Managing Agitation in Dementia

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Objectives

- Recognize the definition and prevalence of agitation in dementia patients
- Demonstrate how to evaluate agitated long-term care dementia patients
- Identify non-pharmacologic and pharmacologic management strategies for agitation in dementia patients

Case Study

- John: 89 year old male retired football coach assisted living resident who is combative & aggressive
- facility threatens to discharge him if his behavior continues

Agitation Definition & Prevalence

- Agitation is a behavioral syndrome characterized by increased, often undirected, motor activity, restlessness, aggressiveness, and emotional distress
- With an overall prevalence of about 30%, agitation is the third most common neuropsychiatric symptoms in dementia, after apathy and depression
- Agitation prevalence is 80% in residents of nursing homes who have dementia

Behavioral and Psychological Symptoms of Dementia (BPSD)

- A range of neuropsychiatric disturbances
  - Agitation
  - Aggression
  - Depression
  - Apathy
- Affects up to 97% of community-dwelling patients with dementia
- Has a significant impact on prognosis, institutionalization, and caregiver well-being

What Causes Agitation?

- One of the Behavioral/psychological symptoms of dementia (BPSD)
- Caused by frontal lobe dysfunction
- Anxiety component common in dementia
  - Most likely amplifies agitation
  - Possibly a risk factor for development of agitation

Agitated Behavior Examples

- Shadowing a caregiver
- Arguing/Complaining
- Becoming easy upset
- Repetitive questioning
- Pacing
- Hoarding
- Rejection of care
- Restlessness
- Inappropriate crying out/screaming
- Verbal or Physical aggression
- Sleep disturbance
- Wandering
- Inappropriate sexual behavior

Assessing Agitation

- Agitation and other Behavioral and Psychological Symptoms of Dementia (BPSD) are a diagnosis of exclusion
- Check for causes of discomfort which could cause agitation
  - pain
  - hunger
  - the need to void
  - constipation
- Consider medication side effects

Akathisia caused by medications

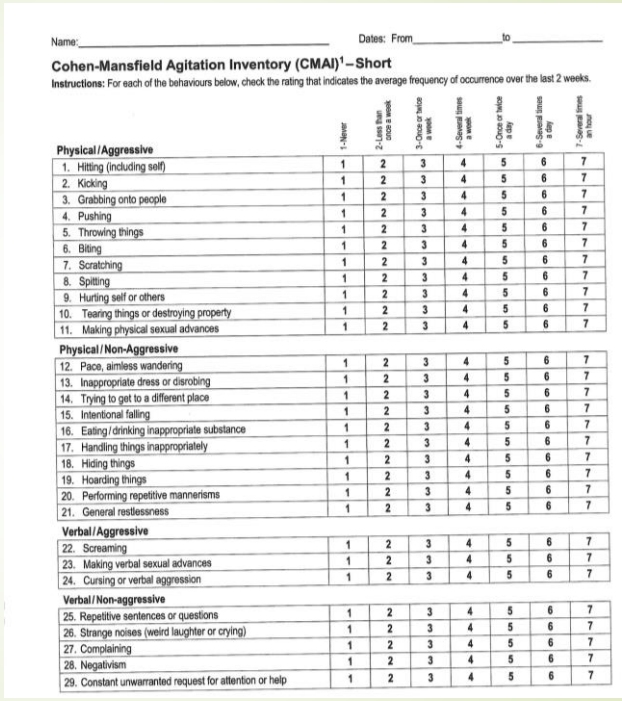
- Review the resident's medication list
- Consider a trial off or dose reduction of the following medications:
  - Antipsychotics
  - Antiemetics
  - Antidepressants (Tricyclics & SSRIs)
  - Calcium channel blockers
- Avoid the prescribing cascade
  - Prescribing a medication to trat the side effects of another

Staff Training and Education in Agitation Assessment

- As a medical director
  - Participation in quality improvement projects such as antipsychotic reduction
  - Role model function teaching staff and documenting step-wise approach to assessing and treating agitation

Staff Training and Education in Agitation Assessment

- As a staff provider
  - asking for the necessary clinical information:
    - What specific behaviors are you seeing that represent agitation?
    - When do they occur?
    - Is there a pattern to time of day/situation?
    - Can you send me the documentation to review?



Name:_____ Dates: From_____to_____

Cohen-Mansfield Agitation Inventory (CMAI)[1]–Short

Instructions: For each of the behaviours below, check the rating that indicates the average frequency of occurrence over the last 2 weeks.

