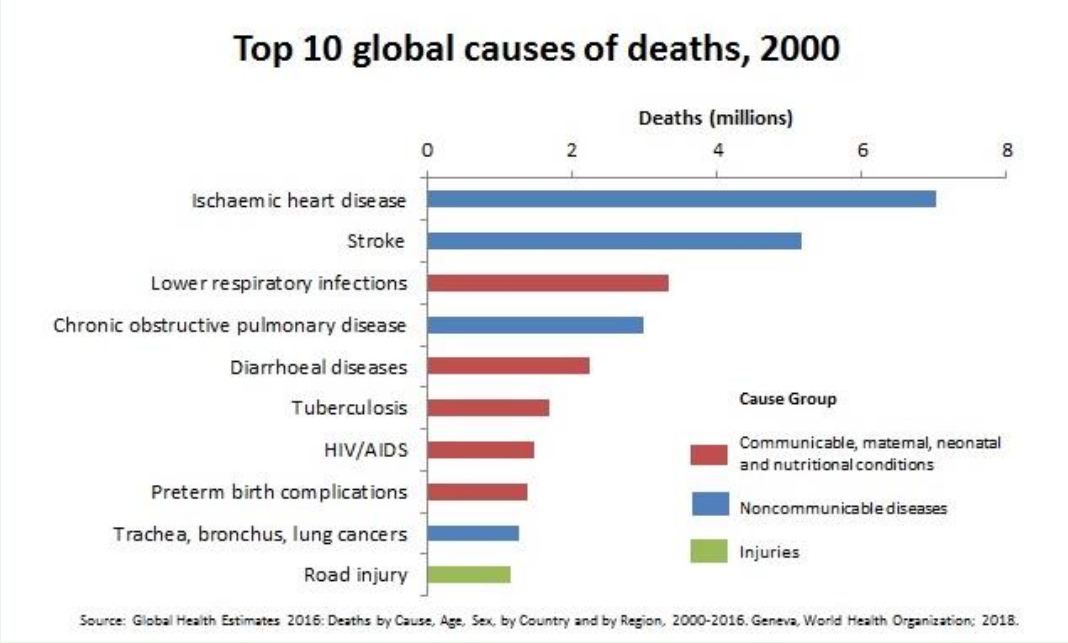
This map shows the estimated number of people living with dementia in each world region in 2015.

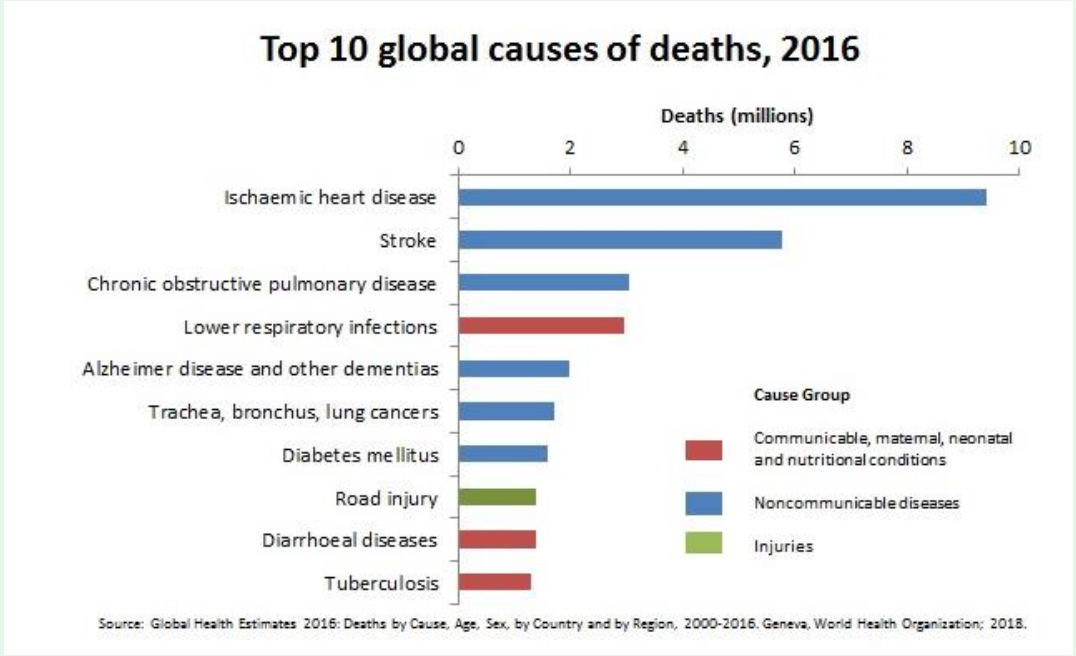
We must now involve more countries and regions in the global action on dementia.



World Population Prospects: The 2012 Revision, http://esa,un,org/unpd/wpp/index,htm

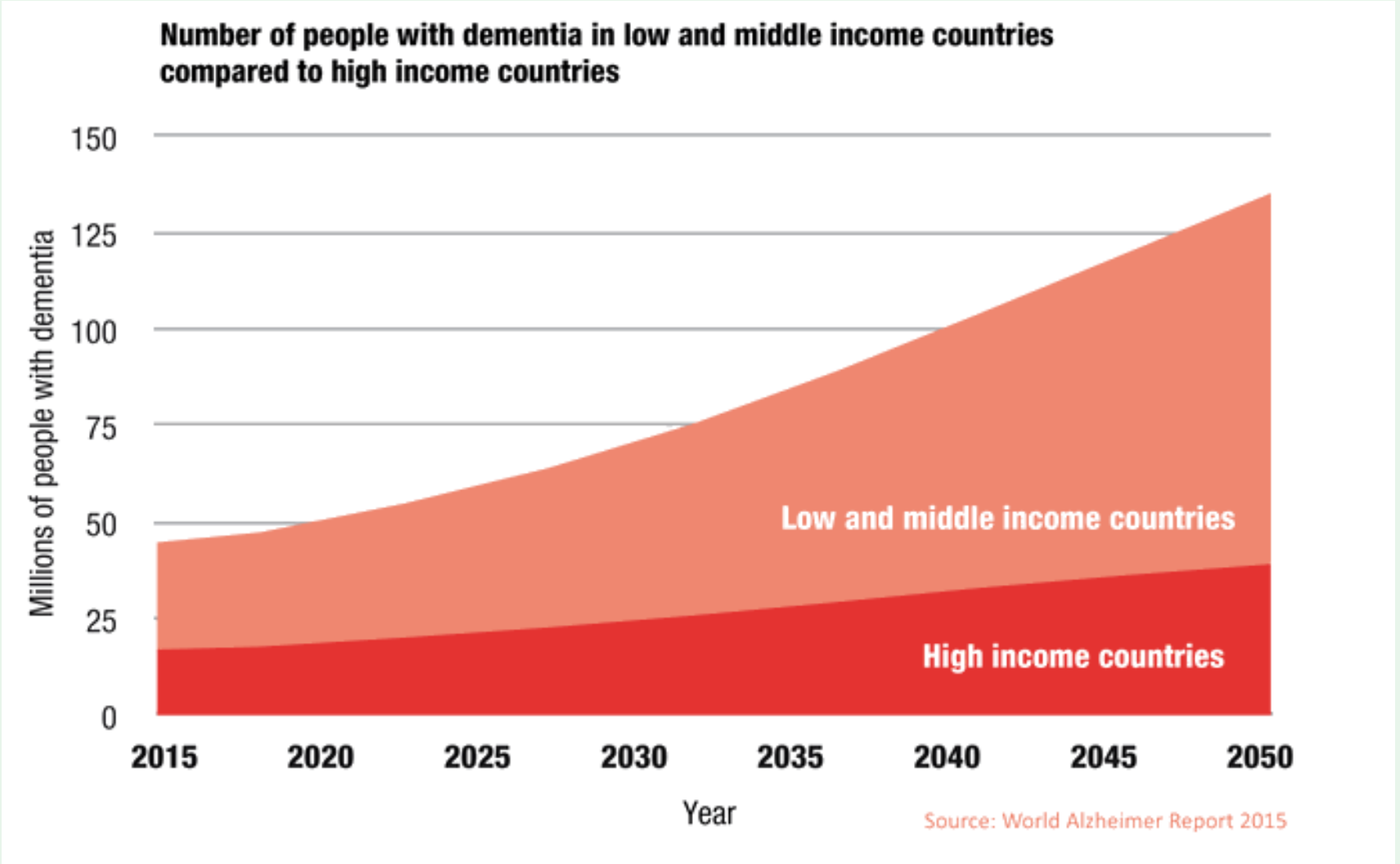



Top 10 global causes of deaths, 2000
Deaths (millions)
0
2
4
6
8
Ischaemic heart disease
Stroke
Lower respiratory infections
Chronic obstructive pulmonary disease
Diarrhoeal diseases
Tuberculosis
HIV/AIDS
Preterm birth complications
Trachea, bronchus, lung cancers
Road injury
Cause Group
Communicable, maternal, neonatal and nutritional conditions
Noncommunicable diseases
Injuries
Source: Global Health Estimates 2016: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2016. Geneva, World Health Organization; 2018.


Top 10 global causes of deaths, 2016
Deaths (millions)
0
2
4
6
8
10
Ischaemic heart disease
Stroke
Chronic obstructive pulmonary disease
Lower respiratory infections
Alzheimer disease and other dementias
Trachea, bronchus, lung cancers
Diabetes mellitus
Road injury
Diarrhoeal diseases
Tuberculosis
Cause Group
Communicable, maternal, neonatal and nutritional conditions
Noncommunicable diseases
Injuries
Source: Global Health Estimates 2016: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2016. Geneva, World Health Organization; 2018.

