

A CONSIDERATION ON THE COMBINATION
DRUG THERAPY

"KONO METHOD FOR DEMENTIA"

- FROM THE VIEW POINT OF CLINICAL
PHARMACOLOGY-

TAKEO SAIO (FUJI TORANOMON HEALTH PROMOTION
CENTER)

CHIEKO KURIHARA(NIRS)

**JAPANESE SOCIETY OF CLINICAL
PHARMACOLOGY AND THERAPEUTICS
DECLARATION ON CONFLICT OF
INTEREST**

PRESENTER : TAKEO SAIO, M.D.

The authors declare no conflict of interests related this presentation with private companies.

CURRENT DEMENTIA CARE IN JPN

Undiagnosed the subtype(origin) of dementia

- even lack of CT exam

Polypharmacy

- improper medications
 - Off label use
 - drug induced BPSD

Unlawful/unnecessary constraint of patients

- Physical
 - binding up arms/put on gloves
- Pharmacological
 - give a lot of major tranquilizers to suppress BPSD(including those evoked by improper medications)

KONO METHOD(1)

Released in 2007 on the Net.

- Author: Kazuhiko Kono, M.D. (At that time, Director of Department of Geriatrics, Kyowa Hospital, Nagoya, JPN, now in his own private practice: Nagoya Forest Clinic)
- Revised every year.
- Now 6th edition ([***Kono Method 2012***](#)) released 2011 Nov
 - http://dr-kono.blogzine.jp/ninchi/files/kono_metod_2012.pdf

Criticism to the specialists on dementia

- Misdiagnosis and **maltreatment**
 - psychiatrists
 - Neurologists
 - Academics in Japanese university hospitals
- Iatrogenicity
 - Attack on current overusage of psychotropics, particularly of **donepezil** and atypical antipsychotics

KONO METHOD(2)

Diffused with.....

- internet(**Blogging**)
 - <http://dr-kono.blogzine.jp/>
- Lectures
 - Mainly under the auspices of patients associations/advocacy groups
 - with support of certain food supplement manufacturer?
 - Brochures on food supplements(combination granule of ferulic acid with garden angelica) are distributed at the lectures
- Books on Kono Method
 - 5 books for lay persons
 - 5 books for primary care physicians

“Practicing doctors of Kono Method”

- 80 physicians declare as practicing with Kono Method now.
 - 2008/Jun~now

IRON RULES

Iron Rules insisted in the Kono method

1. Medical imaging has lesser importance in diagnosing dementias than history taking and intelligence tests.
2. Drug therapy should be started even if no diagnostic imaging has obtained to treat core symptoms.
3. Clinical diagnosis is mere hypothesis which can be refuted and corrected by the patients' clinical course.
4. = rule No. 1.
5. = rule No. 3.

Iron Rule No.2 is inconsistent with another part of description of the pdf file on Kono Method placed by Dr. Kono himself on the Net. (ie: First treat BPSD, then treat core symptoms to relieve the bur-den of family of the patient.)

KONO METHOD- PHILOSOPHY

The “philosophy” of prescription in the Kono Method

1. The carer of the dementia patient can change the dosage of psychotropic medications according to the circumstance and symptoms of the patient (“family-balance method”).
2. If the carers utterly exhausted and annoyed by BPSD, put the patient under sedation ASAP.(“protectionism to carers”)

KONO METHOD-METHODOLOGY(1)

“Character classification” of patients’ symptom

- regardless of subtypes of dementia
 - **Positive symptom dominant type**(disobedient to carers)
 - **Negative symptom dominant type**(patients himself are agonized by the symptoms of dementia)

First, suppress positive symptoms!

