Agitation: Ativan Is Not The Answer

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Objectives

Attendees will understand

• The five main causes of agitation in dementia
• The behavioral techniques to use to address the causes of agitation without sedation (like Ativan)
• The medical treatments available
  – Treatment of pain
  – Use of medications for agitation
  – Removal of medications that make agitation worse
Agitation is the irritability of mood, with increased motor activity and increased conflict with those close to the person.
Approach

- Symptoms
- Behaviors
- Medications
- Reassessment

1. Diagnosis
2. Common Causes
3. Goals of Care
4. Medications
Symptoms

- Work to define particular symptoms
- Delusions, psychosis and paranoia
- Mood labiality
  - Easy tearfulness
  - Sudden anger
  - Hitting
  - Spitting
- Depression
  - Irritability
  - Withdrawn
- Categories often overlap
Behaviors

Always include work on behavior modification
Typically Not Amenable to Pharmacologic Intervention

- Wandering
- Perseverative Activity
- Repetitive Activity
- Poor Self Care
- Hoarding Objects & Food
- Hiding & Misplacing Things
- Inappropriate Voiding
- Poor Social Skills
Behavioral Intervention

From a physicians perspective

- **Overstimulation**
  - Keep nocturnal interruptions minimal
  - More personal space
  - Assess intervention necessity

- **Under stimulation**
  - Disruptive vocalization
  - Reinforce other behavior or ignore
  - Stimuli- music, tactile object
  - Activities- dance, art, music

Allen-Burge Int J of Ger psych 1999
Medications

- Start low, go slow if medications used
- Medications should target specific symptoms so their effect can be monitored
- Choice of medication is based on many factors
Assessment

- Global assessment very is crucial
- Agitated behaviors may signal that the patient is distressed, depressed, or ill
2. Diagnosis of Agitation

- Situation at time of agitation
- Over or under stimulation
- Pt misunderstanding care
- Medical conditions (arthritis, bad vision/hearing)
- Pain (prostate, teeth, decubitus ulcers)
- Constipation
- Infection
- Medications
Always look for delirium

- Is the patient delirious?
  Confusion Assessment Method
  1. Acute onset and fluctuating course
  2. Inattention
  3. Disorganized thinking
  4. Altered level of consciousness

Inouye Ann Int Med 1990
Delirium

Etiology

- Dementia
- Infections
- Medications
- Severe illness
- Injury, pain
- Change in environment
- Metabolic, sensory deficits
Delirium

- Geriatric consult
  - Reduced post op (hip fx) delirium from 50% to 32%
  - Decreased severity of delirium 50%
  - No change length of stay

- Interventions to prevent delirium did not reduce duration

Marcantonio JAGS 2001

Inoyue NEJM 1999
3. Five Common Causes

1. Medical: Illness or pain (prostate, teeth, UTI, sores)
2. Medications
3. Hearing and sight issues
4. The progression of dementia
5. Care issues in the home, hospital, assisted living or nursing home
Medical Causes

Look for:

- Infection
- Impaction
- Pain (prostate, teeth, bones, back, disease)
- Decubiti
- New meds
Medical Causes: Case Study

- 83 year old WM with dementia MMSE 13 has been more aggressive, hitting at his facility and was sent to the ER
- Returned, Diagnosis “Dementia”
- Brief exam is normal, except swelling of the right lower jaw
4. Goals of Care

- Address goals of care with patient and family early in hospitalization
- If near end of life, emphasis comfort
- d/c restraints
- Use morphine for dyspnea
- Sitters are preferable to physical restraints
- Restraints when patient is a danger to self or others
Goals of Care: Case Study

- 83 year old White Female
- End-stage COPD
- Is restrained to keep O2 mask on her.
- Patient is thrashing and confused.
Goals of Care

CNAs and staff are trained to approach agitation with effective behavior management such as:

- Appropriate eye contact
- Announcing single activities
- Delaying assistance after verbal prompt
- Distraction and diversion
- Not arguing with patient
CNA group that were given training and motivation had decreased use of ineffective approach and decreased patient agitation at 6 months

