3-105 Differentiate between agitation and disease progression

TIPS Question:

How do we differentiate between agitation and/or normal progression of disease?

Response:

Your question illustrates one of the many dilemmas of assessing individuals with dementia, which is that there are rarely absolute answers. When developing an individual's care plan, it would be very important to know if behaviours are due to increased agitation or normal disease progression. Observation over time would give the best indication of agitated behaviours or disease progression. The structure of the six-question template helps in guiding such observations. It starts with such queries as "How long has the behaviour been present and when did it emerge? Is it worse or different? Is this a new issue and why has it emerged now?" Such questions as these would help the examiner know if the presenting behaviours have been slowly progressing over time and have correlated with the loss of other functions and skills (suggesting disease progression) or if the behaviours occurred more suddenly perhaps from a change in the environment, an illness, etc. (suggesting reversible agitation).

Question #4 helps in deciphering the cause of agitation through the use of the descriptive tools. A Cohen-Mansfield Agitation Inventory (CMAI) is very valuable when describing behaviours. You may be able to get a clear understanding of exactly what behaviours are occurring. It is recommended to have each shift fill this out to determine if there are different behaviours for different shifts/staff. After it is determined exactly what the behaviours are, it would be beneficial to complete a DOS (Dementia Observation System) for approximately three to seven days. This would show pattern in more detail. The DOS illustrates the actual frequency, time of day, and length of time that these behaviours are occurring. With information from these tools you would be able to establish a baseline of the individual's behaviours and then watch to see if the person's behaviours progresses systematically or if the behaviours fluctuate and seem to be related to environmental or reversible physical causes.

Informing the care team about the different diseases and their stages of progression would also help staff to differentiate between agitation and/or normal progression of disease. In is a natural inclination for a staff person to assume a person's behaviours are not disease-related, but are purposeful, especially when the behaviours are erratic. Education on the various diseases and subsequent behaviours would help the care team deliver the best, most appropriate care to the individuals.

Please note: *TIPS information should be used similar to the way you would use information from a text book! TIPS is not intended to serve as an individual consultation service! P.I.E.C.E.S. participants should use this information in context and always work closely with the family physician involved in the care of the resident or client and with other Partners In Care to find solutions to individual resident/client issues.*