ABOUT YOUR MEDICINE

Memantine

Namenda, Namenda XR, Namzaric (with donepezil), a memory medicine for moderate to severe Alzheimer's disease

Memantine turns down a brain signal that runs too hot in Alzheimer's, which can steady thinking and daily function.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Moderate to severe Alzheimer's	Once or twice daily	Judge it at 3 months	No

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

WHAT THIS MEDICINE DOES

- **Memantine** calms a brain messenger called glutamate, which floods and damages cells in Alzheimer's disease.
- Being honest: it does not stop or reverse the disease. It can slow the loss of memory, attention, and daily skills.
- It works differently from donepezil and the other memory medicines, so the two are often taken together.
- It tends to be gentler on the stomach than those medicines, and it is not habit forming or sedating.

HOW TO TAKE IT

- Take it at the same time each day. The regular tablet is usually twice daily and the long-acting capsule once daily.
- It can be taken with or without food. Taking it with a snack helps if it leaves the stomach unsettled.
- The dose goes up one step a week. That slow climb is what keeps dizziness and stomach upset from taking hold.
- Long-acting capsules are swallowed whole. If swallowing is hard, ask about opening the capsule onto applesauce first.
- If a dose is missed, skip it and take the next one on time. If several days are missed, call before restarting.

WHAT TO EXPECT

- Give it **3 months** at a steady amount before judging it. Changes are gradual and easy to miss day to day.
- A good result often looks like holding steady: less agitation, more attention, and daily tasks staying possible for longer.
- The disease still moves forward. Continuing while symptoms slowly progress is not a sign the medicine has failed.
- Care partners notice the real changes. Keep short monthly notes on mood, agitation, and self-care to bring to visits.
- It may be added to a memory medicine already being taken, rather than replacing it. Both can be continued together.

COMMON SIDE EFFECTS

- Dizziness is the most common effect and usually fades after each step up. Stand up slowly and hold a rail.
- Headache is common in the first weeks. It usually settles on its own, and plain acetaminophen is generally fine.
- Constipation happens often. More fluids, fruit, and a daily walk help, and a pharmacist can suggest a gentle option.
- Some people feel more confused or sleepy at first. Tell the prescriber, because a slower climb often fixes it.
- Stomach upset can show up if the dose rises too quickly. Taking it with food and slowing the steps usually settles it.
- A few people become more restless or agitated instead of calmer. That is worth reporting rather than waiting out.

CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Call **911** for a seizure, fainting, or a fall with a head injury.
- Call **911** for sudden trouble breathing, or for face or throat swelling.
- Call the prescriber for a sudden jump in confusion, agitation, or seeing things.
- Call the prescriber if urine output drops a lot or the person seems dehydrated.

WHAT TO AVOID

- Tell the prescriber about any kidney problems. Weak kidneys mean a lower amount of this medicine is needed.
- Alcohol adds to dizziness and confusion and makes falls more likely, so it is best kept small or skipped.
- Some bladder and cough medicines, including ones with dextromethorphan, overlap with this one. Ask a pharmacist.
- Baking soda taken for heartburn, and some urine-alkalizing products, can raise the level of this medicine in the body.
- Watch for falls. Loose rugs, dim halls, and clutter are a bigger danger than the medicine itself.

STOPPING IT SAFELY

- Do not stop it without asking. Stopping can bring a drop in function and a rise in agitation within a few weeks.
- If it needs to come off, the prescriber will usually lower it in steps rather than ending it all at once.
- In advanced illness there comes a point where stopping is reasonable and kind. Raise it openly at a visit.
- After a break of several days, restarting begins at the low starting amount and climbs again week by week.

QUESTIONS TO ASK

- Should this be added to the memory medicine already being taken?
- How do my kidneys affect the right amount of this medicine?
- What should we watch for that would mean it is helping?
- What do we do if agitation gets worse instead of better?

Where this information comes from

Alzheimer's Association. (n.d.). *Medications for memory, cognition and dementia-related behaviors*. https://www.alz.org/alzheimers-dementia/treatments/medications-for-memory

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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.