

Newer Treatments for Early Alzheimer's Disease

Leqembi (lecanemab) & Kisunla (donanemab) | A Guide for Patients & Families

Leqembi and Kisunla are FDA-approved anti-amyloid antibody treatments. They help the body clear amyloid plaques associated with Alzheimer's disease. In appropriately selected people with early Alzheimer's disease, they can modestly slow worsening of memory, thinking, and everyday function. They are not cures and do not reverse existing symptoms.

Who may be eligible?

- People with mild cognitive impairment (MCI) due to Alzheimer's disease or mild Alzheimer's dementia—not moderate or advanced dementia.
- Alzheimer's amyloid must be confirmed, usually by an amyloid PET scan or cerebrospinal fluid testing; specialist evaluation is required.
- A recent brain MRI and review of medical history, medications, and bleeding risks are essential before starting.

How effective are they?

- Leqembi: in its main 18-month study, decline on a combined thinking-and-function scale was about 27% slower than with placebo. People generally still declined, but more slowly.
- Kisunla: in its 18-month trial, slowing varied by the group analyzed and the outcome measured; a commonly reported result was about 35% slower decline in the trial's lower-to-medium tau subgroup. The overall trial population had a smaller relative benefit on that measure.
- These percentages describe differences between groups in clinical trials—not a 27% or 35% improvement in an individual's memory. The drugs have not been directly compared head-to-head, so these percentages cannot establish which works better.

At a glance

	Leqembi (lecanemab)	Kisunla (donanemab)
FDA approval	2023	2024
Typical IV schedule	Every 2 weeks initially; after 18 months, may continue or move to every 4 weeks	Every 4 weeks
IV infusion time	About 1 hour	About 30 minutes
Other delivery option	Weekly subcutaneous injection options are also FDA-approved; eligibility and dosing vary by phase	No approved injection-at-home option
How long treatment continues	Often ongoing, with periodic reassessment	May be stopped if amyloid PET shows plaques reduced to minimal levels

Scheduling, availability, insurance coverage, and administration setting depend on the prescribing center and the current FDA label.

Safety, Screening & Monitoring

The main risk: ARIA

Amyloid-related imaging abnormalities (ARIA) are changes seen on MRI. ARIA-E means brain swelling or fluid buildup; ARIA-H means tiny areas of bleeding or iron deposits. Many cases cause no symptoms, but some are serious or life-threatening, and deaths have occurred.

Symptoms that need urgent medical evaluation

- New or worsening headache, confusion, dizziness, nausea, vision changes, trouble walking, weakness, speech problems, or seizures.

Tell emergency clinicians that the patient receives an anti-amyloid antibody. Sudden stroke-like symptoms require emergency care (call 911); treatment decisions, including clot-busting drugs, require special caution.

Who has higher risk?

- People with two copies of the APOE $\epsilon 4$ gene have a higher risk of ARIA. Genetic testing and counseling about what the result means are recommended before treatment.
- Existing brain microbleeds, superficial siderosis, cerebral amyloid angiopathy, and certain other MRI findings may increase risk or make treatment unsuitable.
- Blood thinners and medicines used to dissolve clots may increase concern about brain bleeding. Never stop prescribed medicines without clinician guidance.

Contraindications and important precautions

- Known serious allergic reaction to the drug or its ingredients is a formal contraindication. Other medical conditions may make treatment inappropriate even if not listed as formal contraindications.
- History of significant brain hemorrhage, certain vascular abnormalities, inability to undergo MRI, or inability to complete required monitoring may prevent safe treatment.
- Infusion or injection reactions can include fever, chills, rash, nausea, or changes in blood pressure. Staff monitor for reactions and treat them as needed.

MRI monitoring is part of treatment—not optional

- Leqembi: baseline MRI and follow-up MRIs during early treatment; current labeling specifies checks after approximately 1, 2, 3, and 6 months, with additional scans if symptoms occur.
- Kisunla: baseline MRI and MRI before the 2nd, 3rd, 4th, and 7th IV infusions; additional scans if clinically needed.

If ARIA is detected, treatment may be paused or stopped, depending on symptoms and MRI severity.

