

What Is Agitation in Alzheimer's Disease (AAD)?

Persons with Alzheimer's dementia often experience **agitation**. It is less common early on and may become more frequent or severe in later stages. Agitation may appear as increased motor activity, restlessness, emotional distress, and sometimes aggressive behavior.

Your loved one's agitation is **NOT** their fault or due to normal aging. Don't be embarrassed or worried that your care is being judged by others: This is a medical illness! Behavioral symptoms in Alzheimer's disease occur because of structural and neurochemical changes in the brain that result in altered pathways and messaging.

Symptoms	May Look Like ...
MOTOR ACTIVITY: An increase in frequency or severity of physical movement; may be a change in the speed or style from one's usual pattern of moving around.	Pacing, rocking, aimless wandering, shadowing, exiting behaviors, unusual or angry facial expressions, pointing fingers, raising fist/arm, fidgeting, tapping, picking, repetitive movements
VERBAL AGGRESSION: A very strong, disruptive display of negative emotions (irritability, anger, fear, paranoia) through expression of unpleasant words, vocal tones, or loud volume.	Yelling, speaking very loudly, cursing, screaming, shouting, becoming verbally abusive or belittling, threatening family, friends, hired home caregivers, or care facility staff and residents
PHYSICAL AGGRESSION: The acting out of disturbed emotions, which has the potential to hurt oneself/others or to destroy property.	Hitting, kicking, pushing, grabbing, shoving, resisting, throwing, scratching, biting

1. Are you noticing any of the following that represent a change from the individual's usual or past behavior?

	Yes	No
a. Repeating motions or behaviors (e.g., rocking, raising fist, pointing finger)	☐	☐
b. Pacing or restlessness (cannot be still)	☐	☐
c. Cursing/using profanity or lashing out verbally	☐	☐
d. Raising voice or yelling or screaming	☐	☐
e. Resisting assistance or care	☐	☐
f. Throwing or hitting or breaking things	☐	☐
g. Trying to hurt self or others (e.g., grabbing, kicking, hitting, biting)	☐	☐

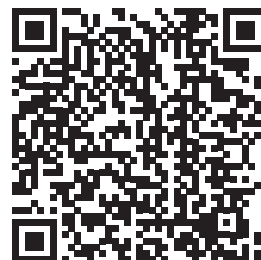
2. Do any of these behaviors negatively affect the individual's relationships, activities, or willingness to receive care?

Yes	No
☐	☐

Disclaimer: The Agitation in Alzheimer's Screener for Caregivers (AASC®) is a screening tool and is not a diagnostic tool.

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Did you answer "yes"?



Scan for more
information on
AAD

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Addressing Potential “Triggers” of Agitation Can Be a Helpful Starting Point.

Talk to Your Healthcare Professional to Discuss Ideas.

STEP 1: Describe the Symptoms

- How often do they occur?
- When did they begin?
- Have they changed in severity?
- What triggers the onset?

Access family caregiver resources:

- Caregiver Action Network:
www.caregiveraction.org
- Behaviours in Dementia Toolkit
(Canadian Coalition for Senior's Mental Health):
www.behavioursindementia.ca
- Alzheimer's Association Helpline
(24/7/365): **800.272.3900**

References:

American Geriatrics Society Updated AGS Beers Criteria.
J Am Geriatr Soc. 2023;71:2052.

theaasc.com.

Clevenger. Innov Aging. 2023;7(Suppl 1):1092.

caregiveraction.org.

behavioursindementia.ca.

Grossberg. Insights & Implications in Gerontology. August 2023.

alz.org.

Meyer. Dementia. 2020;19:1927.

Medders L, Pettis JL, Scanland S. Detecting and Addressing Agitation in Alzheimer's Disease: Improving Lives for Older Adults and their Caregivers. The Gerontological Society of America Annual Scientific Meeting; November 8 2023; Tampa, FL

de Oliveira. BioMed Research Intl. 2015;2015:218980.

vfvalidation.org/resources/types/website/.

[fda.gov/news-events/press-announcements/fda-approves-first-drug-treat-agitation-symptoms-associated-dementia-due-alzheimers-disease](https://www.fda.gov/news-events/press-announcements/fda-approves-first-drug-treat-agitation-symptoms-associated-dementia-due-alzheimers-disease).

STEP 2: Start With Nonpharmacologic Strategies

The healthcare professional may first have you try strategies without starting medications. Research has shown if a situation is not dangerous or a risk to one's safety, calming techniques should be used initially.

- Music (their favorite playlists)
- Hand massage with lemon balm or lavender
- Calm surroundings: decrease loud noise, use soft lights, aromatherapy
- Avoid boredom and overstimulation
- Simulate activities related to previous occupation, roles, hobbies
- Outdoor sunlight exposure, fresh air, nature, walking if able and safe
- Don't argue, raise your voice, or insist they are wrong. Stay calm and try to distract
- Assess physical needs (hunger, toileting, temperature)
- Affirm feelings. Discuss what they see, think, or believe. Show interest by asking specific details about their conversation topic: “who, what, where, when, how.” Meet them where they are

STEP 3: Pharmacologic Treatment for AAD

Medication may be used if nonpharmacologic measures are ineffective and agitation symptoms are severe or affect care, and may be necessary if patient is a danger to oneself or others:

- Historically, antipsychotics and antidepressants have been used without FDA approval (“off-label”) for agitation in dementia
- Brexpiprazole is the only medication approved by the FDA for the treatment of agitation associated with dementia due to Alzheimer's disease. It is used as a daily treatment, rather than acutely when symptoms occur
- Benzodiazepines (tranquilizers) are categorized by the American Geriatrics Society 2023 Beers Criteria as a potentially inappropriate medication for older adults and should be avoided in patients with dementia due to lack of efficacy and known safety risks

If your loved one wanders away or puts her/himself or others in danger, contact 911 immediately!



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