A double-blind, placebo-controlled trial of donepezil for the treatment of menopause related cognitive loss
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BACKGROUND

The association between menopause and post-menopausal memory and cognitive loss is controversial (1-3). In a survey of community-based women not pre-selected for menopausal symptoms, more post-menopausal women complained of memory loss than pre-menopausal women (84% vs. 25%), comparable to their complaints of hot flashes (52% vs. 15%) (4). While alternatives to hormone therapy are available women (64% vs. 25%), comparable to their complaints of hot flashes menopausal women complained of memory loss than pre

METHODS

• Twenty-eight community dwelling women between the ages of 46 and 60 in natural menopause were enrolled in a randomized, double-blind, placebo-controlled study of the drug donepezil.

• The Brief Cognitive Rating Scale (BCRS) was used to determine cognitive symptoms to qualify for enrollment and women with depression were excluded.

• Women were randomized to either donepezil or placebo, titrated up to 10 mg per day in six weeks. Treatment was continued for six months.

• The primary outcome measure was the overall change in 1) objective neurocognitive battery tests and 2) subjective rating scales over time (see Table 2). Outcome variables of test scores were analyzed using a Student’s t-test and a repeated measures analysis.

OBJECTIVE

To investigate the efficacy of the acetylcholinesterase inhibitor donepezil (Aricept®) in treating the cognitive symptoms associated with menopause. We hypothesized that donepezil, which raises brain acetylcholine levels, would be well tolerated and more effective than placebo in the treatment of menopause-related memory and cognitive loss.

PARTICIPANTS

Donepezil (Aricept®) was the second drug approved by the FDA in 1996 to treat Alzheimer’s. It works by raising the level of acetylcholine in the brain, slowing progression of some types of dementia. The dosing is once a day.

CONCLUSIONS

In this small study we found that donepezil (Aricept®) was not more effective than placebo for treating the cognitive symptoms associated with menopause. Women on both drug and placebo rated themselves as cognitively subjectively improved on the BCRS over time. On evaluation of cognitive loss objectively, we found no improvement over time within each group and no observed difference in outcome between the placebo and treatment group.

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