

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** For more information, visit: <u>www.touchNEUROLOGY.com</u> Practice aid for agitation in Alzheimer's dementia

# AAD: What is it and how is it managed?

# THE IPA DEFINITION OF AGITATION<sup>1,2</sup>

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

1

3

4

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

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:

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

## **AGITATION DECISION TREE<sup>3,4</sup>**

#### 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<sup>+</sup>

#### 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



\*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.



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# Identifying and understanding agitation in Alzheimer's dementia

## EARLY RECOGNITION OF AGITATION<sup>5-8</sup>



# 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<sup>™</sup>

Review responses in discussion with the care partner

## **UNDERSTAND AGITATION-RELATED BEHAVIOURS**<sup>7,8</sup>



# 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 AAD<sup>7</sup>

#### Take time to understand the needs of care partners

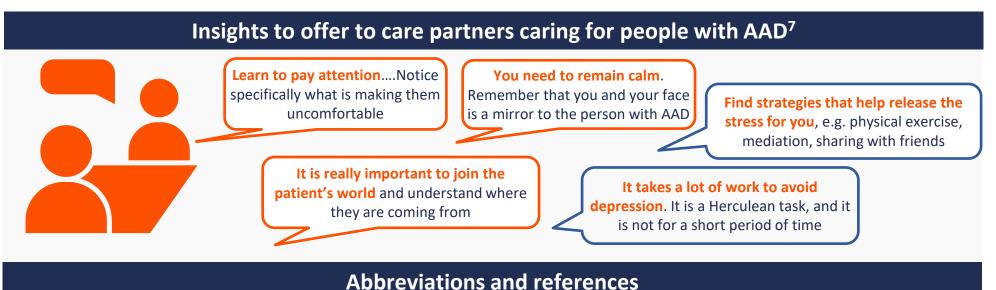
- Understand the care partner's emotional state
- Consider the safety of the patient and carer partner and others potentially affected by the agitation
- Understand the impact of the agitation on the patient's and the care partner's peace and well being
- Understand care partners may live in a state 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





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### **Abbreviations**

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

## References

- 1. Cummings J, et al. Int Psychogeriat. 2015;27:7–17.
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- 4. Grossberg GT, et al. Poster presented at: Gerontological Society of America Annual Scientific Meeting, Indianapolis, IN, USA, November 2–6, 2022. Available at: <a href="https://gsaenrich.geron.org">https://gsaenrich.geron.org</a> (accessed 18 July 2024).
- 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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