3rd LATINOS & ALZHEIMER'S
SYMPOSIUM

April 25 - 26, 2022 | Bonita Springs, FL and Online



MAYO CLINIC

ALZHEIMER'S® ASSOCIATION

Fatores de Risco-CCL

- Envelhecimento
- APOE4 (gene) embora possa não ter o CCL
- DM
- Fumo
- HAS
- Colesterol elevado
- Obesidade
- Depressão
- Falta de atividades físicas
- Baixo nível educacional
- Ausência de estímulos mentais ou atividades sociais
- Uso inapropriado de alguns Medicamentos

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SHARE October 20, 2020; 95 (16) ARTICLE

Association of anticholinergic medications and AD biomarkers with incidence of MCI among cognitively normal older adults

Alexandra J. Weigand, Mark W. Bondi, Kelsey R. Thomas, Noll L. Campbell, Douglas R. Galasko, David P. Salmon, Daniel Sewell, James B. Brewer, Howard H. Feldman, Lisa Delano-Wood, for the Alzheimer's Disease Neuroimaging Initiative

First published September 2, 2020, DOI: https://doi.org/10.1212/WNL.0000000000010643

Conclusões aCH aumentou o risco de MCI incidente e declínio cognitivo, e os efeitos foram significativamente aumentados entre indivíduos com fatores de risco genéticos e marcadores fisiopatológicos de DA baseados no LCR. Os resultados ressaltam o impacto adverso dos medicamentos aCH na cognição e a necessidade de desprescrição, particularmente entre indivíduos com risco elevado de DA

SYSTEMATIC REVIEW article

Front. Psychiatry, 17 September 2020
Sec. Addictive Disorders
https://doi.org/10.3389/fpsyt.2020.00755

This article is part of the Research Topic
Neurobiological Biomarkers for Developing Novel Treatments of Substance and Non-Substance Addiction
View all 45 Articles >

The Effects of Benzodiazepine Use and Abuse on Cognition in the Elders: A Systematic Review and Meta-Analysis of Comparative Studies

Conclusão: Na população idosa, a velocidade de processamento foi significativamente prejudicada em usuários de BZD; a cognição global foi significativamente prejudicada em abusadores de BZD, mas não em usuários regulares de BZDOs médicos devem ser cautelosos ao prescrever BZD para idosos.

Akter et al. Alzheimer's Research & Therapy (2015) 7:79
DOI 10.1186/s13195-015-0164-8

Alzheimer's Research & Therapy

RESEARCH Open Access

Cognitive impact after short-term exposure to different proton pump inhibitors: assessment using CANTAB software

Sanjida Akter[1†], Md. Rajib Hassan[1†], Mohammad Shahriar[1], Nahia Akter[1], Md. Golam Abbas[2] and Mohiuddin Ahmed Bhuiyan[1*]

Review Article

Proton Pump Inhibitors and Dementia: Physiopathological Mechanisms and Clinical Consequences

Gloria Ortiz-Guerrero,[1] Diana Amador-Muñoz,[2] Carlos Alberto Calderón-Ospina,[3] Daniel López-Fuentes,[4] and Mauricio Orlando Nava Mesa[2]

[1]*Individualized Research Learner Program, Neuromuscular Research Division, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160, USA*
[2]*Neuroscience (NEUROS) Research Group, School of Medicine and Health Sciences, Universidad del Rosario, Carrera 24 No. 63C–69, Bogotá 111221, Colombia*
[3]*Unidad de Farmacología, School of Medicine and Health Sciences, Universidad del Rosario, Carrera 24 No. 63C–69, Bogotá 111221, Colombia*
[4]*Medical Social Service, Hospital de San Francisco, Kra 8 No. 6A–121, Gacheta 251230, Colombia*

Correspondence should be addressed to Mauricio Orlando Nava Mesa; monavam@usal.es

Received 14 November 2017; Accepted 14 February 2018; Published 21 March 2018

Estudos mostraram que os inibidores da bomba de prótons (IBPs) aumentam a carga cerebral de beta-amiloide (Aβ) e também criam deficiência de vitamina B12. Esses dois fenômenos têm efeito deletério na cognição e na doença de Alzheimer (DA). Como o uso de IBPs aumentou tremendamente nos últimos anos, é de grande importância para a saúde pública investigar o impacto cognitivo dos IBPs. Assim, o objetivo deste estudo foi investigar o grau de associação neuropsicológica de cada IBP com diferentes funções cognitivas.

O presente estudo revela pela primeira vez que diferentes IBPs têm graus variados de influência em diferentes domínios cognitivos e têm associações com a DA. Esses achados devem ser considerados ao equilibrar os riscos e benefícios da prescrição desses medicamentos..

É possível que os efeitos cognitivos dos IBPs sejam devidos a interações medicamentosas, especialmente em idosos polimedicados. Por exemplo, omeprazole pode aumentar os níveis sanguíneos de diazepam diminuindo a depuração plasmática (via citocromo P450) e, em seguida, aumentando os efeitos neurológicos.

Canadian Pharmacists Association | Association des pharmaciens du Canada

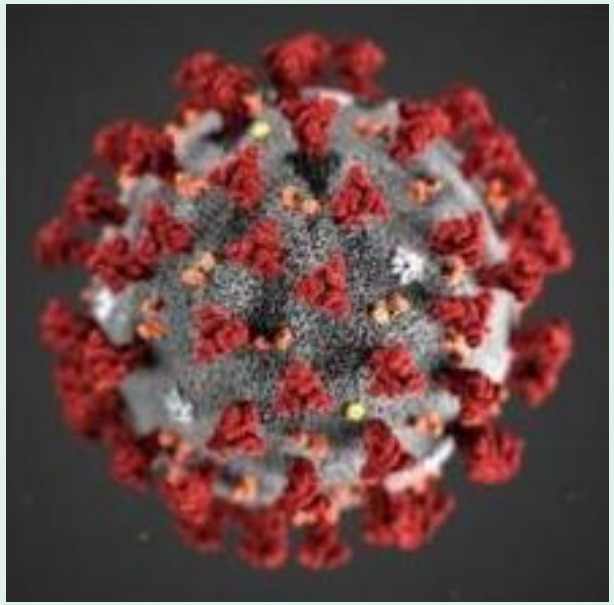
Pharmacists doing more to support patients with dementia, their families and caregivers

March 16, 2016 (Ottawa): When Marc Riachi's mother, Sonia, was diagnosed with frontotemporal dementia, Riachi discovered that she still had much to teach him. As a pharmacist, Riachi became part of her caregiving team. "When you actually have a loved one going through this disease, you learn so much more about its intricacies and develop a better appreciation of the severely limited medical treatments available. It's a humbling and very challenging experience," he says. Riachi, who is also a clinical editor at the Canadian Pharmacists Association, turned his research skills to his mother's care, reading up on treatment guidelines, systematic reviews, and experimental therapies.

- recognizing problems that may be caused by medication side effects
- "de-prescribing" (stopping) medications that are no longer contributing to quality of life or are worsening cognitive symptoms
- changing dosages or switching medications if needed
- finding medication formulations (such as suppositories, injections, and nasal sprays) that the patient can take, and ensuring the packaging can be easily read and opened
- recognizing health problems that may be unrelated to dementia
- making suggestions to improve quality of life
- acting as a "one-stop shop" for information on other health services such as physiotherapy and support services such as the local Alzheimer Society

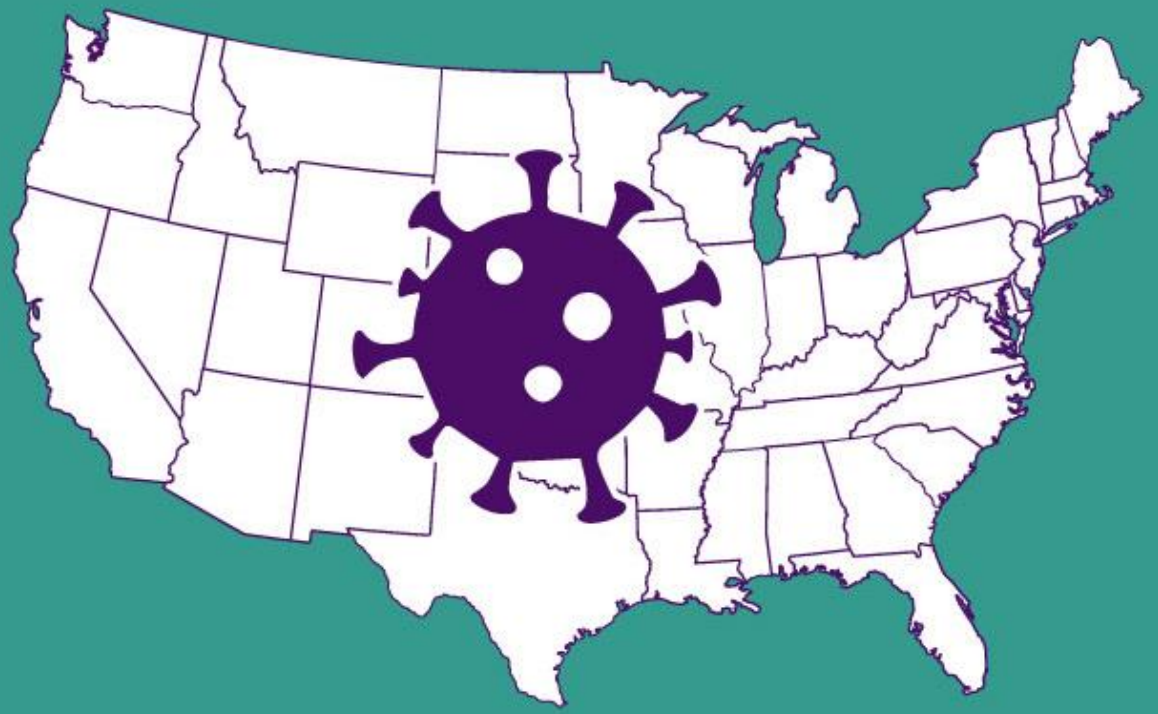
Alzheimer

Uma epidemia?



