

# The New Alzheimer's Drugs, Honestly

Two drugs that target the biology of Alzheimer's disease — **lecanemab** and **donanemab** — are now approved and available in India. They are a real scientific advance. They are also widely misunderstood. This sheet gives you the same numbers a doctor sees, so you can decide with your family.

## WHAT THESE DRUGS ARE

|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                           |
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| <div><b>Lecanemab</b></div> <div>APPROVED IN INDIA · 2026</div> <div>WHAT IT TARGETS</div> <div>Early, soluble forms of amyloid protein in the brain</div> <div>HOW IT IS GIVEN</div> <div>Intravenous infusion, once every two weeks</div> <div>APPROVED FOR</div> <div>Mild cognitive impairment or mild dementia due to Alzheimer's</div> | <div><b>Donanemab</b></div> <div>APPROVED IN INDIA · 2026</div> <div>WHAT IT TARGETS</div> <div>Amyloid already deposited as plaque in the brain</div> <div>HOW IT IS GIVEN</div> <div>Intravenous infusion, once every four weeks</div> <div>APPROVED FOR</div> <div>Mild cognitive impairment or mild dementia due to Alzheimer's</div> |
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## WHO THEY ARE FOR

|               |                           |                  |                   |                 |
|---------------|---------------------------|------------------|-------------------|-----------------|
| Normal memory | Mild cognitive impairment | Mild dementia    | Moderate dementia | Severe dementia |
| not indicated | treatment window          | treatment window | not indicated     | not indicated   |

If your family member is already at the **moderate or severe** stage, these drugs are not approved for them and were never tested in them. This is the single most common misunderstanding — and the most painful one. It is not a judgement about how much the illness matters.

## WHAT THE TRIALS ACTUALLY MEASURED

**27% sounds large. Here is what it was 27% of.**

Doctors measure Alzheimer's progression on a scale called the CDR Sum of Boxes. It runs from 0 to 18. Higher means worse. Each box below is one point on that scale.

0

18 points

The shaded sliver is **0.45 points** — the entire average difference between people who took lecanemab and people who took a dummy infusion, after eighteen months. A change of about **1 point** is generally the smallest one a patient or family would be expected to notice.

**0.45**

LECANEMAB · 18 MONTHS

Reported as "27% slower decline."  
That is the same result described a different way.

**0.67**

DONANEMAB · 18 MONTHS

In the group with the least advanced disease — the group that did best.

**Zero**

PATIENTS WHO IMPROVED

Neither drug reverses damage or restores lost memory. Both slow decline.

THE RISK YOU MUST PLAN FOR

Both drugs can cause **ARIA** — amyloid-related imaging abnormalities. In plain terms: swelling or small bleeds in the brain. Most cases cause no symptoms and are found only on a scan. Some are serious. This is why treatment requires repeated MRI scans, not one at the start.

LECANEMAB

About 1 in 5

had swelling and/or microbleeds on MRI, compared with about 1 in 11 on placebo.

DONANEMAB

About 37%

had some form of ARIA, compared with about 15% on placebo.

HIGHER RISK IF

APOE4

You carry two copies of this gene. Ask whether you should be tested before starting.

FOUR THINGS YOU NEED BEFORE THE FIRST DOSE

01

Proof of amyloid

A spinal fluid test or a blood biomarker must confirm amyloid is present. A memory test alone is not enough.

02

Repeat MRI access

Scans before starting and several times during treatment, to catch ARIA early.

03

An infusion centre

Every two weeks, or every four — for up to eighteen months. Consider travel and time off work.

04

A specialist

These are prescribed and monitored by cognitive neurologists, not by general physicians.

THE COST, PLAINLY

₹21,682

LECANEMAB · LISTED PRICE PER VIAL

₹91,688

DONANEMAB · LISTED PRICE PER 350 MG VIAL

~66 vials

DONANEMAB · A FULL 18-MONTH COURSE

These are published list prices for the medicine only. They do not include the biomarker test, the MRI scans, the infusion charges, or the specialist visits. Both manufacturers say they run patient support programmes, so what a family actually pays may differ — **ask what the total cost will be, in writing, before you begin.**

EIGHT QUESTIONS TO ASK THE NEUROLOGIST

- 1 Has amyloid been confirmed by a test, or is this a clinical diagnosis only?

2 What stage are we at — mild cognitive impairment, mild dementia, or beyond?

3 What is the expected benefit for us, in points, over eighteen months?

4 Should we test for the APOE4 gene first, and what would we do differently if it is positive?
- 5 Where will the MRI monitoring happen, and how many scans will there be?

6 What is the total cost, including testing, infusions and imaging?

7 Under what circumstances would we stop the treatment?

8 If we choose not to start, what is the plan instead?

If you take one thing from this sheet

These are the first drugs that change the underlying disease rather than only the symptoms, and that genuinely matters. But they are not a cure, they do not bring back what has been lost, and they help only at the earliest stage. **Around 45% of dementia risk across a population is linked to modifiable factors** — blood pressure, hearing, diabetes, smoking, alcohol, inactivity, isolation, air pollution, head injury. That is not a replacement for treatment. It is the part available to every family today, at no cost.

**About this sheet.** Prepared by Dr. Arun L. Naik, neurosurgeon. I am not a cognitive neurologist or geriatric psychiatrist, and these drugs are not prescribed by me. This is general education, not medical advice, and cannot replace an assessment of the person you are asking about. Please take these questions to a treating specialist. I have no financial relationship with any pharmaceutical manufacturer and receive no industry funding.

**Sources.** van Dyck CH et al., Lecanemab in Early Alzheimer's Disease, N Engl J Med 2023 (CLARITY AD, NCT03887455) · Sims JR et al., TRAILBLAZER-ALZ 2 (NCT04437511) · Alladi S et al., lecanemab eligibility in an Indian dementia cohort, NIMHANS Bengaluru · Livingston G et al., Lancet Standing Commission on dementia prevention, intervention and care, 2024 · CDSCO marketing authorisations and manufacturer launch statements, India, 2026. Prices as publicly reported at launch and subject to change.