Dementia patients may benefit from a promising new treatment called Cerebrolysin, according to the results of a systematic review published in The Cochrane Library. The authors brought together the most up-to-date evidence on Cerebrolysin as a treatment for vascular dementia.

Vascular dementia is a common form of dementia caused by damage to the network of blood vessels supplying the brain. Some of the symptoms are similar to those associated with Alzheimer's disease and stroke but in particular those with vascular dementia often experience difficulty thinking quickly, concentrating and communicating, as well as seizures and severe confusion.¹ There is currently no definitive treatment for vascular dementia. Cerebrolysin is a drug treatment made from pig brain proteins that has produced positive results against vascular dementia, although inconsistently.

The researchers reviewed data from six randomized controlled trials involving 597 people in total. All were given Cerebrolysin intravenously in different daily concentrations and for different treatment periods, from a few weeks to three years, depending on the trial. Compared to standard care alone or placebos, Cerebrolysin significantly improved cognitive function, which was assessed with scales testing recall, arithmetic or other cognitive abilities. It had a small positive effect on patients' overall clinical state. There was also some suggestion that long-term treatment was associated with greater benefits, although only two trials looked at long-term effects.

"Our review suggests that Cerebrolysin can help improve cognitive and global function in patients with mild to moderate severity vascular dementia," said researcher Li He of the Department of Neurology at Sichuan University in Sichuan, China. "The results are promising but due to low numbers of trials, inconsistencies between trials, risk of bias in the way some of the trials were conducted and lack of long-term follow-up, we cannot yet recommend Cerebrolysin as a routine treatment for vascular dementia."