

Galantamine

Razadyne / Razadyne ER • former US brand names

May help symptoms of Alzheimer disease. The aim is support for thinking and daily tasks, not a cure.

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

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

CHECK IR OR ER

KEEP A SIMPLE DOSE ROUTINE

AChE breaks down acetylcholine. Galantamine slows that breakdown; a separate nicotinic benefit is not established.

What it is used for

Approved for mild to moderate Alzheimer-type dementia.

Sometimes used for Lewy-body dementia when other treatments are not tolerated. This is an off-label use in the US; ask about the goal.

How it works

Helps a brain messenger called acetylcholine stay available longer.

Some people notice useful changes or stability in everyday abilities. It does not stop the underlying disease from progressing.

What to expect over time

FIRST WEEKS

Watch appetite, stomach upset, dizziness and any rash.

AT LEAST FOUR WEEKS

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

OVER MONTHS

Track useful abilities, daily routines and side effects together.

Taking your medication

Regular tablets (IR): usually twice daily with morning and evening meals. Extended-release capsules (ER): once each morning with food.

Swallow ER capsules whole; do not crush or chew them. Keep up fluids unless your care team has given you a fluid limit.

Use your prescription's exact dose. If switching from IR to ER, get a written schedule; do not take both regimens. A care partner or checklist may help.

! When to get help

New rash: stop galantamine and get medical advice immediately. Blisters, peeling skin, mouth sores, fever or facial swelling need urgent care.

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

Call 911: collapse, seizure, severe breathing trouble or inability to wake. For an extra dose, call Poison Control promptly: 1-800-222-1222.

Early side effects

Nausea, vomiting, loose stools, headache and dizziness can occur. Some early effects settle. Taking it with food and increasing slowly may help; call if vomiting or poor intake persists.

Other effects to discuss

Watch appetite and weight. Report unwanted weight loss, repeated falls, faint feelings or difficulty eating and drinking. Your team can review whether the dose still suits you.

What to keep track of

Bring real-life examples: conversations, dressing, meals and favorite activities. Say what is easier, unchanged or harder. Your team will check pulse, weight, medicine use and kidney/liver function as needed.

Before you start

Tell your team about slow or irregular heartbeat, fainting, ulcers or bleeding, asthma/COPD, seizures, trouble urinating, kidney or liver disease and medicine allergies. Mention pregnancy or breastfeeding if relevant. Bring every prescription, OTC medicine and supplement, including sleep and bladder treatments.

Medicines & interactions

Sleep, allergy and bladder medicines

Some can work against galantamine or worsen confusion. Ask before adding an OTC sleep aid.

Heart-rate medicines

Some blood-pressure and heart medicines also slow the pulse. Your team may need closer checks.

Other prescriptions

Some antidepressants, antifungals and other medicines raise galantamine levels. Have your pharmacist check new prescriptions.

Pain medicines and procedures

Aspirin, ibuprofen and naproxen can add stomach-bleeding concerns. Do not stop prescribed aspirin on your own. Tell your anesthesia team you take galantamine.

Everyday tips

Keep familiar routines and clear reminders.

Use one medication list and a reliable dose organizer.

Choose enjoyable activities suited to current abilities.

Include care-partner observations and support needs at visits.

Your questions, answered

What if I miss a dose?

Take it when remembered unless it is nearly time for the next dose; then skip it. Never double up. After more than three days off, call before restarting: you need a lower starting dose and a new increase plan.

Can I stop if it does not seem helpful?

Talk with your team. Stability may be a benefit. A planned stopping trial usually lowers the dose gradually while watching memory, function and behavior. A new rash is different: stop and seek immediate advice.

Is the highest dose best?

Not necessarily. Dose changes depend on benefit, side effects and kidney/liver function. Do not borrow another person's schedule or take extra to make up for a difficult day.

Can I drive?

Do not drive if dizzy or faint. Dementia itself can make driving unsafe even when you feel well. Discuss driving and everyday safety with your care team; taking this medicine does not establish fitness to drive.

Storage & safety

Keep medicine in its original container as directed, away from heat and moisture and securely away from children and pets. Do not share it. 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/a699058.html>
 2. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=d0b75970-8d3d-408b-9e17-9cbad0f776b1>
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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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