Burgio Geront 2002
- RCT Increased daytime activity and decreased nighttime sleep disruptions 29 pt measured activity with wrist actigraphy
- 7/15 Intervention group had decreased agitation (1/14 in placebo)

Alessi JAGS 1999
Case Study

- 74 year old paraplegic White Male
- With moderate dementia
- DM and PVD
- Is at elevator holding staff at bay with a cane
- You are paged and asked to take care of the situation
- What do you do?
The MD came from the side, spoke calmly and pleasantly, and took the patient to his room.
5. Medications

- Open Trials
- Get psychiatry/geriatrics consult to help

- **Neuroleptics:**
  Haldol, Risperdal, Zyprexa, Seroquel

- **Anxiolytics: Benzodiazepines**
  Ativan, Valium, Halcion, Xanax

- **Antidepressants:** Serotonin Reuptake Inhibitors:
  Zoloft, Paxil, Prozac, Celexa
Neuroleptics

- Aripiprazole (Abilify)
- Olanzapine (Zyprexa)
- Quetiapine (Seroquel)
- Risperidone (Risperdal)
- Ziprasidone (Geodon)
- Haloperidol (Haldol)

- Side effects:
  - Stiffening (Parkinson’s Disease)
  - Drowsiness
  - Slowing
  - Worsening
  - Diabetes
  - Tremors
  - Psychosis, delusions, paranoia
Anxiolytics

Benzodiazepines

- Ativan, Valium, Halcion, Xanax
- For short-term treatment of acute symptoms:
  - Lorazepam (Ativan)
  - Oxazepam (Serax)
- Have been shown to lead to falls and contribute to decreased cognition
- Fast withdraw often leads to delirium
- NEVER USE XANAX
Antidepressants

Serotonin Reuptake Inhibitors:
- Citalopram (Celexa)
- Fluoxetine (Prozac)
- Paroxetine (Paxil)
- Sertraline (Zoloft)
- Venlafaxine (Effexor)

Side effects:
- Nausea
- Vomiting
- Weight loss
- Occasional low salts
- Insomnia- particularly with Prozac, Zoloft and Effexor
Mood Labiality

Mood Stabilizers:
- Depakote, Tegretol

Side effects:
- Drowsiness
- Liver and blood cell abnormalities

Need more definitive studies
Sleeping Pills

- Can cause agitation
- Avoid Benedryl & other anticholinergic medications
- Examples of over-the-counter sleep aids that should be avoided include:
  - Compoz
  - Nytol
  - Sominex
  - Unisom
  - Many "nighttime" or "PM" versions of popular pain relievers and cold and sinus remedies (Tylenol PM, Excedrin PM etc)
Case Study: Delusions, Hallucinations

- RM, 77 year old
- Has AD with MMSE of 14
- He was doing well until he got more confused each night, he thought he saw his brothers who have been long dead
- During the day he would not go to lunch, as he was waiting for his mother to go to lunch
- What should be done?
Case Study: Delusions, Hallucinations

- 74 year old with dementia MMSE 16
- Thinks he is on a boat and sees a variety of creatures which he enjoys talking to.
- He has been bedbound for years and is eating and sleeping well.
- What should be done?
Case Study: Delusions, Hallucinations

- Leave patient alone, he is not bothered by hallucinations, AND the care is not affected.
Case Study: Medication effects

- 72 year old Woman with hx dementia and recurrent pneumonias.
- Patient on zosyn for recent pneumonia, but patient is lethargic and oxygen decreases too much, but this responds to stimulation and suction.
- Meds: olanzipine 20 mg qd, metoprolol 25 mg q d, aspirin 81 mg.
Case Study: Medication effects

- 80 year old WF seen by MD and felt to have AD with agitation
- Also had shuffling gate and cog wheeling
- She was placed on olanzapine and agitation decreased but patient became more unsteady on her feet and stayed mostly in bed
- 6 months later daughter went for a 2nd opinion
Summary

If patient has Agitation:

- Work to define particular symptoms
- Always include work on behavioral modification
- Start low, go slow if medications used
- Team assessment often is helpful
Review

1. How do you assess the causes of agitation?

2. How do you use behavioral techniques to alleviate agitation?

3. How do you utilize medications for pain and other physical symptoms?
Questions? Comments? Thank You!

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