UNDERSTANDING AGITATION IN ALZHEIMER'S DISEASE

1. Behavioral and psychological symptoms of dementia (BPSD) are common and distressing effects of dementia.[1]

2. BPSD include agitation as well as other symptoms such as irritability, delusions, hallucinations, depression, anxiety, apathy, disinhibition, and sleep disturbances.[2,3]
   – The prevalence of agitation ranges from 30% to 80% of people living with dementia, depending on the population studied, and agitation is more common in those with more severe dementia.[4-6]

3. Agitation in Alzheimer's disease (AAD) is associated with accelerated disease progression, physical and mental health deterioration, functional decline, higher risk of hospitalization and admission to long-term care facilities, mental health impairment, higher costs, poor quality of life, and increased mortality.[7-13]

DEFINING AGITATION

- Agitation can be described as increased, often undirected, motor activity, restlessness, aggressiveness, and emotional distress.[4]
- It may include nonaggressive behaviors such as pacing, repetitious movements, and general restlessness, or it may manifest as physically or verbally aggressive behaviors.
- The International Psychogeriatric Association (IPA) Agitation Definition Work Group has published a definition of agitation in cognitive disorders.[6]



Source: Reference 14.

DEFINING AGITATION

International Psychogeriatric Association Consensus Clinical and Research Definition of Agitation in Cognitive Disorders

Criterion A. The patient meets criteria for a cognitive impairment or dementia syndrome (e.g., Alzheimer's disease, frontotemporal dementia, dementia with Lewy bodies, vascular dementia, other dementias, a pre-dementia cognitive impairment syndrome such as mild cognitive impairment or other cognitive disorder).

Criterion B. The patient exhibits at least one of the following behaviors that are associated with observed or inferred evidence of emotional distress (e.g., rapid changes in mood, irritability, outbursts). The behavior has been persistent or frequently recurrent for a minimum of 2 weeks or the behavior represents a dramatic change from the patient's usual behavior.*

- **(a)** Excessive motor activity (e.g., pacing, rocking, gesturing, pointing fingers, restlessness, performing repetitious mannerisms).
- **(b)** Verbal aggression (e.g., yelling, speaking in an excessively loud voice, using profanity, screaming, shouting).
- **(c)** Physical aggression (e.g., grabbing, shoving, pushing, resisting, hitting others, kicking objects or people, scratching, biting, throwing objects, hitting self, slamming doors, tearing things, and destroying property).

Criterion C. Behaviors are severe and associated with excess distress or produce excess disability, which in the clinician's opinion is beyond that due to the cognitive impairment and including at least one of the following:

- **(a)** Significant impairment in interpersonal relationships.
- **(b)** Significant impairment in other aspects of social functioning.
- **(c)** Significant impairment in ability to perform or participate in daily living activities.

Criterion D. While comorbid conditions may be present, the agitation is not attributable solely to another psychiatric disorder, medical condition, including delirium, suboptimal care conditions, or the physiological effects of a substance.

Source: Reference 6.

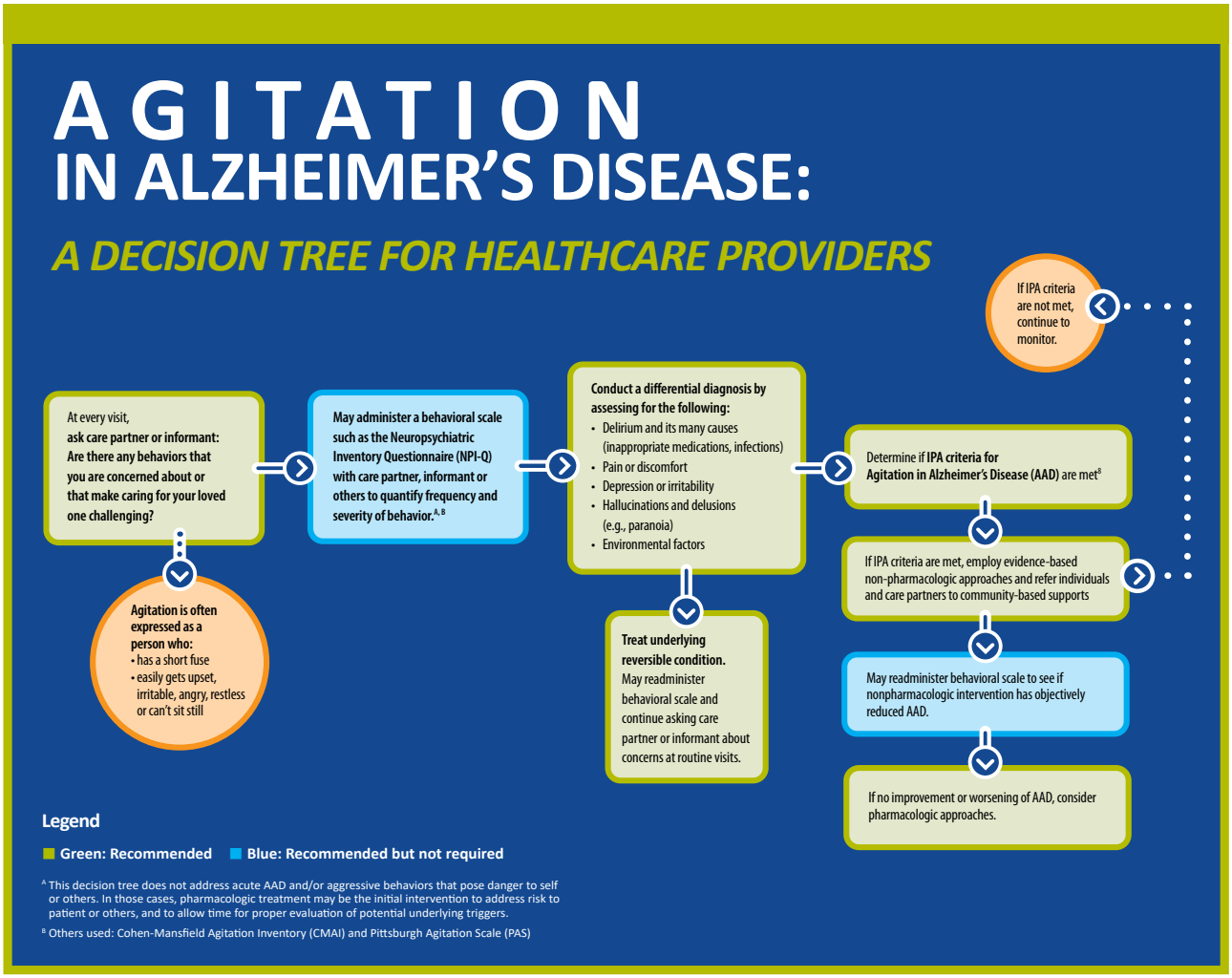
* In special circumstances, the ability to document the behaviors over 2 weeks may not be possible and other terms of persistence and severity may be needed to capture the syndrome beyond a single episode.