IN THE UNITED STATES,

ALZHEIMER'S AND DEMENTIA DEATHS HAVE INCREASED 16% **DURING THE** COVID-19 PANDEMIC.



alzheimer's association®

2021 ALZHEIMER'S DISEASE FACTS AND FIGURES

1 IN 3

seniors dies with Alzheimer's or another dementia

In 2021, Alzheimer's and other dementias will cost the nation

$355 BILLION

MORE THAN 6 MILLION

Americans are living with Alzheimer's

By 2050, these costs could rise to more than

$1.1 TRILLION

Alzheimer's and dementia deaths have increased

16%

during the COVID-19 pandemic

Facts and Figures 2021

OVER 11 MILLION

Americans provide unpaid care for people with Alzheimer's or other dementias

These caregivers provided an estimated 15.3 billion hours valued at nearly

$257 BILLION

~~Mal de Alzheimer~~

32 milhões

1,2 milhões (2016)

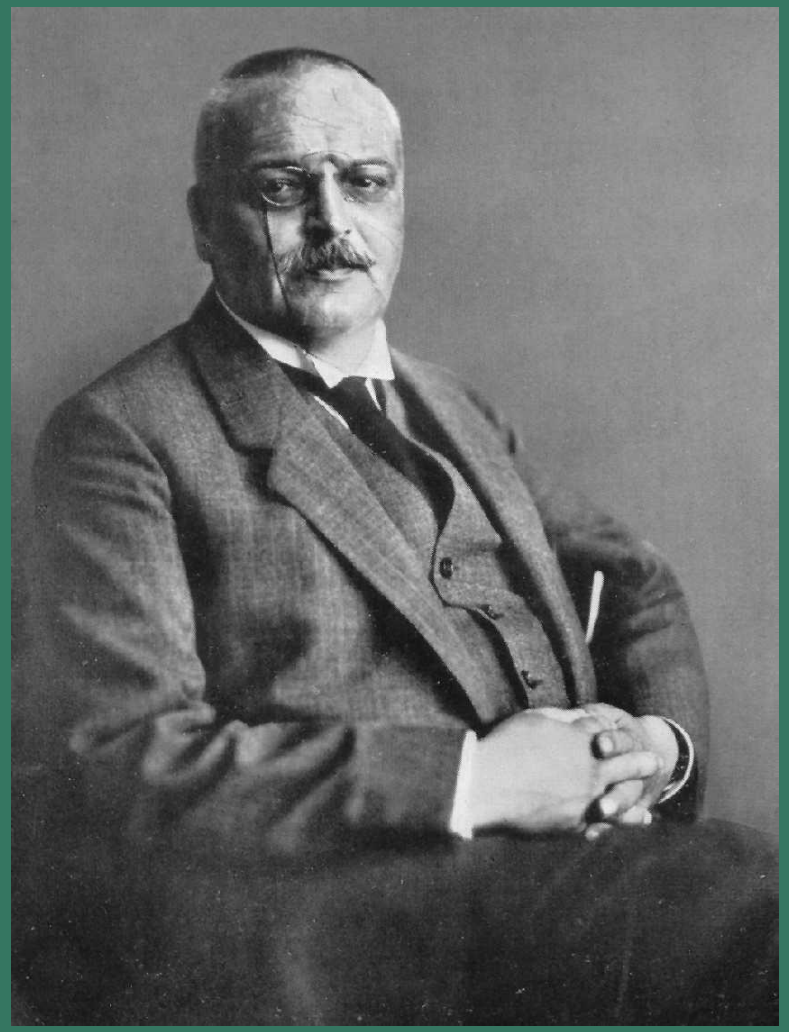
2 milhões (2023)

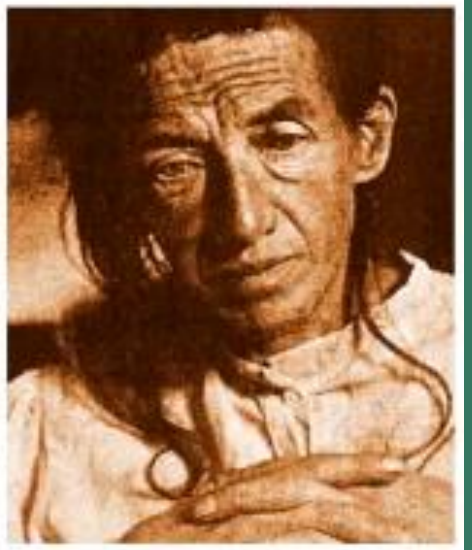
Relatório Mundial sobre o Alzheimer

Davos Alzheimer's Collaborative (DAC)

O DAC está focado em três projetos específicos, interligados e ambiciosos:

- 90% dos dados genômicos vêm de pessoas de origem da Europa Ocidental, embora esse grupo represente apenas 10% da população global.
- É necessária a criação de uma Plataforma, pois os ensaios clínicos são longos e muito caros.
- Desigualdade diagnóstica, terapêutica e a necessidade de diagnóstico precoce.



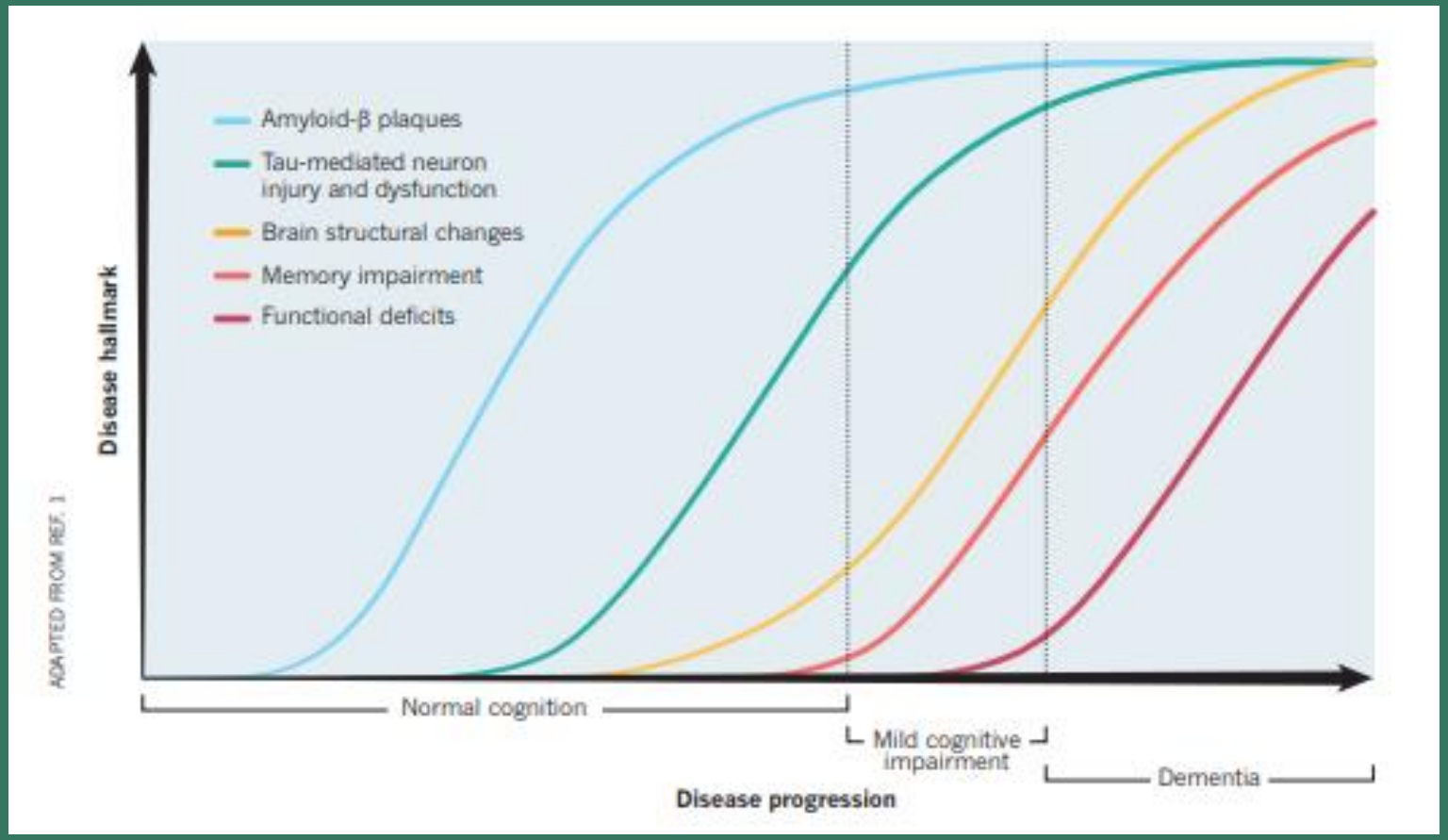


Left: Alois Alzheimer (seated on far left) and co-workers at the psychiatric clinic of the University of Munich in 1904–05. Right: Auguste Deter, the first patient known be diagnosed with the disease, died in 1906.

