**Meeting the Challenge of Agitation in the Elderly**

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**Practical Challenges of Managing Agitated Elderly Patients: Report from the Front Line**

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**Agitation in the Elderly: A Rural Perspective**

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Director, Five-County Area Agency on Aging, Division of Aging and Adult Services, Utah Department of Human Services

**Understanding Agitation in Dementia: An Environmental Approach and the Utah State Plan**

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Director, Center for Alzheimer’s Care, Imaging and Research Professor, Department of Neurology University of Utah

**Difficult Behavior**

- Repetitive questions and actions
- Wanting to go home
- Not recognizing caregiver
- Wandering
- Anger and agitation
- Paranoia and delusions (e.g. Capgras syndrome)
- Resistive behavior (bathing, eating, dressing)
- Fragmented sleep
- Incontinence
Managing Behavior

- Use medication as a last resort – if at all
- All difficult behaviors are transient
- Difficult behaviors usually have gradual onset – look for warning signs and anticipate need
- Similar behaviors tend to recur – guiding caregiver to understand and manage behavior now pays off later

Behavior Disturbance in Dementing Diseases

- Very common
- In some dementing diseases such as frontotemporal dementia, often an early and predominant problem
- In Alzheimer’s disease, behavior becomes increasingly common with progression, but does not always occur
- Intrinsically, reflects distribution of brain pathology
- Expression depends upon a mismatch between patients needs and environmental support

Typical FDG-PET Scans in Dementia

Example: Birthday Party Gone Wrong

- 75 y.o. woman diagnosed in our clinic with mild Alzheimer’s disease
- Family declined health education, family support, did not attend Alzheimer’s Association support groups
- Birthday party with large family, children, grandchildren
- Went to the bathroom, ended up in the hospital, then nursing home

The Environmental “Prosthetic” Approach

- Most behavior disturbance occurs when there is a mismatch between what a patient with dementia needs and the environmental support provided
- Identify deficits, compensate for them to maximize quality of life, dignity and independence
  - People the patient interacts with
  - The environment where the person lives
  - The activities the patient engages in

General Principles for Success

- Manage the manager
  - Is caregiver prepared?
  - Is environment and assistance adequate to patient needs?
- Consider the patient’s perspective
  - What are patient alternatives (dementia is boring)?
  - Behavior may reflect non-verbal communication
    - Need (thirst, hunger, need to urinate, etc.)
    - New medical problem (UTI, pneumonia, angina, fracture)
    - Pain

Guaita A., Jones M. JAMA 2011;305:402-3
What is Caregiver Response?

- Logical arguments and factual discussions are counterproductive
- Reassurance, compassion, patience work
- What do we want the patient to do? Don’t just focus on what we want the patient to stop doing
- Is the caregiver depressed?
- Is the patient getting adequate physical activity?
- Is the patient getting adequate social activity?
- Is the patient contributing as much as possible?

Appropriate Caregiver Responses

- Maximize reassurance and agreement
- Respond to emotion
- Avoid challenging
- Divert attention with accompanied activities
  - Ride or walk around block to return home
  - Review pictures of familiar places and people
- Maintain consistent, active daily routine
- Avoid constant reminders of future events

Principles of Medication Use

- Primary mechanism of action: sedation and impairing cognition
- A price must be paid for effective treatment
- Appropriate when behavior interferes with care in an appropriate environment with an educated caregiver or endangers self or others
- Begin low (if possible), go slow (increase dose gradually), discontinue when possible - slowly
Utah is Not Prepared for the Challenges of Dementia Care

80% of care provided at home is delivered by family caregivers.

Utah is one of the nation’s highest growth rates at 127%.

An estimated 50 thousand Utah citizens affected.

Unpaid caregivers: 132,000.

1.8 billion dollars in annual costs.

Utah State Plan for Alzheimer’s Disease & Related Dementias
(Lt. Governor Greg Bell, Chair)

Goal 1. A Dementia-Aware Utah

Goal 1C: Provide Utah citizens with the best evidence on how to reduce or delay their own risk for Alzheimer’s disease.
Alzheimer’s Usually Doesn’t Qualify for Mental Health Services in Utah

- The Utah Scale on the Seriously and Persistently Mentally Ill
- Dimension 1 – Severity: must meet 3 or more characteristics
- Dimension 2 – Persistence: must meet one
  - Continuous episode of treatment more intensive than outpatient for two years or more.
  - Continuous episode of outpatient treatment for three years or more.
Generations 2012: Meeting the Challenge of Agitation in the Elderly
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GOAL 4. A DEMENTIA-COMPETENT WORKFORCE

Goal 4B: Improved dementia care capacity and competency of primary care providers
- Improve practices by linking them to community-based agencies that offer specialized expertise and mental health services

Visit Our Website:
www.utahmemory.org

- Refer Patients Online (through the Clinical Neurosciences Center)
- Who & When to Refer
- Calendar of Local CME, Conferences and Activities
- For Patients:
  - Useful Links and Community Resources
  - Online Registry for Memory and Aging Research

AUDIENCE CASE DISCUSSION