What to Expect During Treatment

Step 1 | Specialist consultation

A memory specialist reviews symptoms, cognitive testing, daily functioning, diagnosis, medical history, current medications, brain MRI, and amyloid test results. The patient and family discuss expected benefits, risks, alternatives, and personal goals.

Step 2 | Screening and planning

The team discusses APOE genetic testing, bleeding risk, required MRI appointments, treatment schedule, transportation, insurance approval, and who will help monitor for symptoms at home.

Step 3 | Treatment visit

- IV treatment is commonly given in an outpatient infusion center. A nurse places a small IV, checks vital signs, gives the medicine, and watches for reactions.
- Leqembi IV infusion takes about 60 minutes; Kisunla about 30 minutes. Check-in, preparation, and observation add time, so allow longer for the full appointment.
- For eligible Leqembi patients, a weekly subcutaneous autoinjector may be an option; the care team provides training and instructions on appropriate use.

Step 4 | Going home the same day

Hospital admission is generally not required for routine infusions. Most patients return home the same day. These treatments do not ordinarily require general anesthesia. Ask the center whether someone should accompany the patient, particularly if memory difficulties affect independent travel.

Step 5 | Ongoing follow-up

The team monitors cognition, function, side effects, MRI results, and whether treatment remains appropriate. Kisunla may be discontinued after sufficient amyloid reduction on PET imaging. With Leqembi, maintenance options may be considered after 18 months.

Questions to ask the specialist

- Is Alzheimer's amyloid confirmed, and is the disease still at a stage where treatment may help?
- What benefit is realistic for this person, and how will we measure it?
- What did the MRI show? What is the individual ARIA and bleeding risk?
- Should APOE testing be done, and who can explain the result?
- How often are infusions/injections and MRIs? Who schedules and reviews them?
- What is the plan if new headache, confusion, weakness, or other symptoms develop?
- What will Medicare or other insurance cover, and what are our out-of-pocket costs?

Making an Informed Decision

How do these compare with traditional Alzheimer's medicines?

Donepezil, rivastigmine, galantamine, and memantine mainly treat symptoms; they do not remove amyloid plaques. Leqembi and Kisunla target amyloid and can slow decline in selected people with early Alzheimer's, but require much more intensive safety screening and monitoring. They may sometimes be used alongside symptom-directed medicines.

Benefits and burdens to weigh together

Potential benefits	Important burdens or limitations
May modestly slow worsening of thinking and daily function	No cure or reversal of memory loss; benefit differs by person
May preserve some function longer than without treatment	Repeated visits, MRI scans, costs, and care-partner coordination
Treats amyloid pathology rather than symptoms alone	Risk of ARIA, brain hemorrhage, and treatment reactions

Practical family checklist

- Bring an up-to-date medication list, especially blood thinners and antiplatelet drugs.
- Collect prior brain MRI reports, cognitive test results, and relevant medical records.
- Ask how the clinic will communicate MRI findings and urgent concerns.
- Confirm transportation, appointment frequency, and a reliable contact person.
- Discuss the patient's goals, quality of life, and willingness to accept treatment risks.

Trusted educational resources

- Alzheimer's Association — Treatment information and a 24/7 helpline: [alz.org](https://www.alz.org) | 800-272-3900
- National Institute on Aging — Alzheimer's treatments and clinical trials: nia.nih.gov/health/alzheimers-treatments
- FDA Medication Guides and official prescribing information — search Leqembi or Kisunla at accessdata.fda.gov or dailymed.nlm.nih.gov
- Medicare — Coverage questions: [medicare.gov](https://www.medicare.gov) | 800-633-4227
- ClinicalTrials.gov — Learn about ongoing Alzheimer's research: clinicaltrials.gov

A final note

A decision not to use these drugs is also a valid care choice. Symptom treatment, exercise as appropriate, management of vascular risk factors, caregiver education, and supportive planning remain important whether or not anti-amyloid treatment is chosen.

Educational handout, updated October 2026. Treatment details may change. Confirm the current FDA labeling and individual care plan with the treating clinician.