



# MAJOR NEUROCOGNITIVE DISORDERS: DEMENTIA

## Programme régional ambulatoire de gériatrie (PRAG)

## **AGITATION**



#### WHAT IS AGITATION?

Agitation is a grouping of several motor and verbal behaviors that may be exhibited by people with neurocognitive disorders. There are four main categories:

#### Non-aggressive verbal agitation

Yelling (without any hostile content), constant talking, repetitive demands and sounds, mumbling, humming, etc.

#### Verbal agitation with aggression

Yelling or shouting (with hostile content), threatening, profanity

#### Physical agitation without aggression

Wandering, displacing items, urinating or defecating in inappropriate places, throwing objects or food, etc.

#### Physical agitation with aggression

Pinching, scratching, biting, spitting, hitting, kicking, breaking or throwing objects at people.





### WHAT ARE THE POSSIBLE CAUSES?

Some causes can be identified in the environment or directly in the person. When your loved one is agitated, they may be trying to communicate with you through their behavior to indicate that something is wrong.

#### For example, it is possible to observe:

- ❖ If they are hungry or thirsty or need to go to the bathroom.
- If they are in pain or discomfort.
- If they are tired or bored.
- If they are anxious, angry or sad
- ❖ If there is too much stimulation in the environment, (noise, brightness, too many people at the same time).
- ❖ Acute health problem (pain, cough, constipation, infection, etc.) consult a doctor or nurse.
- ❖ Delirium (sudden and unusual change in behavior) -> <u>seek emergency medical</u> attention.

#### **HOW TO PREVENT IT?**

## Please take a moment and consult the following document « The Adapted Approach »

- ❖ Be and stay calm. The person may react to your agitation.
- ❖ Check to see if the person is hungry or thirsty, in pain, needs to go to the bathroom.
- ❖ Be aware of fatigue levels (yawning, sleepiness, irritability).
- Establish a stable and consistent routine: do the same things at the same times.
- Maintain a calm and appropriate environment: reduce environmental stimulation (radio, television, bright lights, etc.)
- Avoid setting the person up for failure ("Come on, don't you remember? I told you that two minutes ago!")
- Engage in motor activities with the person if his or her physical condition permits.



#### **HOW TO INTERVENE?**

- Avoid arguing or reasoning with the person.
- Remain calm and at a safe distance (about an arm's length away).
- Use simple instructions, one at a time.
- ❖ Let the person express their feelings and reassure them.
- Direct them to a quiet place and give them a moment to rest.
- Provide some diversion (talk about topics of interest, do an activity, chores, go for a walk or look at a photo album, etc.)
- ❖ Avoid criticizing or treating the person like a child and down play the situation.
- Avoid giving feedback on the situation. Simply help the person put words to the emotion experienced.

#### **IMPORTANT!**

Having an illness does not excuse violent behavior. Harming someone is still illegal, even if you have a cognitive disorder. If your safety is compromised, contact 911.

In the event that your loved one exhibits behaviors that concern you, do not hesitate to contact:

- Info-Santé/Info-Social 811
- Your assigned worker at the CLSC
- Discussion with the health care team
- A doctor

The proposed strategies are suggestions for possible solutions to explore. Be creative and adapt them to your loved one, because you know your loved one the best!

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Gouvernement du Québec (2012). *Agitation dans les démences* (2<sup>e</sup> édition). Repéré à <a href="https://www.cisss-at.gouv.qc.ca/partage/AAPA/Fiche Agitation-dans-les-demences.pdf">https://www.cisss-at.gouv.qc.ca/partage/AAPA/Fiche Agitation-dans-les-demences.pdf</a>

Phaneuf, M. (2007). Le vieillissement perturbé : La maladie d'Alzheimer (2<sup>e</sup> édition). Montréal, Canada : Chenelière Éducation.

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