

Identifying Agitation in Alzheimer's Disease (AAD): A Guide for Long-term Care Providers

More than half
of US long-term care residents with
dementia exhibit symptoms of
agitation

Agitation may occur
regardless of dementia severity

Consequences of untreated agitation can include:



Increased **risk of fall** and potential injury
due to physical symptoms



Rejection of care, leading to challenges
in clinical exams and treatment,
potentially compromising health



Increased burden on caregivers and
facility staff



Disruption of environment for other
facility residents

Agitation in Alzheimer's Screener for Caregivers (AASC®)

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

- a. Repeating motions or behaviors (eg, 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 (eg, grabbing, kicking, hitting, biting)

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

Disclaimer: The AASC® is a screening tool and is not a diagnostic tool.
Clevenger. Innov Aging. 2023;7(Suppl 1):1092.

**If you answered yes to any of these questions, turn
over to learn more about a potential diagnosis of AAD**

Diagnosing Agitation in Alzheimer's Disease (AAD)

If a patient demonstrates symptoms of AAD, a diagnosis of AAD may be appropriate.

International Psychogeriatric Association (IPA) Definition: Agitation in Patients With Cognitive Disorders

All 4 criteria must be met:

- The patient meets the criteria for cognitive impairment or dementia syndrome
- The patient **exhibits ≥ 1 agitation behavior(s)** with emotional distress that is persistent or frequently recurrent for **≥ 2 wk** or the behavior represents a dramatic change from the patient's usual behavior*
- The behaviors are severe and associated with excess distress or produce disability beyond that due to cognitive impairment and include significant impairment in interpersonal relationships, social functioning, or activities of daily living
- The behaviors cannot be attributed to another psychiatric disorder, medical condition (including delirium), suboptimal care conditions, or the physiologic effects of a substance

Examples of agitation behaviors:

Excessive motor activity

- Pacing
- Rocking
- Gesturing
- Pointing fingers
- Restlessness
- Performing repetitious mannerisms

Verbal aggression

- Yelling
- Speaking in an excessively loud voice
- Using profanity
- Screaming
- Shouting

Physical aggression

- Grabbing
- Shoving
- Pushing
- Resisting
- Hitting others
- Kicking objects or people
- Scratching
- Biting
- Throwing objects
- Hitting self
- Slamming doors
- Tearing things
- Destroying property

*In special circumstances the ability to document the behaviors over 2 wk may not be possible and other terms of persistence and severity may be needed to capture the syndrome beyond a single episode.

Key tips:

- First, rule out potential physical causes (eg, pain, urinary tract infection)
- Pursue psychiatric consult if available
- Keep the patient's healthcare proxy informed
- Sexual aggression or acting out is frequently seen
- Consider that behavior may occur later in day ("sundowning")
- Other conditions (eg, delirium, depression, psychosis) may also be present

References:

Clevenger. *Innov Aging*. 2023;7(Suppl 1):1092. Cummings. *Int Psychogeriatr*. 2015;27:7. Sano. *Int Psychogeriatr*. 2023;1. Fillit. *Int J Geriatr Psychiatry*. 2021;36:1959. Gilmore-Bykovski. *Gerontologist*. 2020;60:896. Wong. *BMC Geriatr*. 2024;24:330.

Further resources on treatment and management strategies for patients with AAD are available at: clinicaloptions.com/AAD2025



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