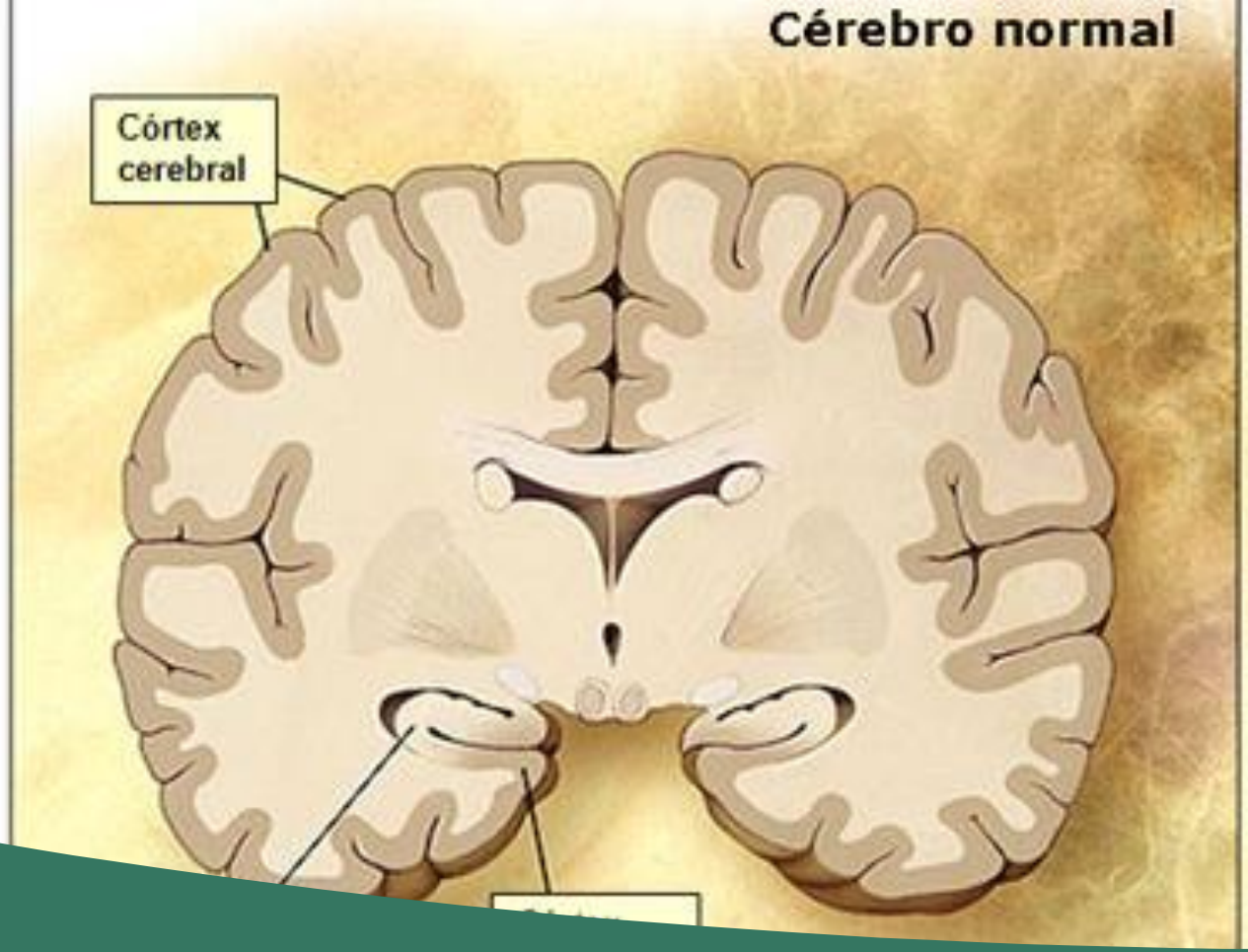
Photos: Science Source

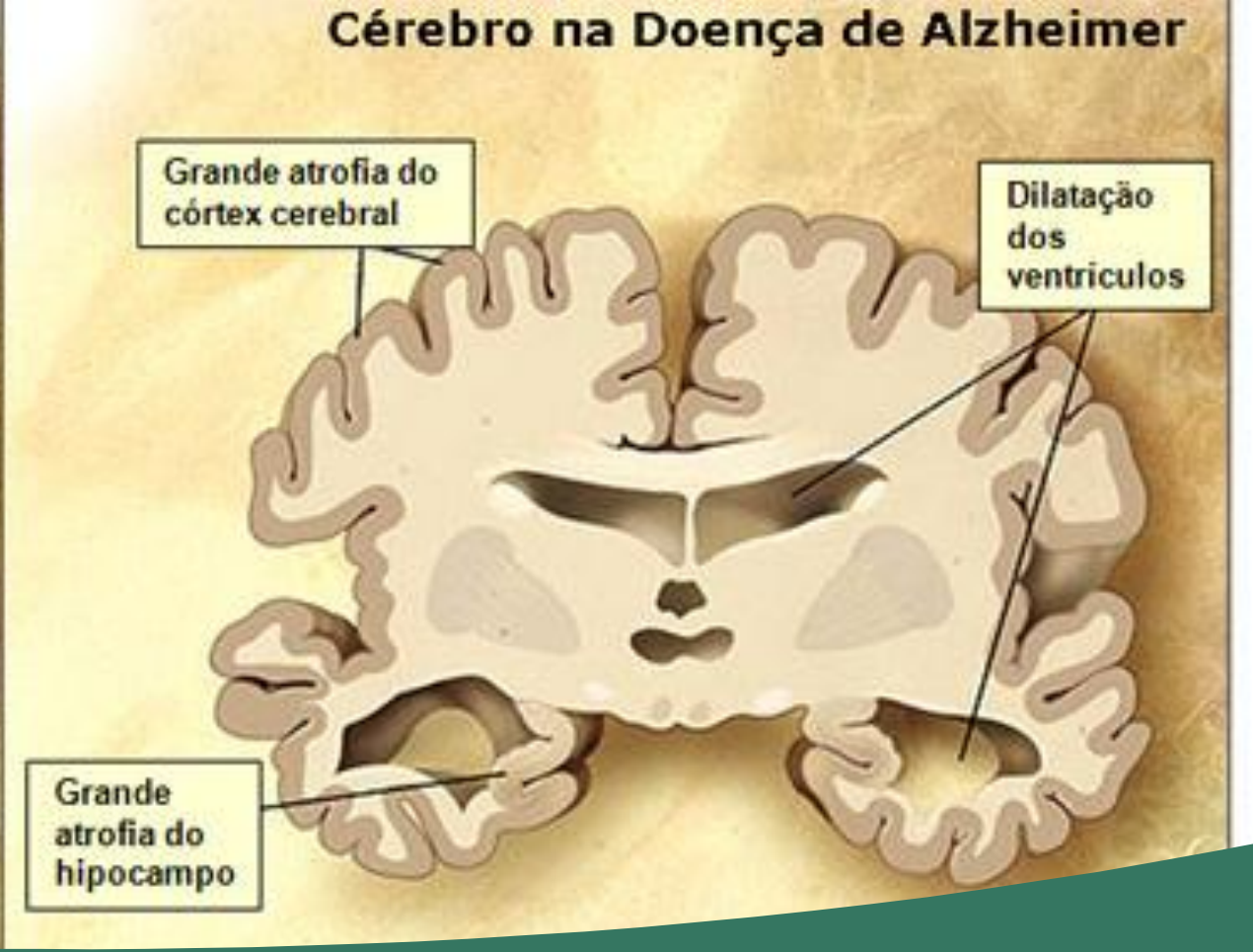
Progressão da Doença de Alzheimer

Início na fase Prodromal.



Sources: 1. Jack, C. R. Jr *et al. Lancet Neurol.* **12**, 207–216 (2013); 2. Alzheimer's Disease International. *World Alzheimer Report 2015: The Global Impact of Dementia* (Alzheimer's Disease International, 2015); 3. Matthews, F. E. *et al. Lancet* **382**, 1405–1412 (2013); 4. Chêne, G. *et al. Alzheimers Dement.* **11**, 310–320 (2015); 5. L. Mucke. *Nature* **461**, 895–897 (2009).



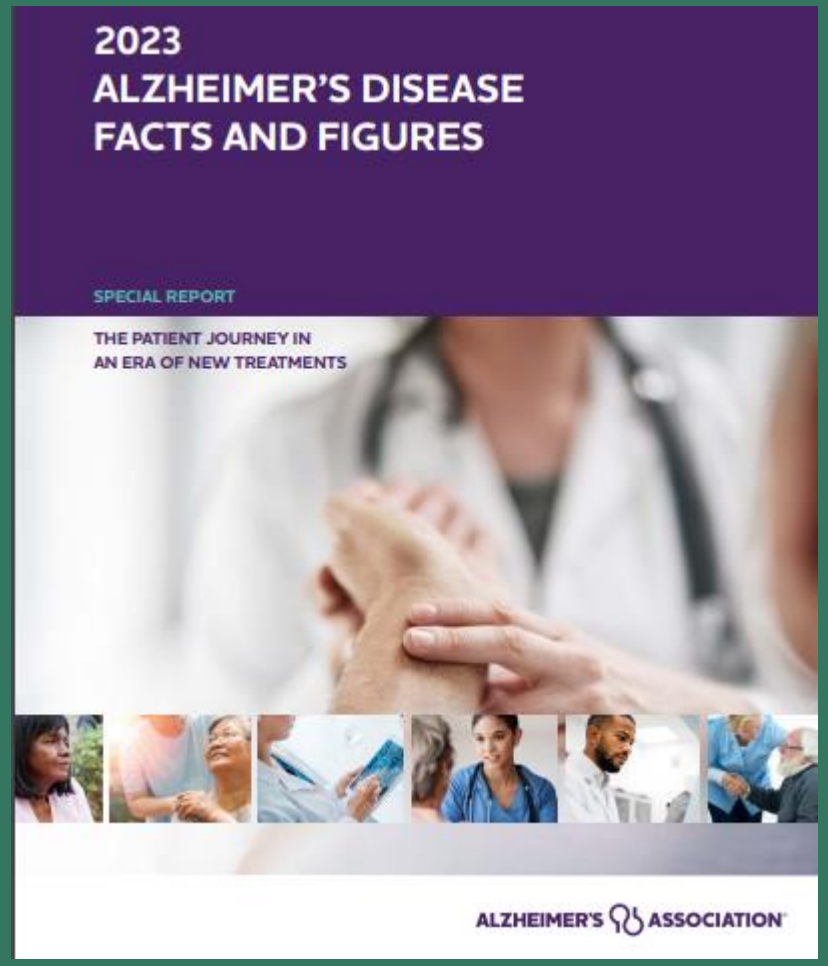


O que é a Doença de Alzheimer?
Quais são as alterações provocadas pela DA?

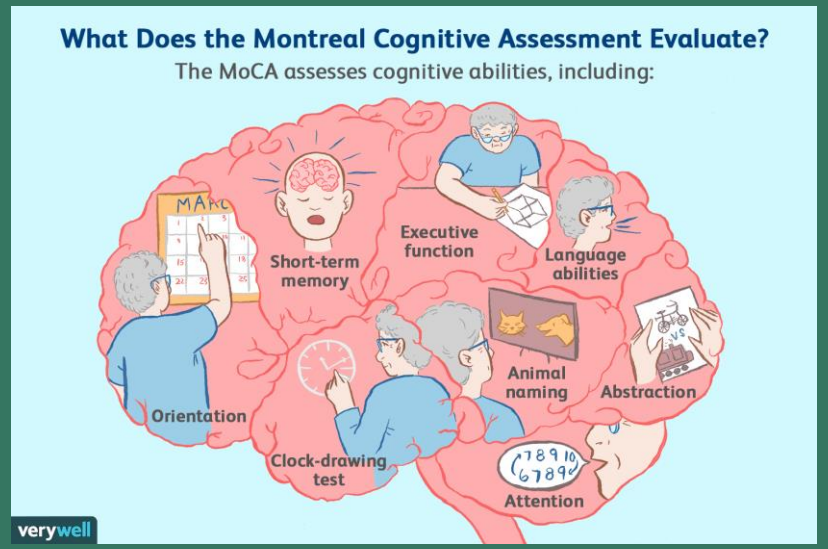
Fatores de risco para a Doença de Alzheimer?