- give: tiapride, Yokkansan(Kampo medicine to be used to calm aggression), chlorpromazine

then, treat core symptoms

- Alzheimer, Lewy body disease→ **galantamine**
- vascular dementia→ **nicergoline**
- “Pick disease”→**supplements**(combination granule of **ferulic acid** with garden angelica)
 - Dr. Kono hates the classification of FTLD for its clinical worthlessness

KONO METHOD-METHODOLOGY(2)

positive symptoms

- irritation, anger, holler, violence, disobedient to carerers, delusion, hallucination, roaming, pica, compulsion, sleeplessness, larceny.....

negative symptoms

- loss of appetite, hypokinesia, drowsiness, amimia, depressive state, apathy.....

“Family-balance method”

- let carerers to adjust the dosage of psychotropic medications without consultation of the doctors to fit the symptoms of the patients as needed.
- particularly to positive symptoms with “suppressor type medication”

KONO METHOD-METHODOLOGY(3)

“suppressor type medications”

- to treat positive symptoms
 - tiapride, Yokkansan(Kanpo medicine), Kanbaku-Daisoto(Kanpo medicine), haloperidol, chlorpromazine, quetiapine, risperidone, olanzapine, valproate, etizolam, clotiazepam

“stimulant type medications”

- to treat negative symptoms
- galantamine, donepezil, nicergoline, sertraline, sulpiride, loflazepate,lorazepam

Others

- citicoline d.i.v. (for DLB), amantadine(for normal pressure hydrocephalus)

"MONKEY CHARTS" FOR PRIMARY CARE PHYSICIANS

A line(for Alzheimer disease)

- **As**: simple ALD: start 1 type of drugs to 3 types
- **Ap**: positive symptom ALD: start 1 type of drugs to 3 types
- **An**: negative symptom ALD: start 1 type of drugs to 5 types

P line(for Pick disease)

- **Pp**: positive symptom Pick: start 1 type of drugs to 2 types
- **Pn**: negative symptom FTD: start 1 type of drugs to 3 types

D line(for DLB)

- **Dt**: typical DLB: start 4 types of drugs to 5 types
- **Dp**: positive symptom DLB: start 3 types of drugs to 5 types
- **Dpd**: Parkinson like DLB: start 2 types of drugs to 4 types
- **Da**: Alzheimer like DLB: start 3 types of drugs to 4 types

V line(for vascular dementia): not yet published

- **Vs**: simple VD
- **Vp**: positive VD

KONO METHOD: OTHER FEATURES

The “Monkey Charts” may be revised with the launch of new anti dementia drugs this year.

- “Monkey Charts” is not updated until now.

Putting suppression of positive symptom first

- regardless of subtypes of dementia
- but hopefully, the tentative subtype of individual patient should be determined

miracle cures are stressed

- Cases of remarkable improvement with Kono Method
 - shown with the picture of the patients before and after Kono Method treatment.
 - DLB 27, Pick 10, ALD 7, and Other 8 cases are presented on his blog.
 - from 2007 Jan 4 to 2011 Dec 1.
- Extreme case
 - with merely “the first one dose” of memantine cured a patient with DLB

DISCUSSION

Pros

- Kono Method shows remarkable improvements of dementia patient proved by case series presented mainly by Dr. Kono.
- Over 80 doctors(mainly practicing primary care) are supporting the method now.
- Dr. Kono is one of the most excellent doctor in the field of dementia proven by the clinical expertise in his lectures.

Cons

- Scarce of clinical evidence(such as RCTs)
- polypharmacy and off-label use
 - Dr. Kono himself has criticized polypharmacy of other doctors.
 - food supplement are used as medication
- With literature search on scientific articles(PubMed and Igakuchuozaasshi) revealed no article on the method is published at 2011 July.
- Carerers adjust the dosage of psychotropic medication.

CONCLUSION

Kono Method for Dementia is unique therapy invented one excellent Japanese doctor and used widely by Japanese physicians

- Japanese dementia care is still in chaos.
- Specialist doctor certified by Japanese Society of Dementia Research(JSDR) is barely over 500 at the time of 2010.

Kono Method has not enough clinical evidence yet.

- But has good reputation from patients and care-givers as well as clinicians.