between original medicine, i.e., Aricept, and other generic medicines. However, other components are di erent from those of original medicine. erefore, ingestion, absorption, distribution, transfer to the central nervous system and the degree of action to central nervous system and peripheral tissues are di erent for each medicines.

e other reasons are that LBD is sensitive against psychotropic medicines such as antipsychotics, however, even Aricept induces side e ects such as sedations. We speculate that when compared with Alzheimer's Disease (AD), in LBD e ective range of donepezil might be narrowed. erefore, when the mean e ective dose is almost same for example, A1=A2, B1=B2, C1=C2, in (Figure 1), among B1, A1, A2 in AD and A2 in LBD, standard dose of prescription of donepezil are within the optimal dose, however, in case A1 in LBD standard dose of prescription of donepezil is not e ective and in Case C1 in LBD that induce side e ect (Figure 1).

From these two reasons, generic medicines of donepezil should not be permitted for LBD without proper clinical trials.

Con ict of Interest

Koji Hori received lecture fees from Eisai Co. Ltd., P zer Japan Inc., Novartis Pharma KK, Daiichi Sankyo Inc., Ono Pharmaceutical Co. Ltd., Janssen Pharmaceutical KK, Yoshitomi Yakuhin Co. Meiji Seika Pharma Co. Ltd., and Mitsubishi Tanabe Pharma Co. Mitsugu Hachisu received lecture fees from Meiji Seika Pharma Co. Ltd. and Mitsubishi Tanabe Pharma Co. Mchiho Sodenaga received lecture fees from Eisai Co. Ltd However, the sponsors had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

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Author Contributions

Koji Hori mainly coordinates the study regarding to AA or SAA. Michiho Sodenaga, approve the concepts of this article, gave advise and checked the article.

Reference

1. McKeith IG, Boeve BF, Dickson DW, Halliday G, Taylor JP, et al. (2017) Diagnosis and management of dementia with Lewy bodies: Fourth consensus report of the DLB Consortium. Neurology 89: 88-100.