

# Assessment of Agitation in the Nursing Home Patient

Agitation is a frequent symptom in nursing home residents. Agitation is a vague clinical term indicating motor or verbal activity not explained by the patient's needs or situation. Dementia is the permanent loss of multiple intellectual functions. Amnesia (memory impairment), aphasia (communication problems) and apraxia (inability to perform complicated motor tasks) are common cognitive symptoms of dementia. Alzheimer's disease is the most common cause of dementia in the elderly. Staff will frequently misinterpret symptoms of cognitive impairment as agitation (e.g., repetitive question asking, struggling during ADL, wandering about the unit, pacing, etc.). Distressed, vocal or combative patients should be carefully evaluated prior to use of sedatives. Patients become agitated for a variety of reasons including pain, hunger, fear, boredom, fatigue, environmental chaos and as a consequence of medications or medical problems (i.e., delirium). Staff should carefully document the time, duration, frequency, severity and special features of agitation.

## **PAIN:**

Chronic, persistent pain is common in nursing home residents and approximately 25% will require some form of analgesic therapy. Extremity and joint pain are common as well as visceral distress. Oral problems such as malfitting dentures or carious teeth will cause agitation during eating. Demented, aphasic patients lose the ability to explain physical pain and request pain medications. Rectal impaction and constipation are extremely uncomfortable for cognitively intact individuals and may provoke agitation in dementia patients. Ulcer pain and angina can go unrecognized in dementia patients. The nursing staff should conduct a thorough review of physical conditions to determine whether a patient needs antacids, analgesics, laxatives or nitrates to lessen pain and "agitation". Severely demented patients may not be able to accurately localize pain and staff should not depend on patients to localize areas that hurt them. Amnesic patients may forget they experienced pain (e.g., angina).

## **HUNGER:**

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Hunger is a common cause of agitation in the dementia patient. Patients who eat part of their meals and remain physically active can become hungry. Alzheimer patients lose weight even with aggressive nutrition. Staff should consider offering snacks to patients who become restless one or two hours following meals. Rigid diabetic calorie control is not worth the use of antipsychotic medications. Diabetic Alzheimer patients can require less stringent glucose control to prevent hypoglycemic episodes and patient hunger. Dehydration and thirst are also important causes of agitation. Patients should be prompted to take fluids every two hours to avoid becoming dehydrated, irritable and constipated.

## **FEAR:**

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Dementia victims are often afraid. Alzheimer patients cannot remember the name of their facility, staff, or even themselves. This disorientation and lack of familiarity cause distress and fear. Reassurance and distraction are appropriate interventions for disoriented, fearful individuals. Verbal reassurance may have limited value in an aphasic patient and staff must utilize nonverbal communication (e.g., smiling, gentle touch, calm voice) to assure distressed patients that all is well.

## **BOREDOM:**

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Boredom is a major problem for nursing home residents. Recreational activities should consume as much patient time as possible. Television talk shows are not entertaining for aphasic Alzheimer patients. Recreational therapy staff must develop programs that entertain and engage patient with limited memory, communication skills and motor skills. Behavioral symptoms are more common in late stage Alzheimer patients (i.e., stage 4 and 5) who have multiple cognitive deficits that impair their ability to participate in recreational activities.

## **DELIRIUM:**

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Abrupt onset of agitation is a highly suspicious sign of delirium. Such patients require careful evaluation to determine medical causes of confusion. Urinary tract infections, pneumonia, colicystitis and other infections can cause acute confusion. A new medication such as

antihistamines, benzodiazepines and narcotics can also cause patients to be confused and agitated.

## **MEDICATION SIDE EFFECT:**

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Patients may appear agitated as a consequence of neuroleptic medications. All antipsychotics and some medical drugs such as Reglan and Propulsid can cause akathisia. Akathisia is an inner sense of restlessness and motor activity caused by dopamine blocking agents. These patients will often pace the halls, fail to sit still and appear quite restless. Increasing antipsychotics for this type of “agitation” will worsen symptoms. Appropriate interventions include neuroleptic dose reductions, inderal and low-dose benzodiazepines.

## **ENVIRONMENT :**

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Environment can provoke agitation in some dementia patients. Noisy, chaotic units cause dementia patients to become restless. Crowded, noisy day rooms can make patients fearful and restless. Hostile or loud roommates who disrupt sleep patterns can cause patients to become irritable.

## **CONCLUSION**

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The “agitated” dementia patients presents a special diagnostic challenge to the long-term care management’s team. Many types of agitation are made worse by sedatives and antipsychotics. Prior to the use of these medications, staff should consider pain, hunger, fear, boredom, delirium and medication side effects as possible etiologies. Patients who become agitated in response to hallucinations, delusions or depression warrant a careful trial with psychotropic medications. Depressed patients should be treated with antidepressant medications.

Appropriate documentation for agitation includes a precise description of symptoms -- frequency and severity. Clinicians must identify the cause and consider behavioral interventions prior to using medications or restraints.

# Diagnosis is Always the First Step in Treating Agitation