



**Let's talk about agitation in Alzheimer's dementia:
Prevalence, behavioural symptoms and reaching a diagnosis**

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

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AAD: What is it and how is it managed?

THE IPA DEFINITION OF AGITATION^{1,2}

To meet the IPA definition of agitation, PLWD must satisfy **four criteria**:

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

The patient exhibits ≥ 1 unusual behaviours that are associated with emotional distress and are persistent/recurrent for ≥ 2 weeks.* Behaviours include:

- Excessive motor activity
- Verbal aggression
- Physical aggression

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

Comorbid conditions may be present, **BUT** the agitation cannot be solely attributed to:

- 4**
- Another psychiatric disorder
 - Another medical condition
 - Suboptimal care
 - Physiological effects of a substance

AGITATION DECISION TREE^{3,4}

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?

Optional

Quantify the frequency and severity of the behaviours[†]

Conduct a **differential diagnosis**, assessing:

- 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

YES

Treat using evidence-based non-pharmacologic approaches

- Refer individuals and care partners to community-based support

**No improvement/
worsening AAD**

Consider pharmacologic approaches

NO

Continue to monitor

*In special circumstances, it may not be possible to document the behaviours over 2 weeks and other approaches for establishing the persistence and severity of the behaviours may be needed; †Behavioural questionnaire administered to care partner, informant or another person familiar with the PLWD.

Identifying and understanding agitation in Alzheimer's dementia

EARLY RECOGNITION OF AGITATION⁵⁻⁸



Recognize challenges to early identification of agitation. The care partner:

- May not identify signs and symptoms of agitation
- May be hesitant to discuss agitation-related behaviours



Facilitate communication about agitation

- Consider requesting care partners complete a brief, easy to understand screening tool for agitation-related behaviours, prior to routine check-ins, e.g. the AASC™



Review responses in discussion with the care partner

UNDERSTAND AGITATION-RELATED BEHAVIOURS^{7,8}



Take the time to understand the problematic behaviours

- It will support well-targeted management



Goals of discussion

- Establish the frequency and duration of the behaviours
- Ascertain who is affected
- Identify potential triggers
- Elicit information about reinforcements of the behaviours
- Understand the severity of the behaviours (degree of disruption, difficulty managing it, risk to the patient, care partner or others)

Understanding care partners of people with AAD⁷



Take time to understand the needs of care partners

- Understand the care partner's emotional state
- Consider the safety of the patient and carer partner and others potentially affected by the agitation
- Understand the impact of the agitation on the patient's and the care partner's peace and well being
- Understand care partners may live in a state of hypervigilance
- Ensure care partners have access to good counselling support and support groups

Help care partners understand and accept that this is part of the disease and not about them or how the patient feels about them

It is extremely important to **encourage the care partner to share** all the specific experiences that they're having...not in the same room as the patient

Help us express and acknowledge our grief. There are so many losses. **Teach us how to express and honour that emotion**



Insights to offer to care partners caring for people with AAD⁷



Learn to pay attention....Notice specifically what is making them uncomfortable

You need to remain calm. Remember that you and your face is a mirror to the person with AAD

Find strategies that help release the stress for you, e.g. physical exercise, mediation, sharing with friends

It is really important to join the patient's world and understand where they are coming from

It takes a lot of work to avoid depression. It is a Herculean task, and it is not for a short period of time

Abbreviations and references

Abbreviations

AAD, agitation associated with Alzheimer's dementia; AASC™, Agitation in Alzheimer's Screener for Caregivers; IPA, International Psychogeriatric Association; PLWD, person living with dementia.

References

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5. Clevenger C, et al. *Innov Aging.* 2023;7(Suppl. 1):1092.
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8. Wolf U, et al. *Continuum (Minneap Minn).* 2018;24:783–803.

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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