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Multidisciplinary perspectives on management of agitation in Alzheimer's dementia

Practice aid for the management of agitation in Alzheimer's dementia

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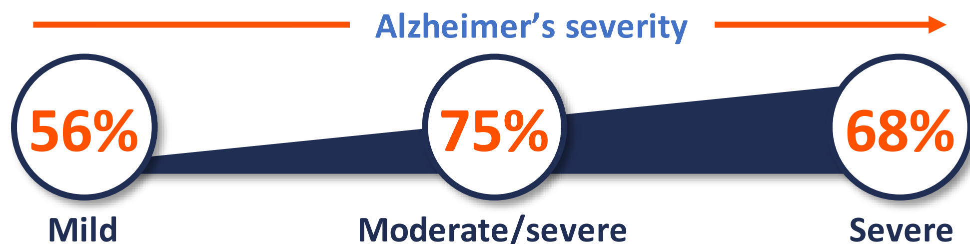
Agitation associated with Alzheimer's dementia (AAD)

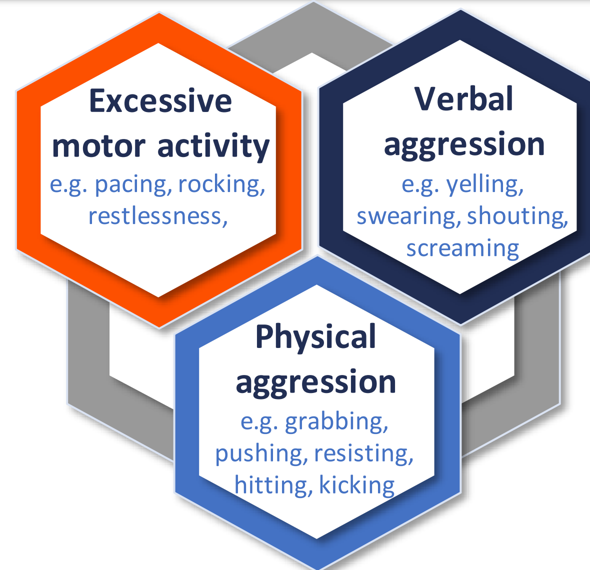
1 PREVALENCE OF AAD[1,2]



53% of LTCF residents with dementia present with agitation[2]

45% of community-dwelling persons with dementia have agitation symptoms[1]

2 SYMPTOMS OF AAD[3,4]



3 IMPACT OF AAD[4]

Accelerated disease progression

Physical deterioration

Mental health deterioration

Functional decline

Higher risk of admission to LTCFs

Poor quality of life

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Managing AAD in clinical practice

1 THE IPA DEFINITION OF AGITATION[3,4]

The International Psychogeriatric Association (IPA) definition of agitation in patients with cognitive disorders

A The patient meets criteria for a **cognitive impairment or dementia syndrome**

B The patient exhibits ≥1 behaviour grouped under:
Excessive motor activity
Verbal aggression
Physical aggression
That has been **persistent or frequently recurrent for minimum 2 weeks** or it represents a dramatic change from the patient's usual behaviour*

C Behaviours are **severe enough to produce excess disability**, beyond that due to cognitive impairment

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

*In special circumstances, the ability to document the behaviours 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.

2 AGITATION DECISION TREE[4]

At every visit, ask care partner or informant:

Are there any behaviours that you are concerned about or that make caring for your loved one challenging?

↓

May administer a behavioural scale with care partner, informant or others to quantify frequency and severity of behaviour

↓

Conduct a differential diagnosis by assessing for the following:
- Delirium and its many causes
- Pain or discomfort
- Depression or irritability
- Hallucinations and delusions (e.g., paranoia)
- Environmental factors

→ **Treat underlying reversible condition**

↓

Determine if IPA criteria for AAD are met

MET → **Employ evidence-based non-pharmacologic approaches** and refer individuals and care partners to community-based supports → **No improvement/worsening AAD** → **Consider pharmacologic approaches**

NOT MET → **Continue to monitor**

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Abbreviations and references

Abbreviations

AAD, agitation associated with Alzheimer's disease; IPA, International Psychogeriatric Association; LTCF, long-term care facility.

References

1. Halpern R, et al. *Int J Geriatr Psychiatry*. 2019;34:420–31.
2. Fillit H, et al. *Int J Geriatr Psychiatry*. 2021;36:1959–69.
3. Cummings J, et al. *Int Psychogeriatr*. 2015;27:7–17.
4. The Gerontological Society of America. Insights and Implications in Gerontology. August 2023. Available at: https://bit.ly/3HbJQyE (accessed 06 March 2024).

The guidance provided by this practice aid is not intended to directly influence patient care. Clinicians should always evaluate their patients' conditions and potential contraindications and review any relevant manufacturer product information or recommendations of other authorities prior to consideration of procedures, medications, or other courses of diagnosis or therapy included here.

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