	1-Never	2-Less than once a week	3-Once or twice a week	4-Several times a week	5-Once or twice a day	6-Several times a day	7-Several times an hour
Physical/Aggressive							
1. Hitting (including self)	1	2	3	4	5	6	7
2. Kicking	1	2	3	4	5	6	7
3. Grabbing onto people	1	2	3	4	5	6	7
4. Pushing	1	2	3	4	5	6	7
5. Throwing things	1	2	3	4	5	6	7
6. Biting	1	2	3	4	5	6	7
7. Scratching	1	2	3	4	5	6	7
8. Spitting	1	2	3	4	5	6	7
9. Hurting self or others	1	2	3	4	5	6	7
10. Tearing things or destroying property	1	2	3	4	5	6	7
11. Making physical sexual advances	1	2	3	4	5	6	7
Physical/Non-Aggressive							
12. Pace, aimless wandering	1	2	3	4	5	6	7
13. Inappropriate dress or disrobing	1	2	3	4	5	6	7
14. Trying to get to a different place	1	2	3	4	5	6	7
15. Intentional falling	1	2	3	4	5	6	7
16. Eating/drinking inappropriate substance	1	2	3	4	5	6	7
17. Handling things inappropriately	1	2	3	4	5	6	7
18. Hiding things	1	2	3	4	5	6	7
19. Hoarding things	1	2	3	4	5	6	7
20. Performing repetitive mannerisms	1	2	3	4	5	6	7
21. General restlessness	1	2	3	4	5	6	7
Verbal/Aggressive							
22. Screaming	1	2	3	4	5	6	7
23. Making verbal sexual advances	1	2	3	4	5	6	7
24. Cursing or verbal aggression	1	2	3	4	5	6	7
Verbal/Non-aggressive							
25. Repetitive sentences or questions	1	2	3	4	5	6	7
26. Strange noises (weird laughter or crying)	1	2	3	4	5	6	7
27. Complaining	1	2	3	4	5	6	7
28. Negativism	1	2	3	4	5	6	7
29. Constant unwarranted request for attention or help	1	2	3	4	5	6	7

Nonpharmacologic Interventions

A. music therapy

B. outdoor activities

C. massage

D. instrumental activities of daily living (IADL) modification

Nonpharmacologic Interventions

- Try these strategies first and continue them even if medications are used
- Nonpharmacologic interventions often don't have lasting effects but may improve immediate agitation
- Intervention examples
  - Take a walk with the resident
  - Play their favorite music
  - Try a hand massage
- IADLs refer to more complex planning and thinking tasks and dementia residents in long-term care are usually no longer capable of performing them: shopping, housekeeping, managing money, food preparation, using the telephone

Other Nonpharmacologic Interventions

- **Create a calm environment.** Avoid noise, glare, insecure space and too much background distraction, including television.
- **Simplify tasks and routines.**
- **Avoid being confrontational** or arguing about facts. For example, if a person expresses a wish to go visit a parent who died years ago, don't point out that the parent is dead. Instead, say, "Your mother is a wonderful person. I would like to see her too."
- **Redirect the person's attention.** Try to remain flexible, patient and supportive by responding to the emotion, not the behavior.
- **Allow adequate rest** between stimulating events.
- **Acknowledge requests**,and respond to them.
- **Look for reasons behind each behavior.**

Other Nonpharmacologic Interventions

- Not proven to produce lasting improvement in agitation
  - bright light therapy
  - aromatherapy
  - Snoezelen room
    - a therapeutic environment that combines optical illusions with combined lighting effects, aromas, colors, textures and sounds to stimulate a person's olfactory, auditory and gustatory systems.

Individualized Patient Centered Care

- Encourage staff to determine which interventions work best for each resident
  - Share the information with other staff members through the resident's care plan

Case Study

- Review chat comments about assessing and nonpharmacologic management of John's behaviors

Pharmacologic Interventions

- "Cognitive Enhancers?"
  - Cholinesterase inhibitors
    - donepezil (Aricept), rivastigmine (Exelon)
    - N-methyl-D-aspartate antagonist (NMDA) antagonist: memantine (Namenda)
  - Consider a trial if not used previously

Pharmacologic Interventions

- Selective serotonin reuptake inhibitors (SSRIs) as a class and the antipsychotic risperidone (Risperdal) are moderately effective at decreasing agitation in all types of dementia
- Dextromethorphan-Quinidine (Neudexta) was more effective than placebo in one trial

Pharmacologic Interventions

- Target symptoms
- "Start low & go slow"
- Avoid polypharmacy and the prescribing cascade
- Change only one medication at a time
- Avoid benzodiazipines
- Set realistic expectations

Pharmacologic Interventions

- Off label use
  - Obtain informed consent from medical decision maker
    - Conventional and atypical antipsychotic black box warnings regarding increased mortality in elderly dementia patients due to cardiovascular or infectious events
    - Risk versus benefit

American Psychiatric Association Recommendations For Nonemergency Antipsychotic Use

- Assess for pain and treat as needed
- Exhaust all nonpharmacologic options
- Use when symptom are severe, dangerous or cause significant distress for the patient
- Start with a low dose and discontinue therapy for severe adverse effects or lack of improvement at 4 weeks
- Even if effective attempt to taper at 4 months

Case Study

- Ask for chat comments about possible pharmacologic management of John's behaviors
- Discuss his progress

Thank you!

- Discussion

References

1. Pharmacologic Management of Agitation in Patients with Dementia. Gale A, Stoesser K, Fortenberry K., Ose D.,& Migdalski A.; *Am Fam Physician.* 2021;104(1):91-92

https://www.aafp.org/afp/2021/0700/p91.html

2. Nonpharmacologic Approaches Are Better Than Medication to Control Aggression and Agitation in Dementia. Shaughnessy A., *Am Fam Physician.* 2020;101(10):631-632

https://www.aafp.org/afp/2020/0515/p631a.html

3. Agitation and Dementia: Prevention and Treatment Strategies in Acute and Chronic Conditions. Carrarini C., Russo M., & Dono F. Front Neurol2021; 12: 644317.

10.3389/fneur.2021.644317