Learn more about Agitation in Alzheimer's Disease

- Use the "Agitation Decision Tree" to **assess and manage** AAD through ongoing assessment for the emergence of symptoms, differential diagnosis, and nonpharmacologic and pharmacologic treatment approaches.[16]
- Some specific **nonpharmacologic modalities** may include music, interactive activities, therapeutic touch, aromatherapy, and acupressure.[17,18]
- Consider adding **pharmacologic treatment** as part of a comprehensive interdisciplinary treatment plan.[19]

Agitation Decision Tree



IPA = International Psychogeriatric Association.

Source: Reference 16.

MANAGING AGITATION

- Employ a person-centered approach to care. **Consider agitation behaviors as clues to the presence of distress in a person** who is no longer able to communicate an issue through other means.[15]
  - Anticipating and avoiding circumstances that may trigger distress is preferred to managing agitation after it starts.
  - Consider: "What is this person expressing, what is causing this reaction, and how can we respond to reduce their distress?" rather than "How do we manage this behavior?"[15]

DICE

- Utilize the Describe, Investigate, Create, and Evaluate (DICE) approach, a framework for person-centered care.[11]
  - The DICE approach allows for gathering information that can be used to creatively develop individualized care plans that proactively address care recipient needs and inform care interactions.[15]

The DICE Approach to Behavioral Symptom Management

STEP 1: DESCRIBE

- Elicit a thorough description of the symptoms and the context in which they occur through discussion with the caregiver and the person with dementia (if possible).
- The description should include consideration of possible antecedents or triggers of the behavior.
- Seek to identify which aspects of the symptoms are most distressing or problematic to the person with dementia and the caregiver, as well as their treatment goals.

STEP 2: INVESTIGATE

- Identify possible underlying and modifiable causes, including possible undiagnosed medical conditions, such as psychiatric comorbidities, as well as assess the current medication profile.
- Assess the caregiver relationship with the person with dementia, communication styles, expectations, overestimation and underestimation of the person's abilities, and the caregiver's own stress and depression that may inadvertently exacerbate behaviors.
- Evaluate the environment for potential triggers, including whether the environment is overstimulating or understimulating, difficult for the person with dementia to navigate, or lacks predictable routines and pleasurable activities.

STEP 3: CREATE

- The multidisciplinary care team, caregiver, and person with dementia (if possible) collaborate to create and implement a treatment plan.
- Any medical or environmental issues identified in the "investigate" step should be addressed (e.g., antibiotics for a urinary tract infection, fluids for dehydration, discontinuing medications that may have behavioral side effects, modifications of the environment, improving sleep hygiene).
- Providers should brainstorm behavioral and environmental approaches with the caregiver, person with dementia (when possible), and other team members (e.g., visiting nurse, social worker, occupational therapist).
- Medications may be implemented if behavioral and environmental approaches are not effective.
- Medications may be attempted initially if:
  - Major depression with or without suicidal ideation (e.g., an antidepressant).
  - Psychosis causing harm or with great potential for harm (e.g., an antipsychotic).
  - Aggression causing risk to self or others (e.g., an antipsychotic or citalopram).

STEP 4: EVALUATE

- Assess whether recommended strategies were implemented, whether they were effective, and whether there were intolerable side effects or impacts.
- Because behaviors change and fluctuate over the course of dementia, ongoing monitoring is essential, and removal of interventions (especially medications) should be considered periodically.
- If psychotropic drugs were prescribed, consider a trial of dose reduction or discontinuation.

Source: Reference 11.

respond prevent

Strategies for Care Providers to Prevent and Respond to Agitation

PREVENTING AGITATION

- **Deliver preference-based person-centered care.**
  Use concepts embedded in the Institute for Healthcare Improvement age-friendly initiative (address 4Ms: monitor and address what matters, medications, mentation, and mobility).
- **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 distraction (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 his or her life as possible.

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 the anxiety.
- **Modify the environment.**
  Decrease noise and distractions or relocate.
- **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 out of the person's view.

Source: References 20-23.

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