Agitation in Patients with Dementia
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- Off label uses
- APA Guideline

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THE AMERICAN PSYCHIATRIC ASSOCIATION
PRACTICE GUIDELINE
Use of Antipsychotics in the Management of Behavior of Patients with Dementia

AMERICAN PSYCHIATRIC
PUBLISHING
The Graying of the Population

![Graph showing the increase in the number of persons age 65 or older from 1900 to 2050.]

http://agingstats.gov/chartbook2000/population.html accessed 11/24/06

The Golden Years

![Image of a beach scene with a palm tree and a hammock.]

"There has been a change in the atmosphere."
Learning Objectives

1) Define agitation in patients with dementia
2) List causes of agitation in patients with dementia
3) Discuss how to assess agitation in patients with dementia
4) Describe treatments for agitation in patients with dementia

What is the definition of “agitation” in a patient who has dementia?

Verbal or physical behaviors associated with dementia that are inappropriate, unsafe, or disruptive to caregiving within a certain environment.
Another term for Agitation

- Behavioral & psychological symptoms of dementia (BPSD)

“Triple whammy”

Categories of Agitation

1) Physical or verbal aggression
2) Repetitive verbalizations or motor behaviors
3) Disinhibited or inappropriate behaviors

Psychosis overlaps with Agitation in Dementia

Major Neurocognitive Disorder due to Alzheimer's Disease

- Non-bizarre paranoia & misidentification

Major Neurocognitive Disorder due to Vascular Disease

- Apathy or depression vs. disinhibition or distraction

Major Neurocognitive Disorder due to Lewy Body Disease

- Visual hallucinations
Agitation/Psychosis in FTD

- Disinhibition, compulsions, aggression, hypersexuality, bizarre delusions

Major NCD due to Frontotemporal Lobar Degeneration


Agitation/Psychosis in PD

- Paranoia or hallucinations due to disease or treatment

Major NCD due to Parkinson’s Disease


Not all seemingly disordered behavior is agitation
What are the causes of agitation in patients who have dementia?

Causes of Agitation
- Medical
- Psychiatric
- Environmental

Medical causes of Agitation
- Dementia
- Delirium
- Metabolic
- Infection
- Pain
- Immobility
- Medications
- Equipment
Psychiatric causes of Agitation

- Psychotic disorders
- Affective disorders
- Anxiety disorders
- Sleep disorders

Environmental causes of Agitation

- Needs-driven model
- Lowered stress threshold model

“How do you assess agitation in patients who have dementia?”
Describe the behavior

- 80 year old man with Alzheimer’s Disease is hitting nurses with his hands during attempts to bathe him in the morning
- 75 year old woman with vascular dementia is screaming incoherently after mealtimes
Identifying the cause

- Mental status exam
- Medical exam

How do you treat agitation in a patient who has dementia?

How do you T-R-E-A-T agitation in a patient who has dementia?

- T = Target symptoms
- R = Reversible symptoms
- E = Environmental interventions
- A = Agents (medications)
- T = Try again if symptoms persist
Target Symptoms

Reversible symptoms

Environmental Interventions
- Music therapy
- Pet therapy
- Exercise groups
- Sensory activities
- Simulated presence
- Structured walks
Agents

- Benzodiazepines
- Antipsychotics
- Cognition-Enhancers
- Antidepressants
- Mood Stabilizers

Try Again

Case Vignettes
Case #1

- A 92 yo woman consistently becomes upset around 4pm in the afternoon, saying that it is time to leave work, catch the bus and go home to her mother who is expecting her for dinner. The patient reports her mom’s specialty is spaghetti and she is making it that night.

- R/O another medical condition & substance/medication induced
- Reorientation: Tell patient mother deceased (but risk grief reaction)
- Distract with activities: Patient forgets desire to go home
- White Lie: Tell patient bus is late
- Consolation: Patient calls daughter

A 92 yo woman consistently becomes upset around 4pm in the afternoon, saying that it is time to leave work, catch the bus and go home to her mother who is expecting her for dinner.

Case #2

- A 68 yo man with dementia who gets lost while driving has become very angry toward his wife because she won’t give him his car keys—“I’ve been driving for 50 years and never had an accident.”
A 68 yo man with dementia gets lost while driving and has become very angry at his wife because she won’t give him the car keys.

R/O another medical condition & substance/medication-induced

Doctor tells patient & writes note stating that pt no longer can drive

Hide car keys

Disable the ignition

Case #3

An 85 yo woman yells, hits and scratches nursing staff when they provide her with daily personal care.

R/O pain (UTI or constipation)

R/O medication causing UTI/constipation

Review CNA caseload: Too large?

ABC: Rapid approach to perineum

Explain procedure everyday because patients forget

Use 1 step commands

85 yo female yells, hits and scratches nursing staff when they provide her with daily personal care.
Case #4

- 74 yo woman with dementia who lives alone has been seen by neighbors going to the bathroom in the woods behind her home. They called the police to investigate. Police found her home to be in complete disrepair, without working kitchen or bathroom facilities.

Notify Elder Protective Services
- Determine the cause (MSE & Medical Exam)
- T–R–E–A–T
- Conservatorship

74 yo female with dementia who lives alone has been seen by neighbors to be going to the bathroom in the woods behind her home

Case #5

- An 86 yo woman at a nursing home is wandering into her previous room on the unit and rummaging through the current occupant’s belongings. The family of the current occupant is very upset by this.
Staff to reorient patient whenever patient goes in direction of old room
Put up a sign to direct patient to her new room
Educate new occupant’s family

An 86 yo female at an ECF is wandering into her previous room on the unit and rummaging through the current occupant’s belongings.

Case #6

A 78 yo man in a nursing home is making lewd suggestions to the largely female nursing staff. The nursing staff tolerate this but think of him as a dirty old man. However, twice this week he attempted to fondle the breasts of his nursing assistant who now refuses to work with him. “He’s married” she says.

R/O another medical condition & substance/medication-induced (anti-parkinsonian meds)
R/O psychiatric condition (mania)
Educate staff that disinhibited behavior is due to dementia affecting frontal lobe
Be sure patient is not being reinforced by staff (joking, laughing)
Reassure staff that administration knows that staff is not doing anything to provoke patient
Allocate a second staff member (preferably male) to reinforce boundaries & distract patient during personal care

A 78 yo male at an ECF is making lewd suggestions to the largely female nursing staff.
Case #7

- An 82 yo woman with dementia who lives in a nursing home is noted to be very depressed. Trials with antidepressant therapy have been unsuccessful. A consistent theme she talks about in interviews is that her life has no purpose.

- R/O another medical condition & substance/medication-induced
- What were patient’s occupation/hobbies
- Set up similar work/hobby in nursing home

An 82 yo woman with dementia who lives in a nursing home is noted to be very depressed.

Case #8

- A 68 yo woman paces around the unit. She has been noted to smack other residents who make noise.
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- R/O problem with hearing aids
- Staff to observe affect & intervene to distract when patient angry
- Staff to keep this patient away from noisy patients & vice versa
- Walkman playing music patient enjoys to decrease stimulation from noise

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