# Assessment/Management of Agitation in Alzheimer's Disease (AAD) for HCPs

DECERA CLINICAL Education

## WHY assess for AAD in your patients?

Care partners do not connect agitation symptoms with AD; they fear discussing it with you due to stigma or their perceived "failure" as a caregiver.

## WHAT occurs if you miss AAD?

Patient's expenses double, more ED visits and inpatient stays, increased morbidity and mortality, more rapid functional and cognitive decline, earlier placement in ALF/LTC ($$$$), serious safety risks (driving/elopement), caregiver suffers with stress, depression, sleep deficits, social isolation, decreased time for their own health maintenance.

## HOW do you diagnose AAD?

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

The consensus definition for agitation in cognitive disorders includes 4 criteria:

A. The patient meets the criteria for cognitive impairment or dementia syndrome

B. The patient exhibits **≥1 agitation behavior** 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

C. 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 ADLs

D. 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**

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| **EXCESSIVE MOTOR ACTIVITY** | • Pacing<br>• Rocking<br>• Gesturing | • Pointing fingers<br>• Restlessness | • Performing repetitious mannerisms |
| **VERBAL AGGRESSION** | • Yelling<br>• Speaking in an excessively loud voice | • Using profanity<br>• Screaming | • Shouting |
| **PHYSICAL AGGRESSION** | • Grabbing<br>• Shoving<br>• Pushing<br>• Resisting<br>• Hitting others | • Kicking objects or people<br>• Scratching<br>• Biting<br>• Throwing objects | • Hitting self<br>• Slamming doors<br>• Tearing things<br>• Destroying property |

# Other useful tools for AAD assessment and monitoring:

**Behavior frequency and severity:** Neuropsychiatric Inventory (NPI)
**Rule out delirium:** Confusion Assessment Method (CAM)
**Rule out depression:** Cornell Scale for Depression in Dementia
**Prodrome to AAD:** Mild Behavioral Impairment Checklist (MBI-C)

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| **PRIOR action** | **Delay onset of AAD** | Cholinesterase inhibitors (ChEI; donepezil, galantamine, rivastigmine) and memantine are approved for dementia due to AD (not for MCI)<br>• For patients progressing from MCI into mild AD, begin ChEI and titrate to therapeutic dose as tolerate<br>• For patients in moderate dementia stage of AD, add memantine to ChEI after dose titration or use combination ChEI/memantine |
| **INITIAL action** | **Nonpharmacologic interventions for AAD** | If patient behaviors pose no acute danger to self or others:<br>• Music (favorite playlists)<br>• Hand massage with lavender or lemon balm<br>• Calm environment (low noise, soft lights, avoidance of under/overstimulation)<br>• Simulation of activities related to previous roles, occupation, and hobbies<br>• If safe and able: outdoor sunlight exposure, fresh air, nature, walking |
| **TREATMENT action** | **FDA-approved medications for AAD** | Use if IPA criteria for AAD are met; use as continual treatment, not indicated as acute "PRN" treatment<br>• Brexpiprazole (atypical antipsychotic)<br>• Dextromethorphan (NMDA receptor antagonist and sigma-1 receptor agonist) + bupropion (CYP450 2D6 inhibitor) |


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**Scan for more information on agitation in Alzheimer's disease**


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