of Family Physicians of Canada's library service is there to help surmount these hurdles. We can help by doing literature searches, teaching literature search skills, providing copies of articles, answering questions about information resources and tools, and in other ways. All these services are free for College members (**www.cfpc.ca/clfm/**). We look forward to meeting family medicine researchers on the other side of the looking glass!

—Lynn G. Dunikowski MLS
Director of Library Services
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Different conclusions about memantine

In the January issue of *Canadian Family Physician,* Dr Fadi Massoud was enthusiastic about the use of memantine in the treatment of moderate to severe Alzheimer disease, calling it "effective and well tolerated."[1] In reaching this conclusion he cited 5 studies published between 1999 and 2004.[2-6] Drug bulletins around the world and funding organizations in Canada and Australia looking at some or all of the same studies have reached markedly different conclusions than Dr Massoud has.

The *Medical Letter* noted that the drug "has been modestly effective in some US studies in improving performance."[7] The British *Drug and Therapeutics Bulletin* concluded that, at best, memantine produces only a small reduction in the rate of deterioration in global, functional, and cognitive scales among patients with moderately severe to severe disease.[8] Moreover *Drug and Therapeutics Bulletin* could not find any evidence that treatment with memantine "reduces caregiver time and helps prevent institutionalization." *Prescrire International,* the English-language translation of the French bulletin *La revue Prescrire,* said that data on the effects of memantine in patients with severe Alzheimer disease were sparse and weak. For moderately severe disease, *Prescrire* rated memantine a possible second-line option.[9] The *Therapeutics Letter* published out of the University of British Columbia said that in advanced Alzheimer disease "memantine has not been demonstrated to improve outcomes of importance to patients and caregivers."[10]

The Canadian Common Drug Review (CDR), which evaluates drugs for provincial and federal drug plans, did not recommend that the plans pay for memantine. Although 2 of 3 randomized controlled trials that the CDR assessed reported statistically significant improvements in activities of living and cognition, there was

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insufficient scientific evidence to establish the clinical importance of these small differences. A third trial found no significant benefit in functional, cognitive, behavioural, and global assessments.[11] The Pharmaceutical Benefits Advisory Committee, which is Australia's equivalent of the CDR, said that the government should not fund the drug because of uncertain clinical benefits and the resulting uncertain cost-effectiveness.[12]

In the face of these overwhelmingly negative opinions about memantine, it is hard to understand how Dr Massoud reached his conclusions. Finally, the article did not contain any statement about the presence or absence of any competing interests that Dr Massoud might have.

—Joel Lexchin MD
Toronto, Ont
by e-mail

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Response

I thank Dr Lexchin for his interest in my paper published in the January issue of *Canadian Family Physician*.[1] He had some concerns about my conclusions' not reflecting the evidence published in the recent literature on memantine.

First, my conclusion that memantine is "effective" should be interpreted in the clinical context of its use. This medication has been mostly studied in moderate to severe stages of Alzheimer disease (AD), where the natural history is inevitable deterioration of cognitive and functional capacities and behaviour. Therapeutic expectations need to be adapted accordingly. Most clinicians would agree that mild improvement, stabilization, and slower deterioration are all acceptable objectives at this stage of AD. Considering these objectives, published clinical trials with memantine do support its clinical superiority (alone or in combination with cholinesterase inhibitors) over placebo in the moderate to severe stages of AD.

Second, memantine's pharmacoeconomic profile has not yet been adequately assessed, as clearly stated in my paper. The paper by Reisberg et al[2] showed a decrease in the time spent by caregivers supervising patients in the memantine group compared with the placebo group. How this translates in terms of cost savings and delay of institutionalization is unclear. Obviously, this issue is the most important consideration for funding organizations and is regularly evoked to justify not covering the medication.

—Fadi Massoud MD FRCPC
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by e-mail

Competing interests

I have received grants or research support from and attended advisory board meetings for and received honoraria from the following companies: Janssen-Ortho, Lundbeck, Novartis, and Pfizer. I have received honoraria for CME events from the following companies: Janssen-Ortho, Lundbeck, and Novartis.

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