ADDRESSING Agitation IN ALZHEIMER'S DEMENTIA

Strategies for a Comprehensive Person-Centered Approach

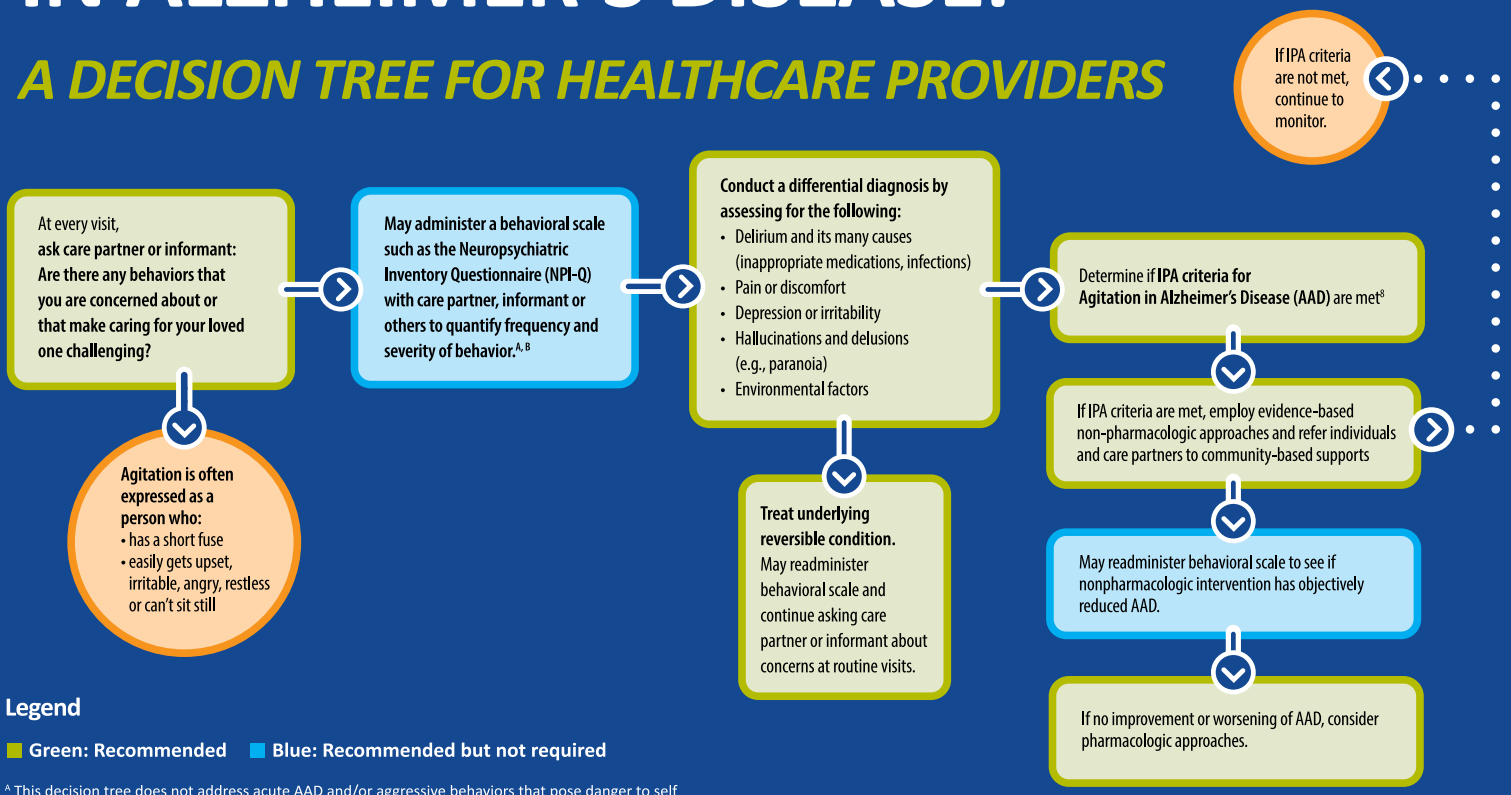
Identifying Agitation in Alzheimer's Dementia

Agitation in Alzheimer's dementia (AAD) presents as behaviors including excessive motor activity, verbal aggression, and/or physical aggression that persist or frequently recur for a minimum of two weeks and represent a change from the person's usual behavior.[1] A person with AAD is often easily upset, irritable, angry, or restless.[2] These behaviors may emerge due to unmet and unidentified needs, a lack of understanding as cognition declines, and/or biological changes that impact behaviors.[1]

AAD impacts more than half of people with moderate-to-severe Alzheimer's dementia (AD).[3] It can cause substantial distress for the person with AD as well as family and caregivers and is associated with a range of poor outcomes including increased risk of hospitalization and institutionalization.[2]

AGITATION IN ALZHEIMER'S DISEASE:

A DECISION TREE FOR HEALTHCARE PROVIDERS



Legend

Green: Recommended **Blue: Recommended but not required**

[A] This decision tree does not address acute AAD and/or aggressive behaviors that pose danger to self or others. In those cases, pharmacologic treatment may be the initial intervention to address risk to patient or others, and to allow time for proper evaluation of potential underlying triggers.

