Donepezil did not reduce the rate of institutionalisation or disability in people with mild to moderate Alzheimer’s disease


Q What is the effect of donepezil in people with mild to moderate Alzheimer’s disease?

**METHODS**

Design: Randomised controlled trial.

Allocation: Concealed.

Blinding: Double blinded.

Follow up period: 60 weeks (data from 114 and 166 weeks not reported—see notes).


Patients: 565 people (median age 75 years, range 46–93 years) with mild to moderate Alzheimer’s disease (DSM-IV).

Main exclusion criteria: living in an institution, no regular carer, contraindications against donepezil, or already receiving cholinesterase inhibitors.

Intervention: Run-in treatment donepezil (5 mg/day) or placebo for 12 weeks. Long-term treatment: donepezil (5 or 10 mg/day) or placebo for 48 weeks. (The intervention continued with a 6 week washout; then two rounds of donepezil (5 or 10 mg/day) or placebo for 48 weeks followed by 4 weeks washout; however, these results not reported due to high dropout rate).

Outcomes: Entry into institutional care; progression of disability (Bristol Activities of Daily Living (BADLS)).

Patient follow up: 75% for placebo, 76% donepezil (see notes) at 60 weeks.

**MAIN RESULTS**

At 60 weeks, there were no significant differences between donepezil and placebo in institutionalisation rates or progression to disability in people with mild to moderate Alzheimer’s disease (see http://www.ebmentalhealth.com/supplemental for table). There were no significant differences in institutionalisation rates between the 10 mg and 5 mg donepezil groups (10 mg v 5 mg: 37 v 44, p = 0.7).

**CONCLUSIONS**

Donepezil does not delay time to institutionalization or progression to disability in people with mild to moderate Alzheimer’s.

**NOTES**

See http://www.ebmentalhealth.com/supplemental for notes. In addition, the AD2000 authors dispute this interpretation—see http://www.ebmentalhealth.com/supplemental for their response.

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