

About agitation and Alzheimer's disease

The Alzheimer's Association Clinical Issues and Interventions Work Group, a team of consulting physicians and specialists, developed the content of this document. This fact sheet is provided for your information only and does not represent an endorsement of any prescription medications by the Alzheimer's Association or the work group.

What is agitation?

The term *agitation* is used to describe a large group of behaviors associated with Alzheimer's disease. As the disease progresses, most people with Alzheimer's experience agitation in addition to memory loss and other thinking symptoms. In the early stages of the disease, people with Alzheimer's may experience personality changes such as irritability, anxiety or depression. As the disease progresses, other symptoms may occur, including sleep disturbances, delusions (firmly held belief in things that are not real), hallucinations (seeing, hearing or feeling things that are not there), pacing, constant movement or restlessness, checking and rechecking door locks or appliances, tearing tissues, general emotional distress, and uncharacteristic cursing or threatening language.

Agitation may be caused by a number of different medical conditions and drug interactions or by any circumstances that worsen the person's ability to think. Situations that may lead to agitated behavior include moving to a new residence or nursing home, other changes in the environment or caregiver arrangements, misperceived threats, or fear and fatigue resulting from trying to make sense out of a confusing world.

Agitated behavior can be disruptive and painful to both the person with the disease and the caregiver. Agitation may interfere with the ability of the person with the disease to carry out the activities of daily living, and it may increase the risk of harm to the affected individual and others. Caregivers may be frightened, upset or simply exhausted by the demands of caring for a person who is agitated.

Medical evaluation for agitation

A person exhibiting agitated behavior should receive a thorough medical evaluation, especially when agitation comes on suddenly. The treatment of agitation depends on a careful diagnosis, determination of the possible causes,

and the types of agitated behavior the person is experiencing. *With proper treatment and intervention, significant reduction or stabilization of the symptoms can often be achieved.*

The symptoms of agitation often reflect an underlying infection or medical illness. The pain or discomfort caused by pneumonia or a urinary tract infection can result in agitation. An untreated ear or sinus infection can cause dizziness and pain that affects behaviors. In some cases, prescription medication can cause agitation. This is most likely to occur when multiple medications are used, and the medications interact. Uncorrected visual or hearing loss may also lead to agitated behaviors. Treating the underlying medical condition may lessen the agitation.

Behavioral interventions for agitation

There are two distinct types of treatments for agitation: behavioral interventions and prescription medications. Behavioral interventions should be tried first. In general, steps to managing agitation include (1) identifying the behavior, (2) understanding its cause, and (3) adapting the caregiving environment to remedy the situation. Correctly identifying what has triggered agitated behavior can often help in selecting the best behavioral intervention. Often the trigger is some sort of change in the person's environment:

- change in caregiver
- change in living arrangements
- travel
- hospitalization
- presence of houseguests
- bathing
- being asked to change clothing

A key principle of intervention is redirecting the affected individual's attention, rather than arguing, disagreeing or being confrontational with the person. Additional intervention strategies include the following:

- simplifying the environment
- simplifying routines and tasks
- allowing adequate rest between stimulating events
- using labels to cue or remind the person
- equipping doors and gates with safety locks
- removing guns

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- using lighting to reduce confusion and restlessness at night

Medications to treat agitation

Medications can be effective in the management of some symptoms of agitation, but they must be used carefully and are most effective when combined with behavioral or environmental changes. Medications should target specific symptoms so that improvement can be monitored. People with Alzheimer's disease are susceptible to side effects that require close observation. In general, it is best to begin treatment with a single medication and with low doses. Some of the medications commonly used to treat the symptoms of agitation include the following:

Antidepressant medications for low mood and irritability

- citalopram (Celexa®)
- fluoxetine (Prozac®)
- paroxetine (Paxil®)
- sertraline (Zoloft®)

Anxiolytics for anxiety, restlessness, verbally disruptive behavior and resistance

- lorazepam (Ativan®)
- oxazepam (Serax®)

Antipsychotic medications for hallucinations, delusions, aggression, hostility and uncooperativeness

- olanzapine (Zyprexa®)
- risperidone (Risperdal®)

Although antipsychotics are among the most frequently used medications for treating agitation, some physicians may prescribe an anticonvulsant/mood stabilizer, such as carbamazepine (Tegretol) or divalproex (Depakote) for hostility or aggression.

Sedative medications, which are used to treat insomnia or sleep problems, may cause incontinence, instability, falls, or increased agitation. These drugs must be used with caution, and caregivers need to be aware of these possible side effects.

Helpful hints during an episode of agitation

Do: back off and ask permission, use calm positive statements, reassure, slow down, use visual or verbal cues, add light, offer guided choices between two options, focus

on pleasant events, offer simple exercise options, or limit stimulation.

Do not: raise voice, take offense, corner, crowd, restrain, rush, criticize, ignore, confront, argue, reason, shame, demand, condescend, force, explain, teach, show alarm, or make sudden movements out of the person's view.

Say: May I help you? Do you have time to help me? You're safe here. Everything is under control. I apologize. I'm sorry that you are upset. I know it's hard. I will stay until you feel better.

Helpful hints to prevent agitation

Create a calm environment: remove stressors, triggers or danger; move person to a safer or quieter place; change expectations; offer security object, rest or privacy; limit caffeine use; provide opportunity for exercise; develop soothing rituals; and use gentle reminders.

Avoid environmental triggers: noise, glare, insecure space, and too much background distraction, including television.

Monitor personal comfort: check for pain, hunger, thirst, constipation, full bladder, fatigue, infections and skin irritation; ensure a comfortable temperature; be sensitive to fears, misperceived threats, and frustration with expressing what is wanted.

The Alzheimer's Association is fighting on your behalf to give everyone a reason to hope. For more information about Alzheimer research, treatment and care, please contact the Alzheimer's Association.

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