[B] Others used: Cohen-Mansfield Agitation Inventory (CMAI) and Pittsburgh Agitation Scale (PAS)

IPA = International Psychogeriatric Association.

To support busy clinicians with assessing and managing AAD, the GSA AAD Workgroup developed a decision tree that provides:[2]

- A framework for identifying patients with AAD.
- Guidance for assessment and differential diagnosis.
- An approach for treatment.

The decision tree highlights that when someone is agitated, the first response should be person-centered, evidence-based nonpharmacologic approaches.

- If AAD does not improve or worsens, pharmacologic approaches may be considered as an adjunct to person-centered approaches.
- Person-centered nonpharmacologic approaches should continue even if pharmacologic approaches are added.

Person-Centered Strategies to Prevent, Reduce, and Respond to Agitation

GSA has developed an educational video series depicting behaviors associated with AAD and the application of person-centered, nonpharmacologic management approaches to various agitation behaviors. These videos are intended to provide an honest portrayal of challenges that can emerge when providing care to individuals with AAD.



Providers can work with caregivers to implement a range of nonpharmacologic strategies to help prevent or reduce agitation and to respond to agitation when it occurs.[4,5] Many of these approaches can be helpful for both reducing the incidence of agitation and responding to it when it occurs. For example, creating a calm environment that removes stressors and offering preference-based, person-centered care are approaches that may be helpful for reducing or preventing agitation. Similarly, the use of calm, person-centered communication to validate the concerns expressed by someone experiencing AAD can be helpful for responding to these behaviors.

Strategies that May Help Prevent or Reduce Agitation

- **Deliver preference-based, person-centered care.** Use the 4Ms framework from the Institute for Healthcare Improvement Age-Friendly Health Systems initiative—what Matters, Medication, Mentation, and Mobility—to guide person-centered care.
- **Create a calm environment.** Remove stressors. This may involve moving the person to a safer or quieter place or offering a security object, rest, or privacy. Try soothing rituals and limiting caffeine use.
- **Avoid environmental triggers.** Noise, glare, and background distractions (e.g., having the television on) can act as triggers. Reduce noise, clutter, or the number of people in the room. Keep well-loved objects and photographs around to help the person feel more secure.
- **Monitor personal comfort.** Check for pain, hunger, thirst, constipation, full bladder, fatigue, infections, and skin irritation. Make sure the room is at a comfortable temperature. Be sensitive to fears, misperceived threats, and frustration with expressing what is wanted.
- **Simplify tasks and routines.** Try to keep a regular schedule, such as bathing, dressing, and eating at the same time each day.
- **Provide an opportunity for exercise.** Go for a walk. Garden together. Put on music and dance.
- **Support self-management.** Allow the person to keep as much control over their life as possible.

Strategies for Responding to Agitation

- **Listen to the frustration.** Find out what may be causing the agitation and try to understand.
- **Provide reassurance.** Speak calmly. Use phrases such as "You're safe here," "I'm sorry that you are upset," and "I will stay until you feel better." Let the person know you are there and demonstrate empathy if the person is angry, fearful, or frustrated.
- **Redirect the person.** Try to distract the person with a favorite snack, object, or activity.
- **Involve the person in activities.** Try using art, music, or other activities to help engage the person and divert attention away from any stressors.
- **Modify the environment.** Decrease noise and distractions or relocate to a quieter place.
- **Find outlets for the person's energy.** The person may be looking for something to do. Take a walk or go for a car ride.
- **Check yourself.** Do not raise your voice; show alarm or offense; or corner, crowd, restrain, criticize, ignore, or argue with the person. Take care not to make sudden movements outside the person's view.

Professional Resources

The GSA KAER Toolkit on Brain Health: KAERBrain.org

Insights & Implications in Gerontology: Agitation in Alzheimer's Disease and associated AAD resources: geron.org/dementiabehavior

Caregiver Resources

Alzheimer's Association—Anxiety and Agitation: https://www.alz.org/help-support/caregiving/stages-behaviors/anxiety-agitation

National Institute on Aging— Coping with Agitation, Aggression, and Sundowning in Alzheimer's Disease: https://www.nia.nih.gov/health/alzheimers-changes-behavior-and-communication/coping-agitation-aggression-and-sundowning

For more information, scan the QR code or visit geron.org/dementiabehavior

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GSA
GERONTOLOGICAL SOCIETY OF AMERICA®
1101 14th Street NW, Suite 1220
Washington, DC 20005
geron.org

With support from Otsuka and Lundbeck

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