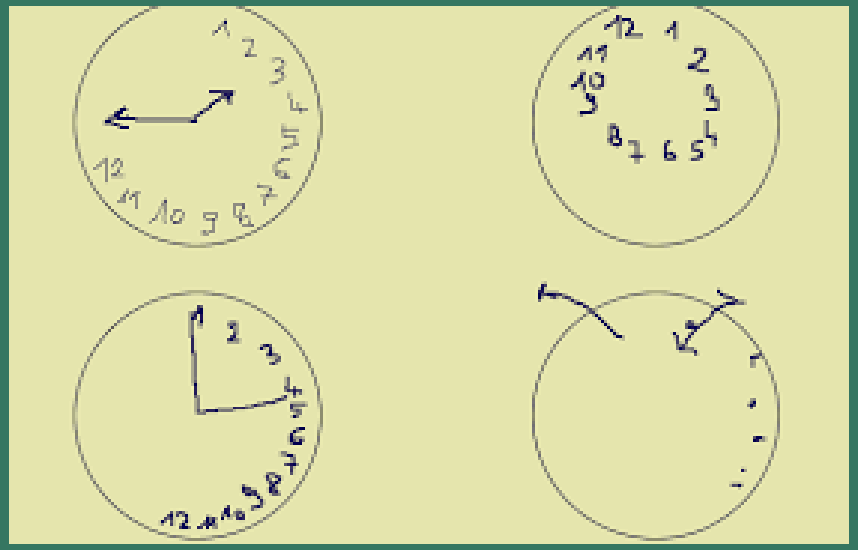
- **Idade avançada: 1 a 6 % das pessoas até 65 anos de idade;**

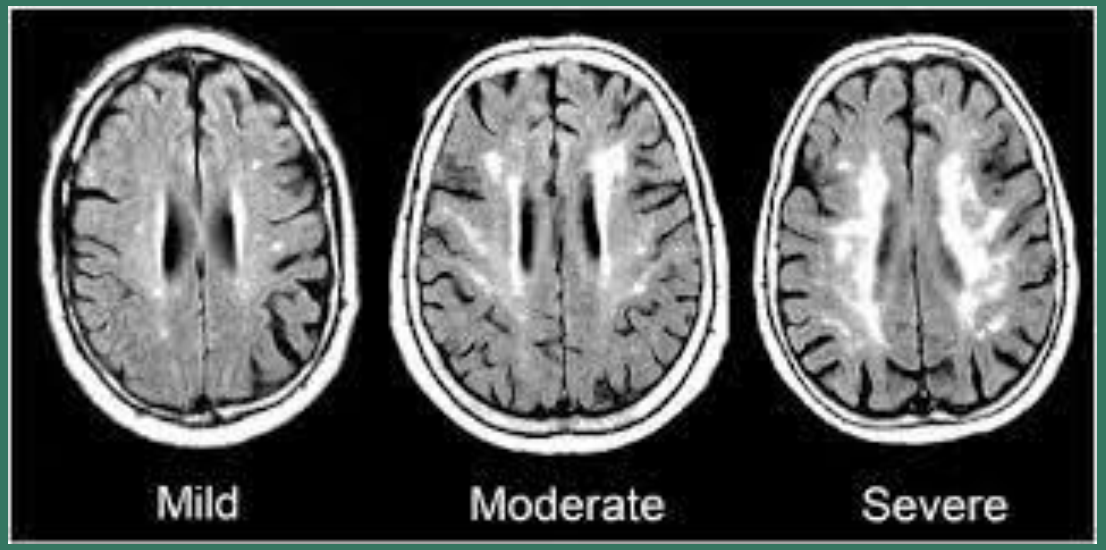
  50 % até os 85 anos;
- **Mulheres (+++++), Homens (++++);**
- **DM**
- **Cardiovasculares, HAS**
- **Obesidade**
- **Distúrbios do colesterol**
- **Ausência de Redes sociais**
- **Não praticar atividades físicas**
- **Traumas cranianos;**
- **Maus hábitos de vida: alcoolismo, tabagismo.**
- **Baixo nível educacional**
- **Depressão**
- **Genética: cromossomos 14,19 e 21.**



Diagnóstico


What Does the Montreal Cognitive Assessment Evaluate?
The MoCA assesses cognitive abilities, including:
Short-term memory
Executive function
Language abilities
Orientation
Clock-drawing test
Animal naming
Abstraction
Attention
verywell




Mild
Moderate
Severe

Quadro 1 – Miniexame do estado mental (MEEM)

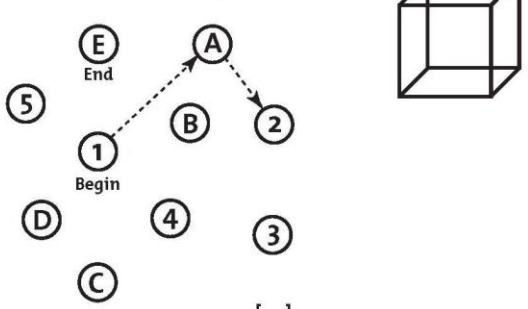
Orientação temporal (5 pontos)	Qual a hora aproximada?
	Em que dia da semana estamos?
	Que dia do mês é hoje?
	Em que mês estamos?
	Em que ano estamos?
Orientação espacial (5 pontos)	Em que local estamos?
	Que local é este aqui?
	Em que bairro nós estamos ou qual é o endereço daqui?
	Em que cidade nós estamos?
	Em que estado nós estamos?
Registro (3 pontos)	Repetir: CARRO, VASO, TIJOLO
Atenção e cálculo (5 pontos)	Subtrair: 100-7 = 93-7 = 86-7 = 79-7 = 72-7 = 65
Memória de evocação (3 pontos)	Quais os três objetos perguntados anteriormente?
Nomear 2 objetos (2 pontos)	Relógio e caneta
REPETIR (1 ponto)	"Nem aqui, nem ali, nem lá"
Comando de estágios (3 pontos)	Apanhe esta folha de papel com a mão direita, dobre-a ao meio e coloque-a no chão
Escrever uma frase completa (1 ponto)	Escrever uma frase que tenha sentido
Ler e executar (1 ponto)	Feche seus olhos
Copiar diagrama (1 ponto)	Copiar dois pentágonos com interseção 

Fonte: Brucki SMD, Nitrini R, Caramelli P, Bertolucci PHF, Okamoto IH. Sugestões para o uso do mini-exame do estado mental no Brasil. Arq Neuropsiquiatr. 2003; 61(3B):777-81.

MONTREAL COGNITIVE ASSESSMENT (MOCA)

NAME :
Education : Date of birth :
Sex : DATE :

VISUOSPATIAL / EXECUTIVE



Copy cube

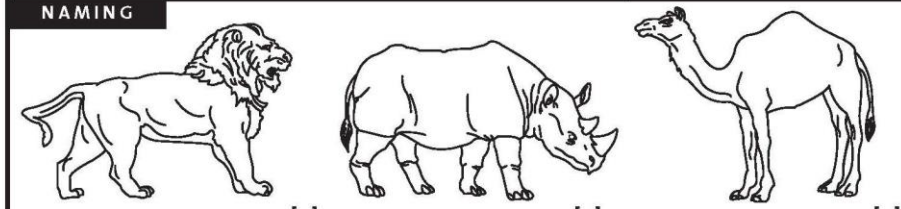
[ ] [ ]

Draw CLOCK (Ten past eleven)
(3 points)

[ ] Contour [ ] Numbers [ ] Hands

POINTS __/5

NAMING



[ ] [ ] [ ]

__/3

MEMORY

Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

ATTENTION

Read list of digits (1 digit/ sec.). Subject has to repeat them in the forward order [ ] 2 1 8 5 4

Subject has to repeat them in the backward order [ ] 7 4 2

__/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B

__/1

Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65

4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt**

__/3

LANGUAGE

Repeat : I only know that John is the one to help today. [ ]

The cat always hid under the couch when dogs were in the room. [ ]

__/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] ____ (N ≥ 11 words)

__/1

ABSTRACTION

Similarity between e.g. banana - orange = fruit [ ] train – bicycle [ ] watch - ruler

__/2

DELAYED RECALL

	Has to recall words WITH NO CUE	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUED recall only
		[ ]	[ ]	[ ]	[ ]	[ ]	
Optional	Category cue						
	Multiple choice cue						

