



## Primary progressive aphasia

(NOVEMBER 2006)

**TO THE EDITOR:** I enjoyed the article by Drs. Kanter, Factora, and Suh about primary progressive aphasia in the November 2006 issue of the *Cleveland Clinic Journal of Medicine*.<sup>1</sup> However, the authors did not mention the role of memantine (Namenda) or donepezil (Aricept) in patients with this disorder. Would either agent benefit a patient with primary progressive aphasia?

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**IN REPLY:** We thank Dr. Rose for his comments.

No clinical trial has studied or is currently studying the treatment of primary progressive aphasia with a cholinesterase inhibitor such as donepezil, or with an *N*-methyl-*D*-aspartate (NMDA) receptor antagonist such as memantine. There has been one brief report of the use of bromocriptine in six patients with this disorder, and the effect was modest.<sup>2</sup> To our knowledge no other routes of pharmacotherapy for this disorder have been explored.

It is unclear if either a cholinesterase inhibitor or an NMDA receptor antagonist would produce any benefit. Degeneration of the left hemispheric language area is either idiopathic or due to the presence of Pick bodies. I am unsure if the presence of Pick bodies precipitates glutamatergic neurotoxicity (for which memantine is useful). Primary neuronal degeneration would also hypothetically obviate the utility of a cholinesterase inhibitor in maintaining neuronal transmission.

On the other hand, it would not be out of the question to give either of these drugs a brief (off-label) trial, with the caveat that if language ability continues to decline, the medication should be stopped. This discussion should be made with the patient aware that no medication is available to stop the degeneration.

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### ■ REFERENCES

1. Kanter SJ, Factora RM, Suh TT. Does this patient have primary progressive aphasia? *Cleve Clin J Med* 2006; 73:1025–1027.
2. Reed DA, Johnson NA, Thompson C, Weintraub S, Mesulam MM. A clinical trial of bromocriptine for treatment of primary progressive aphasia (Letter). *Ann Neurol* 2004; 56:750.