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

Persons with Alzheimer's disease often experience **agitation**. It can occur before one is diagnosed, in the early stage, and throughout the illness. Agitation may appear as increased (and often undirected) 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

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

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

Do any of these behaviors cause problems for the person, including their relationships with those around them, their participation in activities, or their ability to receive care?

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?
- ○ **Is the situation potentially dangerous?** **Go directly to step 3**

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:

- Only 2 medications have been approved by the FDA for treatment of AAD. Both are daily oral medications taken on an ongoing basis. They do not provide immediate agitation relief.
  - Dextromethorphan/bupropion: also used as an antidepressant
  - Brexpiprazole: an atypical antipsychotic, also used as adjunctive (add-on) treatment of depression when an antidepressant is already prescribed
- Benzodiazepines 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. Never stop benzodiazepines without HCP supervision—seizures may occur if not tapered slowly over time.

Access family caregiver resources:

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

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

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