

Memantine

Namenda / Namenda XR • former US brand names

Support for thinking and everyday function in moderate to severe Alzheimer disease. It is 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 XR

SMALL BENEFITS CAN MATTER

NMDA is a glutamate receptor. The diagram's 5-HT₃ and nicotinic actions do not establish separate clinical benefits.

What it is used for

Approved for moderate to severe Alzheimer-type dementia, sometimes alongside a medicine such as donepezil.

Other uses, including hair-pulling or skin-picking disorders, are off-label. Ask why it is prescribed and what change to look for.

How it works

Changes activity at a brain receptor involved in signaling by glutamate.

May help symptoms, but does not repair brain damage or prove that the underlying disease has slowed. Improvement is not guaranteed.

What to expect over time

FIRST WEEKS

The dose usually rises in small steps, no faster than weekly.

DURING DOSE CHANGES

Report dizziness, sleepiness, falls or new confusion promptly.

OVER MONTHS

Review daily activities and side effects with your care team.

Taking your medication

Take exactly as prescribed, with or without food. Regular tablets (IR) may start once daily and later be divided into two doses; XR is once daily.

Swallow XR whole, or open it and sprinkle all its contents onto applesauce. Swallow immediately without chewing. Do not divide, crush or save the mixture.

A liquid requires its measuring syringe, not a kitchen spoon. Ask the pharmacist to demonstrate it. A dose checklist or care partner can help prevent errors.

When to get help

Call promptly: new or worsening confusion, hallucinations, repeated falls or severe constipation with belly pain or swelling.

Get urgent help: blistering or peeling rash, major facial swelling, very little urine or severe abdominal pain.

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

Early side effects

Dizziness, headache, sleepiness and confusion can occur, especially during dose changes. They may ease, but persistent or worsening symptoms need review rather than simply waiting.

Other effects to discuss

Constipation can be troublesome; some people have diarrhea or nausea. Ask about fluids, fiber and a bowel plan. Report ongoing unsteadiness or falls. A calmer mood is possible, not a promised effect.

What to keep track of

Share examples of conversations, dressing, meals and favorite activities. Your team will review medicine use and side effects and check kidney function when needed. There is no routine blood test for a memantine level.

Before you start

Tell your team about kidney or liver disease, seizures, difficulty passing urine, bladder problems, falls and allergies. Mention pregnancy or breastfeeding if relevant. Bring every prescription, OTC medicine and supplement. Tell your surgery or dental team that you take memantine.

Medicines & interactions

Bicarbonate or acetazolamide

These can change how the kidneys clear memantine. Check antacids and new prescriptions with your pharmacist.

Dextromethorphan, amantadine or ketamine

These act on the same receptor system. Ask before using cough medicines containing dextromethorphan or combining these treatments.

Other dementia medicines

Donepezil and similar medicines may be prescribed alongside memantine. Keep the plan clear; Namzaric already contains memantine and donepezil.

Alcohol and new medicines

Alcohol can worsen dizziness, sleepiness and confusion. Ask what is safe for you. Have the full medicine list checked before adding anything.

Everyday tips

Use one medication list and a reliable dose organizer.

Keep familiar routines and meaningful daily activities.

Make walking areas well lit and free of trip hazards.

Bring care-partner observations and support needs to visits.

Your questions, answered

What if I miss a dose?

Follow the product-label approach: skip the missed dose and take the next on schedule. Never double up. After several missed days, call before restarting; you may need to begin lower and increase again.

How much will it help?

Benefits are usually modest. Some people maintain useful abilities or have fewer symptoms; others notice little change. It is not a way to turn the clock back, and dementia can progress during treatment.

Can I stop it?

Talk with your team first. A planned stopping trial usually lowers the dose in steps and watches thinking, daily function and behavior. It is not habit-forming, but symptoms can worsen when it is stopped.

Can I drive or switch formulations?

Do not drive if dizzy, sleepy or confused; dementia itself also affects safety. Discuss driving with your team. IR, XR and combination products have different instructions: never switch them on your own.

Storage & safety

Store as directed at room temperature, away from heat and moisture. Keep 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/a604006.html>
 2. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=2d54be77-75b2-76b3-e063-6294a90a0cc0>
 3. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=710f523f-0158-4639-8ce7-57598247d48c>
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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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Jeffrey Panko, PMHNP-BC