

Donepezil

Aricept • support for memory and everyday function

May help some symptoms of Alzheimer disease. It does not cure the disease or restore every lost ability.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

ONCE-DAILY ORAL MEDICINE

SMALL CHANGES CAN MATTER

AChE is an enzyme that breaks down acetylcholine. The diagram's weak BuChE effect has no proven separate benefit.

What it is used for

Approved for mild, moderate and severe Alzheimer-type dementia.

It is sometimes prescribed for Lewy-body dementia, an off-label use in the US. Ask what benefit your team hopes to see.

How it works

Helps a brain messenger called acetylcholine remain available longer.

This may support memory, thinking and daily tasks. It does not stop the underlying disease from progressing.

What to expect over time

FIRST WEEKS

Watch appetite, stomach upset, dizziness and sleep.

ABOUT 4–6 WEEKS

Your team may review the dose. Do not increase it yourself.

OVER MONTHS

Look for useful changes or stability in everyday activities.

Taking your medication

Take once each day as prescribed, with or without food. Evening is the usual schedule. Ask about morning dosing if it causes bad dreams or insomnia.

Swallow a 23 mg tablet whole: never split, crush or chew it. A dissolving tablet melts on the tongue; drink water afterward.

Use a clear daily checklist with your care partner if helpful. The patch and combination products have different instructions.

! When to get help

Get urgent help: fainting, a very slow heartbeat, black stools, bloody or coffee-ground-like vomit, severe stomach pain or inability to pass urine.

Call 911: collapse, a seizure, severe breathing trouble or inability to wake.

Too much medicine? Call Poison Control at 1-800-222-1222 promptly, even before symptoms appear.

Early side effects

Nausea, loose stools, vomiting, muscle cramps, dizziness and tiredness can occur. Some early effects ease, but you do not need to push through persistent vomiting or poor intake.

Other effects to discuss

Watch appetite and weight. Report unwanted weight loss, new falls, faint feelings, nightmares or poor sleep. Your team can review the dose or timing.

What to keep track of

Bring examples of daily life: conversations, getting dressed, meals and activities. Share what is easier, unchanged or harder. Your team will also check pulse, weight and medicine use.

Before you start

Tell your team about fainting, slow or irregular heartbeat, falls, ulcers or stomach bleeding, asthma/COPD, seizures, difficulty urinating, liver or kidney problems and medication allergies. Mention pregnancy or breastfeeding if relevant. Bring all prescription medicines, OTC products and supplements.

Medicines & interactions

Sleep, allergy and bladder medicines

Some have anticholinergic effects that can work against donepezil or worsen confusion. Ask before adding an OTC sleep aid.

Heart-rate medicines

Beta blockers and other medicines that slow the heart may require closer pulse checks.

Aspirin, ibuprofen and naproxen

These can increase stomach-ulcer or bleeding concerns. Ask before adding them; do not stop prescribed aspirin on your own.

Other prescriptions and procedures

Some antibiotics, antifungals and seizure medicines change drug levels. Tell your surgeon, dentist and anesthesia team you take donepezil.

Everyday tips

Keep a familiar daily routine and clear reminders.

Choose enjoyable activities that fit current abilities.

Use one medication list and a reliable dose organizer.

Include care-partner observations and support needs at visits.

Your questions, answered

What if I miss a dose?

Follow the product-label approach: skip the missed dose and take the next at the usual time. Never double up. After seven or more missed days, call before restarting; the dose may need review.

Can I stop if it does not seem to help?

Talk with your team first. Stability can be a benefit. If stopping is appropriate, the plan usually lowers the dose gradually and watches for worsening memory, function or behavior.

Is a higher dose always better?

No. Dose changes depend on benefit and side effects. The 23 mg tablet is only for selected people after months at 10 mg; it is not a starting dose.

Can I drive?

Dizziness or fainting makes driving unsafe. Dementia itself can also affect driving even if you feel well. Discuss driving and day-to-day safety with your care team; the medicine does not establish fitness to drive.

Storage & safety

Store tablets as the package directs, away from heat and moisture and securely away from children and pets. Do not share. Ask your pharmacist about returning unused medicine.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://medlineplus.gov/druginfo/meds/a697032.html>
 2. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=98e451e1-e4d7-4439-a675-c5457ba20975>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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