ABOUT YOUR MEDICINE

Donepezil

Aricept, Aricept ODT, Adlarity (transdermal), a memory medicine for Alzheimer's disease

Donepezil helps the brain hold on to a chemical used for memory, so day-to-day skills fade more slowly.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Alzheimer's symptoms	Once daily, often at night	Judge it at 3 months	No

This medicine carries **no special FDA safety warning** of that kind.

WHAT THIS MEDICINE DOES

- **Donepezil** protects a brain chemical used for memory and attention, so more of it stays available between brain cells.
- Being honest: it does not stop or reverse Alzheimer's disease. It can slow the fading of memory and daily skills for a while.
- A good result often looks like holding steady for months rather than a clear improvement you can point to.
- It is used at every stage, from early memory changes through to advanced disease, and it is not habit forming.

HOW TO TAKE IT

- Take it once a day, at the same time each day. Bedtime suits many people, but morning is fine if dreams get vivid.
- It can be taken with or without food. Taking it with a meal or a snack usually settles an unsettled stomach.
- The dose is raised in steps, with at least a few weeks between steps. Going up faster is what causes most of the nausea.
- If a dose is missed, skip it and take the next one at the usual time. Never give two doses to make up for one.
- If several days in a row are missed, call the prescriber. Restarting at the old amount can bring the nausea back.

WHAT TO EXPECT

- Give it **3 months** at a steady amount before deciding whether it is helping. Judging it sooner is not fair to the medicine.
- Families often notice small things first: more words in conversation, less apathy, an easier time with dressing or meals.
- The disease keeps moving. Staying on the medicine while symptoms slowly progress is still the medicine working.
- About half of people get a benefit worth keeping. If nothing has changed after a fair trial, that is worth discussing.
- Care partners are the best judges here. Keep a short note of what changed month to month and bring it to each visit.

COMMON SIDE EFFECTS

- Nausea, loose stools, and poor appetite are the most common, especially after a step up. They usually settle in **1 to 2 weeks**.
- Taking it with food, and asking to go up more slowly, fixes most stomach trouble. Do not simply stop it instead.
- Vivid dreams or restless nights are common with bedtime doses. Switching to a morning dose usually solves it.
- Muscle cramps, especially in the legs at night, can happen. Gentle stretching and fluids through the day help.
- Weight loss can creep up quietly. Weigh monthly at home and tell the prescriber if pounds are coming off.
- Feeling dizzy or unsteady raises the risk of falls. Clear the walking paths at home and use handrails.

CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Call **911** for fainting, a very slow pulse, or a fall with a head injury.
- Call **911** for black or tarry stools, or for vomit that looks like coffee grounds.
- Call the prescriber for vomiting that will not stop or for real weight loss.
- Call the prescriber if a seizure happens, or if trouble passing urine begins.

WHAT TO AVOID

- Tell every doctor and dentist about this medicine before surgery, because it changes how some anesthetics work.
- Alcohol adds to the dizziness and confusion and makes falls more likely. It is best kept small or skipped.
- Some bladder, stomach, and allergy medicines work against this one. Have a pharmacist review the whole list.
- Be careful with ibuprofen, naproxen, and similar pain pills, since together they raise the risk of a stomach ulcer.
- Ask about heart rhythm history first. This medicine slows the pulse, which matters if the heart already beats slowly.

STOPPING IT SAFELY

- Do not stop it on a hunch. Stopping can bring a sudden drop in memory and daily function that does not always come back.
- If it needs to stop for side effects or cost, ask the prescriber to lower it in steps rather than quitting outright.
- There is a point in advanced illness when stopping is the kind choice. That is a conversation to have together, not alone.
- If restarting after a break of more than a few days, expect to begin again at the low starting amount.

QUESTIONS TO ASK

- What change would tell us this medicine is worth continuing?
- How slowly can we go up if the stomach upset is bad?
- Should this be taken in the morning or at bedtime?
- At what point would it make sense to stop this medicine?

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.