__/5

ORIENTATION

[ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City

__/6

 Version November 7, 2004

www.mocatest.org

Normal ≥ 26 / 30

TOTAL __/30

Add 1 point if ≤ 12 yr edu

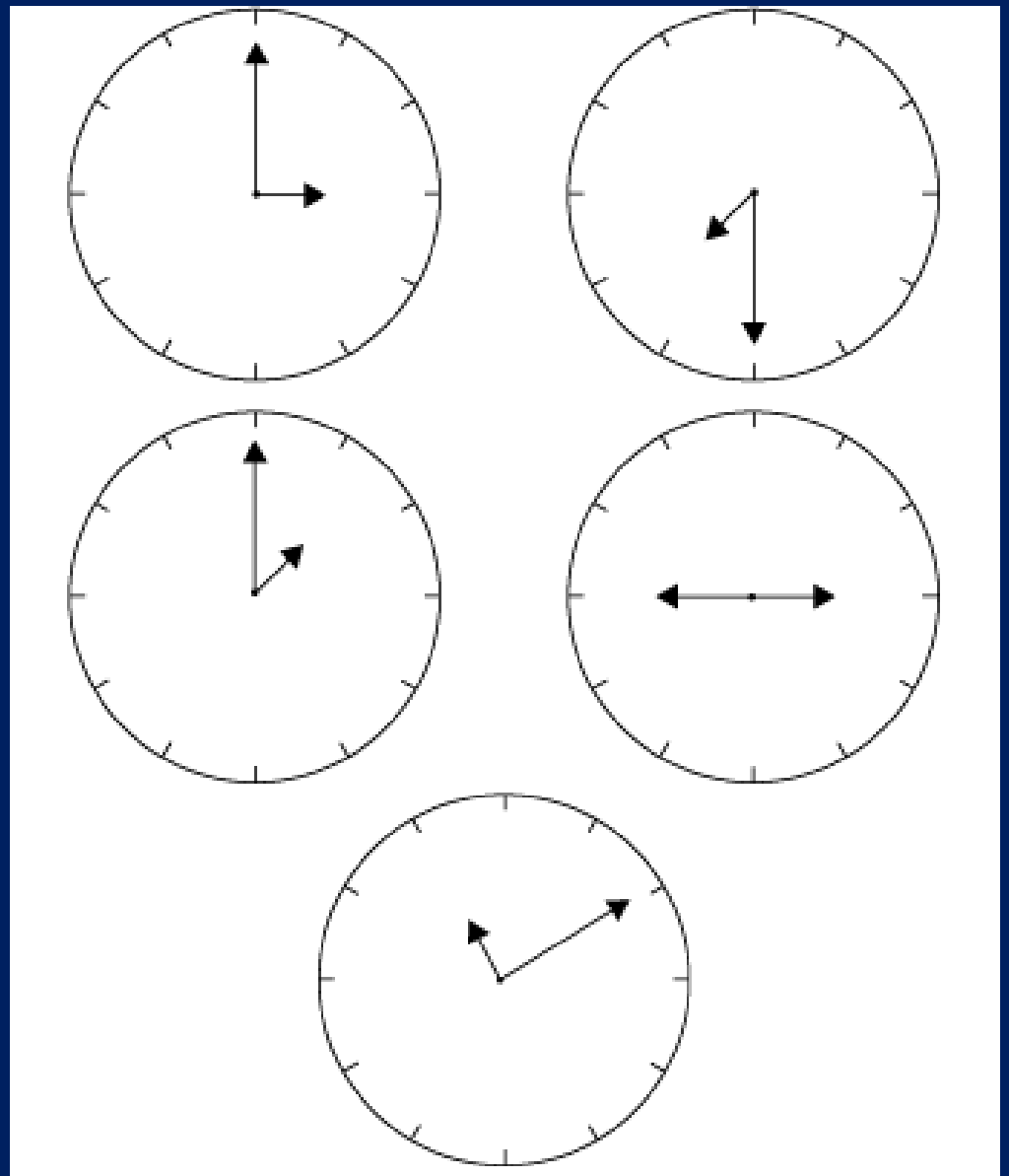
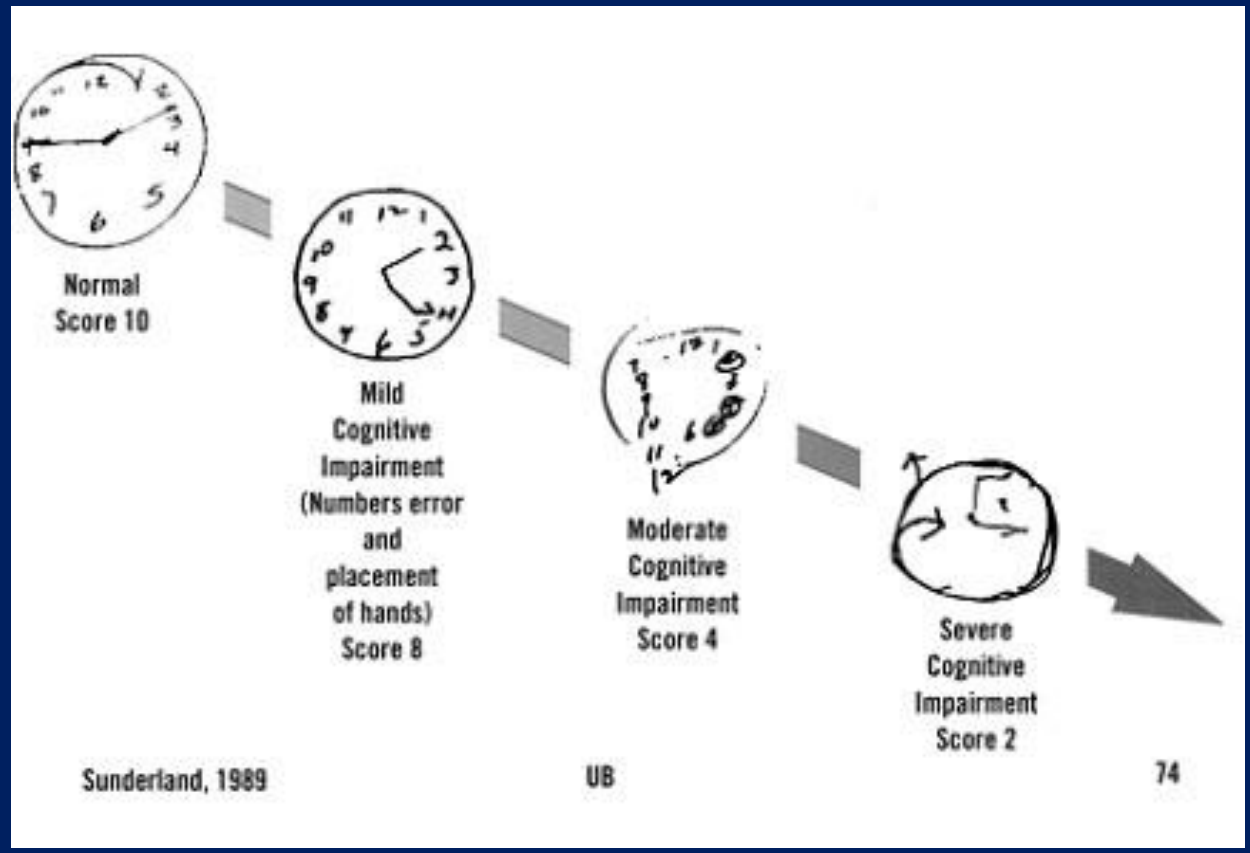
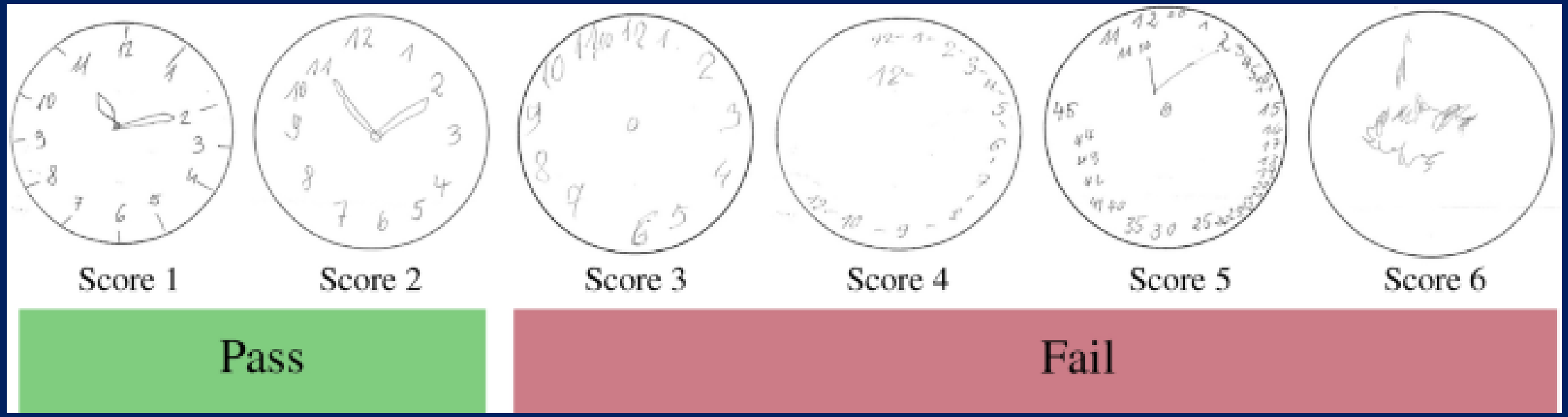


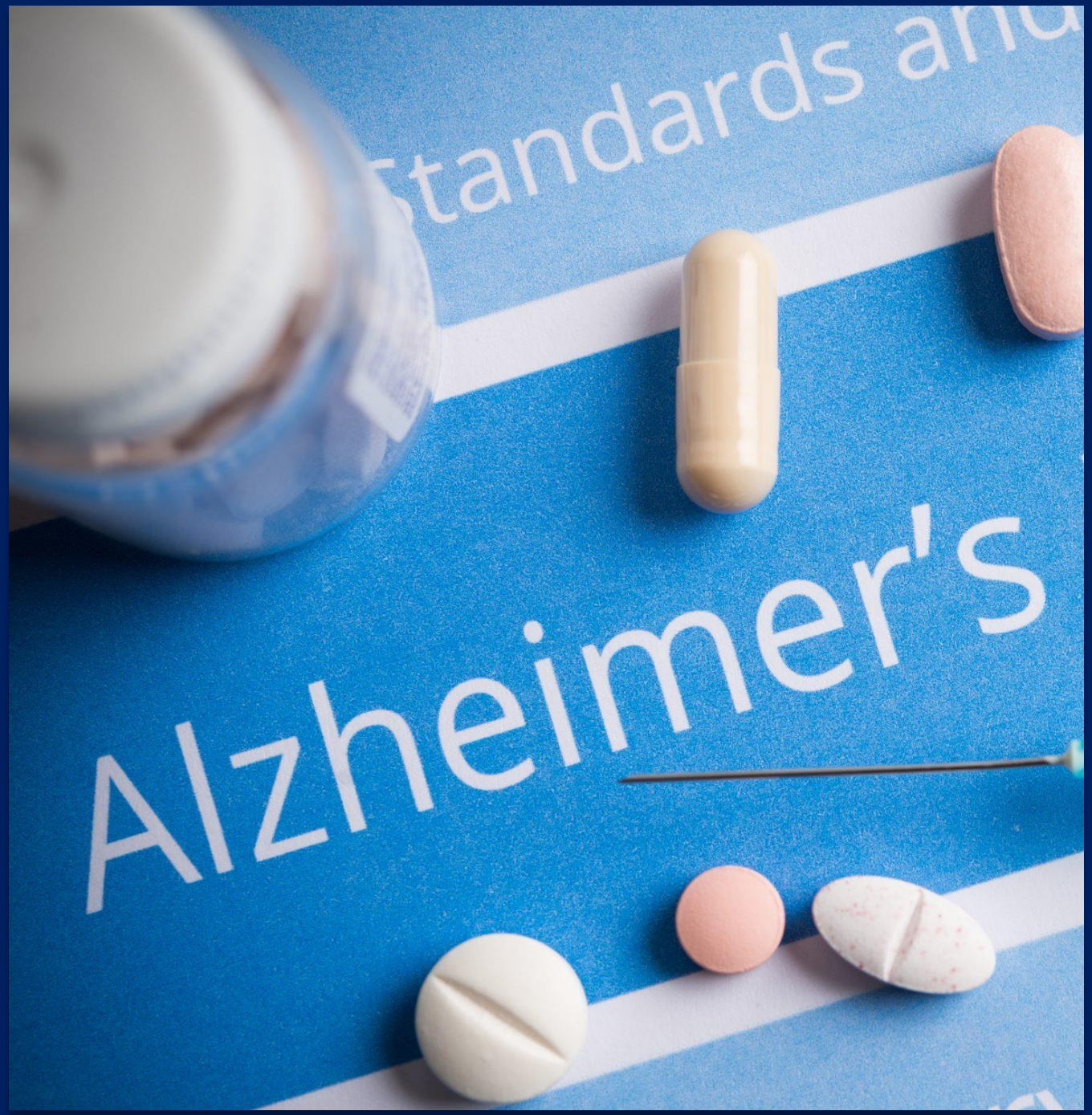
Figura 3. Modelo do subteste leitura das horas.

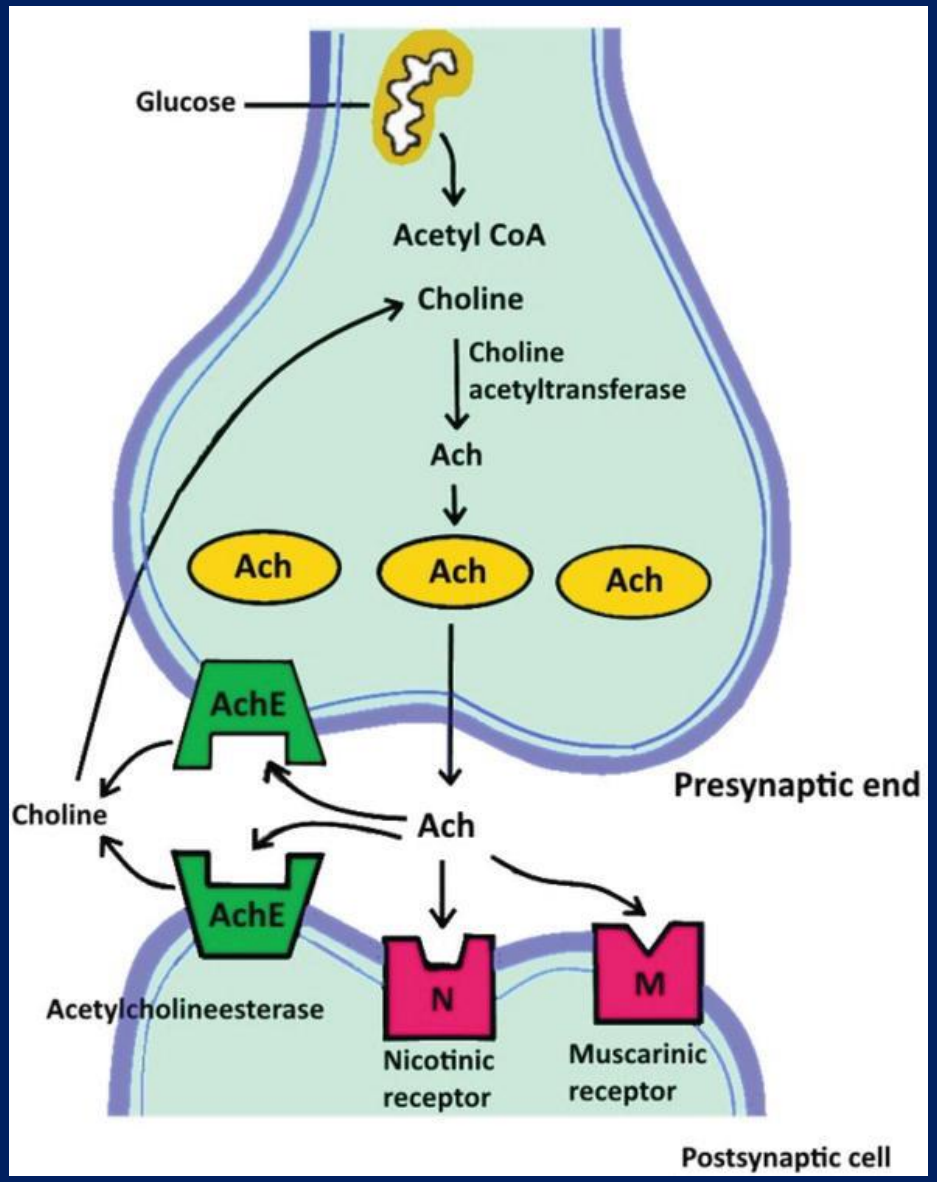


Sunderland T, Hill JL, Mellow AM, Lawlor BA, Gundersheimer J, Newhouse PA, Grafman JH. Clock drawing in Alzheimer's disease. A novel measure of dementia severity. J Am Geriatr Soc. 1989 Aug;37(8):725-9. doi: 10.1111/j.1532-5415.1989.tb02233.x. PMID: 2754157.



Sunderland T, Hill JL, Mellow AM, Lawlor BA, Gundersheimer J, Newhouse PA, Grafman JH. Clock drawing in Alzheimer's disease. A novel measure of dementia severity. J Am Geriatr Soc. 1989 Aug;37(8):725-9. doi: 10.1111/j.1532-5415.1989.tb02233.x. PMID: 2754157.


Alzheimer's


Glucose
Acetyl CoA
Choline
Choline acetyltransferase
Ach
Ach
Ach
Ach
AchE
Choline
Presynaptic end
Ach
AchE
Acetylcholineesterase
N
Nicotinic receptor
M
Muscarinic receptor
Postsynaptic cell

Tratamento Farmacológico DA

- **Pode ser definido em 4 níveis :**

  (Forlenza, 2005)

- **1-Terapêutica específica, visa reverter o processo fisiopatológico.**
- **2- Abordagem profilática.**
- **3- Tratamento Sintomático: visa restaurar de forma parcial ou provisória as capacidades cognitivas, habilidades funcionais e o comportamento dos portadores de demência.**
- **4- Terapêutica Complementar: manifestações não-cognitivas da demência.**

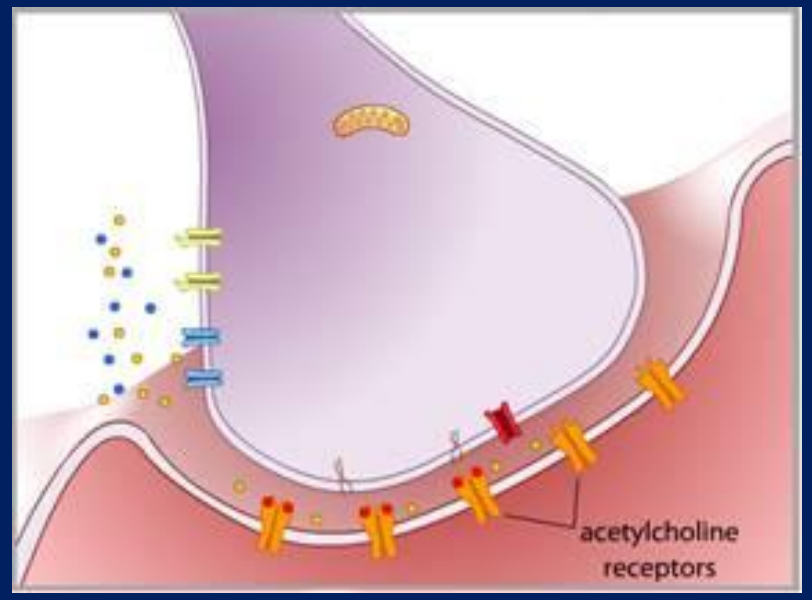


Tabela 1. Características gerais dos inibidores das colinesterases.

	Tacrina	Donepezil	Rivastigmina	Galantamina
Disponível no ano	1993	1997	1998	2000
Classe química	Acridina	Piperidina	Carbamato	Alcalóide fenantreno
Seletividade cerebral	Não	Sim	Sim	Sim
Tipo de inibição da colinesterase	Reversível	Reversível	Pseudo-irreversível	Reversível
Modulação alostérica de receptor nicotínico	Não	Não	Não	Sim
Enzimas inibidas[1]	AchE BuChE	AChE	AchE BuChE	AChE

1 AchE: acetil-colinesterase; BuChE: butiril-colinesterase.

Tabela 2. Farmacologia dos inibidores das colinesterases.

Droga	Dosagem (mg/dia)	Meia-vida de eliminação	Posologia diária	Metabolização e eliminação
Tacrina	40-160	curta (3-4 h)	4 tomadas	Hepática (CYP 1A2) risco de hepatotoxicidade
Donepezil	5-10	Intermediária (7 h)	dose única	Hepática (CYP 2D6 e 3A4) Excreção renal (droga intacta)
Rivastigmina	6-12	curta* (1-2 h)	2 tomadas	Sináptica + excreção renal (baixo risco de interações)
Galantamina	12-24	longa (70 h)	2 tomadas	Hepática (CYP 2D6 e 3A4)

*CYP: isoenzima do citocromo P450. *No caso da rivastigmina, ocorre dissociação entre a meia-vida de eliminação e a meia-vida de inibição, em torno de 10 horas.*

Forlenza, 2008

Cognitive enhancers approved for Alzheimer disease

Drug	Proprietary name (date approved)	Indications	Formulations
Cholinesterase inhibitors			
Donepezil	Aricept (1996), generics available	Mild to moderate disease (5–10 mg), moderate to severe disease (10–23 mg)	Tablets, disintegrating tablets
Rivastigmine	Exelon (2000), generics available	Mild to moderate disease	Tablets, oral solution, transdermal patch
Galantamine	Razadyne (2001), generics available	Mild to moderate disease	Immediate-release tablets, oral solution, extended-release tablets
***N*-methyl-D-aspartate receptor antagonist**			
Memantine	Namenda (2003), generics available	Moderate to severe disease	Tablets, oral solution
Combination drug			
Donepezil + memantine	Namzaric (2014), generics available	Moderate to severe disease	Extended-release capsules

Wang J, Yu JT, Wang HF, et al. Pharmacological treatment of neuropsychiatric symptoms in Alzheimer's disease: a systematic review and meta-analysis. J Neurol Neurosurg Psychiatry 2015; 86:101–109.

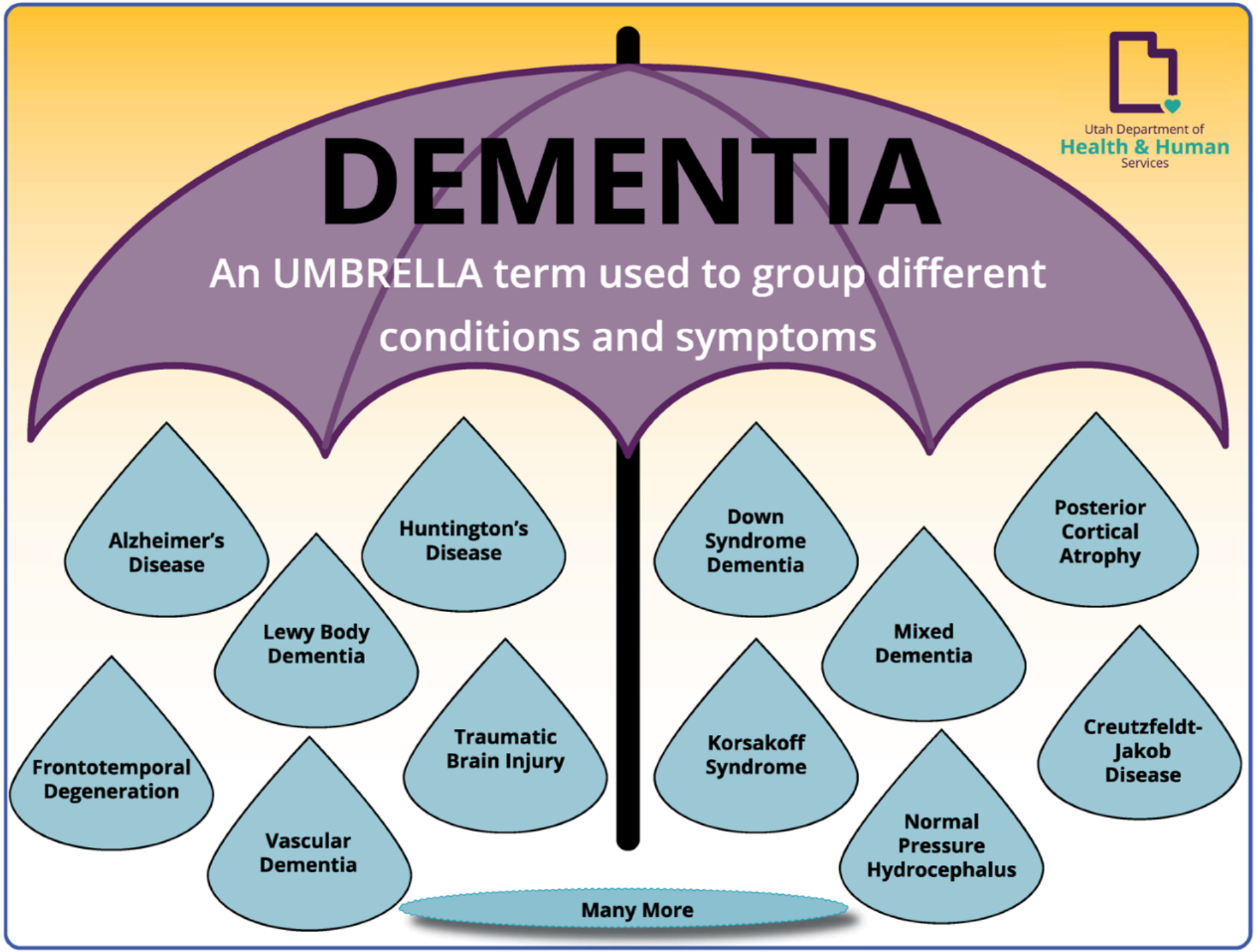
Adverse effects of cognitive enhancers: Percent of patients affected

	Cholinesterase inhibitors				NMDA receptor antagonist
	Donepezil	Galantamine	Rivastigmine	Rivastigmine transdermal	Memantine
Nausea	3%–19%[a]	21%	17%–47%	2%–4%	Not available
Diarrhea	5%–15%[a]	7%	5%–19%	≤ 7%	5%
Constipation					3%–5%
Anorexia	2%–8%	7% (decreased appetite)	≥ 17% 3%–26% (weight loss)	≤ 3%	< 1% 3% (weight gain) (extended-release formulation)
Vomiting	3%–9%[a]	11%	13%–31%	3%–9%	2%–3%
Insomnia	2%–14%	Not available	1%–9%	Not available	Not available
Headache	3%–10%	7%	4%–17%	≤ 4%	6%
Dizziness	2%–8%	8%	6%–21%	≤ 6%	5%–7%
Fatigue	1%–8%	4%	4%–9%	2%–4%	2%
Syncope	2%	1%	3% (falling) 6%–12%	Not available	Not available
Bradycardia	≥ 1%	1%	< 1%	< 1%	< 1%
Infection	11%	< 1%	1%–10% (urinary tract infections)	Not available	4% (influenza)

Tariot PN, Farlow MR, Grossberg GT, et al. Memantine treatment in patients with moderate to severe Alzheimer's disease already receiving donepezil: a randomized controlled trial. JAMA 2004; 291:317–324

End of life care for a person with dementia

Alzheimer's Society



Fonte: Utah Commission on Aging

Case

Um homem afro-americano de 78 anos, médico aposentado, foi examinado e avaliado na clínica geriátrica. Ele se queixa de dificuldade frequente de memória nos últimos dois anos. Contudo, sua esposa, que é uma advogada atuante e 15 anos mais jovem do que ele, relata que seu marido ainda consegue conduzir suas atividades diárias de forma independente e joga golfe uma vez por semana. Após uma avaliação detalhada, o clínico confirmou o diagnóstico de déficit cognitivo leve amnésico. Tanto o paciente como a sua esposa estavam muito ansiosos para obter a receita de um fármaco capaz de impedir a piora de sua memória no futuro. Qual das afirmações a seguir é a mais precisa a respeito desse paciente?

a. A Memantina pode impedir a evolução do DCL.
b. A Donepezila é boa para queixas de memória.
c. Além de apresentar custo mais baixo, a Galantamina é indicada para este caso.
d. Nenhum fármaco é indicado.

Pharmacological Treatment of Alzheimer's Disease: Scientific and Clinical Aspects 1st ed. 2022 Edition

by Gustavo Alves Andrade dos Santos (Editor)

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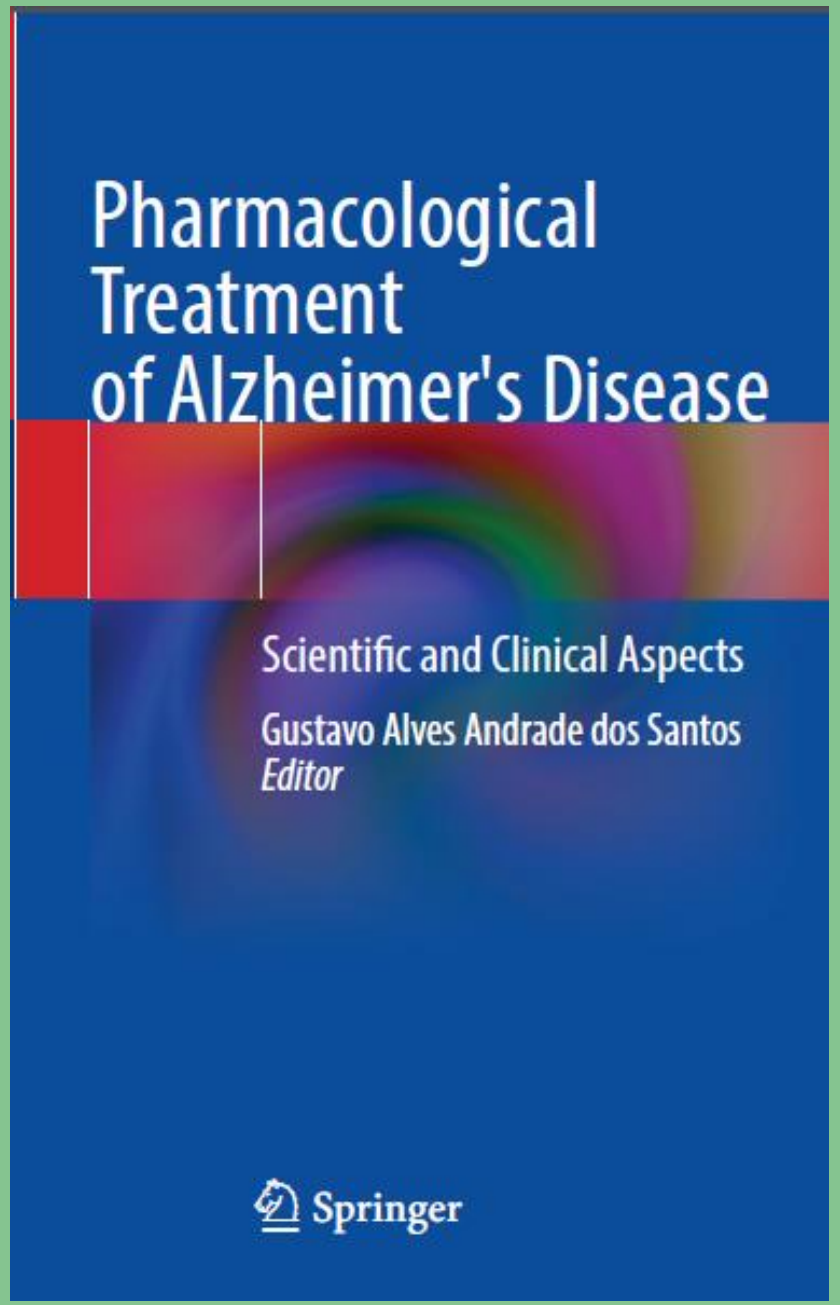
Alzheimer's disease is the most prevalent form of dementia. Although it was discovered about a century ago, the first drugs applied in treatment were only introduced in therapy in the last 30 years.
This book focuses on the clinical pharmacology of drugs that aim to delay the progression of Alzheimer's disease, such as anticholinesterases and glutamate receptor antagonists, as well as treatment for the behavioral changes caused by the progression of the disease: antidepressants, antipsychotics, anxiolytics, and mood stabilizers.



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Salivary tau as a probable diagnostic method for Alzheimer's disease

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